

A Noble Monument of Wisdom and Mercy: St. Elizabeths Hospital, 1852-1899

Elizabeth Ann Hundt
Charlottesville, VA

Masters of Science, Georgia State University, 2011

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Abstract

St. Elizabeths Hospital in Washington D.C., an asylum to treat the soldiers, sailors, and indigent citizens of the District, was designed to be a model institution. When it opened in 1855, the hospital represented hope for a cure for insanity by promising treatment that was built on the idea that a precisely controlled, therapeutic environment could calm the mind. The hospital was built using the Kirkbride Plan for asylum design and management. Architecture and nature were essential elements to the ordered environment of the asylum and the treatment provided to patients.

The purpose of this research was to identify, describe, and analyze the history and design of nineteenth century St. Elizabeths Hospital, particularly related to the use of nature and the built environment in the treatment of mental illness. Using traditional historical methods and a social history and architectural history framework, the research placed St. Elizabeths as central to the nineteenth century American Asylum Movement. The hospital was indeed a crossroads of ideas and actions of the leaders of the time, including reformers, politicians, physicians, architects, landscape gardeners, and nurses; the focus being the interaction between the patient and the environment for health and well-being.

Primary sources were obtained from the archival collections of the National Archives and Records Administration, the Library of Congress, the National Library of Medicine, and the Houghton Library at Harvard University. An analysis of the façade and grounds of St. Elizabeths and the Athens Lunatic Asylum, in Athens Ohio provided data that were instrumental in understanding the scale of the building and surrounding grounds as experienced by the hospital's patients and staff. An analysis of interior of the Trans-Allegany Lunatic Asylum in Weston, West Virginia provided data on the circulation within a Kirkbride building.

While all who contributed to the design, construction, and care provided at the hospital were optimistic that nature and architecture could cure mental illness, the overcrowding at St. Elizabeths following the American Civil War proved that a cure was elusive. As the nineteenth century came to a close, the overcrowding impacted the landscape of the hospital and the care provided to those suffering from mental illness. Despite the move away from treatment that was based on nature, the history of St. Elizabeths Hospital revealed much about the use of the environment in nineteenth century American asylums. That history also provides a foundation for critical examination of the therapeutic environment of hospitals today.

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Acknowledgements

In the concluding paragraphs of Dorothea Dix's 1848 *Land Grant Memorial* she linked education, social policy, healing, and well-being when she wrote: "Primarily, then, in the highest order of means for confirming the prosperity of a people and the duration of government must be the education of the ignorant, and restoring the health and maintaining the sick mind in its natural integrity." I am grateful to have had the opportunity to study all of those ideas through the story of St. Elizabeths Hospital.

Even though I was only recently introduced to historical research methods, this dissertation really started decades ago. My brother and I developed an appreciation for history, and historical places from our parents, Barb and Bill Hundt. Pursuing a dissertation that required studying old documents and buildings seemed like something I had been preparing for since grade school. No childhood vacation was complete without visiting a historical monument, flea market, or museum, and we could always get our hands on any book about history that we wanted. Little did we know, the renovation of our childhood home, an early nineteenth century Ohio farmhouse, was an intensive seminar on field methods of architectural history. That experience taught me the importance of connection to space, and also taught me that buildings have a story to tell about the people who lived and worked in them.

To even begin a scholarly endeavor of this magnitude is a luxury and a privilege, and I am so fortunate to have had this experience at the University of Virginia. Here I have been surrounded by scholars who have shaped my thinking, and who had faith in my work. First, I must recognize my committee chair, Dr. Arlene Keeling. I did not know that her clinical research in critical care nursing influenced my clinical practice before I ever thought of returning to graduate school. What a treat to get to know someone who made a difference for me and the

people I cared for over the years! While I was completing course work she recognized my appreciation for historical research, and helped me see that the history of hospitals and nurses' place within those hospitals had much to reveal to someone interested in the contemporary health care environment. It has been such a pleasure and an honor to have her as the chair of my dissertation committee. Her feedback and mentorship always made me a better writer and scholar.

Dr. Reuben Rainey, from the School of Architecture, introduced me to the irresistible topic of St. Elizabeths Hospital in his class *Healing Spaces*. I would not have had the confidence to take his class and other classes in the "A" School without the warm welcome he extended to me and other graduate nursing students. The ability to expand my thinking beyond my clinical discipline was instrumental to the completion of this study, and I thoroughly enjoyed my walk across grounds, passing the Rotunda every class day.

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The D.C. Preservation League should be recognized for its tireless work to preserve historical sites and structures in the Washington area. Volunteers from the organization provide monthly tours of St. Elizabeths' West Campus to the public, even when faced with federal security restrictions. I had the pleasure of participating in multiple tours led by Nancy Witherell, historian from the United States General Services Administration. Nancy was eager to share information, and I am grateful for her commitment to preserving and repurposing the Kirkbride building. So many other Kirkbride Asylums have been demolished. I look forward to the building and grounds of St. Elizabeths coming to life again as the central office for the Department of Homeland Security.

I acknowledge the patience and support of my friends, family, and work colleagues. They tolerated my school obligations, preoccupation with asylums, and the general fatigue and monastic existence that comes with working, studying, and writing. I know that they are proud, but most likely they are relieved that this project is coming to a close.

Finally, I could not have accomplished any of this dissertation work without my husband, Keith Crews. He is the glue that holds my work and my life together. He never questioned my desire to return to school, even when it meant total disruption of our life. He became my trusty 'research assistant' and accompanied me to countless libraries, archives, and Kirkbride Asylums. He enthusiastically attended many history conferences and supported my research, as well as supporting the research of other UVA faculty and students. Keith always ensured that I had a comfortable home, and provided unwavering interest and support. This final work is as much a reflection of his commitment to the mission as mine.

Chapter 1: Introduction and Methods

Interest in using naturalistic elements to create a therapeutic environment is a multi-professional concern today. Roger Ulrich's 1984 study *View through a Window May Influence Recovery from Surgery*¹ demonstrated improved patient outcomes when post-surgical patients were assigned to recover in a hospital room with a view of nature. Following that landmark study, architects and designers of modern healthcare facilities have strived to incorporate nature to promote its healing benefits. Following the publication of Ulrich's study, randomized control trials have suggested that the therapeutic effects of nature within the healthcare environment include: reduced anxiety,² reduced blood pressure and/or heart rate,³ reduced pain,⁴ and reduced biochemical markers for stress.⁵ While incorporating nature in healthcare design seems innovative to healthcare architects of the twenty-first century, writings from the nineteenth century abound in the discussion of nature and architecture in the treatment of ill persons.

Yet, even the nineteenth century ideas were not new. Structures dedicated to inpatient healing and nursing care have been identified as early as the fifth century B.C. The nursing wards of the Greco-Roman Asklepieia, a temple to the healing god Asklepius, opened to the south and were oriented towards the sun. Other early hospitals of military or monastic origin had large open wards exhibiting secular or sacred features designed to enhance healing.⁶ Florence Nightingale, statistician, founder of modern nursing, and hospital reformer, worked in hospitals that were both sacred and secular. Her experiences, including her brief training period with the Deaconesses in Kaiserswerth Germany and her management of the fever wards in Scutari Turkey during the Crimean War profoundly influenced her ideas.⁷ Under Nightingale's management, the mortality rates at Barracks Hospital at Scutari were markedly reduced from 33% in January to 2% in September, 1855. This improvement was directly attributed to physical care the nurses

provided to the soldiers, the streamlined procurement of supplies, and the structural improvements that were made in the physical building of the hospital.⁸ One of these was her insistence on fresh air and ventilation. Beneath the Barracks Hospital buildings “were sewers of the worst possible construction, loaded with filth, mere cesspools, in fact, through which the wind blew sewer air up the pipes of numerous open privies into the corridors and wards where the sick were lying.”⁹ Nightingale insisted that the raw sewage in the wards was cleaned up, that the latrine pipes were unplugged, and that windows that could be opened were installed to provide much needed ventilation for the wards.¹⁰

Nightingale’s ability to reduce mortality and morbidity combined with her skill in using statistics to persuade government officials and the British public, gave her the opportunity to participate in hospital reform over the remainder of her life.¹¹ Critical to her influence was her book *Notes on Hospitals*. After reading Nightingale’s 1858 publication, Sir James Paget, English surgeon and pathologist, declared the book “to be the most valuable contribution to sanitary science in application to medical institutions that I have ever read.”¹² In *Notes on Hospitals*, Nightingale discussed “defects” in hospital construction, dividing those into four main themes. She determined that the four areas in need of correction were: “agglomeration of sick under one roof, deficiency of space per bed, deficiency of fresh air, and deficiency of light.”¹³ While many of Nightingale’s recommendations for hospital design focused on hygiene and sanitation, she specifically cited contemporary writings that declared worse results for patients recovering in dark, or northern facing wards.¹⁴ Natural light through a window was thought to bring variety in scenery to patients as they recovered. Windows also provided the patient sufficient light by which to read.¹⁵ Nightingale’s ideas for reform of hospitals, including the

emphasis she placed on the naturalistic and aesthetic elements of the restorative environment would later influence hospital design in the late nineteenth century.

Nightingale's influence extended to the twentieth century and beyond. In the 1992 commemorative edition of Florence Nightingale's *Notes on Nursing: What it is and What it is Not*, Jean Watson, a contemporary nursing philosopher, theorist, and researcher in the science of caring, contributed the essay "Notes on Nursing: Guidelines for Caring Then and Now."¹⁶ In this essay, Watson urged twentieth century nurses to heed Nightingale's timeless message, noting specifically the "interconnection between person and environment, between person and nature, [...] between the private and public, [...] as part of the natural healing responses of people and civilizations."¹⁷ Despite all of the technological advances of the twenty-first century, Watson echoed the philosophy of Nightingale, calling for modern nurses to attend to the natural human-environment phenomenon as a focus for health and healing.¹⁸

Nightingale was not alone in her interest in hospital design and reform. Enlightenment psychology and social reform movements in Europe would prove to have a great influence on the treatment of people with mental illness.¹⁹ Philippe Pinel, French physician, scientist and revolutionary, studied the insane of Paris in the late eighteenth and early nineteenth century. His collection of extensive case studies led him to the development of the moral treatment for the insane. This therapy contained no *moralistic* content; however, it described and enacted Pinel's innovative assumption that "environmental changes could influence individual psychology and thus alter behavior."²⁰ Pinel's theories rejected the belief that insanity was incurable, and instead sought to create an ideal environment in the asylum to promote a cure for madness and return the individual to society. In the early nineteenth century, prominent American physicians such as Benjamin Rush and Thomas S. Kirkbride adopted the ideas of Pinel.²¹ As the American public

accepted moral treatment for the insane, the men who managed “asylum medicine” would be considered the founders of American psychiatry.²²

In 1844, in order to form a framework and standards for the budding profession involved in the treatment of the insane, several asylum superintendents met in October to form the Association of Medical Superintendents of American Institutions for the Insane (AMSAI). In addition to regular meetings, this group published often on the topic of asylum architecture.²³ In 1849, thirteen years *before* Nightingale wrote about hospital air quality, heating, and ventilation, Dr. Thomas Story Kirkbride presented resolutions at the fourth meeting of the Association of Superintendents addressing these environmental conditions in asylums. He wrote “it is a deliberate conviction of this Association that an abundance of pure air...is essential in the treatment of the sick, especially in hospitals, and whether for those afflicted with ordinary disease or for the insane...”²⁴ After presenting the AMSAI propositions regarding the construction of hospitals for the insane, Kirkbride went on to publish *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* in 1854.²⁵

In the United States, one of the people most interested in Kirkbride’s plans and the Association of Superintendents was Dorothea Dix, a teacher and reformer who was interested in prison and asylum reform in the mid-nineteenth century. Starting in 1841, Dix spent months documenting the environmental conditions in which the insane were kept, sharing her observation with legislators. She emphasized those conditions by expounding on the realities she found: the insane were housed “in cages, cellars, stalls, pens; chained, naked, beaten with rods, and lashed into obedience.”²⁶ Dix’s strategy of using this powerful rhetoric proved successful in procuring funds for additional asylum construction. Her ability to move state and federal legislatures to provide funding for reform started the shift in the treatment of the mentally ill

from private asylums to publicly run state hospitals. While never herself a member of the Association of Medical Superintendents of American Institutions for the Insane, Dix developed strong personal and professional relationships with many of the members of the organization, and archived letters reflect these relationships. Dix's moral authority, powers of persuasion, notoriety, and legislative successes allowed the fledgling organization representing the leaders of psychiatry to build their empire of American asylums.

Over 40 asylums were constructed using the Kirkbride plan from 1848 until 1895. The majority of these were constructed after the U.S. Civil War (1861-1865) and few structures remain intact today. However, one notable structure, built before the Civil War and used during that war, remains standing. That hospital provided the data for this investigation.

In 1852, Dix successfully helped secure the Congressional appropriation of \$100,000 for the construction and furnishing of a mental hospital for the residents of the District of Columbia, and members of the U.S. Army and Navy. Knowing the importance of the environment in treating the mentally ill, Dix set out to identify a suitable site for the new Government Hospital for the Insane.²⁷ The Government Hospital for the Insane would later be called St. Elizabeths Hospital, named for the original land tract, and with the apostrophe officially omitted by federal legislation in the twentieth century.²⁸ The Center Building of the Government Hospital was one of the first buildings ever constructed using Kirkbride's plan, on a site overlooking the nation's capital at the confluence of the Potomac and Anacostia Rivers.²⁹

Contemporary designers of restorative healthcare environments can learn much from the historical records of St. Elizabeths Hospital, particularly regarding the incorporation of nature to promote healing and well-being. Nature was incorporated in the humane treatment of patients through the remainder of the nineteenth century. However, following the American Civil War

overcrowding and funding were constant concerns for the Superintendents. In the early twentieth century, providers who cared for the mentally ill abandoned moral treatment for surgical intervention and medications in search of the elusive cure for mental illness.³⁰ Today, the focus is once again on the benefits of designing a restorative health care environment to promote physical and psychological healing. Meanwhile, St Elizabeths' structures and grounds have been designated a historic landmark, and after years of neglect are being preserved. Its records, architectural plans, photographs, structure and site provide a rich source of study material.

St. Elizabeths West Campus has been designated a National Historic Landmark for many reasons. It is recognized for its architecture, and as a Historic American Landscape, as the grounds were fully integrated in the care of the patients. St. Elizabeths is recognized for the contributions that were made to psychiatric care, for the significant role the hospital and grounds played in nineteenth century Washington, DC, and as a testament to a successful social reform movement.³¹

Purpose

The purpose of this study is to identify, describe, and analyze the design of St. Elizabeths Hospital in Washington, D.C. in the nineteenth century, particularly related to the use of nature and the built environment in the treatment of mental illness. This study specifically aims to: (1) identify the roots of the American asylum movement and the strategies of Dix and the Asylum Superintendents to create a social movement advocating for the provision of humane treatment for the mentally ill; (2) describe the specific design elements utilized to incorporate nature in the

design and construction of St. Elizabeths Hospital during the nineteenth century, and the incorporation those elements in patient treatment; (3) describe the role of Dorothea Dix in the origins of the hospital, specifically regarding the application of naturalistic interventions at St. Elizabeths Hospital during the nineteenth century and her influence on the history of the hospital during that time period; (4) analyze the transition in the treatment of mental-illness as the cottage plan was adopted at St. Elizabeths; and (5) compare the therapeutic design and naturalistic interventions used at St. Elizabeths in the nineteenth century to current ideas in healthcare design and implementation.

Research Design and Methodology

This study utilized traditional historical research methods with a social history and architectural history framework. During this current period of renewed interest in restorative design, the historical approach to study the restorative health care environment, as experienced by the patients of St. Elizabeths, provides a more nuanced evaluation of the design's effects by analyzing how patients fared in the nineteenth century. In addition, this investigation may shed light on the question of why the practice of using nature to heal fell out of favor in the twentieth century, and why there is renewed interest today.

Framework for Analysis

The use of a framework in historical research helps with organization, direction of the study, and data selection. It also aids the researcher in maintaining focus during analysis and

writing the narrative.³² This study used two approaches: a social history framework, as well as using architectural historiography and criticism.

This study was particularly suited to the social history framework. Social history is a framework of analysis in historical research, providing a “bottom-up” approach through which to study the everyday lived experience analyzed through the lenses of race, class, and gender.³³ Social history “focuses on the experience, behavior, and agency of those at society’s margins rather than on its elite.”³⁴ The social history framework enables researchers to explore new meanings and interpretations of sources in health care history, and fills identified gaps in the existing published history of St. Elizabeths. Much of the published history of St. Elizabeths is focused on the Superintendents, the architecture, and the political history of Washington, DC. The important contributions of Dorothea Dix are included in the published and unpublished hospital histories; however, only superficially. These histories exhibit the hallmarks of a political framework³⁵ focusing on “great white men” and “great events” surrounding psychiatric care in general, the hospital specifically, and the city.

Social history and other historical frameworks are not mutually exclusive, and an architectural history framework, was also used. Indeed, nurse historian Barbara Mann Wall has argued for a “broad historical approach that takes an interdisciplinary view into consideration.”³⁶ Multi-lens analysis of data expands the view and conceptualization of nursing history. In the study of architectural history, buildings, assemblages of buildings and entire landscapes serve as primary source evidence for research.³⁷ Performing an analysis of the structure and grounds of St. Elizabeths using the documentary evidence, provided a rich narrative detailing the interaction of the patients with nature in their treatment of mental illness. Analysis of the structure and grounds consisted of careful examination of period maps and photographs for alterations that

might have indicated changed patterns of occupation and circulation over time. Current renovation being undertaken at St. Elizabeths did not allow for analysis of the interior of the central building, nor a full analysis of the grounds. The documentation of historic architectural ornament in photographs over time, not only aided in determining the timing of structural changes. The application of ornament and selected architectural style was interpreted as an indication of the value and status of the inhabitants, and representative of the message intended for the public.³⁸

Study data were obtained from both primary and secondary sources. Primary source materials are unique and provide a direct connection with the individuals of time period of interest, while often not created with a wide audience in mind. Secondary sources are those that have used primary sources in their creation. These documents are often created with a greater audience in mind and often include analysis and interpretation.³⁹

Review of the Secondary Literature

Significant documentation already exists regarding the history of psychiatric care, the structure and landscape of American asylums and St. Elizabeths during the 19th century.⁴⁰ However, careful analysis of the care provided to the patients within the context of the structure and environment, and the experiences of the patients, nurses and attendants of St. Elizabeths is lacking. The literature also lacks a detailed account of Dorothea Dix's specific influences on St. Elizabeths Hospital during the design and construction of the hospital, and throughout the historical course of the hospital during the nineteenth century. This dissertation aims to fill that gap.

Michel Foucault's *Madness and Civilization*⁴¹ described the history of insanity from the Middle Ages to the years preceding the nineteenth century Asylum Movement and moral treatment. Foucault's study described the societal understanding of, and response to the insane during that time period. According to Foucault, there was a period of acceptance and tolerance of the insane in select societies. Art and literature from the Middle Ages often had a character to represent the fool or lunatic, and the Belgian city of Geel had freely welcomed the insane into the homes of the town since the fifteenth century. Following the founding of the Hôpital Général in seventeenth century Paris, fear fueled the social policy of containment of the insane. Foucault's work concludes with the introduction of Pinel's ideas regarding moral treatment and the ordered environment of the asylum.

In addition to Foucault's history of madness, other studies provided a detailed history of psychiatric care. The most comprehensive account of the history of psychiatric care in America is by historian Gerald Grob. The time period of Grob's study is from the early American colonies to 1940, and is contained in three volumes: *The Mad Among Us*,⁴² *Mental Institutions in America: Social Policy to 1875*,⁴³ and *Mental Illness and American Society, 1875 -1940*.⁴⁴ While the study is expansive and detailed in the analysis of selected institutions and superintendents, it provides limited detailed information about St. Elizabeths design and construction, and limited information about Dorothea Dix.

