NPS Form 10-900
(Rev. 8-86)

0074

OMB No. 1024-0018

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

JAN 24 1989

NATIONAL REGISTER

This form is for use in nominating or requesting determinations of eligibility for individual properties or districts. See instructions in *Guidelines for Completing National Register Forms* (National Register Bulletin 16). Complete each item by marking "x" in the appropriate box or by entering the requested information. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, styles, materials, and areas of significance, enter only the categories and subcategories listed in the instructions. For additional space use continuation sheets (Form 10-900a). Type all entries.

1. Name of Property

historic name Gallinger Municipal Hospital Psychopathic Ward
other names/site number Buildings 20-23, District of Columbia General Hospital

2. Location

street & number Reservation 13, 19th and Massachusetts Ave., S.E. ☐ not for publication
city, town Washington ☒ vicinity
state D.C. code 11 county D.C. code 001 zip code 20003

3. Classification

Ownership of Property	Category of Property	Number of Resources within Property	
		Contributing	Noncontributing
☐ private	☐ building(s)	4	0 buildings
☐ public-local	☒ district		sites
☒ public-State	☐ site		structures
☐ public-Federal	☐ structure		objects
	☐ object		Total

Name of related multiple property listing:
NA

Number of contributing resources previously listed in the National Register 0

4. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1966, as amended, I hereby certify that this ☒ nomination ☐ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property ☐ meets ☒ does not meet the National Register criteria. ☐ See continuation sheet.

x Carol B. Thompson — JAN 13 1989

Signature of certifying official — Date

State or Federal agency and bureau

In my opinion, the property ☐ meets ☒ does not meet the National Register criteria. ☐ See continuation sheet.

x Carol B. Thompson — JAN 13 1989

Signature of commenting or other official — Date

State or Federal agency and bureau

5. National Park Service Certification

I, hereby certify that this property is:

☒ entered in the National Register. ☐ See continuation sheet.
☐ determined eligible for the National Register. ☐ See continuation sheet.
☐ determined not eligible for the National Register.
☐ removed from the National Register.
☐ other, (explain:) _____

Signature of the Keeper — 2/27/89 — Date of Action

6. Function or Use

Historic Functions (enter categories from instructions)	Current Functions (enter categories from instructions)
Health care/hospital	health care/clinic

7. Description

Architectural Classification (enter categories from instructions)	Materials (enter categories from instructions)
	foundation concrete
Colonial Revival	walls brick
	roof slate
	other wood
	steel

Describe present and historic physical appearance.

Summary

The Gallinger Muncipal Hospital Psychopathic Ward is composed of four two-story Colonial Revival steel frame and brick buildings laid in flemish bond. The group was designed to be integrally related and to function as one unit. The buildings face the northeast and are located at the D.C. General Hospital complex lying between the terminus of Massachusetts Avenue, S.E. at 19th Street and the Anacostia River. The exterior of the building group has the appearance of a campuslike Colonial Style enclave, and although altered by brick infill and minor exterior additions, the architectural character of the ward remains intact and conveys the original intent of the design and its historical associations with Washington's social and medical history.

[x] See continuation sheet

8. Statement of Significance

Certifying official has considered the significance of this property in relation to other properties:
☐ nationally ☐ statewide ☒ locally

Applicable National Register Criteria ☒ A ☐ B ☒ C ☐ D

Criteria Considerations (Exceptions) ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G NA

Areas of Significance (enter categories from instructions)	Period of Significance	Significant Dates
Architecture	1920-1938	1920-1922
Social History		
Health/Medicine		

Cultural Affiliation
N/A

Significant Person
N/A

Architect/Builder
Ashford, Snowden/
Wynne, George E.

State significance of property, and justify criteria, criteria considerations, and areas and periods of significance noted above.

Summary

The Gallinger Municipal Hospital Psychopathic Ward (Buildings 20-23, D.C. General Hospital complex) is locally significant for its strong historical associations with the modern development of public welfare and mental health programs in the District of Columbia between 1920 and 1938. It also possesses architectural importance as a significant example of a type and period of American psychiatric ward design executed during the first quarter of the twentieth century. The property meets National Register of Historic Places standards for the evaluation of historic properties under criteria A and C and possesses local significance in the areas of social, medical,and architectural history.

☒ See continuation sheet

9. Major Bibliographical References

See continuation sheet

☒ See continuation sheet

Previous documentation on file (NPS):

- ☐ preliminary determination of individual listing (36 CFR 67) has been requested
- ☐ previously listed in the National Register
- ☐ previously determined eligible by the National Register
- ☐ designated a National Historic Landmark
- ☐ recorded by Historic American Buildings Survey # _____
- ☐ recorded by Historic American Engineering Record # _____

Primary location of additional data:

- ☐ State historic preservation office
- ☐ Other State agency
- ☐ Federal agency
- ☐ Local government
- ☐ University
- ☒ Other

Specify repository:

ANC-6B, Suite 108, 921 Pennsylvania Ave., SE
Washington, D.C. 20003

10. Geographical Data

Acreage of property Approximately three acres.

UTM References

	Zone	Easting	Northing
A	18	328531	4305610
B			
C			
D			

☐ See continuation sheet

Verbal Boundary Description

The boundary of the Gallinger Muncipal Hospital Psychopathic Ward is shown by the bold blue line on the accompanying Sanborn Fire Insurance Map, 1964. (copy to scale)

☐ See continuation sheet

Boundary Justification

The boundary includes only the historic four wings of the ward and is drawn to exclude non-contributing outbuildings. Although the ward was planned to anchor a hospital campus, the hospital grounds contain buildings that do not meet the National Register age criterion or have lost historic and architectural integrity.