In addition to the history of psychiatric care, several studies examined the history of the American Asylum Movement of the nineteenth century. The parallel histories of the Association of Medical Superintendents and the asylums that they managed are studied in many works. Historian Nancy Tomes studied the origins of American Psychiatry in her books *The Art of Asylum Keeping*⁴⁵ and *A Generous Confidence*.⁴⁶ Both works studied Dr. Kirkbride and the

Pennsylvania Hospital for the Insane in Philadelphia as the central figures of the history of American asylum medicine. As a long-standing leader in the Association of Superintendents, Kirkbride's influence on the care of the insane during the nineteenth century is undeniable, as the most used plan for hospital construction during that period bears his name. Tomes' work describes the influences of Kirkbride's Quaker upbringing, his medical education at the University of Pennsylvania, and his application of moral treatment within the social understanding of insanity. An understanding of Kirkbride's career is essential to understand his far-reaching influences on the American Asylum movement and the Association of Superintendents; however, in Tomes' work there is scant information about the design and construction of St. Elizabeths Hospital and Dix's extensive efforts in asylum reform.

Leadership in the Association of Superintendents allowed for Kirkbride to exert extensive influence on all aspects of the asylums where the mentally ill of the nineteenth century were cared for; however it was not the Superintendents' influence alone that impacted the design of the buildings and grounds of these expansive hospitals. Historian Carla Yanni studied the therapeutic design of the institutions for the insane in the book *The Architecture of Madness*.⁴⁷ Yanni's background as an art historian adds a different perspective to the history of the asylums and their grounds. While the influence of the superintendents of the hospitals on the buildings and grounds cannot be ignored, Yanni's work recognizes the contributions of the architects and landscape architects in the asylums of the nineteenth century. Indeed, some of the most revered and well-known American architects, landscape architects, and gardeners played an important role in the structures that were designed specifically to cure insanity. Yanni's work highlights the intersection of the asylum movement and the American Park movement by describing the designs of asylum grounds by Andrew Jackson Downing, Frederick Law Olmsted, and Calvert

Vaux. The external facades of asylums were designed to be imposing to help instill a sense of confidence in the care provided by the hospital to the patients and their families. The expansive and elaborate hospitals, while built using the Kirkbride plan, were designed by notable architects, such as Thomas U. Walters and H. H. Richardson. While Kirkbride described many design requirements related to the footprint of the building, organization of the hospital, and structural requirements to address the safety of the patients, the execution of those requirements required the expertise of the architect. The windows required bars or screens to ensure the safety of the patients, but were designed to be beautiful and to not create the sense of confinement to execute a central tenant of moral treatment: *avoiding* restraint and containment. Yanni's work provides a historical account of the asylums of the nineteenth century from the lens of the art and architecture, and provided context for the asylum movement within other architectural and landscape thoughts and practices of the time. While Yanni does include information about St. Elizabeths, it is limited in details regarding the grounds surrounding the hospital and the application of naturalistic elements in the care of the patients.

In addition to Yanni's overview of the architecture and landscape of American asylums, two studies provide an assessment and analysis of the historically significant architectural, and cultural landscape of St. Elizabeths. Frances McMillen's unpublished University of Virginia School of Architecture Master's Thesis titled *Ministering to a Mind Diseased: Landscape, Architecture, and Moral Treatment at St. Elizabeths, 1852 – 1905* documents the structure and grounds using an architectural history framework.⁴⁸ The second study is the *Historic American Landscape Survey of St. Elizabeths' West Campus*.⁴⁹ The National Park Service, in collaboration with the Library of Congress and the American Society of Landscape Architects fund the study of historically significant landscapes with the intention of preservation. These studies are

archived in the Library of Congress and are available to the public. Using textual analysis, the Historic Landscape Survey for St. Elizabeths describes the historically significant changes to the hospital landscape over time, and includes a current site assessment and material analysis.

Two important secondary sources analyze the longitudinal history of St. Elizabeths Hospital. The first is the unpublished George Washington University dissertation of Frank R. Millikan, Ph.D. titled *Wards of the Nation: The making of St. Elizabeths Hospital, 1852-1920*.⁵⁰ Another important analysis of the history of St. Elizabeths is by Thomas Otto, *St. Elizabeths Hospital: A History*, published by the United States General Services Administration.⁵¹

While all of the relevant secondary sources superficially recognize the work of Dix in regards to asylum reform, there are two biographies that provide a more complete study of the life of Dorothea Dix. The *Life of Dorothea Lynde Dix*⁵² by Francis Tiffany was published in 1890, shortly after Dix's death in 1887. Tiffany's biography is based on Dix's letters and papers now archived in the Houghton Library at Harvard University. The library has also preserved Tiffany's notes and correspondence while writing the Dix biography. A second biography of Dix is by historian Thomas J. Brown. *Dorothea Dix: New England Reformer*,⁵³ was published over one hundred years following Tiffany's biography, and also references the Dix letters and papers at the Houghton Library. Both biographies describe the remarkable life of Dix as a teacher, reformer, writer, orator, politician, organizer, and the well-known period that Dix served as the Superintendent of Union Army Nurses during the American Civil War. However, neither biography goes into great detail about Dix's interest in nature and naturalistic treatments, nor Dix's specific influence on the architectural landscape of St. Elizabeths Hospital. The secondary sources also fail to recognize Dix's influence on the utilization of the hospital during and

following the Civil War, and the lasting impacts on the hospital building, grounds, patients, and staff throughout the remaining nineteenth century.

In addition to the identified gaps in the secondary literature, analysis of the historical writings as compared to contemporary theories regarding the use of nature as a restorative therapy is missing. The records from St. Elizabeths provide both narrative and text data to allow historians of nursing and architecture to analyze the elements of nature used as a restorative element of treatment for mental illness. Comparing the period writing on the topic of naturalistic therapies to contemporary theories adds context. Comparing the similarities in philosophy and implementation aids in highlighting the relevance of the findings from this study to modern nursing practice and healthcare design.

Primary Data Sources

The records of St. Elizabeths Hospital, housed in the National Archives and Record Administration (NARA), Washington, D.C., and College Park, MD were used in this research. Record Group (RG) 418 included, but was not limited to: records of the Board of Visitors, correspondence, maps, hospital plans and elevations, patient records, and photographs of the hospital from 1852 until 1987. This collection also included over 380 digitized photographs of the hospital and grounds.

NARA Record Group 94 containing records of the Union Army nurses, surgeons, and attendants serving during the American Civil War was also researched. RG 94 contained the patient registry for the St. Elizabeth Union Army Field Hospital.

The letters of Dorothea Dix, archived in the Houghton Library, Harvard College Library, Cambridge MA, were also researched. This collection contains twenty nine boxes of papers. These documents included correspondence specifically pertaining to St. Elizabeths between Dix and President Fillmore, and between Dix and Dr. Charles Nichols. It also contained other letters and manuscripts of Dix's from the studied time period. The collection contains significant memorabilia and records from the Civil War era, including photos and medals.

Additional primary source data were obtained at the Library of Congress, Washington, D.C. The Library of Congress Digital Collection contained photographs, legislation, maps, and texts. The Rare Books Collection contained a copy of the 1855 *By Laws for the Government Hospital for the Insane*, and the Geography and Map Collections contained maps of the hospital and site during the period studied. The Library of Congress also included a collection of letters from Dorothea Dix, 1852-1873; from Charles H. Nichols, 1857-1883, and multiple plans for buildings in nineteenth century Washington D.C.

The Rare Books and Journals Collection at the U.S. National Library of Medicine (National Institute of Health), Bethesda, MD contained multiple copies of memorials presented to the state and federal legislatures by Dorothea Dix, and records of the annual meetings of the Medical Superintendents of American Institutions for the Insane during the period studied. The Claude Moore Health Sciences Library Historical Collections and Services at the University of Virginia contained early American psychiatric medicine texts, and a period copy of Francis Tiffany's biography of Dorothea Dix. The Alderman Library at the University of Virginia, United States Government Collection, included Government Hospital for the Insane *Annual Reports* to the Department of the Interior from 1865-1899, and Records from the Congressional Sessions during the period studied.

Validity and Reliability

All primary source data were subject to critique to establish validity and reliability. Interdisciplinary expertise was utilized, when needed, to validate a source. When possible the information contained in the data was verified by two primary sources or one primary and one independent secondary source.

Data Analysis

Analysis of data for this study consisted of: (1) historical analysis of records for content; and (2) textual analysis. Textual analysis of the architectural drawings and photos yielded valuable data about the experience of nature at St. Elizabeths in the nineteenth century. Textual analysis can be applied to photographs, sketches, speeches and recordings in addition to written primary sources. Critical interpretation of these sources “provides insight into how specific communities of people construct meaning in their lives and work.”⁵⁴ These primary source artifacts provided insight into the environment of St. Elizabeths throughout the nineteenth century, as the researcher critically considered why a specific person designed a specific artifact at a specific time and place.⁵⁵ Architectural drawings, representing the idealized plans of architects and designers, before the realities of construction constraints altered the execution of the plan were also used. The comparison of the plans with photos and site analysis highlighted structural alterations over time, confirming the interpretation of the limited site analysis. Additionally, photographs were searched for the placement of elements of nature, both inside of and outside of the physical structure of the hospital. Photographs were analyzed for evidence of patient occupation and circulation around these elements of nature. The digital recording of the

current structure and landscape is important for recording and documenting places of historic significance.⁵⁶ Photography aided in the documentation of the space occupied by the staff and patients of St. Elizabeths.

In order to avoid limited perspectives on a research topic, all data were analyzed from four perspectives.⁵⁷ These included: (1) a birds-eye view from existing scholarship, (2) the ground view from first-hand accounts taken at the time, (3) the rear view recorded long after the event, (4) and the world view, or period context. This study used this grass roots and multi-lens approach in order to examine the perspective of the patients, the nurses, and other individuals participating in the care of patients at St. Elizabeths. The study utilized textual analysis of records, photographic and mapped evidence. After the data were analyzed, the historical narrative was written.

Ethical Conduct of Research

Upon approval of the proposal, an application was submitted to the University of Virginia Institutional Review Board (IRB) for Social and Behavioral Sciences (SBS) for review of the ethical design of the research study. This study was classified “exempt” as it relied on data from publically available archives. When specific patient records were analyzed, no identifying data were used.

This study adhered to the *Ethical Guidelines for the Nurse Historian*⁵⁸ and the *Standards of Professional Conduct for Historical Inquiry in Nursing*.⁵⁹ Both documents clearly describe the responsibility of the researcher in relationship to the sources, subjects, colleagues, and community. Data pertinent to the study were obtained in accordance with the guidelines

established at the archival centers and historic sites. Archival documents were photographed with a separate piece of paper indicating the source of the document to ensure accuracy in citation of references. To comply with the Health Insurance Portability and Accountability Act (HIPAA), the National Archives and Records Administration (NARA) restricts access to patient information for 75 years to allow for confidentiality of health data. The proposed time period for this study was not impacted by the restriction to access of more recent patient data.

Research involving individuals with mental illness raises complex ethical issues, as a strong social stigma is associated with mental illness today, as it was in the nineteenth century.⁶⁰ This study used safeguards to protect the privacy and dignity of the patients of St. Elizabeths, and de-identified any data directly referring to patients of the asylum.

Chapter Overview

Chapter 1: Introduction and Methods

Chapter 2: Historical Setting

This chapter identifies the roots of the American asylum movement, and establishes the historical context for this study.

Chapter 3: Dorothea Dix and her Influence on St. Elizabeths

This chapter describes and analyzes data from federal and state legislative records, personal letters, and hospital records to provide an in-depth look at the strategies of Dix to create a social

movement advocating for the provision of humane treatment of the mentally ill, and the establishment of St. Elizabeths. This chapter will also discuss Dix's influences on the naturalistic elements of the hospital itself and the therapies provided at the hospital.

Chapter 4: The Kirkbride Plan to the Cottage Plan: Incorporating Landscape and Nature into the Design of St. Elizabeths

This chapter describes and analyzes the specific design elements utilized to incorporate nature in the design and construction of St. Elizabeths Hospital during the nineteenth century. It also discusses St. Elizabeths from the viewpoint of the history of architecture and landscape architecture, using limited field methods at the site, and textual analysis of records, maps, architectural plans, and photographs from St. Elizabeths.

Chapter 5: St. Elizabeths: A Noble Monument, Analysis and Conclusions

This chapter describes and analyzes the factors influencing the departure from moral treatment in the late nineteenth century and early twentieth century. This chapter analyzes and describes the role and treatment priorities of the nurse at St. Elizabeths during that period. Additionally, this chapter compares historical writings and modern theories related to the restorative properties of nature. The analysis also highlights the relevance of the findings from this study to modern nursing practice and healthcare design.

¹ Roger Ulrich, "View through a window may influence recovery." *Science*, 224, no. 4647 (1984): 224-225.

² Suzanne M. Cutshall, Patricia G. Anderson, Sharon K. Prinsen, Laura J. Wentworth, Karen M. Brekke, Zhuo Li, Thoralf M. Sundt III, Ryan F. Kelly, and Brent A. Bauer, "Effect of the Combination of Music and Nature Sounds on Pain and Anxiety in Cardiac Surgical Patients: a Randomized Study." *Alternative Therapies in Health and Medicine*, 17, no. 4 (2011): 16-23; Vahid Saadatmand, Nahid Rejeh, Majideh Heravi-Karimooi, Sayed Davood Tadrissi, Farid Zayeri, Mojtaba Vaismoradi, and Melanie Jasper, "Effect of Nature-based sounds' Intervention on Agitation, Anxiety, and Stress in Patients under Mechanical Ventilator Support: a Randomised controlled trial." *International Journal of Nursing Studies*, 50, no. 7 (2013): 895-904.

³ Saadatmand, et al., "Effect of nature-based sounds' intervention," 895-904; Cutshall, et al., "Effect of music and nature sounds," 16-23; Matilda Annerstedt, Peter Jönsson, Mattias Wallergård, Gerd Johansson, Björn Karlson, Patrik Grahn, Åse Marie Hansen, and Peter Währborg, "Inducing physiological stress recovery with sounds of nature in a virtual reality forest—Results from a pilot study." *Physiology & behavior*, 118 (2013): 240-250.

⁴ Cutshall, et al., "Effect of music and nature sounds," 16-23; Roger S. Ulrich, Robert F. Simons, and Mark A. Miles. "Effects of environmental simulations and television on blood donor stress." *Journal of Architectural and Planning Research*, (2003): 38-47; Gregory B. Diette, Noah Lechtzin, Edward Haponik, Aline Devrotes, and Haya R. Rubin. "Distraction therapy with nature sights and sounds reduces pain during flexible bronchoscopy: A complementary approach to routine analgesia." *Chest*, 123, no. 3 (2003): 941-948.

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- ⁵ Annerstedt, et al., "Stress recovery with sounds of nature," 240-250; ARAI, Y-CP, S. Sakakibara, A. Ito, K. Ohshima, T. Sakakibara, T. Nishi, S. Hibino, S. Niwa, and K. Kuniyoshi, "Intra-Operative Natural Sound Decreases Salivary Amylase Activity of Patients Undergoing Inguinal Hernia Repair under Epidural Anesthesia." *Regional Anesthesia and Pain Medicine*, 33, no. 5 (2008): 987-990.
- ⁶ John D. Thompson and Grace Goldin. *The Hospital: A Social and Architectural History*. (New Haven: Yale University Press, 1976).
- ⁷ Gillian Gill, *Nightingales: The Extraordinary Upbringing and Curious Life of Miss Florence Nightingale* (New York; Ballantine Books, 2004).
- ⁸ Ibid. See also: Christopher J. Gill and Gillian C. Gill, "Nightingale in Scutari: Her Legacy Reexamined", *Clinical Infectious Diseases*, 40, No. 12 (June 15, 2005), 1799-1805.
- ⁹ Sir Edward Cook, *The Life of Florence Nightingale* (New York and London: Macmillan, 1942).
- ¹⁰ Gill and Gill, "Nightingale in Scutari", 1799-1805.
- ¹¹ Lynn McDonald, Editor, *Florence Nightingale and Hospital Reform: Volume 16 of the Collected Works of Florence Nightingale*, (Ontario: Wilfrid Laurier University Press, 2012).
- ¹² Cook, *The Life of Florence Nightingale*, Electronic Edition, n.p.
- ¹³ Florence Nightingale, *Notes on Hospitals-Primary Source Edition*, (London: Longman, Green, Longman, Roberts and Green, 1863), 11-18.
- ¹⁴ Florence Nightingale, *Notes on Nursing: What it is, and What it is Not*, (New York: Dover Publications, Inc., 1860), 12.
- ¹⁵ McDonald, *Florence Nightingale and Hospital Reform*.
- ¹⁶ Jean Watson and Florence Nightingale, *Notes on Nursing. Guidelines for Caring Then and Now*. (Philadelphia PA: Lippincott, 1992), 80-85.

¹⁷ Watson and Nightingale, *Notes*, (1992), 80.

¹⁸ Jean Watson, "Florence Nightingale and the enduring legacy of transpersonal human caring-healing." *Journal of Holistic Nursing*, 28, no. 1 (2010): 107-108.

¹⁹ Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, (New York: John Wiley & Sons, 1997).

²⁰ Gerald Grob, *The Mad among Us: A History of the Care of America's Mentally Ill*, (New York: The Free Press, A Division of Macmillan, Inc., 1994), 27.

²¹ Ibid.

²² Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States*, (Minneapolis: University of Minnesota Press, 2007). 7.

²³ Ibid.; and "The Officers of the New York State Lunatic Asylum", Utica (Editors), *The American Journal of Insanity*, 1(1844-5).

²⁴ John Curwen, "History of the Association of Medical Superintendents of American Institutes for the Insane; from 1844 to 1874, Inclusive," compiled from the *Records of the Association*, (1875): 16-17.

²⁵ Thomas Story Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, (Philadelphia, 1854).

²⁶ Alice Davis Wood, *Dorothea Dix and Dr. Francis T. Stribling: An Intense Friendship. Letters: 1849-1874*, (Bloomington: Xlibris Publishing, 2008), 20.

²⁷ Thomas Otto, "St. Elizabeths Hospital: A History," (Washington, DC: United States General Services Administration, National Capital Region, May, 2013).

²⁸ Ibid.

²⁹ Ibid.

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- ³⁰ Gerald Grob, *Mental Institutions in America: Social Policy to 1875*, (New York: The Free Press, Collier Macmillan Publishers, 1973).
- ³¹ Heritage Landscapes, LLC, "St. Elizabeths West Campus Historic American Landscape Survey," HALS no. DC-11 (2009).
- ³² Joy Buck, "Using Frameworks in Historical Research," in Sandra B. Lewenson and Eleanor K. Herrman, *Capturing History: A Guide to Historical Methods in Research*. (New York: Springer Publishing Co., 2007), 45.
- ³³ Buck in Lewenson and Herrmann, *Capturing nursing history*, (2008), 46.
- ³⁴ Cynthia Connolly, "Beyond social history: new approaches to understanding the state of and the state in nursing history," *Nursing History Review*, 12, No. 5 (2004).
- ³⁵ Buck in Lewenson and Herrmann, *Capturing Nursing History*, (2008).
- ³⁶ Barbara Mann Wall, "Nursing history: blurring disciplinary boundaries." *Nursing History Review* 15 (2007): 5.
- ³⁷ Thomas Carter and Elizabeth Collins Cromley, *Invitation to vernacular architecture: A guide to the study of ordinary building and landscapes*, (Knoxville: Univ. of Tennessee Press, 2006).
- ³⁸ Peter Kohane and Michael Hill, "The eclipse of a commonplace idea: decorum in architectural theory," *arq: architectural research quarterly*, 5, No. 1, (2001), 63-77.
- ³⁹ Karen C. Mages and Julie Fairman, "Working with Primary Sources: An Overview," in Lewenson and Herrmann, *Capturing Nursing History*, 130-131.
- ⁴⁰ Frank R. Millikan, "Wards of the Nation: The making of St. Elizabeths Hospital, 1852-1920", unpublished dissertation, The George Washington University, 1990; and Frances Margaret McMillen, "Ministering to a Mind Diseased: Landscape, Architecture and Moral Treatment at St.

Elizabets Hospital, 1852-1905”, unpublished thesis, the University of Virginia, 2008; and Otto, 2013.

⁴¹ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, (New York: Vintage Books, 1965).

⁴² Gerald Grob, *The Mad Among Us*, (New York: The Free Press, 1994).

⁴³ Gerald Grob, *Mental Institutions in America: Social Policy to 1875*, (New York: The Free Press, 1973).