☐ See continuation sheet

11. Form Prepared By

name/title William B. Bushong
organization Consultant date July 18, 1988
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city or town Washington, state D. C. zip code 20003

Historic Physical Appearance

Exterior

The hospital ward was designed as a four building complex with a detached pavilion plan connected by covered walkways. The center building, which housed the educational and administrative functions of the ward was the most visually imposing (Figure 1). The projecting facade was emphasized by its monumental pedimented portico with raking cornice and decorative lunette supported by four columns with plain shafts and fluted capitals. There were five second-story windows on this principal facade with twelve-over-twelve multi-light sash with simple surrounds, keystone lintels, and flat sills (Figure 2). The first level had a large central entrance with doubled paneled doors set within a broken pedimented frontispiece. The ornamental entry was applied onto an arched opening with a semi-circular fanlight ornamented by tracery. On either side of the entry were two round arched windows with decorative keystone arches. The projection has a slate gable roof and end walls that were designed with false twin chimney projections to suggest a domestic architectural character. No fireplaces were planned for the building. Each end wall repeated the fenestration treatment of main facade with rectangular multi-pane windows on the second level and round arched multi-light windows on the first floor flanking a central entry (Figure 3). Originally an open covered walkway with three large roundheaded arches connected the central block to the wings. The covered passage visually divided the mass of the block and functionally allowed ambulance cars access to the rear portion of the main building. This section of the hospital was the administrative heart of the ward, and its utilitarian character was reflected by its modern, stripped classical finish.

Each of the flanking wings were L-shaped and mirror each other in their design. The wings were designed with projecting pedimented pavilions to complement the central block. However, instead of columns simple pilasters supporting an unadorned entablature and pediment frame the expansive windows of the pavilions. These windows were doubled and given

transoms to provide ample sunlight and fresh air to the solariums and day rooms. Each wing was also designed with false double chimney gable end walls. The fenestration pattern of the wings was simplified by inclusion of rectangular multi-light windows on both levels (twelve-over-twelve or nine-over-nine), a design formula which was continued throughout the wings and rear building. Each flanking wing was enriched on the outer gable end with a balconied porticos enhanced on the second floor by tripartite windows set into decorated arched openings (Figure 4). The roofs were slate, normal pitch, and included dormers on the rear section of the ell.

The rear building in the group was connected to the center block of the ward by a one-story covered walkway passage and basement level corridors (Figure 5). The rectangular ward building was two-stories high with a basement and featured two semi-circular entry bays and a projecting rear porch entry. The doors of these entries are set within frontispieces with simple classical pilasters, supporting an unadorned entablature and cornice surmounted by a framed semi-circular fanlight. The building's slate roof was a standard pitch, and the gable ends continued the domestic motif of false chimney projections. Its fenestration follows the pattern of multi-light sash set on the wings of the hospital facility. However, the gable ends differed from other blocks in the ward in that it included a decorative semi-circular lunette window with tracery at the upper level of the gable.

Interior

The interior of the building was not finished in a domestic Colonial Revival style as the exterior design might suggest. Instead the interior was modern, purposely sparse, and its decorative finish, hardware, lighting, plumbing, and electrical features were specially designed to protect the patients. Illustrations of the building from Hamilton's 1924 article reveal it was completely devoid of interior architectural ornament and simply plastered and painted. The original plan of the building reflected its function as a clearinghouse for the study and diagnosis of mental illness. Patients were partitioned into zones, divided by condition, sex, and race. White adult patients were housed in the wings, east for males and the west for females. Whites were treated on the first floor of the ward and blacks on the second. The children's ward was located on the second floor of the administrative center block, and violent or "deranged" patients were placed in the rear

building. These patients also were segregated by race and sex, the men on each side of the first floor and women in the same manner on the second floor. In the basement of this building was the treatment area for excercise, massage, and hydrotherapy. Seperate male and female corridors connected this complex to the central core of the ward (Exhibits A, B and C).

The original floor plan reveals the spatial arrangment of the ward was broken-up into many small units to facilitate the philosophy of individualized care inherent to the psychopathic hospital ward design. The largest spaces in the ward were the 24-bed dormitories, located on each floor of the flanking rear ells, the lecture hall in the adminstrative core, and solariums and day rooms on each floor of the projecting pavilions of the wings. An unusual aspect of the floor plan was the placement of the lecture hall. This space was entered directly through the main entrance, emphasizing the educational function of the facility.

Present Appearance and Integrity Assessment

The major interior spaces of the hospital have been significantly altered. The dormitories have been subdivided as office space, the lecture hall partitioned, and many of the rooms used for medical or administrative purposes have been enlarged or partitioned in conversions built in 1962 and 1974. However, these building conversions were largely additive in character and restoration of a significant section or sections of the original floor plan would be possible.

The exterior of the psychopathic ward is remarkably unchanged. It was the first ward of the present hospital, but it has not received the massive exterior alterations of the other wards built at D.C. General in the 1920s and 1930s. The open pavilion plan of the ward has been compromised by the loss of the loggia. These connections have been enclosed and a second-story aluminum and glass addition covers what was originally designed to be roof gardens (Figure 6). Windows throughout the ward group have received brick infill, particularly damaging the first floor fenestration on the rear of the east wing. In addition, several brick additions have been made to the rear facades of the ward group. However, the overall

architectural integrity of the complex is intact, and its historic design, workmanship, and materials are clearly visible. Photographs of the building, taken in 1924, reveal that the brick infill and rear additions have not seriously diminished the overall design quality of the buildings. Many original architectural details, ranging from the monumental classical portico of the adminstration building to window sash and flemish bond brickwork are intact. The integrity of its setting has been affected by the adjacent construction of a modern jail facility, but the ward powerfully recalls its original architectural purpose and important associations with themes in Washington's social and medical history.

Social History

The Gallinger Hospital psychopathic group is significant within the context of Washington's social history because of its role in the crystallization of public control of municipal charity in the District of Columbia. The ward was the linchpin of a large scale general hospital construction program in southeast Washington. Its construction represents the most important material achievement of the District of Columbia's Board of Charities, a public agency created in 1900 to bring accountability for federal subsidies to charitable organizations and to enlarge medical services for the indigent poor.

The administration and distribution of humanitarian aid to the poor in the District of Columbia before 1900 was largely dependent on private benevolent organizations who received federal aid for these services. One of the most successful of this group was the Associated Charities, founded in 1881, which concentrated its relief programs on "family work." Nineteenth-century Congressional investigations into the District's charitable operations usually concluded that the system was confusing and that duplication of effort and abuse of charity was commonplace. By the late 1890s the pleas of reformers to systematize these programs gained Congressional attention.[1] This reform measure was not unusual at the turn of the century. The late nineteenth-century transformation of economic, social, political, and cultural life in America from small-town to urban values prodded a largely urban "new middle-class" to insist on efficient, scientific management as the cure for the city's social, economic, and political problems. System, planning, control, and predictability were highly valued, and the line between helping the poor or controlling them often was blurred.[2]

The history of Progressive era charitable programs in Washington was representative of the search for order apparent in American society in general during the period. The examination of the city's inadequate response to poor relief during the 1893 depression helped convince Congress to establish a joint select committee to investigate the implementation of an organized, effective permanent program to manage public charity. This reform movement climaxed in Congressional hearings concerning relief programs and reformatory institutions in the District in 1897-1898. The

hearings in turn triggered the establishment of the D. C. Board of Charities in 1900. The board was composed of five Washingtonians, usually prominent in business or civic affairs, such as department store magnate S. Walter Woodward or Dr. George M. Kober, a distinguished scientist, member of the medical faculty at Georgetown University, author, and a vigorous promoter of sanitation and housing reform. Dr. Kober became the champion of the board's plan to establish a municipal hospital. The board was created primarily to manage and supervise public funds for all of the institutions, societies, or associations involved in charity and correctional work supported in whole or part by federal monies. By establishing the board Congress also hoped to coordinate charitable operations to eliminate waste and overlaps in service.[3]

The Congressional hearings in 1897-1898 revealed that forty-five charitable and reform institutions, such as hospitals, workhouses, almshouses, and correctional facilities, were in operation in the District. Twelve were owned by the federal government and thirty-three were operated by private corporations. All of the private institutions received annual federal subsidies. The Board of Charities eventually curtailed this form of payment and began to monitor future expenditures through contract agreements. During the first two decades of the twentieth-century, the board gradually assumed control of public charity in the District of Columbia. By 1926, the last year of the board's operations, only fifteen private institutions remained recipients of federal aid, and the agency had established the authority of its stated policy of delineating a "distinct seperation between private and public charity."[4]

The major component of the board's plans to reduce federal subsidies granted to private charities was the construction of a municipal hospital to remove the need for contracting medical care of indigent patients to private hospitals. In 1900 the District Commissioners purchased a site for a new municipal hospital at Fourteenth and Upshur streets in Northwest Washington. However, the board's optimistic plans to build this facility were frustrated by continual Congressional inaction regarding appropriations and concerted resistance from prominent Washingtonians who resented plans to cut government subsidies to their pet charities. Congress was satisfied with the funding programs in place, but the board did not favor the contract system and only accepted it as a temporary expedient.[5]

During its first decade of operation, the board ardently worked toward extending its control over all public charitable and correctional work. By 1913 the new hospital still had not been obtained, but other advances had been made in the demarcation of public and private charitable institutions in the District. In 1905 the board obtained Congressional approval of the creation of three seperate institutions from the departments of the workhouse, almshouse, and hospital of the Washington Asylum clustered together on Reservation 13. In 1907 the almshouse residents were transferred to a new Home for the Aged and Infirm at Blue Plains in the District and facilities in Virginia for a new workhouse at Occoquan and a reformatory at Lorton were also established by 1913.[6]

The struggle to obtain a new municipal hospital to assert public control of charitable medical care was intensified in 1912. In that year the Board of Charities "positively urged" Congress to provide an appropriation for the facility or at the very least to schedule the establishment of the institution. They compiled financial reports to buttress its argument that the facility would save substantial government funds. These figures indicated that between 1902 and 1912 the federal government had given private hospitals in the city more than $747,000 to care for indigent patients without any substantial increase in services or benefits to these paupers. The board cited that with that money it could have built a municipal hospital to accomodate all indigent patients and thus increase available facilities in other government institutions. In 1914 Congress finally appropriated $15,000 for the preparation of plans for the planned hospital complex, which was emphasized in the board's report as the most "important project in municipal service."[7]

Washington architect Leon Dessez prepared plans for the site purchased in 1900 at 14th and Upshur streets in the northwest quadrant of the city. However, neighborhood groups in the vicinity strenuously opposed the hospital site. Many protests took the form of emotional pleas to middle-class decency. For example, Mrs. George W. Kernodle, representing the Mothers and Teachers Association of Piney Branch stated: "The 14th and Upshur street neighborhood is one of the 'grass widows' during office hours and no woman or girl living there will be safe if the community is given the institution caring for mental cases and patients of an undesirable character."[8]