⁴⁴ Gerald Grob, *Mental Illness and American Society, 1875-1940*, (Princeton: Princeton University Press, 1983).

⁴⁵ Nancy Tomes, *The Art of Asylum Keeping*, (Philadelphia: University of Pennsylvania Press, 1984).

⁴⁶ Nancy Tomes, *A Generous Confidence*, (Cambridge: Cambridge University Press, 1984).

⁴⁷ Yanni, *Architecture of Madness*.

⁴⁸ McMillen, “Ministering to a Mind Diseased”.

⁴⁹ Heritage Landscapes, LLC, “St. Elizabeths Historic American Landscape Survey.”

⁵⁰ Millikan, “Wards of the Nation.”

⁵¹ Otto, “St. Elizabeths Hospital: A History.”

⁵² Francis Tiffany, *Life of Dorothea Lynde Dix*, (Boston: Houghton Mifflin Company, 1890).

⁵³ Thomas J. Brown, *Dorothea Dix: New England Reformer*, (Cambridge: Harvard University Press, 1998).

⁵⁴ Barbara Mann Wall, “Textual Analysis as a Method for Historians of Nursing,” *Nursing History Review*, 14 (2006): 228.

⁵⁵ Ibid., 229.

⁵⁶ Fabio Remondino “Heritage recording and 3D modeling with photogrammetry and 3D scanning,” *Remote Sensing*, 3, no. 6, (2011): 1104-1138.

⁵⁷ Sonya Grypma, "Critical issues in the use of biographic methods in nursing history." In Lewenson and Herrman, *Capturing Nursing History*, 63-78.

⁵⁸ Nettie Birnbach, Janie Brown, and Wanda Hiestand, “Ethical Guidelines for the Nurse Historian” in *Capturing Nursing History*, 169-170.

⁵⁹ Nettie Birnbach, Janie Brown, and Wanda Hiestand, “Standards of Professional Conduct for Historical Inquiry in Nursing” in *Capturing Nursing History*, 170-172.

⁶⁰ American Psychiatric Association’s Task Force on Research Ethics, “Ethical Principles and Practices for Research Involving Human Participants with Mental Illness,” *Psychiatric Services*, 57, No. 4, (April, 2006).

Chapter 2: Historical Setting

In order to better understand the experiences of all who designed, inhabited, and circulated within the nineteenth century campus of St. Elizabeths Hospital, Washington D.C. it is important to understand the context in which they lived and worked. This chapter describes the historical setting and conditions of the period and cites relevant secondary sources for this study. To fully appreciate the impact of asylum reform in the mid-nineteenth century, it is important to understand the conditions of early American asylums and the care that was provided to the mentally ill. Understanding this setting and historical context provides the basis for this investigation.

Mental Illness and the Asylum Movement

Prior to the mid-nineteenth century, physicians and the lay public knew little about mental illness. A person's observed behaviors within a social context is what defined insanity during that time period.¹ Records from private asylums describe the behaviors that the patients exhibited such as: talking to themselves or imaginary friends, threatening to hurt themselves or others, or destroying personal property. Causes of mental illness were ascribed to the supernatural and moral weakness.² Doctors did note that there were physical causes of insanity, such as a blow to the head or disease of the brain, but understood little about the functioning of the central nervous system at the time. If an individual had a "hereditary constitutional defect" tending towards insanity or environmental factors such as maltreatment or neglect at home, admission to the almshouse or the county jail would exacerbate the problem. Thus, by the nineteenth century, mental illness was recognized as a phenomenon with both physical and

environmental components.³ In 1858, English physicians Daniel Hack Tuke and John Charles Bucknill categorized the types of observed mental illnesses, publishing the *Manual of Psychological Medicine*.⁴

The first public asylum dedicated exclusively to the treatment of the insane in colonial America was not built until 1769 in Williamsburg, Virginia.⁵ Prior to the construction of asylums, family members cared for others in their immediate circle who exhibited behaviors of mental illness. This was more easily accomplished in an agrarian setting with physical distance and less social contact between community members. In cities, the behaviors of the mentally ill were more visible. As cities grew, persons identified as insane and “dependent,” or unable to be controlled by their families, were confined to jails or almshouses. These facilities treated the mentally ill as criminals to be contained. They were often shackled and mistreated, their care a social and economic problem rather than a medical problem worthy of treatment.⁶ One of the common beliefs at the time was that the stresses of urban civilization, overstimulation, and social class divisions preyed on the weak and fragile, causing madness.⁷

The treatment of the mentally ill would change in the early nineteenth century when Philippe Pinel, a French physician and scientist, studied the insane of Paris. His collection of case studies led him to develop what would come to be known as “moral” treatment for the insane. This therapy contained no *moralistic* content; however, it described and enacted Pinel’s innovative assumption that “environmental changes could influence individual psychology and thus alter behavior.”⁸ A pragmatist, Pinel identified effective treatments for those with mental illness rather than dedicating time to the extensive classification of the disease.⁹ Pinel found that traditional treatments for madness, such as bleeding, emetics, cathartics, corporal punishment, restraint, and isolation were ineffective. This observation supported the philosophy that insanity

was not a result of a physiologic lesion alone. It also led to the development of psychologically based therapy that incorporated the use of nature and the modification of the environment to treat those suffering with mental illness.¹⁰ Environmental control was essential to Pinel's treatment for mental illness.

While many other illnesses of the day could be treated at home, the application of moral treatment required the ordered environment of the asylum. If the environment of modern civilization contributed to the unfortunate individuals' madness; then confinement in an asylum could provide the restorative environment to promote recovery. Pinel's moral treatment for the insane rejected the belief that insanity was incurable. Instead, Pinel intended to provide an environment that would promote a cure for madness and return the individual to society. Pinel was not alone in his support of the asylum as treatment for mental illness and a necessary part of the restoration of well-being.

Prominent American supporters of the asylum movement and moral treatment in the very early nineteenth century include Philadelphia physicians Benjamin Rush, and Thomas S. Kirkbride.¹¹ Dr. William Tuke, English physician and great grandson of Daniel Hack Tuke, and Kirkbride were instrumental in the development and management of private asylums. Both were Quakers, a group already known for advocating moral reform, promoting the abolishment of slavery, insisting on prison reform, and assisting the poor. Many early nineteenth century hospitals relied heavily on the Quaker influences of social reform, stewardship and philanthropy.¹²

In pursuit of a cure for mental illness and public acceptance of moral treatment, the number of American asylums grew throughout the nineteenth century. The men who managed "asylum medicine"¹³ would be considered the founders of American psychiatry. Exclusively

white men, from middle-class, Protestant backgrounds, medical school graduates made up this group of asylum superintendents.¹⁴ These men dedicated themselves to the treatment of the insane despite risk to themselves from severely disordered patients. By the mid-nineteenth century this homogeneous group of leaders, with shared backgrounds and shared experiences, corresponded and visited each other often to share their stories and case analyses. In the 1875 *History of the Association*, Francis Stribling, M.D., Superintendent of the Western State Lunatic Asylum of Virginia, wrote: “We, of course, conferred freely as to all that concerned the interests of the insane: the organization, management &c., of institutions for the benefit of this afflicted class was the topic on which we dealt much.”¹⁵ In an effort to make these contacts more regular, and to form a framework and standards for the budding profession of the treatment of the insane, the superintendents met in October of 1844 to form the Association of Medical Superintendents of American Institutions for the Insane. In the *History of the Association*, Stribling later wrote: “...as we had felt mutually benefitted by *our* interchange of views, it was deemed but reasonable that the noble cause would be materially promoted by some arrangement to convene at stated periods, for *consultation*, &c., with those in charge of such institutions.”¹⁶

The founding of the Association of Superintendents in October, 1844 would predate the founding of the American Medical Association by three years and would become the precursor to the American Psychiatric Association. In addition to regular meetings, this group published the peer-reviewed journal *The American Journal of Insanity*.¹⁷ One of the published topics for which the organization was most recognized was its recommendations on the architecture of asylums. For a profession that believed so strongly in the ability of the controlled and closely managed environment to cure insanity, it is no surprise that the consideration of the structure and

grounds of the asylum would be among the earliest topics discussed in the meetings of the Association and in their publication.

In 1849, Thomas Kirkbride presented resolutions at the fourth meeting of the Association of Superintendents addressing these environmental conditions in asylums. Kirkbride wrote “it is a deliberate conviction of this Association that an abundance of pure air...is essential in the treatment of the sick, especially in hospitals, and whether for those afflicted with ordinary disease or for the insane...,” and that steam heating is the “best means of supplying warmth in winter,” and that “a system of forced ventilation, connected to such a mode of heating, is indispensable...”¹⁸

While not architects, the members of the Association of the Medical Superintendents of American Institutions for the Insane firmly declared themselves experts in the construction and arrangement of American asylums. The minutes of the sixth meeting of the Association in Philadelphia, Pennsylvania on May 19, 1851 reveal that the “propositions on the construction of the hospitals for the insane, which have been so imminently useful in the arrangement of hospitals to the present time” were discussed and adopted. In addition to delineating very specific aspects in the construction of asylums for the insane, the resolution stated that “No hospital for the insane should be built without the plan having first been submitted to some physician or physicians who have had charge of a similar establishment, or are practically acquainted with all of the details of their arrangements, and received his or their full approbation.”¹⁹

The Kirkbride Plan

Since his early publications, the name of Thomas Story Kirkbride has been synonymous with the design and construction of asylums during the mid to late nineteenth century. After presenting the Association of Superintendents' propositions for the construction of hospitals for the insane in 1851, Kirkbride went on to publish *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* in 1854.²⁰ He used this publication to elaborate the specific findings of the Association, writing that:

. . . every hospital for the insane should be in the country, not within less than two miles of a large town...should have [at least] fifty acres of land, dedicated to gardens and pleasure grounds for patients. At least one hundred acres should be possessed by every State hospital...for two hundred patients ... The sites for asylums should be in a healthful, pleasant and fertile district of the country...the surrounding scenery should be of a varied and attractive kind ... [and] it is desirable that the views from it should exhibit life in its active forms.²¹

Kirkbride also wrote “that every possible advantage may be derived from the views and scenery adjacent ... The prevailing winds of summer may be made to minister to the comfort of the inmates.”²²

According to Kirkbride, hospitals dedicated to the care of the insane should be built of brick, iron, and stone; however, the wards for the patients should have parlors to help to create a home-like environment. For example, single apartments for the patients must have windows “communicating directly with the external atmosphere,” with window guards that were appealing and tasteful. While Kirkbride wrote extensively on the necessary safety measures for asylum

windows, including recommendations as to the use of sashes, locks and bars, he also wrote that it was important to minimize the feeling of being detained.²³ Many of his recommendations for asylum design and construction reinforced the philosophy of the healing and restorative powers of nature and the controlled environment of the asylum. “The building should be in good taste, and ...it should impress favorably not only the patients, but their friends and others who may visit it.”²⁴

The Kirkbride Plan was clear. It called for a stately center building that contained the administrative offices, kitchen, reception area for patients and their visitors, a medical library, a lecture room, a chapel, and apartments for the superintendent, their family, and any other officers who lived at the institution.²⁵ On either side of the center building, wings extended to house the patients. The wings were designed and constructed to optimize light, ventilation, and the views of the surrounding grounds. According to Kirkbride, “The wings should be so arranged as to have eight distinct classes of each sex; each class should occupy a separate ward, and each ward should have in it a parlor, [and] a dining room...”²⁶ Each gender-exclusive wing should contain “two work rooms, a museum and reading room, a school room”,²⁷ and patients were assigned to their ward depending upon their diagnoses and behavior. Kirkbride wrote: “It will be found desirable, in practice, that the least excited—what is commonly called the best class of patients—should occupy the upper stories and be nearest the centre [sic] building, while the noisy should be at a distance, and the feeble in the lower story.”²⁸

While his plan celebrated the therapeutic value of building design, Kirkbride also emphasized the importance of other environmental therapeutic interventions. These were specifically noted to be important to prevent the use of isolation and restraint. “A properly designed building, ..., has already been referred to as being indispensable... Without adequate

provision for out-door exercise and occupations for patients, and a liberal supply of means of amusement; and the violent and mischievous propensities of their inmates, will be apt to be such as to require modes of management that might otherwise be easily dispensed with.”²⁹

In addition to being aesthetically pleasing, the natural surroundings and grounds of the asylum contributed to the therapeutic treatment for the patients. Kirkbride considered that a farm or garden located on the grounds could provide useful occupation for patients. As Kirkbride noted: “Labor, then, is one of our best remedies...”³⁰ Farms and workshops had the additional benefit of helping the facility be self-sufficient, and being potentially profitable for the hospital. “Amusement” was achieved by “muscular exercise”, and Kirkbride encouraged the inclusion of a “gymnasium...for insane men”, and a “calisthenum for insane women” within the asylum facility. Kirkbride suggested other forms of amusement “which ought to be provided by every institution for the insane;” including: providing instruction, displaying “collections of curiosities” and various games.³¹

Dorothea Dix and the Asylum Movement

One of the people most interested in Kirkbride’s plans and the work of the the Association of Superintendents was Dorothea Dix, a New England reformer who became interested in prison and asylum reform in the mid-nineteenth century. Dix was born in Maine on April 4, 1803, and settled in and around Boston after a tumultuous childhood. In 1827, Dix became quite ill from tuberculosis, and moved to the slightly warmer climate of Philadelphia and taught school. She created schools for both young children and working men and women. Her entire life was defined by cycles of working herself to exhaustion, suffering a physical or

psychological collapse, and then remaking her vocation and mission. One of these episodes of extreme fatigue and breakdown occurred in 1836, and she withdrew from the Philadelphia teaching community and sought solitude in England. After nearly a year abroad, Dix returned to the Boston area, and in 1841 she volunteered to teach the female inmates in the East Cambridge jail. It is here that she was first exposed to people who were insane and incarcerated, and she became determined to help those who were least cared for by society.³²

Dix's strategy to improve the lives of those suffering from mental illness was a legislative one. She spent months documenting the conditions of the insane in Massachusetts. She shared the stories of the insane housed "in cages, cellars, stalls, pens; chained, naked, beaten with rods, and lashed into obedience"³³ with elected officials and community leaders. Her legislative efforts resulted in the Worcester Asylum to accommodate 150 more patients. Dix's legislative successes, leading to the expansion of existing asylums in Massachusetts and Rhode Island, emboldened her to focus on creating a new and independent state run hospital for the insane in New Jersey.³⁴ Its funding and construction became a turning point in the care of the mentally ill and the asylum movement. Asylums were historically private institutions available to patients and families with the means to provide for housing and treatment; whereas, the indigent insane were housed in prisons and almshouses, if any treatment was provided at all. Dix's legislative efforts and successful hospital construction started the shift in the treatment of the mentally ill from private asylums to the public run state hospitals for the insane.

While never a member of the Association of Medical Superintendents of American Institutions for the Insane, Dix developed strong personal and professional relationships with many of the members of the organization. Her correspondence with these men of the asylums consisted of discussion of moral treatments for the insane, activity of the Association, Dix's

legislative efforts, and even individual patient placement. In 1849, Dix corresponded with Francis Stribling, MD, from Western State Hospital in Staunton Virginia, about an individual housed in the Alexandria jail. “I do not know that the afflicted patient could be restored, but I am confident that should he be under hospital care, could become a useful laborer upon the farm...There [is] absolutely no vacancy in Williamsburg...Please let me hear shortly.”³⁵

Despite never being a formal member of the Association, Dix’s moral authority, powers of persuasion, notoriety, and political successes allowed the fledging organization representing the leaders of the specialty of psychiatry to build their empire of American asylums. It was within these private and public asylums that the members of the Association of Superintendents, exclusively medically trained men, studied and documented mental illness and its treatments. She sustained relationships with these esteemed men for the rest of her life. At her burial in 1887, Charles Nichols, Superintendent of the Government Hospital for the Insane, eulogized Dix with the words written by D. Hack Tuke: “Thus has died and laid to rest in the most quiet, unostentatious way the most useful and distinguished woman America has yet produced.”³⁶

The published works and letters of Thomas Kirkbride and Dorothea Dix exhibit parallels to the well-known hospital reform work of Florence Nightingale. *Notes on Hospitals* written by Nightingale in 1858, and *On the Construction* by Kirkbride are stylistically quite similar. Both discussed topics such as the importance of light, ventilation, and space allowance per patient in a format much like a manual for hospital construction. Both Kirkbride and Nightingale offered their expertise on hospital construction as consultants.

Nightingale had strong opinions about hospital construction as evidenced by her statement: “I know of no class of murderers who have killed so many people as hospital architects.”³⁷ *Notes on Hospitals* was a non-governmental publication documenting hospital

design and management strategies based on her experiences in the Crimean War, and the intent was to save lives in military and civilian hospitals. Nightingale applied her analytical skills to the architecture of existing and proposed hospital facilities, and consulted on the reform, design and construction of over 40 hospitals; civilian and military, convalescent homes, children's homes, and nurses' homes affiliated with hospitals.³⁸ The federal government consulted Nightingale for advice on military hospitals during the American Civil War, and it is then that the paths of Nightingale and Dix quite possibly crossed when Dix served as the Superintendent of the Union Army Nurses.

The published works of Dorothea Dix are quite different from that of Nightingale. The notable works of Dix that remain are her personal letters, and her "memorials" presented before state and federal legislatures. Dix was both persuasive and uncompromising. While she stated: "I tell what I have seen,"³⁹ the rhetoric in her "memorials" was intended to appeal to the emotions and morality of the legislators and the public. Following the preceding quote in her 1843 Memorial to the Legislature of Massachusetts, Dix went on to say: "painful and shocking as the details often are—that from them you may feel more deeply the imperative obligation which lies upon you to prevent the possibility of repetition or continuance of such outrages upon humanity."⁴⁰ In 1852, in a request for funding, Dix urged the Maryland legislators to imagine the conditions of the mentally ill of the time: "Enter the horrid noisome cell; invest your selves with the foul tattered garments which scantily serve the purposes of decent covering, [...] find companionship in your own cries and groans, or in the wailings and gibberings of wretches miserable like yourselves [...] and answer if you will no longer refuse or delay to make adequate appropriation for the establishment of a hospital for the care and cure of those who are deprived of the use of their reasonable faculties."⁴¹

St. Elizabeths Hospital

Dix's successes in Massachusetts and New Jersey emboldened her to petition Congress for five million acres to be allocated for the care of the indigent insane, or the "wards of the nation." To influence the legislators, Dix relocated to Washington D.C. in 1848. During that time, she developed many powerful friendships, most notably that of Millard Fillmore.⁴² Fillmore served as the Vice-President of the United States from 1849-1850. He assumed the role of President after the death of Zachary Taylor. In addition to developing a friendship with Fillmore, Dix worked closely with the members of the legislature. After lobbying several sessions of Congress, Dix's efforts to secure federal lands as an endowment for state managed care of the mentally ill was ultimately vetoed in 1854 by President Franklin Pierce, who assumed the role from Fillmore in 1853. In the meantime, Dix successfully secured the Congressional appropriation of \$100,000 for the construction and furnishing of a mental hospital for the residents of the District of Columbia, and members of the U.S. Army and Navy in 1852. Dix and her political ally at the time, President Fillmore, set out to identify a suitable site for the new Government Hospital for the Insane.⁴³

While Dix and the members of the Association of Superintendents did not anticipate Pierce's 1854 veto of the "Five Million Acre" project, it is clear in the planning and construction of St. Elizabeths that it was intended to be the flagship asylum for American state hospitals for the insane. In a speech published in full in the *American Journal of Insanity*, Indiana Congressman John G. Davis referred to "the importance of making this establishment at the seat of the general government a model in its construction, organization and management" which others might emulate.⁴⁴

An ideal site was identified on a ridge overlooking the confluence of the Anacostia and Potomac Rivers, with commanding views of Washington, Georgetown, and Alexandria [Figure 1, Appendix A]. The 185-acre farm, owned by Thomas Blagden, met all of the newly published Association of Superintendents' provisions for asylum site selection and design. The land was fertile, gently sloping on all sides, possessed a variety of woods and pasture, was in close proximity to town, and had access to the river for ease in delivery of supplies. Blagden had no interest in selling the family farm until he met with Dix on November 13, 1852. Despite expressing anguish in parting with the family farm, he wrote to Dix:

Since seeing you today, I have had no other opinion ... 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 friend you are ...⁴⁵

Dix had secured the site and ensured that Fillmore appointed Association member Charles Nichols as the first superintendent for the new hospital. Nichols was the appointed physician of the Bloomingdale Asylum in New York, and friend of Dix.⁴⁶ Since Nichols was supervising the facility prior to construction, his influences are present in the architecture and design of both the building and grounds. The Center Building of St. Elizabeths was one of the first buildings ever constructed using Kirkbride's plan [Figure 2, Appendix A]; however, Nichols is credited with a prominent architectural modification to Kirkbride's recommendations. Rather than designing a plan that would have the wings extending in a linear fashion from the central administrative building, Nichols designed the bilaterally symmetrical wings in a stepped-back echelon design. He wrote that this design "afford[ed] the best facilities for the thorough classification and inspection of the patients, for ventilation and external views, and for the

requisite subdivision of the pleasure grounds."⁴⁷ At the 1853 meeting of the Association of Superintendents, Nichols received praise for his plans for St. Elizabeths, and in Kirkbride's second edition of *On the Construction* published in 1880, he described the receding wings of the echelon as the "improved linear plan."⁴⁸ The design, which had an aerial footprint that resembled a shallow "V," was widely utilized in subsequent asylums. [Figure 3, Appendix A].