Eventually six-hundred property owners and eight citizen's groups, including the Federation of Citizen Associations and the Board of Trade, lodged protests against the construction of the hospital in Northwest Washington. The depreciation of real estate values and estimates that the city would lose thirty percent of its property tax revenues in the neighborhoods in the vicinity of the hospital became the opposition's most frequent and potent argument for relocation. Congress decided the issue in 1917 and mandated that the hospital's site be located at Reservation 13 against the "violent opposition" of residents in southeast Washington.[9]

The members of the Board of Charities were not happy with the decision either. It was feared the project would be postponed indefinitely because of potential opposition from the United States Commission of Fine Arts, guardians of the famous 1901-1902 McMillan plan that called for riverside park development at Reservation 13. However, several years passed before any action was taken on the hospital's construction because of America's entry into World War I. Largely through the shrewd lobbying of District Commissioner Louis Brownlow during the closing months of the war, Congress finally approved an appropriations bill with an item funding the construction of a new municipal hospital. The facility was named Gallinger Municipal Hospital in honor of Senator Jacob H. Gallinger of New Hampshire, who had served for many years as chairman of the Senate Committee on the District of Columbia. Gallinger was a practicing physician before he began his term of office in the Senate and had announced his impending retirement. Brownlow counted on the "clublike spirit" of the Senate to win approval of a hospital that would be named in honor of an esteemed colleague. The appropriation was approved and the facility was named after Dr. Gallinger until Congress changed the title to the General Hospital of the District of Columbia in 1953.[10]

The construction of the psychopathic wards at Gallinger Municipal Hospital in 1920-1922 was pivotal to the development of the present complex that has replaced the old brick and frame buildings of the Washington Asylum as the city's general hospital. Between 1920 and 1945 the hospital rapidly expanded to include the wards of the General Hospital (1928, 1938, and 1939), Nurses' Residence (1932 and 1944), Contagious Diseases Building (1934), and the conversion and adaptative reuse of older

buildings, such as the nineteenth century Washington Asylum buildings and the Small Pox and Isolation Building (1898). The hospital underwent a second rapid burst of development after World War II and today only the 1920-1922 psychopathic ward and the nurses's dormitory (Anne Archbold Hall) retain sufficient integrity to recall the historic genesis of the modern hospital grounds.[11]

The Gallinger Municipal Hospital Psychopathic Ward remains the Board of Charities most visible material achievement in twenty-six years of voluntary service and its construction was the culmination of the hard won struggle to assert public control over municipal charity in the District of Columbia. The "chaotic" conditions cited by Congress in their investigations of poor relief in 1897-1898 had been systematized and a general city hospital finally had been started to meet the demands of a modern age. In 1926 the Board of Charities was abolished and its responsibilities were assumed by the newly created Board of Public Welfare. The management of the city's welfare programs had grown in scope and complexity and a nine member body was formed to consolidate and administer the related services of the Board of Charities, Board of Children's Guardians, and trustees of the Industrial Home School. Eventually the responsibility for the care and treatment of indigent patients was transferred to the city's Department of Health, created in 1937. Today the charitable medical services once managed by the Board of Charities are under the control and jurisdiction of the Department of Human Resources established in 1970.[12]

Health/Medicine

The Gallinger Municipal Hospital psychopathic group reflects an important transition in twentieth century mental health care in the District of Columbia. The building documents the local expansion of the modern practice of psychiatry beyond the institutional walls of St. Elizabeth Hospital and illustrates the profound impact of the Progressive era reform ethos on public policy concerning care and treatment of the mentally ill in the District of Columbia.

The term "psychopathic hospital" is believed to have originated in the title of a paper by psychiatric pioneer Dr. Pliny Earle of Boston in 1867. In this lecture Dr. Earle urged the establishment of separate hospital facilities for the care of the "acutely insane." Acute cases of mental illness were considered temporary and curable, while chronic patients were thought to be permanently disabled. Seperate treatment of acute mental illness was long a topic of discussion among medical professionals, but well into the 1890s the "asylum" remained the dominant form of mental health care facility in the United States.[13]

Early in the twentieth century psychiatric reformers, such as Swiss born Adolf Meyer, began to question traditional methods of practice and treatment of the mentally ill. In an era of technological achievement that produced the automobile, radio, and the electric light and witnessed medical advances that eradicated diseases such as cholera and typhoid, it was assumed by progressive-minded pyschiatrists that science could also solve human problems. Meyer's holistic theories of and therapies for mental illness explored the causes of insanity through study of the individual patient's medical history, family relations, and social background. This pluralistic approach to diagnosis and treatment was highly influential to the development of community oriented psychiatric practice in the first third of the twentieth-century and demonstrated the importance of reaching beyond the hospital to gain a greater understanding of the problems of the mentally ill.[14]

A major impetus for the promotion of progressive ideas concerning the social, environmental, and psychological causes of mental disorders was the emergence of the mental hygiene movement. The catalyst for this public educational campaign was the sensational autobiography of Clifford E. Beers, The Mind That Found Itself (1908). Beers described his struggle with mental illness, the institutional care and treatment he received, and outlined his plans for an organization to promote mental hygiene. The book was a harrowing account of beatings and psychological abuse he had received and witnessed in three separate asylums and pleaded for reforms to improve conditions. Beers wisely sought criticism and advice for his book from prominent psychiatrists and scientists before publication. For example, both

William James, Harvard philospher and an outstanding psychologist, and Adolf Meyer, a nationally respected psychiatrist, endorsed the value of reading the book to both professionals and laymen.[15]