Nichols also acted as the general contractor in the construction and maintenance of the hospital during his 25-year tenure. The Central Building of the hospital virtually arose from the earth of the former Blagden farm. The bricks were manufactured on site, and various species of trees were grown and harvested on site for furnishing the wards.⁴⁹

Nichols' belief in the healing power of nature was also evident in the design, construction, and maintenance of the grounds. The landscape design consisted of winding paths, and open green areas with borders of trees to provide a natural screen. The orientation of the central building was such that the window views from the patient apartments and parlors were the most scenic.⁵⁰ [Figure 4, Appendix A]

Nineteenth Century Washington, D.C.

In 1790, the Congress of the United States of America established the nation's capital in an independent city bordering Maryland and Virginia, and Pierre Charles L'Enfant designed the plan for the federal district. His plan of streets and buildings incorporated elements of the newly established union. Legislative and executive branches of the government, and representations of the states were placed in a grid with squares set within a framework of superimposed diagonal squares. The plan included the Mall, a grand avenue designed to give Washington stately

superiority over other cities. It also included structures intended for the entertainment, social, and intellectual needs of a democratic society. From its inception, Washington, D.C. contained many park-like elements.⁵¹ [Figures 5 & 6, Appendix A]

During the War of 1812, the British burned the United States' capitol city. After the war and despite extensive damage to the city, Washington D.C. entered a period of economic development and architectural restoration. Architect Thomas Ustick Walter designed the plans for expansion of the U.S. Capitol Building in 1851, and the newly designed Capitol dome in 1855.⁵² President Millard Fillmore approved Walter's Capitol plans, and also aided Dix in procuring funding for St. Elizabeths, identifying a suitable site for the hospital. Furthermore, he appointed Nichols as the first superintendent of St. Elizabeths. Walter is credited as the architect of record for St. Elizabeths Central Building; incorporating both Kirkbride's precise building plan and Nichols' detailed design for the hospital and grounds in his design.

During the period that Walter was working on the restoration and expansion of the Capitol Building and St. Elizabeths, American landscape architect Andrew Jackson Downing was designing the public grounds between the U.S. Capitol and the White House.⁵³ [Figure 7, Appendix A] While Downing had no direct involvement in the design of St. Elizabeths, it is possible that his work influenced the therapeutic nature of the grounds.

Evidence for this influence lies in the similarities in the plans of St. Elizabeths in comparison to others that Downing designed. In 1842, Downing designed the grounds at the State Lunatic Asylum in Utica, New York, where Nichols worked as a medical assistant from 1847 to 1849.⁵⁴ In 1848, Downing completed plans for the grounds of the New Jersey State Lunatic Asylum in Trenton, New Jersey, a hospital, like St. Elizabeths, supported by Dorothea Dix. Downing's landscape plans for the Trenton asylum depict curving drives, undulating lawns,

and plantings of trees in what he called the “Beautiful Style” similar to the early plans of St. Elizabeths by Walters and Nichols.⁵⁵ The design had its roots in the prevailing nineteenth century philosophy. Many people, including the Medical Superintendents and Downing, believed that the stresses and overstimulation of civilization and social class divisions, preying on the weak and fragile, caused insanity. The absence of nature in cities was felt to contribute to “poor health, poor morals and insanity.”⁵⁶ In 1848 Downing wrote, “Many a fine intellect, overtaken and wrecked in the too ardent pursuit of power or wealth, is fondly courted back to reason, and more quiet joys, by the dusky, cool walks of the asylum, where peace and rural beauty do not refuse to dwell.”⁵⁷

Civil War Influences on St. Elizabeths

The Civil War (1861-1865) was a pivotal period in the history of the nation and the nation’s capital. In the 1990 Civil War documentary by Ken Burns, Shelby Foote, noted author and historian stated: “Any understanding of this nation has to be based, and I mean really based, on an understanding of the Civil War. ... It was the crossroads of our being, and it was a hell of a crossroads.”⁵⁸ It was a cross roads of ideas related to slavery, regionalism, commerce, and governance, and the war effected all institutions in Washington D.C. and the surrounding area. It is also important to understand the history of St. Elizabeths during that time. Many early Civil War battles took place in the Mid-Atlantic area making Washington D.C. a central location for Army and Navy field hospitals. The first major battle of the war, the Battle of Bull Run, occurred less than fifty miles from St. Elizabeths Hospital. Dix served as the Superintendent of Union Army Nurses, and certainly her affiliation with St. Elizabeths and Nichols put a strain on the institution. In response to the severe shortage of hospital beds shortly after the war started,

the government appropriated wings of St. Elizabeths for temporary use as a general field hospital. Tents were erected on the grounds to house convalescing soldiers when the Army Field Hospital became overcrowded.⁵⁹

With diminishing resources, St Elizabeths' physicians, nurses and attendants had to care for an influx of soldiers suffering from the physical and psychological wounds of war. Walt Whitman, poet and volunteer Civil War nurse, wrote in a March 19, 1863 letter to the *Brooklyn Eagle*: "There are some fifty of these [field] hospitals in the District of Columbia alone. In them collected the tens of thousands of sick and wounded soldiers, the legacies of many a bloody battle and of the exposure of two years of camp life."⁶⁰ Whitman also wrote: "A large majority of the wounds are in the arms and legs. But there is every kind of wound in every part of the body. I should say of the sick [...] the prevailing maladies are typhoid fever and the camp fevers [...] There are twice as many sick as there are wounded."⁶¹ During the Civil War, St. Elizabeths was used as an Army Field Hospital, a temporary Union Naval Hospital, and a specialty Stump Hospital for amputees. Following the war, St. Elizabeths returned to caring for the psychiatric needs of the veterans and the indigent citizens of Washington, DC.

In the late nineteenth century, the U.S. capital city grew in population and struggled to maintain the architecture and infrastructure necessary for the city expansion. St. Elizabeths had the same issues. Following the U.S. Civil War, the patient census at St Elizabeths always exceeded Kirkbride's clear asylum design recommendations for accommodating up to 250 patients.⁶² Superintendent Godding, who replaced Nichols in 1877, favored the cottage style for asylum design as an effort to increase capacity and create a more comfortable, home-like environment for the inhabitants of St. Elizabeths.⁶³

Godding's addition of cottages at St. Elizabeths was an efficient and economical approach to responding to the increased housing needs following the Civil War, while simultaneously retaining naturalistic aspects of moral treatment. Kirkbride's linear design called for all patients to be under the same roof, in a congregate fashion. Rather than classifying patients by wards, the cottage plan segregated patients by diagnosis and behavior in separate buildings. Each self-contained cottage housed between sixty and one hundred patients, included dining and common areas for patients and staff, and provided access to the therapeutic grounds of the asylum. Theoretically, the cottage plan divided the imposing institution into smaller building units, creating a more social and home-like atmosphere, and represented a first step towards community-based care for the insane.⁶⁴ An 1898 plat of St. Elizabeths Hospital documents the addition of multiple patient cottages situated on the grounds surrounding the original Kirkbride building.⁶⁵ [Figure 8, Appendix A]

Humane treatment and the caregivers of St. Elizabeths

While the prescribed moral treatment for the insane emphasized the controlled environment of the asylum and grounds, physicians placed equal emphasis on the relationships of the caregivers and the patients. In *On the Construction*, Kirkbride carefully delineated the ideal characteristics, responsibilities and management of employees of asylums. Kirkbride wrote about the roles and responsibilities of the following asylum employees: Trustees, Physician and Superintendent, Matron, Chaplain, Teachers, Attendants, Nightwatchmen, Farmers, Gardeners, Bakers, and Domestics.⁶⁶ Nearly all employees lived on the grounds of St. Elizabeths and were expected to exhibit uncommon patience and understanding of the inhabitants of the hospital.

The hospital's bylaws specified that hiring of employees be based on "their fitness for the companionship and oversight of patients while at work out of the wards."⁶⁷

In *On the Construction*, Kirkbride wrote: "The Physician should be the Superintendent and Chief executive officer of the establishment ...who devotes his whole time and energy to the welfare of the hospital."⁶⁸ None the less, much of that time may have been directed towards administrative activities off of the wards. In an 1882 correspondence, Dr. William Godding, who replaced Nichols as Superintendent of St. Elizabeths in 1877, described his day: "I take all the medical staff with me throughout the establishment ... I start at 10 o'clock and I am fortunate if I have completed the round of wards at 1 o'clock ... I make it a rule to see every patient as well as every ward."⁶⁹

In contrast to the once daily rounds of the Superintendent, the Attendants on the wards spent the entire day with the patients, and often labored under entirely unrealistic expectations.⁷⁰ According to Kirkbride, "With all of the supervision that can be given, the comforts of patients in every Hospital for the Insane, is essentially dependent on their attendants."⁷¹ Kirkbride also wrote of the Attendants: "There should be two attendants in each ward ... When there is but a single attendant to a ward, the patients [will] have an insufficient amount of out-door exercise and employment."⁷² The 1855 by-laws of St. Elizabeths specified that "From the time that patients rise in the morning, until they retire at night, [the patients] are to be constantly under the supervision of the attendants."⁷³ Attendants were responsible for the comfort, cleanliness, and entertainment of the approximate ten patients in their care.⁷⁴

Kirkbride made no mention of nurses in his book in 1854. This is not a surprise as Nightingale is credited with the founding of modern professional nursing, which occurred in the 1860s. One of the first documents specifically discussing nurses or nursing at St. Elizabeths was

in the 1883 Board of Visitors meeting minutes. During that year, special night nurses were hired to care for the “physically sick, epileptic, and incontinent.”⁷⁵ Sometime before 1880, Superintendent Godding introduced a training school for nurses, an important step toward the recognition of the professional nurse and professionalization of the ward staff.⁷⁶ In 1900 Louise Laird, Matron of the Willard State Hospital, Willard, New York, wrote “Nursing of the Insane” in the *American Journal of Nursing*. In a discussion following the article, Miss Wood wrote: “In the selection of [asylum] nurses the utmost care is taken that people in charge shall be properly equipped for their work. The best buildings in the world ... are of no use without the proper attendants,”⁷⁷

Nursing care of mentally ill patients required education and training. One year before Laird wrote *Nursing of the Insane*, the 1900 *By-laws and Rules and Regulations of the Board of Visitors of the Government Hospital for the Insane* did speak to some of the specific requirements of the nurses of St. Elizabeths. The *By-laws* describe specific roles and education requirements: “All attendants who shall have successfully completed the required course of training at the Hospital shall be designated as “nurses,” and all those who are taking the same course shall be designated “nurses in training.”⁷⁸

According to the 1900 *By-Laws*, in addition to providing the personal care of the patients, accompanying the patients to the dining room, and preserving order among the patients, the nurses of St. Elizabeths

... Shall take every able-bodied patient out doors for exercise on every suitable day, once or twice as directed by the physician in charge, chief nurse or supervisor. They shall direct and encourage patients to assist in the housework and in such work outside the ward as may be assigned as a feature of the

treatment of the patient and that its primary object is improvement and restoration to health of body and mind.⁷⁹

End of the Kirkbride Era at St. Elizabeths

Following the Civil War, the mental health needs of veterans prompted the construction of Kirkbride asylums well throughout the country into the late nineteenth century. Even as the beginning of the twentieth century marked the end of the Kirkbride era at St. Elizabeths, the *Hospital's By-laws* validate that the treatment for the inhabitants continued to include nature and work for the restoration of mental health. To allow for the increased number of chronic patients living at St. Elizabeths following the Civil War, construction was constant on the grounds and the cottage plan was adopted. Superintendent Godding's preference for the cottage plan did not alter the importance that he placed on the environment of the grounds of St. Elizabeths. In a speech Godding delivered in 1897 he stated:

Most hospitals are beautiful. St. Elizabeths to me seems particularly so. It is not every hospital that can have the Potomac and the nation's capitol (sic) for a background. Its shaded ravines are full of sweet surprises; its broad lawns are restful to the eye and when spring comes to deck it with her flowers it might be paradise.⁸⁰

¹ Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States*, (Minneapolis: University of Minnesota Press, 2007).

² Gerald Grob, *The Mad among Us: A History of the Care of America's Mentally Ill*, (New York: The Free Press, A Division of Macmillan, Inc, 1994).

³ Yanni, *The Architecture of Madness*.

⁴ John Charles Bucknill & Daniel Hack Tuke, *A Manual of Psychological Medicine: Containing the history, nosology, description statistics, diagnosis, pathology, and treatment of insanity. With an Appendix of Cases*, (London: J. Churchill, 1862).

⁵ Grob, *The Mad Among Us*.

⁶ Thomas Otto, "St. Elizabeths Hospital: A History," (Washington, DC: United States General Services Administration, National Capital Region, May, 2013).

⁷ Yanni, *The Architecture of Madness*.

⁸ Grob, *The Mad Among Us*, 27.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ Yanni, *The Architecture of Madness*, 7.

¹⁴ Gerald Grob, *Mental Institutions in America: Social Policy to 1875*, (New York: The Free Press, Collier Macmillan Publishers, 1973); and Yanni, *The Architecture of Madness*.

¹⁵ John Curwen, "History of the Association of Medical Superintendents of American Institutes for the Insane; from 1844 to 1874, Inclusive", compiled from the *Records of the Association*, 1875, 5.

¹⁶ Curwen, “History of the Association,” 5.

¹⁷ Yanni, *The Architecture of Madness*, 7; and “The Officers of the New York State Lunatic Asylum”, Utica (Editors), *The American Journal of Insanity*, 1(1844-5). The table of contents for the first volume of the journal included the following article: case analyses “illustrated...by the conversation and letters of the Insane”, “Sleep, its importance in preventing insanity”, “Wound of the anterior lobe of the brain without loss of mental faculties”, and “The poetical Temperament and Faculty” which examined the poetry of Lord Byron, John Milton, and Robert Burns in the context of mental illness.

¹⁸ Curwen, “History of the Association,” 16-17.

¹⁹ Ibid., 24-25.

²⁰ Thomas Story Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, (Philadelphia, 1854).

²¹ Curwen, “History of the Association,” 24-25; Kirkbride, *On the Construction*, 7.

²² Kirkbride, *On the Construction*, 12.

²³ Ibid.

²⁴ Ibid., 11.

²⁵ Kirkbride, *On the Construction*, 12; and Curwen, “History of the Association,” 24-25.

²⁶ Kirkbride, *On the Construction*, 13.

²⁷ Ibid., 13.

²⁸ Ibid., 58.

²⁹ Ibid., 61-62.

³⁰ Ibid., 62.

³¹ Ibid., 63.

³² Alice Davis Wood, *Dorothea Dix and Dr. Francis T. Stribling: An Intense Friendship. Letters: 1849-1874*, (Bloomington: Xlibris Publishing, 2008).

³³ Wood, *Dix and Stribling*, 20.

³⁴ Ibid.

³⁵ Ibid., 37.

³⁶ Francis Tiffany, *Life of Dorothea Lynde Dix*, (Boston: Houghton Mifflin Company, 1891), 375.

³⁷ Lynn McDonald, Editor, *Florence Nightingale and Hospital Reform: Volume 16 of the Collected Works of Florence Nightingale*, (Ontario: Wilfrid Laurier University Press, 2012), 823.

³⁸ McDonald, *Nightingale and Hospital Reform*.

³⁹ Dorothea Dix, "Memorial, to the Legislature of Massachusetts" (Boston, Monroe & Francis, 1843), as published in *American Journal of Public Health*, Vol. 96, No. 4, (2006), 622-625.

⁴⁰ Ibid., 622.

⁴¹ Dorothea Dix, "Memorial to the General Assembly on Behalf of the Insane of Maryland", by the Maryland House of Delegates, March 5, 1852.

⁴² Thomas Otto, "*St. Elizabeths Hospital: A History*," (Washington, DC: United States General Services Administration, National Capital Region, May, 2013).

⁴³ Ibid.

⁴⁴ John G. Davis, "On the Bill to Organize an Institution for the Insane of the Army and Navy of the United States, and of the District of Columbia," *American Journal of Insanity* (April 1855): 358, from Frank R. Millikan, "Wards of the Nation: The making of St. Elizabeths Hospital, 1852-1920", PhD dissertation, The George Washington University, 1990.

⁴⁵ Tiffany, *Life of Dorothea Dix*, 156.

⁴⁶ Otto, "St. Elizabeths: A History."

⁴⁷ Charles Nichols correspondence to Turner & Yardley, n.d.; from Millikan, "Wards of the Nation," 52.

⁴⁸ Millikan, "Wards of the Nation," 54.

⁴⁹ Otto, "St. Elizabeths: A History."

⁵⁰ Frances Margaret McMillen, "Ministering to a Mind Diseased: Landscape, Architecture and Moral Treatment at St. Elizabeths Hospital, 1852-1905, unpublished thesis, the University of Virginia, 2008. Throughout Nichols' tenure as Superintendent of St. Elizabeths he repeatedly requested funds for additional trees, seating in the pleasure grounds, grading walks, and planting lawns, shrubs and flowers.

⁵¹ Elizabeth Barlow Rogers, *Landscape design: a Cultural and Architectural History*, (New York: Harry N. Abrams, 2001), 229-230.

⁵² Architect of the Capitol. "History of the U.S. Capitol Building" retrieved from:
<http://www.aoc.gov/history-us-capitol-building>

⁵³ McMillen, "Ministering to a Mind Diseased."

⁵⁴ Ibid.

⁵⁵ Heritage Landscapes. *Cultural Landscape Report, the Richard Olmsted Complex Buffalo, NY*. October, 2008.

⁵⁶ David Schuyler, "Toward a Redefinition of Urban Form and Culture," *The New Urban Landscape: The Redefinition of City Form in 19th Century America*, (Baltimore, 1986), 24-36, 28.

⁵⁷ Andrew Jackson Downing, "A Chapter on School Houses," *Horticulturist* 2 (March 1848).

Quoted from: Carla Yanni, "The linear plan for insane asylums in the United States before 1866." *Journal of the Society of Architectural Historians* 62, no. 1 (2003): 24-49, 34.

⁵⁸ Ward, Geoffrey C., Ken Burns, and Ric Burns. *The Civil War: an Illustrated History*. (New York: Alfred A. Knopf Incorporated, 1992).

⁵⁹ Otto, "St. Elizabeths: A History," 32; and "Records of the Board of Visitors", NARA-Washington D.C., RG 418, Entry 1, Box 1; and Millikan, "Wards of the Nation."

⁶⁰ Walt Whitman, "Life Among Fifty Thousand Soldiers," *The Wound Dresser; A Series of Letters Written from the Hospitals in Washington During the War of the Rebellion* (Boston, Small, Maynard & Company, 1898), 11.

⁶¹ Whitman, "Hospital Visits," *The Wound Dresser*, 43.

⁶² Kirkbride, *On the Construction*, 14; and Otto, "St. Elizabeths: A History."

⁶³ Otto, "St. Elizabeths: A History."

⁶⁴ Yanni, *The Architecture of Madness*, 79.