A significant result of Beers's book was the formation of the National Committee for Mental Hygiene (NCMH) in 1909. This organization took up the cause of reform and immediately began exposing abuses in state mental hospitals and demanding better standards of care. The NCMH also vigorously disseminated information on mental health and its prevention and cure through lectures, magazine articles, pamphlets, and exhibits. The confidence and righteous quality of these NCMH campaigns found outlets in many material forms, but one of the most permanent was architecture. These reformers sought new facilities, beyond the bounds of the state mental hospital to allow experiments with new treatments and to develop programs aimed at preventing mental illness and providing community care. They also wanted a treatment center that would not impart the social stigma of care at the traditional "insane asylum." The emergence of the psychopathic hospital was a significant manifestation of this psychiatric reform movement. The first of these new facilities was built in 1902 at New York's Albany Hospital and was known as "Pavilion F." By 1920 the Michigan Psychopathic Hospital (1906), Baltimore's Henry Phipps Psychiatric Clinic (1908), and the Boston Psychopathic Hospital (1912), ranked with the Albany facility as major institutions of this type. Washington's psychiatric ward at Gallinger Hospital, although still considered unorthodox in the early 1920s, eventually became the most common type of psychopathic facility. Major urban centers eventually built psychopathic wards at general hospitals in the period between 1920 and 1945, symbolizing the breaking away of psychiatry from what had been a restricted practice within a traditional system of public insitutional care represented by the large state mental hospital.[16]

The old psychiatric ward at Gallinger Hospital was built in response to these national reform trends, but construction was also spurred on by the dire need for mental health care facilities in the District of Columbia. In the first two decades of the twentieth century, St. Elizabeth and the Washington Asylum Hospitals were the only institutions in the city that cared for the mentally ill. St. Elizabeth's Hospital was considered an outstanding federal

institution and its superintendent, William Alanson White, was an efficient administrator and an eminent pyschiatrist. Yet St. Elizabeth's constantly was strained beyond its patient capacity and District residents could not be fully accomodated. The alternative, especially if the patient was poor, would be treatment at the Washington Asylum Hospital. Private hospitals did not wish to treat paupers with long-term physical illnesses or anyone considered even "mildly insane."[17]

After the old almshouse, erected in 1847, was vacated in 1907 with the opening of the Blue Plains facility, it was used as a ward for the mentally ill. Conditions there were considered deplorable. The entire facility was often characterized as dilapidated and in 1916 became the subject of a newspaper expose decrying the squalid conditions as a "disgrace to the capital."[18] In spite of this reform fervor, construction was delayed on the hospital by the political squabble over the hospital's site and the onset of World War I.

The new psychopathic ward opened on January 19, 1923, and the facility's early history was indicative of the symbiotic relationship which developed between the psychiatric wards of general hospitals and state institutions for the mentally ill before World War II. The ward's function was to provide care, examination, and observation of persons suffering or believed to be suffering from mental illness, pending commitment to St. Elizabeth Hospital. The facility also administered short-term care for patients and, when the courts requested, evaluated the mental faculties of criminals and juvenile delinquents.[19]

The Gallinger psychopathic ward also was a psychiatric educational center. Doctors on the faculty at Georgetown and George Washington University medical schools were appointed visiting physicians at Gallinger and their students cared for and treated patients in the general hospital and psychiatric wards. An even more formal link evolved between Gallinger and the Capital City School of Nursing (1877-1972) which was integral to the hospital's operation. These developments were significant because a whole generation of doctors and nurses in Washington would benefit from study of the psychological and emotional needs of the psychiatric patients at Gallinger in the 1920s and 1930s. The educational program at the hospital was indicative of national trends that encouraged the integration of medical and psychiatric instruction and promoted new career patterns in the mental health professions.[20]

Architecture

The old Gallinger Municipal Hospital Psychopathic Ward was built between 1920 and 1922. The structure is an important example of a period and type of psychiatric hospital design, and it also reflects the success of the U.S. Commission of Fine Arts policy in implementing a uniform classical architectural expression for the District's public buildings after its formation in 1910. Designed in 1919 by Municipal Architect Snowden Ashford (1866-1927), the hospital ward was constructed by local contractor George E. Wynne at a cost of $788,200. Upon completion in 1923 the facility gained immediate notice for its efficient Colonial Revival design and was featured in the influential health care journal Modern Hospital in 1924. It was also illustrated and described in a standard text on hospital planning, The American Hospital of the Twentieth Century (1928). The building group epitomized the "home-like" pavilion ward believed to be the best architectural solution for the general hospital's treatment of short-term psychiatric patients during the 1920s.

Snowden Ashford was born in Washington, D.C. and lived for most of his life in the city. He received his professional education at Lehigh University and Lafayette College where he studied graphics and engineering. After graduation Ashford worked briefly as a surveyor for the city of Williamsport, Pennsylvania. In 1887 he returned to Washington and worked briefly as a draftsman for former Supervising Architect of the Treasury Alfred B. Mullet and for co-architect of the Library of Congress John L. Smithmyer. Due to health problems he left Washington and practiced independently in West Virginia while recuperating. He returned to the capital in the early 1890s and was one of an enthusiastic group of young architects who founded the Washington Architectural Club in 1892. He soon thereafter became a member of the Washington Chapter of the American Institute of Architects at a time when the organization restricted membership to those men perceived to be the best architectural practitioners in the city.[21]