⁶⁵ William Godding, *Report of the Government Hospital for the Insane to the Secretary of the Interior*, (Washington: Government Printing Office, 1898).

⁶⁶ Kirkbride, *On the Construction*.

⁶⁷ Unknown, *By-laws of the Government Hospital for the Insane*, (Washington: G.S. Gideon, 1855), 7; from Millikan, "Wards of the Nation," 61.

⁶⁸ Kirkbride, *On the Construction*, 40.

⁶⁹ William Gooding, correspondence to Horace Wardner, 1882, from Otto, "St. Elizabeths: A History," 111.

⁷⁰ Millikan, "Wards of the Nation."

⁷¹ Kirkbride, *On the Construction*, 48-49.

⁷² *Ibid.*, 48.

⁷³ Unknown, *By-laws of the Government Hospital for the Insane*, (Washington: G.S. Gideon, 1855), 13-16; from Millikan, "Wards of the Nation," 62.

⁷⁴ Millikan, "Wards of the Nation."

⁷⁵ *Ibid.*, 151.

⁷⁶ *Ibid.*, 151.

⁷⁷ S. Louise Laird, "Nursing of the Insane", *The American Journal of Nursing*, 2, No. 3, 170-180. Commentary by Miss Wood on 180.

⁷⁸ B. Sunderland, President Board of Visitors, *By-laws and Rules and Regulations of the Board of Visitors of the Government Hospital for the Insane*, 14-19. NARA-Washington D.C., RG 418, Entry 42, Box 1.

⁷⁹ B. Sunderland, President Board of Visitors, *By-laws and Rules and Regulations of the Board of Visitors of the Government Hospital for the Insane*, 14-19. NARA-Washington D.C., RG 418, Entry 42, Box 1.

⁸⁰ William Godding, Text of Speech, circa 1897, NARA-Washington D.C., RG 418, Entry 3, Box 2.

Chapter 3: Dorothea Dix and her Influence on St. Elizabeths

In order to fully understand the specific influence that Dorothea Dix [Figure 9, Appendix A] had on the Government Hospital for the Insane, it is important to understand Dix's early life and her early appreciation for nature. Additionally, Dix's experiences in her childhood and young adulthood contributed to Dix's dedication to social reform and the strategies that she employed to advocate for the many groups of people unrepresented in nineteenth century America.

In addition to her national and international efforts advocating for the insane, Dix persuaded legislators, land owners, architects, and physicians to create an asylum in the nation's capital that would serve as an example for state-run facilities providing humane treatment to the mentally ill. Dix employed her skills as an observer, teacher, rhetorical speaker, writer, and politician to ensure that the care provided to the insane of the nineteenth century was provided in state of the art hospitals, and was available to all, including the indigent. Dix's intermittent presence in Washington D.C. and at the asylum, in the years following its founding until her death in 1887, affected the historical course of the hospital and the experiences of its patients.

Early influences

From her childhood, Dorothea Dix was profoundly influenced by nature. Dix was born on April 4, 1802 in Hampden, Maine, then an isolated village on the Massachusetts frontier. Dorothea's early life was hardly representative of the ancestral legacy tying the Dix family to the social, religious, and economic heart of New England and the Boston elite. The marriage of Dix's paternal grandparents, Dorothy Lynde and Elijah Dix, joined two families of social

prominence in pre-revolution New England. In 1795 Elijah Dix, a prosperous doctor and merchant, moved his family to Boston and, built a three-story mansion on Orange Street, directly across from Harvard Street. There Elijah Dix could manage his stores and shops, his import firm, and his chemical factories.¹ The Dix Boston mansion was called Orange Court, and included a large garden with fruit trees, much like many of the homes of other Boston elite, who attributed material and moral dimensions to horticulture. In fact, the importance of the horticulture movement in Antebellum Boston focused on cultural refinement, and the reform of the American character away from coarse materialism.²

It may be that Dorothea Dix's first exposure to intemperance and insanity was her own family. Dix spoke little of her parents and childhood to later biographers. Her father Joseph, was an alcoholic or mentally ill, and the family led an isolated and itinerant life. On the other hand Dix received some positive influences from her father, as he introduced her to the importance of the written word. According to Dix biographer Francis Tiffany, her father was subject to "states of fanatical religious excitement, during which he became wholly engrossed in writing and issuing tracts"³ Even as a child, Dorothea's job was to stitch together the pages of her father's tracts and other Methodist revival pamphlets.

Nevertheless, Dorothea could only tolerate so much, and in 1814, in an act of revolt against the menial tasks of binding her father's tracts, the constant religious fever, and the birth of her younger brothers, Dorothea ran away from home to live with her grandmother Dorothy Dix, in Boston. It was probably a good decision: Dix had to break from poverty and the ties to her family if she were to achieve her goals of getting an education. Moreover, the move would allow her to experience new social opportunities and accept new responsibilities.⁴

Some insight into Dix's thinking at this time is evident in a fictional story she wrote in her twenties. Thought to be autobiographical, the story describes the year preceding her move to Boston. In *The Pass of the Green Mountains*, Dix includes rich descriptions of the experience of the narrator within the natural environment: "It was my delight to escape from my home, and wander away quite alone, through grove, over field, and meadow, to the river [...] and many an hour have I sat on the bank. [...] I had always a love for the wild scenery of nature—and had a strange enjoyment in spending whole hours alone in wandering through the woods..."⁵ In the turning point of the tale the narrator reaches for a "beautiful flower" on the bank of the river, nearly drowns, and when the narrator recovers her senses she is being cared for by an aged woman. Clearly, Dix's relationship with nature and identifying its calming effect on emotional turmoil began as a child.

Life in Boston

Once settled at Orange Court in Boston, Dix took on roles and positions that would shape her future. Dix assumed the role of surrogate parent and caregiver for her nine-year-old brother, Charles, when her father died in April 1821. Dix developed a community of friends and mentors in the community, including Anne Heath with whom she shared a fifty-year correspondence.⁶ Throughout her life, it was these friends and colleagues that Dix turned to for support and guidance.

Dix held numerous teaching positions in some of the most prominent private homes and schools in Boston. Dix, recognized as one of the prominent school teachers in the city, had the opportunity to teach the children of Dr. William Ellery Channing. Channing was the most well-

known minister and writer of Unitarian Christian philosophy in the country, and a Harvard classmate of her father Joseph Dix. It was during this time that Dix, with Channing's support, had the opportunity to publish children's literature, and was the co-editor of the first American magazine for children.

In her early publications, there is some insight into Dix's appreciation for nature. Dix's first published work, in 1824, was *Conversations on Common Things; or, Guide to Knowledge with Questions*.⁷ The preface described the book as possibly taking the place of Mrs. Trimmer's *Knowledge of Nature*, and other similar books of the time, that in Dix's assessment, conveyed insufficient information for the proper understanding of practical subjects.⁸ The General Index of *Conversations on Common Things* lists topics from the acacia tree to zinc, including many plants, flowers, seeds, animals and natural elements such as rainbows. Dix's dedication, "To you, my young pupils..." concluded with the following passage:

Your minds may now be likened to a garden, which will, if neglected, yield only weeds and thistles; but, if cultivated, will produce the most beautiful flowers, and the most delicious fruits. Choose then whether your talents shall be buried in neglect, or shall be put to such use as shall make *you wiser and happier*, and *others better* for your having lived in the world. Your affectionate TEACHER.⁹

While this passage does not suggest that nature is healing or restorative, it is evocative of the language of the horticulture movement of the era; suggesting that horticulture could save America from the dangers of materialism and intemperance, and contribute to greater social reform.¹⁰

Clearly Dix loved nature. According to the notes of Dix biographer Francis Tiffany, Dix assisted in arranging flowers in Boston's Faneuil Hall in 1826.¹¹ This experience may have contributed to her 1829 publication *The Garland of Flora*. The book was a compendium of flowers, "among the most beautiful productions of nature,"¹² and included practical horticultural facts in addition to poetry. Dix hoped that the combination of the practical and the poetic would remind the reader of "pleasing traits of national manners."¹³

In addition to her individual appreciation for nature, Dix was active in social organizations dedicated to the exhibition of nature and the understanding of horticultural science. Among these was the Massachusetts Horticultural Society, founded in 1829, one of the earliest horticultural organization in the United States. The Society began weekly exhibits of locally grown produce, flowers, and horticultural techniques to teach the public about the newest innovations and cultivars, often using Faneuil Hall to do so.¹⁴ According to the *History of the Massachusetts Horticultural Society*, the society elected Dix as an honorary member in 1830, despite the objection of some members because she was a woman. Never the less, Dix was admitted because of her dedication to the objectives of the society.

The most notable project of the Horticultural Society in the 1830s was the design and dedication of Mount Auburn Cemetery, part experimental garden, part American rural cemetery modelled on European cemeteries designed to dignify individual human lives.¹⁵ The objectives of the founders of Mount Auburn, and subsequent American rural cemeteries was to create a landscape that would highlight natural history and horticulture, dignify the dead, and provide a space that would console the living.¹⁶ For Dix, Mount Auburn was another example of nature as a therapeutic option to calm the mind.

Dix did write about the benefits of the holistic treatment of the insane in modern asylums in her 1829 work *The Pearl, or Affection's Gift*. The book demonstrates that Dix had an early awareness of the concept of moral treatment for the insane. During a sojourn through the Shenandoah Valley, the narrator of *The Pearl* spoke with a gentleman on the steps of the Western State Lunatic Asylum in Staunton Virginia. The gentleman told the narrator a story of a young man who was able to enter the asylum, after being housed in the local jail with iron bars, walls of stone, and little light. The gentleman told the narrator about the therapeutic benefits of modern asylums, including the exposure to natural light and nature, in hopes of recovery, even in cases of violent insanity.¹⁷

Exhaustion and Escape Overseas

Dix's early years in Boston brought her recognition and respect as an educator and an author. However, the hard work took its toll. Dix had long suffered from recurrent pulmonary congestion, and hemorrhages, made worse by the harsh New England winters. When working with the Channing family she often took time away from the city to travel with the family during the winter, hoping to benefit physically from a more hospitable climate. In 1836, Dix was exhausted and suffered the first of many physical breakdowns. These cycles of exhaustion, both physical and psychological, would be evident throughout the remainder of Dix's life.

In hopes of finding a suitable climate and place to physically recover from her persistent pulmonary condition, Dix left Boston in 1836. Thanks to an introduction from Dr. Channing, Dix sailed to England and stayed for lengthy periods at the house of William Rathbone of Liverpool. Rathbone was a merchant, social reformer and prominent Unitarian. Dix stayed in

Liverpool for eighteen months, much of that time bed or lounge-ridden due to frequent pulmonary hemorrhages.

Dix was likely exposed to lunacy reform during her visit with the Rathbone family starting in 1836. Samuel Tuke, grandson of William Tuke, and the Rathbones were actively involved in this movement which primarily focused on the government role in social reform and humane treatment for the mentally ill in Great Britain. The hallmark of this reform movement was investigations of prisons and madhouses, and the publication of their reports to the House of Commons.

In her early life, Dix was exposed to and developed an appreciation for nature. This appreciation appeared to include the philosophy that nature can exhibit a calming influence on the mind and an individual's well-being. Dix's experiences as a child with her father's mental illness and religious fervor forced Dix to act independently to further her education. One cannot help but wonder if her experience with her father resulted in Dix's compassion for the insane and her unflagging advocacy. In Boston, Dix was surrounded by and actively involved in education and writing, early American horticulture, and Christian philosophy. The experiences appeared to prepare Dix for her role as a politician and reformer for the least appreciated in nineteenth century American society.

Finding a Cause, Dix the Observer and Advocate

Upon her return to the states, Dix led a somewhat itinerant life between friends and rooming houses in Boston, Philadelphia, Washington D.C., and Alexandria Virginia, always looking toward social reform and often meeting with social and religious leaders in those

communities. By 1841, Dix was living in Lexington Massachusetts and working at the Massachusetts State Normal School. It was at that time that Dix also had the opportunity to inspect the Middlesex County House of Correction in East Cambridge. There she witnessed the stark accommodations for the “idiots and lunatic or insane persons.” This visit to the County Jail spurred Dix’s lifelong interest in the education of prisoners and the moral treatment for the insane.¹⁸ Over the next several years, the county jail became Dix’s solitary focus. There she taught Sunday school, and supported the construction of a chapel.

Dix’s work in the jail shifted her attention away from education to the care and treatment provided to the mentally ill. Dix read widely, and came into contact with Dr. Edward Jarvis’ 1841 pamphlet titled “Insanity and Asylums for the Insane,” first published in the *Western Journal of Medicine and Surgery*. The purpose of the tract was “principally to call the attention [...] to the curability of this disorder, and to show what may be done for the insane.”¹⁹ This article reviewed the history of treatment for the insane and provided a detailed description of the architecture of the Massachusetts State Lunatic Hospital in Worcester. It also included overall admission rates, lists of discharged patients, selected cases, and the use of moral treatment. Only a year after its publication, Dix referenced this pamphlet when she launched her campaign to reform the jails, almshouses and asylums of Massachusetts in 1842. In response to articles in local Boston newspapers, which described deplorable conditions of the insane in the East Cambridge jail, Dix agreed to write an article for the Boston *Daily Advertiser* which investigated the conditions of the insane throughout the state. Dix’s inspections of the jails and asylums of Massachusetts culminated in the report that became her *Memorial to the Legislature of Massachusetts*.²⁰

Perhaps it was Dix's exposure to the reform movement in Great Britain that led her to present the report of her investigation to the state legislature rather than publish it in the newspaper as she had originally intended. She completed her report and the memorial was presented to the Massachusetts legislature on January 19, 1842. Opening with the word, "I come to present the strong claims of suffering humanity. I come to place before the Legislature of Massachusetts the condition of the miserable, the desolate, the outcast."²¹ Dix presented the shocking conditions she witnessed in the care of the insane in jails, almshouses and hospitals.

I tell what I have seen—painful and shocking as the details often are—that from them you may feel more deeply the imperative obligation which lies upon you to prevent the possibility of a repetition or continuance of such outrages upon humanity. [...] I proceed, gentleman, briefly to call your attention to the *present* state of insane persons confined within this Commonwealth, in *cages, closets, cellars, stalls, pens! Chained, naked, beaten with rods, and lashed into obedience.*²²

Dix concluded her report by placing the responsibility to correct these horrific conditions in the hands of the legislators by stating: "Gentleman, I commit to you this sacred cause. Your action upon this subject will affect the present and future condition of hundreds and thousands. In this legislation, as in all things, may you exercise that 'wisdom which is the breath and power of God.'²³

In addition to being published as a pamphlet, Dix also published excerpts of her *Memorial* in newspapers throughout the state. Dix did not impartially report all that she had observed, but did describe in detail, the most egregious conditions and cases identified during her inspections. While recognized as a non-scientific polemic, the memorial fueled the debate

surrounding the care of the insane as social and public policy. On the last day of their session, the legislature enacted a bill to enlarge the Massachusetts State Lunatic Hospital in Worcester. Clearly it was Dix's first victory on behalf of the insane.²⁴ Despite the fact that travel and investigations of jails and hospitals were viewed as inappropriate work for women in mid-19th century America, Dix ignored the social mores, capitalized on the success of the *Massachusetts Memorial*, and made asylum reform her passion and mission for the next forty years.

Dix the Advocate and Politician

By mid-century, Dix's role in the asylum reform movement was now as a politician. In the years following her *Massachusetts Memorial*, Dix traveled to many states to complete inspections, plead to state legislatures, and procure funding for existing hospitals for the insane. During these years, Dix developed relationships with physicians, legislators, and reformers in many states as well as Canada.²⁵ By August 1845, Dix estimated that she had traveled over 10,000 miles visiting over 500 almshouses, approximately 300 county jails, 18 state penitentiaries, and an unknown number of hospitals.²⁶

Up until 1845, by employing her skills in observation, as well as the written and spoken word, Dix was able to highlight the deplorable conditions of the insane and effect change through private donations to existing hospitals. Dix's next strategy was to harness the power of public funding for her cause, perhaps mirroring the British reform movement that she had witnessed while visiting the Rathbone family. Few states had asylums for the indigent insane, and Dix hoped that "the people of the States" could be "wrought to a pitch of enlightenment and mercy" so that they would be "glad to be taxed."²⁷

Influences from the Medical Community

In October 1844, while Dix was preparing a memorial to the legislature of the state of New Jersey, the Association of Medical Superintendents of American Hospitals for the Insane was formed, and held its first meeting in Philadelphia. Many of the physicians attending the first meeting started corresponding with Dix that same year, including Dr. Luther Bell of the McLean Asylum in Somerville, Massachusetts, Dr. Amariah Brigham of the New York State Lunatic Asylum at Utica, and Dr. William Ayl, of the Ohio Lunatic Asylum, Columbus.²⁸ Following the first meeting, the Association of Medical Superintendents also started publishing the *American Journal of Insanity*, with the quote “The care of the human mind is the most noble branch of medicine.” by philosopher Grotius on the title page.²⁹ It was during the earliest meetings of this professional association that the guidelines for asylum design and construction were endorsed.

New Jersey State Hospital

New Jersey was the next state that Dix applied her rhetorical and political skills to procure funding for the treatment of the insane. In this instance Dix was seeking government funding for the construction of a new modern asylum. On January 23, 1845 Dix’s *Memorial Soliciting a State Hospital for the Insane submitted to the Legislature of New Jersey*³⁰ was read in the State House in Trenton. As was true in Massachusetts, Dix had completed inspections of jails, poorhouses, and hospitals throughout the state of New Jersey. Her memorial described case after case of poor conditions and tragic stories. She wrote of patients being housed in cellars and rooms with poor ventilation, and restrained with chains. She also reported cases of families who could not manage insane parents or children. In it she appealed to the public for

compassion when she stated: “Citizens of New Jersey, have you no human feelings, and can you delay this work which is solicited for the benefit of those who are [...] cast on your care? who are emphatically your wards, the wards of the state; for whose condition hereafter you are certainly accountable.”³¹ Dix advocated for treatment of the insane in search of recovery, rather than merely containment. Her *New Jersey Memorial* reiterated the belief that moral treatment is ideally provided in an institution designed specifically for the care of the insane, consisting of therapeutic buildings and therapeutic grounds. Citing the success of Pinel, Dix went on to state: “New hospitals are annually founded and old establishments remodeled, and made to keep pace with rapid improvements of the age.”³² Indeed, Dix placed the responsibility of the care and medical treatment of the insane in the hands of the government and its citizens.

Whereas Great Britain had embraced the government role in the treatment of the insane, and social reform, prior to this moment, treatment and cure for the insane in nineteenth century America was most commonly paid for by families and provided in private asylums and retreats. If that care and treatment was not possible due to lack of funding or the threat of violence, the insane person would be contained in municipal jails or alms houses at the expense of local citizens. Dix’s *New Jersey Memorial* placed the responsibility for the current conditions of the indigent insane upon the citizens, and offered an opportunity for the community to provide treatment to those unfortunates with hope of recovery and cure.

Dix knew that political success meant swaying public opinion in addition to influencing the legislators. As with her Massachusetts memorial, excerpts of Dix’s New Jersey memorial were printed in newspapers and read by the general public. She wrote personal letters, editorials and articles for the newspaper. When the legislature was in session, Dix would conduct private meetings with elected officials and their staff throughout the day, and in the evening she would

host groups of fifteen to twenty in her parlor to ‘illuminate ignorant minds.’³³ After two months of constant political work, on March 25, 1845, the legislature passed the State Bill to establish the New Jersey State Lunatic Asylum. Success in New Jersey was the first manifestation of Dix’s vision of state run asylums, with stately structures and beautiful grounds, for the care and treatment for the indigent insane. Dix referred to the state asylum in Trenton New Jersey as her ‘first-born child.’³⁴

After her success in New Jersey, Dix traveled extensively throughout the United States with attention to both prison and asylum reform. By 1848, Dix was well-known and well-respected as a reformer, and road weary. She had travelled over 32,000 miles throughout the United States, assisting in the allocation of state funding for asylums in Tennessee, Alabama, and Louisiana.