Ashford joined the staff of the Office of Inspector of Buildings in 1895. This municipal agency was entrusted with the administration of building laws and the design of city government buildings. In 1901 Ashford was promoted to head this office and eventually became the city's first Municipal Architect when the post was created by Congress in 1910. He held the position until his replacement in 1921. During his term in the office, Ashford designed or superintended more than 150 city buildings. His specialty was school design, and in 1906 he studied the building type in major cities across the country. Ashford's studies were published by Congress as a committee print. In 1921 Ashford left government service and practiced architecture in the city independently until his death in 1927.[22]

Snowden Ashford's design for the Gallinger Hospital psychopathic ward is significant as a highly representative example of the type of facility considered to be fundamental to extending psychiatric practice beyond the walls of the state mental hospital. Two fundamental principles underlined advanced psychopathic ward design of the 1920s: the erection of buildings to provide both individualized patient care and to evoke a "home-like" atmosphere to minimize institutional associations. Large monolithic structures reminiscent of prisons or monasteries, which were commonly built at state mental hospitals in the United States between 1850 and 1920, were especially avoided. The ward had to provide a safe, bright, cheerful, sanitary, and comfortable environment to promote the patient's recovery. Institutional trappings of the state mental hospital, such as large wards and day rooms, long corridors, or steel prisonlike bars, were considered anathema to good hospital design by progressive psychiatrists and architects. Individualized patients care required provision of single rooms and a sunfilled atmosphere, usually achieved by inclusion of roof gardens and solariums.[23] Snowden Ashford undoubtedly consulted with psychiatrists at the Washington Asylum in preparing his drawings and clearly considered these concepts of care and treatment in his design for the psychopathic ward.

Dr. Samuel W. Hamilton of New York, a leading member of the National Committee for Mental Hygiene, provided a detailed functional review of the facility soon after its completion. In an illustrated article for Modern Hospital in 1924, Hamilton praised the simple classical lines of the building and its

efficient plan. He noted that minor design improvements could be made in the operation and placement of plumbing and lighting fixtures, the width of doorways, and also questioned the security of window guards. Nonetheless, Hamilton concluded that "this institution can be developed into a hospital of which the nation may be proud and which will be visited for information and instruction by all those with psychiatric interests who may come to our national capital."[24]

This positive review of the hospital caught the attention of Boston architect Edward F. Stevens. The architect was at that time preparing a third edition of his popular 1910 text on hospital design, The American Hospital of the Twentieth Century. Stevens was a noted specialist in hospital construction who had won major commissions for health facilities throughout Canada and the United States. His treatise became the standard guide to hospital design and was revised and reissued in 1928. The book included a discussion of the design and development of medical institutions in Europe and North America between 1900 and 1927. The plans and exterior view of the psychopathic ward at Gallinger Municipal Hospital was illustrated and briefly described in Steven's chapter on the design of psychiatric buildings. The Boston architect believed the building group at Gallinger was a "well-planned" psychopathic group for the general hospital. It was the only American ward of this type illustrated in his primer on hospital design.[25]

Although Ashford was an experienced and competent architect, the design for the old psychiatric buildings at Gallinger Hospital were significantly influenced by the growing strength of the U.S. Commission of Fine Arts established in 1910. In the legislation forming the agency Congress mandated that the commission would advise the federal government in its selection of designs and models for statues, fountains, and monuments. President William Howard Taft immediately expanded the commission's duties by executive order in 1910 to include design review of all plans for public buildings erected in the District of Columbia and specifically requested that the District Commissioners submit plans for municipal buildings to the commission for advice and criticism. Charles Moore, a prominent fine arts advocate in Washington since his days as political aide to Senator James

McMillan of Michigan, was a charter member of the commission and became its chairman in 1915. As co-author of the Senate Park Commission's 1902 descriptive report on its famous comprehensive plan for Washington's future development and guardian of the McMillan plan, Moore had strong opinions about the city's architectural image. He believed that Washington's public buildings should follow the classical design precedents set in the early "colonial" architecture of the capital. Moore's influence on public building design was formidable in the late 1910s and 1920s. His opinion was a determining factor in the siting of the psychopathic ward at the proposed municipal hospital complex.[26]

Gallinger Hospital was originally to be placed in Northwest Washington, but strenuous public protests influenced Congress to site the facility on Reservation 13. Plans for the hospital were developed by Washington architect Leon Dessez in 1915. However, Dessez's contract expired after 1917 and the delay caused by the prolonged fight over the hospital site and the change of site required new plans and revised cost estimates. Subsequently, Snowden Ashford prepared the designs for the building group and probably benefited from Dessez's Colonial Revival studies for the facility, which were approved by the Commission of Fine Arts for the 14th and Upshur Street, N.W. site. Ashford's Colonial Revival design for the hospital buildings was emblematic of the conservative municipal architectural expression envisioned in the design policy of the Commission of Fine Arts. Ashford clearly preferred stylistic variety in designs for different building types and was particularly fond of the Elizabethan and English Collegiate Gothic modes for school buildings. However, the commission consistently criticized this style throughout the 1910s as "inappropriate" or expressive of an "age and life quite foreign to our times." These disagreements may have contributed to Ashford's decision to leave the office of Municipal Architect in 1921.[27]

In 1919 Ashford submitted four site proposals for Gallinger Municipal Hospital to the commission. On all plans the psychiatric facility was separated from the core of the proposed hospital complex. Massachusetts Avenue in Southeast Washington was to be extended east beyond 19th street to the Anacostia River. In addition, a traffic circle was proposed on the hospital grounds. The Municipal Architect proposed to site the general hospital complex to the north of the Massachusetts Avenue extension facing