Dix attended the opening of her New Jersey State Lunatic Asylum in Trenton on May 15, 1848. The New Jersey Lunatic Asylum was the first building constructed using the Kirkbride plan. It was an impressive building, as outlined in the *American Journal of Insanity* and in meetings of the Association of Medical Superintendents. The hospital was built of red sandstone, quarried from the property and was situated on a bluff overlooking the scenic Delaware River. The stately building was surrounded by a park-like setting. The grounds surrounding the central structure, graded and planted with trees and shrubbery, were designed by American landscape gardener Andrew Jackson Downing.³⁵ Seeing this ideal institution, which was built thanks to her influence and work with the state legislature must have inspired Dix to take on even bigger projects. After leaving the opening of the Trenton Asylum, Dix then moved to Washington D.C. for an even more ambitious legislative campaign.³⁶

From State to Federal Politics, 1848

Dix continued her independent campaign to ensure the provision of government money to fund the care of the insane when she moved to Washington D.C. in 1848. Whereas her prior work had focused on the care of the insane in individual states, Dix turned her attention to a national solution to provide for humane treatment. To avoid repeatedly appealing to individual state legislatures, physicians, and philanthropists for funding asylums and the care provided to the indigent insane, Dix sought federal funding for asylums. Dix settled in a boardinghouse on Capitol Hill and requested data from asylum superintendents throughout the country, estimating the incidence of insanity in the United States.

The United States General Land Office released a report in April of that year, stating that the federal government held the title to over 350 million acres of land in the states and over 697 million acres of land in the western territories. Many people and organizations presented proposals to Congress for the use of this immense federal wealth, advocating for railroads, colleges, and homestead legislation. Dix saw an opportunity for her cause, and proposed a large donation of land to endow public mental hospitals. Dix decided to request and lobby for a federal land grant of five million acres. Each state could sell their portion of the land grant for fair market value to create a fund for the care of insane paupers in perpetuity, and prohibit the use of the funds to contain insane persons in jails, or alms houses.³⁷

By 1848, Dix was known for her memorials written to appeal to the hearts and minds of political and social leaders. Dix prepared a memorial and presented it to Congress on June 27, 1848. She opened that session by asking “permission to lay before you what seem to be just and urgent claims in behalf of a numerous and increasing class of sufferers in the United States.”³⁸ Dix’s *Congressional Memorial* differed from previous memorials in that it was less rhetorical,

and included what she thought to be balanced facts, supported by statistics provided by the superintendents. In it, Dix presented scientific data from asylums supporting her assertion “that insanity was increasing in an advanced ratio with the fast increasing population in all the United States.”³⁹ Dix also included the prevailing thought that “urbanization and excitement” contributed to the development of insanity. She argued the case, noting:

There are, in proportion to numbers, more insane in cities than in large towns, and more insane in villages than among the same number of inhabitants dwelling in scattered settlements. [...] This terrible malady, the source of indescribable miseries, does increase, and must continue fearfully to increase, in this country, whose free, civil, and religious institutions create constantly various and multiplying sources of mental excitement.⁴⁰

Dix went on to list the twenty existing state hospitals, and noted that “these institutions, liberally sustained as are most of them” could not “accommodate the insane population of the United States” who required prompt remedial care.⁴¹

In the memorial, Dix argued for the needs of the chronic, incurable insane, “especially for vast numbers whose condition may be considered irrecoverable.”⁴² While Dix stated: “Under well-directed hospital care, recovery is the rule—incurable permanent insanity the exception,”⁴³ she also used information provided by the superintendents to support the need for the care of the chronic, incurable insane. Dix quoted Kirkbride as stating “truly recent cases of insanity are speedily curable, and chronic only occasionally.”⁴⁴ While Dix believed in curative treatment for the insane, she also acknowledged that there were a class of patients who would unlikely be cured or fully recover. In the memorial Dix advocated for the conditions of the incurable insane,

arguing that with proper care they could be both comfortable and useful to society.⁴⁵ Dix concludes the memorial:

I advocate the cause of the much suffering insane throughout the entire length and breadth of my country: I ask for relief for the east and for the west, for the north and for the south, and for all I claim equal and proportionate benefits. I ask the Senate and House of Representatives of the United States, with respectful but earnest importunity, assistance to several States of the Union in providing for *appropriate care and support for the curable and incurable indigent insane*.⁴⁶

Land Grants for Hospitals

It was Dix's attention to the chronically insane that earned her first substantial mention and discussion in the *American Journal of Insanity*. Her efforts to enlighten the public on moral treatment and her efforts to ensure public funding for hospitals that were run by the physician superintendents went unrecognized in the *Journal*. The Association of Superintendents responded in writing to Dix's land grant memorial. In the January 1849 issue of the *Journal of Insanity* an editorial from the *Boston Medical and Surgical Journal*, likely written by an Association member, was republished that warned of the horrors of huge facilities housing a "great national reservoir of insanity. [...] However commendable the philanthropic exertions of Miss Dix may be considered, we are fully persuaded that no such provision as she contemplates in the petition, is either constitutional or necessary."⁴⁷

This editorial comment must have been painful for Dix in light of her work on the land bill. Both houses of Congress resisted the measure; however, as in other political efforts, Dix

worked tirelessly to sway the legislators. Dix was assigned a special alcove in the Capitol Library to meet with members in addition to other lobbying efforts.⁴⁸ When the land grant bill for the insane failed in the 1848-1849 session of Congress, Dix returned to the road to further understand the needs of the insane, and the geo-political conflicts between the northern and southern states.

Dix appealed to Kirkbride personally for support for the land grant bill on behalf of the *Association of Superintendents*. Clearly Kirkbride was able to influence his fellow superintendents to recognize Dix's efforts, even if they did not uniformly support her ideas about the chronically insane. Dix's letters contain the following resolution from the fourth meeting of the Association of Superintendents, May 1849: "Resolved, That the members of this association do highly appreciate the benevolent and disinterested services of Miss Dix, in behalf of the Insane, in various states of the Union, in calling the attention to their wants, and in contributing her influence in favor of the erection of appropriate institutions for their treatment."⁴⁹

Dix's *Five Million Acre Bill* turned in to the *Ten Million Acre Bill* in subsequent sessions of Congress. Dix worked relentlessly in the effort to garner support for the bills, looking for every opportunity to influence the legislators. She moved to more favorable lodging to have more informal interactions with the legislators, she worked for political campaigns, and she continued to man her alcove in the Capitol Library. Her days often began at four or five in the morning, and included correspondence and meetings to persuade others to support her 'sacred cause.'⁵⁰ Years of political work left Dix and her bill with no net progress through the Congress. It was not until April 1854, that the Bill passed both the House and Senate. In a letter to Anne Heath dated March 9, 1854 Dix wrote: "I was just putting pen to paper to tell you that my bill has passed the Senate [...] Congratulations flow in! I, in my heart, think the very opponents are

glad...”⁵¹ Kirkbride wrote to Dix: “A thousand congratulations on the success of your noble, disinterested, and persevering efforts! There is some virtue yet in Congress, and a large hope for the Republic.”⁵² However, the legislation would not come to fruition. In May 1854, before Dix could answer all of the congratulatory correspondence, President Franklin Pierce vetoed the Ten-Million Acre Bill.⁵³

The Government Hospital for the Insane

Despite President Pierce’s 1854 veto of Dix’s bill, her efforts did yield some success. Dix’s work with Congress helped secure the funding for an asylum for the indigent insane of the District of Columbia, as well as for the insane soldiers of the Army and Navy. Only two years earlier, on August 25, 1852, Congress appropriated \$100,000, enabling the Secretary of the Interior to erect a new hospital.⁵⁴ Dix did not directly petition Congress for this hospital, but her presence in Washington and her work on the *Ten-Million Acre Bill* likely provided the catalyst. In a letter to Anne Heath, Dix referred to the legislation as “my District Hospital bill,”⁵⁵ and after the veto of the Ten-million Acre Bill in 1854, the establishment of the Government Hospital for the Insane must have provided some consolation for Dix for her years of political work.

Dix’s presence in Washington until 1854, her personal relationship with U.S. President Millard Fillmore (1850-1853), and her work with the first superintendent of the Government Hospital for the Insane, Dr. Charles Nichols, would be beneficial. Dix would have a direct influence on the design, and construction of the buildings and grounds of St. Elizabeths Hospital.

Dorothea Dix and President Millard Fillmore

Dix had been a visible and active presence on Capitol Hill by the time that Millard Fillmore was inaugurated U.S. President in July, 1850 after the death of President Zachary Taylor. Despite the fact that Fillmore was the Vice President under Taylor, Dix did not know him and was concerned about his inexperience in governing. As a politician, Dix knew that the executive leadership that Fillmore would appoint to his cabinet would greatly influence the passage of her bill. Dix also knew Fillmore and his cabinet could influence any implementation of an eventual law addressing government funding for asylums. Acting on these concerns, Dix initiated correspondence with Fillmore in August, 1850, writing: “It is not without great hesitation that I obtrude opinions on your notice, and only urgent motives would move me to express views which may seem to your mind uncalled for.”⁵⁶ She followed with an appeal to influence Fillmore’s appointment to the Secretary of the Interior in his cabinet. This letter was the beginning of an exchange of letters between Dix and Fillmore that continued until 1869, well after his term in office.

In her early letters to Fillmore, Dix was frank in expressing her opinions about politicians and potential nominees to leadership positions. Dix also engaged Fillmore in her asylum campaign. In a letter to Dix dated September 15, 1850, Fillmore thanked her for a lithograph of the Hospital for the Insane in Tennessee and praised her work “to the relief of the wretched and destitute.”⁵⁷ In a letter dated January, 1851 Dix urged Fillmore to reach out to the Senator of Maryland in hopes that he would support “the Land Bill for the relief of the Insane, [during] the present session.”⁵⁸ This letter suggests that Dix was comfortable in their relationship, and hoping that that she could capitalize on the influence of the President on behalf of her cause.

Once funds were appropriated for the Government Hospital, both Fillmore and Secretary of the Interior Alexander Hugh Holmes Stuart, from Staunton Virginia, agreed that any hospital in the nation's capital should be a "model institution."⁵⁹ Stuart had some experience with asylums prior to his appointment as the Secretary of the Interior, having been on the board of visitors for the Western Lunatic Asylum in Staunton. He was able to contact a 'superintendent confidante,' likely Doctor Francis Stribling, who referred Stuart to the hospital guidelines developed by the Association of American Superintendents. Secretary Stuart actively sought Dix's opinions regarding the Washington hospital, submitting plans to her for review and maintaining a close correspondence. In a letter dated October 1, 1852, Stuart sent Dix the draft of a plan for the Hospital, prepared by architect Thomas U. Walter, requesting her views on the design.⁶⁰

Dix's Influence with Superintendent Charles Nichols

Fillmore's decision to appoint Dr. Charles H. Nichols [Figure 10, Appendix A] as the first Superintendent of the Government Hospital for the Insane was likely the decision that ensured Dix's direct influence on the hospital during the phases of design and construction. The appointment also ensured that her influence continued through the years that Nichols was superintendent. Countering the objections of prominent local Washington D.C. physician Thomas Miller, who wanted the position for himself, Fillmore appointed Nichols on Dix's recommendation.⁶¹ Notably, Nichols' appointment document is signed "By the order of his Excellency, The President [and] D. L. Dix, Ex officio member of the Board of Council for the Army Navy Hospital for the Insane."⁶²

With the appointment of Nichols, Dix likely felt that the superintendent shared her ideas and temperament. Dix and Nichols exchanged letters starting in 1850, while Nichols worked as the physician-in-charge at the Bloomingdale New York Asylum. It was not unusual for physicians to write to Dix in hopes of a recommendation for a superintendent job at asylums. Dix continued to advocate for state funding of asylums throughout the United States and Canada, even while she was working on the federal legislation on Capitol Hill, so she often was one of the first persons aware of construction of new asylums needing a superintendent. While Nichols was not in need of a recommendation in 1850, their correspondence over time revealed their shared ideas and idealism, particularly regarding the construction, maintenance, and management of asylums and their grounds.

The first correspondence between Nichols and Dix that explicitly discussed the details the Government Hospital was dated September 20, 1852. It was a letter of four full pages, starting with Nichols' gratitude for Dix's confidence in his designation as the Superintendent of the District Hospital. In this letter, Nichols mirrored Dix' language when he stated that the care of the insane was "in accordance with my tastes, my habits, and my best plans for *usefulness*."⁶³ Nichols also highlighted their shared opinions regarding the "details of the construction & management of Hospitals for the Insane," noting that he did not think "they would conflict under any circumstances."⁶⁴ In Nichols' letter he deferred to Dix's planning and decision making before he his appointment was approved and he was able to travel to Washington. Clearly Nichols trusted Dix's judgement on all matters related to asylums, and he knew that key decisions related to the new hospital site and design may be made before his arrival in Washington. While Nichols strongly believed that any model institution, including the new Government Hospital, should have the Superintendent in place before the site of the asylum was

selected, in one letter to Dix he displayed his confidence in her judgement with the added parenthetical comment “unless you choose it [the hospital site].”⁶⁵ In this letter, Nichols continued to write about details related to the construction of the Government Hospital such as architectural plans, material for the building, ventilation, customized fixtures and furniture, and proximity of hospital site to the city center. Nichols noted to Dix that asylums should be “constructed under the eye of one who knows their use.”⁶⁶ Nichols closed his letter asking where Dix will be when he arrived in Washington, and followed with the excited statement: “It is customary now a days to have nearly all large Steamers and Ships constructed under the immediate supervision of the Captains who have been engaged beforehand to command them when completed—how much more important the application of the same principle in the construction of Hospitals for the Insane!”⁶⁷

In correspondence prior to his appointment, and in his early years as superintendent of the Government Hospital, Nichols demonstrated that he was willing to share the smallest details about the construction and management of hospitals, that he would consult her, acknowledge her expertise, and was unlikely that he would openly disagree with her as the Associations of Superintendents had in the public editorial published in the *Journal of Insanity* in response to her land grant memorial. In addition to her ongoing presence in the nation’s capital to lobby for the *Ten-Million Acre Bill*, Dix must have felt that having Nichols as the Superintendent assured that her influence would be sustained in regards to the new Government Hospital.

Selecting a Site for St. Elizabeths

By October 1852, President Fillmore and Secretary of the Interior Stuart had examined some sites in the D.C. area for suitability for the new hospital. They tried to apply the site requirements as outlined by the Association of Superintendents to available land tracts within four miles of the District, but ultimately adhered to the recommendation that the Superintendent should select the site. Once Nichols arrived in Washington, he and Dix together reviewed the possible sites for the hospital that Fillmore and Stuart had already identified.

After reviewing all of the recommended sites, Dix and Nichols settled on Thomas Blagden's farm as the ideal site for their model institution. Nichols and Dix both knew that the farm fulfilled four key elements of hospital site selection as outlined by the Association of Superintendents: it was not within two miles of the city, but was accessible year round; the farm was over one hundred acres in size; the water supply was abundant and of good quality; and, the site provided good drainage and sufficient area to allow for pleasure-grounds that could be accessed by the patients and incorporated in their daily care. The Blagden property was 185 acres, situated within reasonable proximity to the city center, on a bluff overlooking the Anacostia River. Dix and Nichols knew that the river access would fulfill both aesthetic, therapeutic, and practical needs. To position the hospital on the bluff would provide commanding views of the nation's capital and surrounding areas. Access to the river would be essential for the delivery of building materials and supplies to the operating institution.⁶⁸

The one barrier to Dix and Nichols obtaining the Blagden farm for the Government Hospital was the owner, Thomas Blagden. Individually, they set out to convince him to sell his property. In a letter dated November 13, 1852, Nichols wrote to Dix: "Mr. Blagden just left me and is to call at 6 this evening to give me his final answer."⁶⁹ In the letter, Nichols clarified

Blagden's reluctance to sell the farm is not related to money, but that he "feels as tho' he were selling a member of his family."⁷⁰ While Blagden asked for Nichols to "bear with him," Nichols wrote Dix that Blagden's indecision worried him. Nichols closes his letter to Dix: "I asked Mr. Blagden to call on you, but he did not think that would have any useful purpose. He seems to be struggling sincerely with his heart. [...] You have said enough and I hope I have."⁷¹

Ultimately it was Dix's persuasive skills that resulted in Blagden forfeiting the family farm to Nichols and the Department of the Interior for the Government Hospital. In a letter from Blagden to Dix, also dated November 13, 1852, Blagden states that it was Dix's words that swayed him and his wife to sell his land for the hospital. Blagden's letter starts "since seeing you today," but it is unclear if Blagden did call on Dix or if she sought him out for additional discussion. Blagden went on to write:

I must not stand between you and the beloved farm – regarding you, as we do, as the instrument in the hands of God to secure this very spot for the unfortunates whose best earthly friend you are, and believing sincerely that the Almighty's blessing will not rest on, nor abide with, those who may place obstacles in your way."⁷²

Dix and Nichols had secured an ideal site for their model hospital with all of the required natural elements for moral treatment for the insane. Blagden kept his promise to Dix. In a letter from Nichols to Dix dated December 8, 1852, he wrote that Blagden and Interior Secretary Stuart met, agreed on the purchase amount for the farm, and planned on executing the deed once the money had been exchanged.⁷³

In the same letter to Dix, Nichols described one of the unique features of the hospital site. The Blagden farm overlooked the capital city, the monuments and the government buildings. Nichols wrote: “I was over to our farm last evening after dark, and the lights of the city looked beautifully...”⁷⁴ A formal report, written in part by Nichols, and presented to the Congress by Secretary of the Interior Stuart on December 30, 1852, referred at length to the natural beauty of the site, and its essential role in the moral treatment of the insane. From the site of the Blagden farm, Nichols predicted that the future patients of the Government Hospital would have a ‘more rapid and effectual’ recovery as a result of the ‘many unbroken hours’ spent occupying their minds with the ‘grand panorama of nature.’⁷⁵

Influence on the grounds and the healing effects of nature

Dix and Nichols shared an appreciation for nature in general, and shared the philosophy about its therapeutic value. In Nichols’ letters to Dix over the years, he often referred to the natural beauty surrounding the hospital and present on the grounds of the Government Hospital. In a letter from April 1855, Nichols described walking through the woods of St. Elizabeth when he “discovered on the eastern slope of a secluded hill-side [...] a cluster of full-bloom violets.”⁷⁶ Nichols sent Dix “a couple of the prettiest blossoms.”⁷⁷ Two years later, in April 1857, Nichols described the spring flowers and other vegetation appearing on the grounds of the hospital and surrounding farm as they “gladden the eye or give promise of more substantial benefits.”⁷⁸ In an undated letter, Nichols also described a spring-time scene on the grounds of the hospital: “The trees are leafing out beautifully, many sorts of small flowers are already in bloom, the air filled with singing birds [...] our tomato vines are 1 foot high, our peas are 4 inches high, and our potatoes are planted!”⁷⁹

Dix's appreciation of nature is reflected in her collection of letters and papers that focus on the flora of hospital sites. Dix collected and pressed flowers and selected leaves from places she visited throughout her life, as both mementoes and specimens for study. An 1857 datebook of Dix's, with entries in her handwriting for the entire twelve months, is filled with pressed plants from the various hospitals that she visited over the year, including the Pennsylvania State Hospital in Philadelphia, the New Jersey State Hospital in Trenton, and the Government Hospital in Washington.⁸⁰ Dix occasionally sent specimens to the Massachusetts Horticultural Society and the Division of Botany in the Department of Agriculture for study and identification.⁸¹

Despite the abundant innate natural beauty of the hospital site with its panoramic views, it was not the only naturalistic element required for the moral treatment of the insane. One of the hallmarks of a model institution, as described by the Superintendents, was a therapeutic pleasure-grounds surrounding the hospital that was accessible to the patients on a daily basis. Pleasure-grounds were the highly-cultivated gardens close to the building, consisting of artistic elements, paths, and garden 'rooms' for contemplation. Pleasure-grounds were not naturally occurring, and required design, grading, gardening, and maintenance. In 1859, Nichols wrote to Dix of his frustration in his inability to procure the necessary government funds to address the unfinished landscape and pleasure-grounds surrounding the hospital in order to fully employ all aspects of moral treatment. Nichols wrote: "I wish to clear off the brick yards, cultivate the grounds and enable the patients to enjoy them privately and undisturbed, and develop a system of moral treatment."⁸²

Dix' continued influence on the design and construction of the Government Hospital

Dix's working relationships with President Fillmore, and Secretary of the Interior Stuart already meant that she was given the unique opportunity to review and provide feedback on the early plans of the hospital drawn up by architect Thomas U. Walter, prior to the appointment of Nichols as superintendent. This gesture was certainly a sign of respect for her knowledge of, and work to ensure moral treatment for the insane; however, Dix's correspondence from Nichols, following his appointment as superintendent, revealed a frequent and enthusiastic exchange of ideas regarding the design and construction of the Government Hospital.