19th street. He also planned to build the psychiatric wards south of the new section of Massachusetts Avenue also fronting 19th street, but he met with opposition from the Commission of Fine Arts. Moore made it clear that the commission believed the buildings must face the proposed major thoroughfare to avoid exposing the backs of the hospital buildings to the avenue. As a result of these deliberations, Ashford sited the psychopathic wards in their present location facing a planned street extension of Massachusetts Avenue which was not built. Although Moore conceded the construction of the hospital at the site, he hoped to preserve the McMillan commission's 1901-1902 scheme to build a Massachusetts Avenue bridge across the Anacostia River and to develop a riverside parkway at the site. Ashford's campus-like master plan was revised by his successor Albert Harris, who often changed the scheme in the 1920s and 1930s, and after World War II it was all but forgotten.[28]

Conclusion

By 1929 the psychiatric facilities at Gallinger Municipal Hospital were considered "not all that might be desired, so rapid is the advance of improvement in hospital construction." Although serious patient complaints concerning the building or care at the facility were rare, investigations of the hospital were conducted in 1929 and 1941 in response to charges of malpractice. The press usually sensationalized any news about the psychiatric hospital and causes for inspections. In fact, one reporter claimed he was held there as a political prisoner. He stated he had been placed in the hospital against his will by the police because of his discovery of corruption in the Veterans Administration. The reporter's eyewitness account of his stay at the hospital was a rambling essay of abuses he had suffered there in 1938 entitled, The Capital's Siberia. In each instance formal investigation reports cited no substantial grounds for complaints and praised the hospital's staff for their efficiency and high spirits in the face of shortages of equipment, personnel, and financial support.[29]

In 1944 the District Commissioners requested St. Elizabeth Hospital's superintendent Dr. Winfred Overholser to inspect the psychiatric facility and make recommendations for improvements. In his report Overholser stated that the main problem was structural because the building was "ineptly planned" and "barnlike" in appearance. He suggested that a new psychiatric building be erected and that the old ward be converted for other uses. Ironically, a member of Overholser's inspection team was Dr. Samuel W. Hamilton of New York, who had initially praised the design in his 1924 article in the Modern Hospital. What had been a model psychiatric facility to the eminent psychiatrist in the 1920s was now outmoded and a "place of astonishing inconvenience" by the end of World War II.[30] A new psychiatric facility was built at the hospital in 1955, and the old ward underwent major interior conversions in 1962 and 1976. In the 1970s the building became part of Area C Community Health Center under the management of the Department of Human Resources and until recently has functioned as a drug and alcohol rehabilitation center and venereal disease clinic. The exterior of the old building has suffered years of neglect, but still clearly discernible is the dignity of its original Colonial Revival design and a material historical record of the optimism and altruistic ideals of a generation of social and medical reformers in Washington.

FOOTNOTES

[1]George Smith Wilson, "Public Welfare," in John Clagett Proctor, ed., Washington Past and Present, Vol. II, (New York: Lewis Publishing Co., 1930), pp. 565-571; see also Constance M. Green, Washington: A History of the Capital, 1800-1950, Vol. II, (Princeton: Princeton University Press, 1962), pp 70-71, 150-152.

[2]A standard history of this period of transition in American society is Robert Wiebe, The Search for Order, (New York. Hill and Wang, 1967).

[3]Wilson, "Public Welfare," pp. 567-568; and Green, Washington, II: pp. 70-73,150-159,319-320.

[4]Wilson, "Public Welfare," pp. 567-568; and for the record of the hearings, see Charles Moore, ed. and comp., Joint Select Committee to Investigate the Charities and Reformatory Institutions in the District of Columbia. (Washington: Government Printing Office, 1898).

[5]Ibid., p. 569; and Green, Washington, II: p. 159.

[6]Ibid.

[7]Ibid. See also George M. Kober, comp., Charities and Reformatory Institutions in the District of Columbia. Washington: Government Printing Office, 1927. Kober provides a sysnopsis of the annual reports of the Board of Charities and discusses its activities between 1900 and 1926.

[8]Washington Evening Star, May 1, 1916.

[9]"Hospitals, D.C. General," Subject Clipping Files, Washingtoniana Division, D.C. Public Library, Washington, D.C.; see also Minutes of the Board of Charities, February 2, 1917, Records of the Government of the Ditrict of Columbia, RG 351, National Archives.

[10]For the board's discussion of the plans, see Minutes of the Board of Charities, March 21, 1919, Records of the Government of the District of Columbia, RG 351, National Archives; and for Brownlow's work, see Louis Brownlow, A Passion for Anonymity: The Autobiography of Louis Brownlow, Vol. II, (Chicago: University of Chicago Press, 1958), p. 101.

[11]Information on the hospital's twentieth century growth can be found in Dorothy Jane Youtz, The Capital City School of Nursing, (Washington: Capital City School of Nursing, 1975), pp. 102-103; and see also "Master Development Plan, D. C. General Hospital Complex," unpublished report, 1979, copy located at the Washingtoniana Division, D. C. Public Library.

[12]Wilson, "Public Welfare," pp. 567-571; see also Green, Washington, II: pp. 319-320; and for a brief history of the local government's administration of public charity, see Dorothy S. Provine, Preliminary Inventory of the Records of the District of Columbia, (Washington: National Archives and Records Service, 1976), pp. 35-36.

[13]Albert Deutsch, The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times, Third edition, (New York: Columbia University Press, 1960), pp. 272-291; and Gerald N. Grob, Mental Illness and American Society, 1875-1940, (Princeton: Princeton University Press, 1983), pp. 7-29

[14]For a discussion of the transformation of American psychiatry in the Progressive era, see Deutsch, The Mentally Ill in America, chapters 14 and 15; and Grob, Mental Illness and American Society, 1875-1940, chapters 3 and 6. See also Leland V. Bell, Treating the Mentally Ill: From Colonial Times to the Present, (New York: Praeger Publishers, 1980), chapters 6 and 7; and also David J. Rothman, Conscience and Convenience: The Asylum and Its Alternatives in Progressive America, (Boston: Little, Brown and Company, 1980), chapters 9 and 10.

[15]Ibid.

[16]Ibid., see especially Bell, Treating the Mentall Ill, pp. 127-128.

[17]Dr. White's reputation as an innovative and outstanding superintendent and psychiatriast is well known and discussed in the works cited in note 14. For background on Washington's private hospitals and their policies concerning treatment of chronic physical illness or mental illness of contract patients, see Green, Washington, II: pp. 159-161. I am indebted to Frank R. Millikan who is currently completing a dissertation at George Washington University entitled, "The History of St. Elizabeth Hospital, 1852-1920," for information concerning patient load at the facility and its role in the city's mental health care.

[16]"Hospitals, D.C. General, 1909-1919," Subject Clipping File, Washingtoniana Division, D.C. Public Library.

[19]Dr. Percy Hickling, "Report of the Psychopathic Ward," in Report of the Commissioners of the District of Columbia, (Washington: Government Printing Office, 1923), pp. 102-103; and also "Hospitals, D. C. General, 1920-1935," Subject Clipping File, Washingtoniana Division, D. C. Public Library. For an overview of the working relationship of psychopathic wards and traditional institutions for the mentally ill, see Bell, Treating the Mentally Ill, ch. 8.

[20]For a discussion of administrative and professional services at Gallinger Memorial Hopsital in the 1920s, see "Report of the Gallinger Municipal Hospital," in Report of the Board of Public Welfare, (Washington: Government Printing Office, 1929), pp. 66-69. For the importance of the nursing school to the hospital's operations, see Youtz, The Capital City School of Nursing, chapter 4. For background information on the signficance of the integration of joint medical and psychiatric instruction at general hospitals and its impact on the emergence of mental health professions, see Grob, Mental Illness and America Society, chapter 9.

[21]R. L. Anderson, Men of Affairs: History Makers of Today, (Washington: Government Printing Office, 1912), p. 114; see also Henry and Elsie Rathbun Withey, Biographical Dictionary of American Architects (Deceased), (Los Angeles: Hennessey and Ingalls, Inc., 1970), p. 23, and for Ashford's own description of his career between 1887 and 1912, see "Snowden Ashford," Membership Files Deceased to 1919, RG 803, American Institute of Architects Archives, Washington, D.C. For a discussion of architectural clubs and organizations between 1890 and 1930, see William B. Bushong, et. al., A Centennial History of the Washington Chapter of the American Institute of Architects, (Washington: Washington Architectural Foundation Press, 1987), chapters 1 and 3.

[22]Ibid.

[23]For a discussion of psychiatric ward design in the 1920s, see Leland V. Bell, Treating the Mentally Ill: From Colonial Times to the Present, (New York: Praeger Publishers, 1980), pp. 127-128; and also Edward F. Stevens, The American Hospital of the Twentieth Century, 3rd edition, (New York: F. W. Dodge and Company, 1928), pp. 260-281.

[24]Samuel W. Hamilton, "Psychopathic Building of the Gallinger Municipal Hospital, Washington, D.C." Modern Hospital, 22 (February, 1924) pp. 134-140.

[25]Stevens, The American Hospital of the Twentieth Century, pp. 260-281. The psychopathic ward of Gallinger Muncipal Hospital was illustrated and briefly described on pp. 278-280. For a discussion of the author and his work's place within the development of hospital design literature, see Committee on Hospital Care, Hospital Care in the United States, (New York: Commonwealth Fund, 1947), pp 502-507.

[26]See Sue A. Kohler, A Brief History of the Commission of Fine Arts, 1910-1984, (Washington: Government Printing Office, 1985); and for documentation of Moore's influential role in shaping the public architectural image of the city in this period, see Sally K. Tompkins, "The Quest for Grandeur: Charles Moore, the Commission of Fine Arts, and the Federal Traingle," (M.A. Thesis, George Washington University, 1976).

[27]For information on the hospital design proposals between 1915 and 1920, see "Gallinger Municipal Hospital," Project Files, RG 66, Records of the U.S. Commission of Fine Arts, National Archives; for design policies of the commission during this period, see Tompkins's thesis cited above. Specific criticism quoted here regarding the design of municipal architecture can be found in Report of the Commission of Fine Arts, Fiscal Year Ended July 1, 1919, Eighth Report, (Washington: Government Printing Office, 1919), pp. 28-33.

[28]Ibid. See also both Ashford's and Harris's modifications of the site plan, located in the drawing collections of the Commission of Fine Arts, RG 66, Cartographic Division (Alexandria, Virignia), National Archives.

[29]For press coverage of the psychiatric ward, see "Hospitals, D. C. General, 1920-1935," Subject Clipping File, Washingtoniana Division, D. C. Public Library. Investigation findings in 1929 are recorded in "Report of the Investigation of Gallinger Municipal Hospital," in Report of the Board of Public Welfare of the District of Columbia, (Washington: Government Printing Office, 1929), pp. 11-15; for details on the 1941 investigation, see Senate Committee on the District of Columbia, Conditions at Gallinger Municipal Hospital, (Washington: Government Printing Office, 1943).

[30]For Overholser's committee report, see Winfred Overholser to Guy Mason, April 8, 1944, RG 351, Records of the Government of the District of Columbia, General Files, Health, Education and Welfare, 3-250, Hospital Institutions, National Archives.

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