As a model institution, the Government Hospital was designed according to the Kirkbride plan; however, there was a notable innovation in the design and construction of the hospital that was widely copied in future facilities. Nichols was credited with the innovation of adding receding wings to the linear plan, and he discussed this idea with Dix as early as December 5, 1852. In the letter, Nichols described a meeting that he and Secretary Stuart had with the architect, Thomas Ustick Walter, and described the design: "One wing receding so much from another, is a feature of that plan that I certainly like."⁸³ In a letter to Dix dated December 8th, Nichols wrote: "I'll send you a copy of my plan in a day or two, and I am sure that you will like it. It will be a little different from any thing you have seen – i.e. it will combine all the excellencies of Kirkbride's with the receding wings."⁸⁴ Clearly, in some fashion, Dix must have shared her opinions about the plans and design with Nichols. In a letter to Dix the following day, Nichols stated: "Your views and mine respecting style correspond exactly."⁸⁵ Nichols' familiarity with the guidelines for construction and his expertise in the application of moral treatment meant that his appointment as superintendent eliminated the need for a second special architect on the project. In Dix's letters, there is an undated architectural drawing that shows an

early rendition of the receding wing plan. The drawing is on the same writing paper of Nichols' December 9th letter, and contains elements of the design that Nichols had referenced in earlier letters.⁸⁶ In addition to sharing large scale plans for the hospital, Nichols and Dix discussed many structural details of the design. Later in December 1852, Nichols wrote to Dix about modifying the sizes of the day-room, the lodging room and the number of stories of the hospital. Nichols was determined to make the Government Hospital the 'best recommended place.'

Nichols also discussed the aesthetic features of the exterior of the hospital design with Dix in their correspondence. Walter was an accomplished and respected architect in Washington D.C., and in 1850, he designed the expansion of the U.S. Capitol. The Blagden farm was likely an ideal vantage point to view the on-going construction of the Capitol wings designed by Walter. In an 1852 plan for the Government Hospital, Walter had earlier suggested the hospital would be of a Byzantine style; however Nichols was concerned about the cost and "told him to leave his embellishments" even if it was against his architectural "taste and learning."⁸⁷ Dix must have requested a formal architectural drawing, because multiple subsequent letters from Nichols included apologies for the delay in providing a set of plans and described the drawings from Walter as unfinished, inaccessible, or forth-coming.

It is unclear if Dix ever received the formal architectural plans of the Government Hospital drawn by the architect. Dix's letters do contain a detailed document, dated 1853, written by Nichols, describing many of the design and construction specifications as they related to moral treatment, practical maintenance, and patient safety. It appears that Nichols was describing the hall designed specifically for the refractory cases of insanity. The dimensions of each patient room was nine feet by ten feet, with a twelve foot tall ceiling. Each room had a window that was three feet by six feet and opened to the 'external atmosphere.' Even the most

difficult cases would have access to fresh air, sunlight, and views of nature. To ensure the safety of those patients, the sashes were to be made of cast iron, and within each sash was a shutter or strong wire netting with the capability to lock the window as cases required. Nichols wrote: “These shutters should not be used in the day time,”⁸⁸ emphasizing the importance of natural light.

Our Hospital

Clearly Dix and Nichols agreed on the elements of hospital design and nature in the provision of moral treatment for the insane; however, Nichols frequently used language in his correspondence with Dix that suggested that they shared a responsibility for, and a profound connection to the Government Hospital. In 1852, after Blagden agreed to sell his farm, Nichols had referred to the tract as *our* farm, and in 1853, as the hospital arose from the clay of the surrounding earth, Nichols referred to the design as *our* plan. Nichols regularly updated Dix on construction progress of the Government Hospital, including the laying of the brownstone foundation and the rising brick edifice of the central building. In a letter to Dix, Nichols even commented with pride on the satisfactory nature of the clay on site: “the clay on the place makes excellent bricks.”⁸⁹ Nichols closes his August, 1853 letter with the declaration: “I am convinced more and more that our plan is the best yet devised.”⁹⁰ An analysis of Dix’s letters reveals that she might have been sentimental about the Government Hospital for the Insane. Dix retained a handwritten copy of the appropriation bill for the hospital from 1852, and the appointment of Charles Nichols as the Medical Superintendent of the Hospital for the Army and Navy and the District of Columbia.

Dix's responses to Nichols' many letters regarding the construction plans is unknown; however, Nichols deference to Dix is evident in a lengthy letter from April 1855. Nichols told Dix that the first patients have been admitted to the still incomplete structure that is the Government Hospital for the Insane, and continued:

Thus you see, my excellent friend, that I have not been idle.... But have diligently striven to do what was demanded by my position, and what I thought you would approve – always feeling a responsibility [...] in carrying on a work which is so rightfully yours. I have not only labored to do your work but often labored in your name [...] If you can say 'well done,' to what is already done, I shall be glad.⁹¹

Even though Dix was not a medical superintendent, an architect, nor was she physically present at the site for the day-to-day design and construction of the Government Hospital for the Insane, through Nichols she had wielded tremendous influence on the hospital and the naturalistic elements of it that were essential to moral treatment for the insane.

Dix's influence on legislators

As previously stated, Dix's direct efforts in 1852 to procure the initial federal appropriation for the Government Hospital is unclear; however, that did not change the perception that the model District Hospital was thanks to Dix's legislative work in Congress.

Even after Dix's ultimate disappointment in the 1854 veto of the *Ten-Million Acre Bill*, she continued to have influence on the U.S. Congress and the politicians of the nation's capital. While lobbying Congress from 1848-1854, Dix's letters showed that she worked tirelessly on

behalf of the treatment of the mentally ill, and the construction of modern asylums in all regions of the United States and the maritime provinces of Canada. After the failure of the *Ten-Million Acre Bill*, Dix did retreat from Washington, to recover from yet another episode of physical illness and exhaustion; however, her relationships with the legislators and her influence on Congress was sustained.

Clearly, Nichols did not think that he could influence the legislators with the same skills that Dix employed. In multiple letters, Nichols appealed for Dix to return to 'St. Elizabeths' and petition the Congress on behalf of the hospital. In an undated letter, assumed to be from the 1850s, Nichols described a continued controversy about the site of the hospital, building construction, and the appointed leadership. In the letter, Nichols related the opinion of Secretary of State Stuart and other Congressional colleagues: "There is no other way [...] Miss Dix should be here to talk to the Members of Congress."⁹² Nichols clearly felt the pressure of the situation, as noted by the desperate request at the closing of his letter: "Come when you think best [...] God help me."⁹³

As the Superintendent of the Government Hospital, it was necessary for Nichols to petition the Congress for continued funding for managing the hospital and completing the construction and development of the grounds. He often wrote Dix of his discouragement in swaying the minds of the legislators. In his February 1859 letter to Dix, Nichols wrote of what he perceived to be a fruitless interview with a Congressional Committee: "I set forth as best I could the importance of finishing the building at once not only as a matter of economy to the Gov't, but for the reputation of the Institution. There is little doing in Congress, but talking about hard times [...] I am not a little afraid that I will get nothing."⁹⁴

Even in 1861, when Washington D.C. was preparing for inevitable Civil War, Nichols wrote to Dix. In his undated letter, Nichols closed with the comment “we hope to get all we asked from Congress.”⁹⁵ There is no indication in Nichols’ letter that he anticipated Dix’s return to Washington D.C. and the role she would play in the American Civil War. It was Dix’s well recognized skills as an influencer and organizer that would earn her the role of Superintendent of the Union Army Nurses, and her close relationship with Nichols would prove to impact the role of the Government Hospital for the Insane in the history of the country and the nation’s capital.

Dix and St. Elizabeths during the American Civil War

The imprint of the American Civil War on the historical landscape of the Government Hospital for the Insane was largely the result of two important factors. First, the hospital was situated in the nation’s capital, with battlefields a short distance from the city center. In addition to being the political and military headquarters of the Union, Washington D.C. ultimately opened many hospitals to care for sick and injured soldiers. The second factor that most affected the Government Hospital was Dorothea Dix, her relationship with Nichols, and her connection to the hospital.

On April 23, 1862, Secretary of War, Simon Cameron appointed Dorothea Dix as the Superintendent of the Union Army Nurses. In addition to her dedication to humane treatment for all, Dix’s skills as a detail-oriented strategist were certainly a factor in the appointment. Dix’s work with the Government Hospital also meant that she had some experience observing the needs of soldiers and sailors, as well as understanding the organizational structure of the Army and Navy. With that appointment, Dix was promised “all necessary aid in organizing Military

Hospitals, for the care of all sick or wounded soldiers; aiding the Chief Surgeons by supplying nurses and substantial means for the comfort and relief of the suffering.”⁹⁶ Dix was responsible for the receipt, control, and the appropriate disbursement of all Army hospital supplies, whether obtained from the social aid societies or the Army stores.

Fifteen days into her appointed role as Superintendent of Army Nurses, Dix wrote to Nichols inquiring if he “would be willing to have part of the hospital occupied by sick soldiers,” if he had “no responsibility, no expense, no charge of housekeeping, and no serious trouble of any sort.”⁹⁷ The following day, May 9th, Nichols responded with a lengthy letter. He wrote that after consulting the Board of Visitors, he was “willing to give up part of the hospital,” with some very important contingencies.⁹⁸

Wards of the hospital remained unfinished due to lack of government funding. In the letter to Dix, Nichols shrewdly noted that all of the finished wards were occupied by approximately 200 insane patients, and noted the recent increase in asylum patients due to the “commotions of the times.” Nichols wrote the “only wards that could be spared are unfinished. The baths and water closets could be completed in a few days and those wards could be dry and healthy.”⁹⁹ Despite Nichols’ willingness, he further wrote that the anticipated expenses would exceed the Congressional appropriation for the asylum, thus “renders it impossible for the hospital to expend a single dollar, directly or indirectly, in the care of other than its legitimate dependents.”¹⁰⁰

Dix had proposed that Nichols would have no responsibility for the sick soldiers at St. Elizabeths, and in his letter he objected to that premise, writing: “That would be impossible. No one knows better and appreciates, more fully than yourself, the sacred and delicate responsibility which rests upon the Superintendent of an establishment of this sort.”¹⁰¹ Nichols specifically

referenced the therapeutic value of the hospital grounds, for all recovering patients, when he expressed his concern about the two distinct patient groups interacting at the Government Hospital:

Convalescent general invalids would not remain in the wards all the time, they should not, and the moment they set foot out of doors, they and the mental invalids would become subject to mutual observation and, without very good care, mutual contact and association. Therefore, if a part of this establishment should be used as a general military hospital or infirmary, I should think it necessary [...] that I should have control of the time and range of the outdoor exercises of the soldiers.¹⁰²

Nichols went on to request an additional assistant physician to manage the needs of the invalid soldiers. Nichols had been requesting that the Hospital Board of Visitors hire an additional assistant physician due to the increasing patient load, but had experienced the customary frustration with obtaining funding. Nichols went on to recommend Dr. Bella Stevens, clearly hoping that Dix could ensure Stevens' appointment as a recognition of Nichols' willingness to offer "this Institution's full and dutiful contingent in the relief of the general sickness and suffering occasioned by the war."¹⁰³

The St. Elizabeths Army General Hospital admitted its first patient six months after Dix and Nichols exchanged their letters. From November 1, 1862, until April 22, 1864, the Army hospital treated 1890 patients.¹⁰⁴ The number of patients admitted to all three hospitals on the grounds of the Government Hospital for the Insane reached 600 at the peak during wartime.¹⁰⁵ Psychiatric patients numbered approximately half of those admitted, and over 250 male psychiatric patients were housed in the west wing of the central building, which was designed to

hold half that number. Indeed, the interaction between the convalescent soldiers and the asylum patients that Nichols predicted likely took place on the grounds of the hospital. When the number of patients in the General Army Hospital exceeded the capacity of the east wing of the central building, tents were erected on the grounds of the hospital for convalescent patients.

As Superintendent of the Union Army Nurses, Dix assigned the female nurses to all Army hospitals, including the general military hospital at St. Elizabeths. Military records in the National Archive and Records Administration indicated that only four nurses were assigned to the Army General Hospital in the years 1862-1864. A Monthly Return of Nurses document, written by Nichols and dated March 23, 1864 details the following: “I have the honor to state that there are four female nurses on duty at this hospital originally sent here by Miss D. L. Dix. [...] All these women have been on duty here since the above dates [January-September, 1862] and were “approved” by Miss Dix on December 23, 1863 and “assigned to only here by the Medical Director, Department of Washington D.C.”¹⁰⁶

Nichols close relationship with Dix likely placed additional stress on the hospitals. A letter written on behalf of Dix, dated March 30 1862 states: “Please send a nurse on horseback to the Lunatic Asylum with notice on what hour the medical train will start [...] for the wounded at Winchester. [...] If you can get this to the doctor he will understand everything. Miss Dix and the nurses go with the train.”¹⁰⁷ Surely Nichols had no nurses to spare at St. Elizabeths, but it likely was difficult to decline a request from Dorothea Dix. Many military passes preserved in Dix’s letters approved passage over Washington bridges to field hospitals in the Washington area to Dix and “her nurses.”¹⁰⁸

The correspondence between Dix and Nichols did not resume until August 1864, after the closure of the Army General Hospital at St. Elizabeth, and Dix was relieved of her appointment

as Superintendent of Army Nurses. The American Civil War had left its mark on the building and grounds of the Government Hospital for the Insane, and ultimately altered the landscape of moral treatment provided to the patients following the war. Even as the temporary war hospitals closed, the patient population never returned to pre-war levels at the Government Hospital for the Insane. To allow for the increased number of chronic patients living at St. Elizabeths following the Civil War, construction was constant on the grounds and the cottage plan was felt to be practical and superior to Kirkbride's plan for asylum construction. In 1871, Nichols wrote that after the war the hospital cared for an increase in violent cases, which he blamed directly on the conflict. He wrote: "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 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."¹⁰⁹ The treatment and safety needs of the patients at St. Elizabeths were increasingly diverse after the war. One benefit of the cottage plan was the capability of building walls to contain and segregate the violent patients on the grounds surrounding the hospital, allowing for safe access to the pleasure grounds for all patient classes.

Dix's influence on non-physician personnel at the Government Hospital

While the Dix collection contains many letters from physicians inquiring about positions and requests for Dix's recommendation for positions in asylums, there are few documents addressing the non-physician personnel of asylums in general, and the Government Hospital specifically. An analysis of Dix's correspondence and records reveal rare letters of introduction,

particularly for women who wished to be Army nurses during the American Civil War. One of those letters of introduction was on behalf of Miss Mary Vance, from John Hall, Washington County Pennsylvania. Mr. Hall wrote: “Miss Vance wishes to serve her country as nurse for the soldiers. She is an estimable lady – please let hear from you at an early day.”¹¹⁰ Dix approved Vance and assigned her to the St. Elizabeth Army General Hospital from 1862 until the military hospital closed in 1864.¹¹¹

After the war Vance returned to the Government Hospital for the Insane as a Night-watch in the East Wing [women’s wing] of the hospital.¹¹² In a letter from Nichols to Dix dated February 22, 1867, Nichols wrote about Miss Vance and other non-physician employees at the Government Hospital: “Our women attendants are generally quite satisfactory. [...] Miss Vance is still with us and does pretty well. Her tongue is an “unruly member. She can’t help telling all she knows to any person to whom it is news.”¹¹³ Nichols continued to describe to Dix an incident when Miss Vance discussed private and distressing information with a melancholic patient. According to Nichols’ letter, Dix was familiar with both the patient and Vance.¹¹⁴

It is not entirely clear what motivated Vance to return to St. Elizabeths after the war, but her obituary in The Washington [Pennsylvania] Reporter, dated April 19, 1895, noted that she returned to continue her work for the Union soldiers “who fought for the old flag.”¹¹⁵ In her obituary, it was noted that she returned to the national hospital for insane soldiers as a chief nurse for five years. Vance’s obituary claimed that she was an assistant to Dix during the war, implying a close relationship, however; beyond the letter of introduction, in Dix’s letters there is no correspondence between the two. It is entirely possible that Dix helped facilitate employment at the Government Hospital as she had for Nichols and other superintendents of asylums across the country.

Dix's Contact with Patients at the Government Hospital

Clearly, Dix was readily recognized and appreciated by the patients of St. Elizabeths. Dix often used an apartment in the Central Building of the hospital for lodging and an office while visiting Washington. Nichol's letter to Dix from February 1867 discussing Vance and other hospital employees, referenced a patient that Dix had spoken to during her most recent visit to the hospital, indicating that Dix regularly interacted with patients while she was staying at or visiting the hospital. Clearly, Dix was interested in their care and recovery. The patients of St. Elizabeths revered Dix in the years following the Civil War. In a box of assorted notes, papers, and clippings, Dix saved an undated, handwritten copy of the following song, performed for Dix by the Government Hospital for the Insane choir in the chapel of the hospital. The lyrics of the song were credited to a patient, written in honor of Dix's safe return to the Hospital after a trip to California.

Gather, In Thee, our thanks we render
 For our Friend Miss Dix today;
 That Thy loving care hath kept her
 Safe while on the distant way.
 Choicest blessings rest upon her,
 All good angels her attend.
 Welcome now, and welcome ever,
 To Miss Dix our faithful friend.

Healing words of consolation,
 From her tender heart doth flow,
 Like sunshine upon the darkness,

Mental sufferers only know
Choicest blessings.

None so poor, or heavy laden,
None so lost in evil ways,
None so fallen, wounded, helpless;
But she gently stops to raise
Choicest blessings.

Serving thus "Our Father" ever,
With warm heart and open hand;
We can never forget her, never,
Our Best friend throughout the land;
We can ne'er forget her, never,
Our best friend throughout the land.
Choicest blessings.¹¹⁶

Clearly, patients, Nichols, and his family welcomed Dix's intermittent presence at the Government Hospital. Dix's letters reveal that she and Nichols had a less formal relationship than the relationships reflected in the professional correspondence she shared with the other Medical Superintendents. That relationship was, in large part, tied to Nichols' and Dix's commitment to the Government Hospital. While Nichols remained Superintendent, Dix often visited. Nichols' letters to Dix spanning the period following the Civil War until 1877, when Nichols resigned as Superintendent and returned to his home state of New York, revealed stories

of the hospital, the members of the Association of Superintendents, and Nichols family. Dix even corresponded with Nichols' wife and young son, Maury. In an undated letter from Nichols' son to Dix, Maury thanks her for gifts, and closes with "hope you will come again soon."¹¹⁷

Dix's welcome at the Government Hospital extended beyond the years that Nichols was superintendent. In 1877, William Whitney Gooding M.D., an assistant physician under Nichols, became superintendent of St. Elizabeths. Dix retained copy of a Resolution, signed by Superintendent Gooding, on Government Hospital for the Insane stationery, dated November 6, 1877. The resolution stated: "The Board of Visitors [...] desiring to perpetuate a courtesy heretofore observed, would be gratified if Miss D. L. Dix will accept the hospitality of the institution by taking up her residence in it on the occasion of all of her visits to the District of Columbia."¹¹⁸

Dix's personal attachment to the hospital continued well past Nichols' years as Superintendent. This strong connection is evident in an April 21st letter from Dix, in Trenton, to Superintendent Gooding's wife Ellen. The year is assumed to be from some time in the 1880s. At this time, Dix travelled little and was living in an apartment in the hospital she had called her 'first child,' the New Jersey State Hospital. Dix requested that Mrs. Gooding send her, at once, any cotton nightgowns in the "closet in my [Dix's] room." In the same letter Dix also wrote the following, suggesting her continued sentimental connection to St. Elizabeths: "I do not think you half realize how strong my attachment is ... to your cheerful home in Washington."¹¹⁹

Patients felt Dix' presence even when she was not staying at St. Elizabeths. Her formal portrait hung in the chapel of the hospital until it was taken to the National Portrait Gallery for preservation.¹²⁰ A bundle of Dix's letters and papers were discovered in a central building

storeroom in the 1960s, and the furniture in her apartment remained until the central building of St. Elizabeths closed in the 1970s.

Dix's direct influence on the Government Hospital for the Insane and the care provided its patients is evident in the earliest buildings and grounds itself. Dix's lifelong appreciation for nature, her commitment to the humane treatment of the insane, and her understanding of and advocacy for moral treatment helped shape the American Asylum Movement of the nineteenth century. This movement was led by the Association of Medical Superintendents from a professional perspective, but clearly would not have been as successful without the tireless legislative advocacy of Dix. Dix is remembered as a reformer, but the magnitude of her efforts and influence are often over-shadowed by the history of the American Superintendents. Without government funding, the modern asylums of the nineteenth century using Kirkbride's plan for design and management, would likely never have been built.

Dix's service to her country during the Civil War also affected the historical course of the Government Hospital, and the overall vision for the building, grounds, and the care provided to the patients of the asylum. Following the war, overcrowding became the norm, and the hospital was never able to fully realize the application of the therapeutic environment as envisioned by Nichols and Dix. The Government Hospital for the Insane was in danger of becoming the "great national reservoir of insanity" the superintendents had warned of when they questioned Dix's land grant memorial. At St. Elizabeths, more buildings were constructed to house veterans suffering from mental illness, and walls were placed on the grounds to contain the violent patients. The needs of the institution then limited some of the naturalistic elements of moral treatment; such as unobstructed views, and daily activity on the pleasure grounds of the hospital. While asylums using the Kirkbride plan continued to be built across the country throughout the

remainder of the nineteenth century, the Association of Superintendents adopted the cottage style of hospital construction. Despite this philosophic change in asylum construction and management, one cannot deny the influence that Dix had on the treatment of the insane, the American Asylum Movement in general, and on St. Elizabeths Hospital specifically.

¹ Thomas J. Brown, *Dorothea Dix: New England Reformer* (Cambridge: Harvard University Press, 1998); and Francis Tiffany, *Life of Dorothea Lynde Dix* (Boston: Houghton Mifflin Company, 1890).

² Tamara Plakins Thornton, "The Moral Dimensions of Horticulture in Antebellum America." *The New England Quarterly* 57, 1 (1984): 3-24. doi:10.2307/365444; and Brown, *Dix: New England Reformer*.

³ Tiffany, *Life of Dorothea Dix*, 2.

⁴ *Ibid.*, 3.

⁵ Dorothea Lynde Dix, *The Pearl, or, Affection's Gift: A Christmas and New Year's Present*. (Philadelphia: Thomas T. Ash, 1829), 108.

⁶ Tiffany, *Life of Dorothea Dix*, 17; and Brown, *Dix: New England Reformer*; and Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁷ Tiffany, *Life of Dorothea Dix*; Brown, *Dix: New England Reformer*; and Dorothea Lynde Dix, *Conversations on Common Things; or, Guide to Knowledge with Questions*. (Boston: Munroe and Francis, 1824).

⁸ Dix, *Conversations on Common Things*, 5.

⁹ *Ibid.*, 3.

¹⁰ Thornton, "Moral Dimensions of Horticulture," 4. Following the publication of *Conversations on Common Things*, Dix subsequently published *Hymns for Children, Selected and Altered in 1825*, and *Short Stories for Children 1827-1828*, titled *American Moral Tales for Young Persons* in later editions.

¹¹ Francis Tiffany, n.d., (item 946), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

¹² Dorothea Lynde Dix . *The Garland of Flora*. (Boston: S.G. Goodrich and Co. and Carter and Hendee, 1829), Preface.

¹³ Ibid., Preface.

¹⁴ Albert Emerson Benson, *History of the Massachusetts Horticultural Society*. (Norwood, MA: The Plimpton Press, 1929).

¹⁵ Ibid.; and Stanley French, “The Cemetery as Cultural Institution: The Establishment of Mount Auburn and the “Rural Cemetery” Movement.” *American Quarterly*. 26, no. 1. (March, 1974): 37-59.

¹⁶ Elizabeth Barlow Rogers, *Landscape Design: A Cultural and Architectural History*. (New York: Abrams, 2001), 330-337.

¹⁷ Dix, *The Pearl*.

¹⁸ Brown, *Dix: New England Reformer*, 81.

¹⁹ Edward Jarvis, *Insanity and Insane Asylums*. (Louisville: Prentice and Weissinger, 1841); and Gerald Grob, *Mental Institutions in America: Social Policy to 1875*. (Princeton: Princeton University Press, 1983).

²⁰ Brown, *Dix: New England Reformer*, 85-87.

²¹ Dorothea Lynde Dix, *Memorial to the Legislature of Massachusetts, 1843*, 2.

²² Dix, *Massachusetts Memorial*, 2.

²³ Ibid., 31.

²⁴ Brown, *Dix: New England Reformer*, 99.

²⁵ Tiffany, *Life of Dorothea Dix*, 134. States and provinces included: Illinois, Indiana, Kentucky, Tennessee, Missouri, Mississippi, New York, Ohio, Pennsylvania, Louisiana, Alabama, South Carolina, North Carolina, Maryland, and the British Provinces of Canada

²⁶ Brown, *Dix: New England Reformer*, 123.

²⁷ Tiffany, *Life of Dorothea Dix*, 104.

²⁸ John Curwen, *History of the Association of Medical Superintendents of American Institutions for the Insane From 1844 to 1884*. (Warren, PA: E. Cowen and Co. Printers, 1884); and Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

²⁹ Edited by the Officers of the New York State Asylum, Utica. *The American Journal of Insanity*. v.1-2 (1844-45). There was no mention of Dix's success in procuring state funding for the asylum in New Jersey in the early volumes of the American Journal of Insanity, and despite her tireless efforts committed to asylum reform of the remainder of her lifetime, she is not mentioned in the History of the Association.

³⁰ Dorothea Lynde Dix, *Memorial Soliciting a State Hospital for the Insane submitted to the Legislature of New Jersey*. (Trenton: Printed by the order of the Legislature of New Jersey, 1845).

³¹ *Ibid.*, 26.

³² *Ibid.*, 32.

³³ Tiffany, *Life of Dorothea Dix*, 114.

³⁴ *Ibid.*, 104.

³⁵ Heidi Johnson, *Angels in the Asylum: A Photographic Elegy to an American Asylum*. (Detroit: Wayne State University Press, 2001); and Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States*. (Minneapolis: University of Minnesota Press, 2007).

³⁶ Brown, *Dix: New England Reformer*, 144-147.

³⁷ *Ibid.*, 148-152; and Grob, *Mental Institutions in America*, 200-1.

³⁸ Dorothea Lynde Dix, June 27, 1848. *Praying A grant of land for the relief and support of the indigent curable and incurable insane in the United States*. 30th Congress, 1st Session. Tippin & Streeper, printers, 1. Retrieved from the NLM.

³⁹ Ibid., 1.

⁴⁰ Ibid., 1-2.

⁴¹ Ibid., 7.

⁴² Ibid., 7.

⁴³ Ibid., 25.

⁴⁴ Ibid., 25.

⁴⁵ Ibid., 27.

⁴⁶ Ibid., 31.

⁴⁷ Edited by the Officers of the New York State Asylum, Utica. *The American Journal of Insanity*. v. 5-6 (1848-49): 286.

⁴⁸ Tiffany, *Life of Dorothea Dix*, 177-179.

⁴⁹ Thomas Kirkbride, Letter to DLD dated May 30, 1849, (item 395), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁵⁰ Brown, *Dix: New England Reformer*; Tiffany, *Life of Dorothea Dix*; and Seaton W. Manning, "The Tragedy of the Ten-Million-Acre Bill." *Social Service Review*, 57, no. 1, (March, 1962): 44-50.

⁵¹ Tiffany, *Life of Dorothea Dix*, 188.

⁵² Ibid., 190.

⁵³ Ibid., 190-200; and Brown, *Dix: New England Reformer*, 208-216; and Manning, "The Tragedy."

⁵⁴ Thomas Otto, *St. Elizabeths Hospital: A History*. (Washington DC: U.S. General Services Administration, 2013); and, Frank Rives Millikan, “*Wards of the Nation: The Making of St. Elizabeths Hospital 1852-1920.*” PhD dissertation, The George Washington University, 1990.

⁵⁵ DLD to Anne Heath, August 28, 1852. Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University; and Tiffany, *Life of Dorothea Dix*, 189.

⁵⁶ DLD to Millard Fillmore. Dated August 30, 1850, from Charles M. Snyder, *The Lady and the President: The Letters of Dorothea Dix and Millard Fillmore*. (Lexington: The University Press of Kentucky, 1975), 82-83.

⁵⁷ Letter to DLD from Millard Fillmore dated September 15, 1850. (Item 228) Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University

⁵⁸ Snyder, *Lady and the President*, 97.

⁵⁹ *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; from Otto, “St. Elizabeths: A History,” 6; also, from *Report of the Secretary of the Interior*, S. Doc 35, (item 995-box of printed materials), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁶⁰ Letter to DLD from Secretary of Interior A. H. H. Stuart, dated October 1, 1852, (Item 614), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University

⁶¹ Letter to DLD from Millard Fillmore, dated October 21, 1852 (Item 228), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University. In letter from Fillmore to Dix dated October 21, 1852 he wrote that Miller protested “importing” a physician, and made clear that he desired the position of supervising physician. Fillmore went on to write:

“He is evidently much displeased at the selection which has been made, and manifestly suspects that it has been done through your influence.”

⁶² Item 947, Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁶³ Letter to DLD from Chas. Nichols, September 20, 1852, (Item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Otto, “St. Elizabeths: A History,” 11.

⁶⁹ Nichols letter to DLD, Nov. 13, 1852, (Item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Thomas Blagden, letter to DLD, November 13, 1852, (Item 59), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁷³ Nichols letter to DLD, December 8, 1852, (Item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁷⁴ Nichols letter to DLD, December 8, 1852, (Item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁷⁵ *Report of the Secretary of the interior, Communicating, in Compliance with a Resolution of the Senate, Information as the Steps Taken to Establish a Lunatic Asylum in the District of*

Columbia, 32nd Con., 2d sess., December 30, 1852, S. Doc. 11, 2; from Otto, "St. Elizabeths: A History," 13; also, from *Report of the Secretary of the Interior*, S. Doc 35, (item 995-box of printed materials), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁷⁶ Nichols letter to Dix, April 7, 1855 (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁷⁷ Ibid.

⁷⁸ Nichols letter to DLD, April 19, 185, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁷⁹ Nichols letter to DLD, undated, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁸⁰ Dix, 1857 date book, (item 943), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁸¹ George Vassey, letter to DLD, April 28, 1883, (item 641), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁸² Nichols letter to DLD, Feb. 21, 1859, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁸³ Nichols letter to DLD, Dec. 5, 1852, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁸⁴ Nichols letter to DLD, Dec. 8, 1852, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁸⁵ Nichols letter to DLD, Dec. 9, 1852, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁸⁶ Various hands, Notes concerning insane asylums, (item 970), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁸⁷ Nichols to DLD, Dec. 19, 1852, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁸⁸ Nichols, Charles. October 5, 1853, untitled document (item 976), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁸⁹ Nichols to DLD, August 15, 1853, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁹⁰ Ibid.

⁹¹ Nichols to DLD, April 7, 1855, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁹² Nichols to DLD, n.d., (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁹³ Ibid.

⁹⁴ Nichols letter to DLD, Feb. 21, 1859, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁹⁵ Nichols letter to DLD, n.d. (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁹⁶ Simon Cameron, April 23, 1861. (Item 961), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁹⁷ Nichols letter to DLD, May 9, 1862, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁹⁸ Ibid.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ Ibid.

¹⁰⁴ NARA-Washington D.C., RG 94, E544, vol. 82

¹⁰⁵ Millikan, "Wards of the Nation," 76.

¹⁰⁶ Charles Nichols, 1864, NARA-Washington D.C., RG 94, E 578, Monthly Return of Nurses, District of Columbia.

¹⁰⁷ NARA-Washington D.C., RG 418, E24, box 1.

¹⁰⁸ Military passes, (item 990), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838).
Houghton Library, Harvard University.

¹⁰⁹ Otto, "St. Elizabeths: A History," 84.

¹¹⁰ John Hall, n.d., (item 992), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838).
Houghton Library, Harvard University.

¹¹¹ Charles Nichols, 1864, NARA-Washington D.C., RG 94, E 578, Monthly Return of Nurses, District of Columbia.

¹¹² United States Census Bureau, *Ninth Census of the United States, 1870*, District of Columbia, Subdivision east of 7th Street, digital image obtained from Ancestry.com; and Mary Vance obituary, *The Washington Reporter*, April 19, 1895, 6; and Secretary of the Interior, 1870, *Register of the Officers and Agents, Civil, Military, and Naval, in the Service of the United States on the thirtieth of September, 1869*. Washington: Government Printing Office.

¹¹³ Nichols letter to DLD, February 22, 1867, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

¹¹⁴ Ibid.

¹¹⁵ Mary Vance obituary, *The Washington Reporter*, April 19, 1895, 6.

¹¹⁶ Unknown, n.d., poem to Miss Dix, (item 980), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

¹¹⁷ Maury Nichols, n.d., (item 475), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

¹¹⁸ Gooding, W.W. 1877. (Item 984), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

¹¹⁹ DLD letter to Ellen Godding, April 21, unknown year (item 702), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

¹²⁰ Otto, "St. Elizabeths: A History," 4.

Chapter 4: The Kirkbride plan to the Cottage Plan

In order to understand the importance of nature and design in the care provided to the patients of St. Elizabeths Hospital during the nineteenth century, it is necessary to analyze the structure and grounds of the hospital. St. Elizabeths and other nineteenth century American asylums were not the first structures designed, built, and occupied as places of healing. While the wards of the fifth century B.C. Greco-Roman Asklepieia dedicated to restful, supportive care were oriented to optimize exposure to the sun, the care provided was guided by priests. The treatment regimen was determined by the messages from the god Asklepios delivered in the dreams of patients in the wards.¹ The patient or stand-in, made a pilgrimage to the Asklepieia and obtained healing through divine intervention.

Military hospitals are another example early hospitals. One of the earliest examples of a military hospital is the Vindonissa, in what is now Switzerland. Designed by the Roman state in the first century A.D., to provide medical care to the increasingly diverse and professional Roman army.² The hospital was a modified barracks, deliberately placed far from the city center, created to return sick and wounded soldiers to the battle field. Soldiers and manpower were the most important commodity to the commanding officers of an army at war.³ When a military unit was in the field of battle, military hospitals were often in temporary barracks or housed in buildings designed for a different purpose, such as churches or homes.⁴

Other early hospitals were religious in origin, but philosophically different. Early Christian monasteries had wards to provide supportive care to sick pilgrims. Those wards were part infirmary, part hostel, with the goal of helping Christians return to their religious journey. Other monastic wards provided refuge to the old and infirm, the diseased and dying, the insane and the idiot, and the orphans and paupers. In these early Christian monastic hospitals, religious

and lay persons provided care in all wards in the name of Christian charity.⁵ In thirteenth century Hungary, St. Elizabeth provided charitable care to the sick and dying in her own home. She explained, that in caring for others “we bathe and cover our Lord.”⁶ St. Elizabeth of Hungary was the namesake of the original land tract and eventual hospital in Washington D.C.

In nineteenth century America, most persons were neither soldiers nor on a religious pilgrimage. Those needing medical treatment were cared for at home. The tools of the physician were portable, and prior to the adoption of Germ Theory, in the late nineteenth century an ordered, aseptic environment was not essential. For most sick people in the nineteenth century, family or experienced community members provided supportive care in the home. In the cases of insanity, there were institutions to *contain* the mentally ill, but there was little effort to treat persons in hopes of recovery. The insane were hidden from the community, and as Dorothea Dix noted in her memorials, the conditions in these jails or hospitals were often appalling. The primary objective of the Superintendents and Dix was to create the most therapeutic environment in American asylums, and make the treatment for insanity readily available to all who would benefit from it.

Following these principles, St. Elizabeths Hospital was created to provide the best possible care for the insane soldiers and sailors of the U.S. Army and Navy and the indigent citizens of the District of Columbia. St. Elizabeths was not a religious hospital, but it ultimately adopted the name of a saint, and like early monastic hospitals, was committed to the care of all persons regardless of disease or social stature. While not a military hospital situated within the field of battle, St. Elizabeths was created specifically for soldiers dealing with the psychological consequences of war. Ultimately it was the American Civil War, and its veterans that changed

the landscape and historical course of the hospital through the remainder of the nineteenth century.

Moral Treatment and the Kirkbride Plan

St. Elizabeths Hospital was one of the first asylums built fully adhering to the Kirkbride Plan, and many aspects of the grounds and structure are exemplars for the Kirkbride Plan and moral treatment for the insane. The primary beliefs of the Superintendents in regards to asylum design, management, and treatment regimen included: (1) Treatment for the insane should be provided in the ordered environment of the asylum. (2) All asylums should have abundant, healthful land to allow for “privacy, [...] adequate [...] exercise, labor and occupation.”⁷ It was essential that the patients actively interacted with the natural surroundings of the grounds on a daily basis. This included the patients’ most passive interactions (e.g. looking out the window), to their active participation in contemplative walks, or working on the grounds or hospital farm. (3) The importance of the paternalistic relationship between the patients and the physician superintendents. This chapter describes the design, construction, occupation and circulation of the structure and grounds of the hospital, from the earliest plans of the Kirkbride central building to the eventual transition to the Cottage Plan.

The ordered environment of the asylum

Kirkbride considered the appearance of the hospital building and grounds to be essential to the public’s perception of the asylum and the care provided there. His work was based on Pinel’s 1806 *Treatise on Insanity* which stated: “It is become an established maxim, that insanity

is much more certainly and effectually cured in places adapted for their reception and treatment, than at home amidst the various influences of family interests.”⁸ Pinel’s theories were widely accepted in England and France. In the United States, Pinel’s ideas provided the foundation for the reform efforts of Dix and the superintendents. The goal of their efforts was to bring the philosophy of humane treatment for the insane to the United States, and make it available to all. In mid-nineteenth century America, the practice of moral treatment was not common. Prior to the Kirkbride era, there were a limited number of private retreats or asylums for families with money. In the United States, the average American family would care for their family member with mental illness at home. In the rare instances in which a family decided to institutionalize a member with mental illness, safety was the main concern. The insane person was usually placed in a jail or custodial facility, where the goal was containment not treatment. And, as Dix documented, conditions in those facilities were horrid.

Thus, by the mid-nineteenth century, Dix and Kirkbride were introducing America to new recommendations for the treatment of the insane through the design of St. Elizabeths as a model institution in the nation’s capital. In that regard, place was importance, as was the appearance of the facility. Of the exterior of a hospital for the insane, Kirkbride wrote that it was “important that the building should be in good taste, and that it should impress favorably not only the patients, but their friends and others who may visit it.”⁹ This was particularly important as for most people, seeking treatment in an asylum was a new experience. Kirkbride wrote:

No one can tell [...] what good effects may result from first impressions thus made on an invalid on reaching a hospital, -- one who perhaps had left home for the first time, and was looking for a gloomy, cheerless mansion, [...] but on his arrival finds everything neat, tasteful, and comfortable. [...] Nor is the influence

of these things on the friends of patients unimportant; [...] and they are thus led to have a generous confidence in those to whose care their friends have been entrusted...¹⁰

Using these ideas as a foundation, architect Thomas U. Walter began plans for an asylum in Washington D.C.

Architect Thomas U. Walter and the external façade of St. Elizabeths

When families and patients approached St. Elizabeths Hospital they were likely struck by the impressive edifice of the central building. While the Kirkbride Plan was very prescriptive regarding the footprint of the hospital and organization of the wards and patient rooms, the exterior was in the hands of the architect. The architect of record for St. Elizabeths Hospital was Thomas Ustick Walter. Walter was a very well-known and respected American architect, at that time most known for his work on the Girard College for Orphans in his hometown of Philadelphia. Walter and his family moved to Washington D.C. in 1851, after President Fillmore selected Walter to design and oversee the construction of the expansion of the United States Capitol Building.¹¹ According to Walter's diary, he was approached for a study of an "Insane Asylum for Government" in February 1852, over six months before the passage of the legislation to appropriate the funding for the Government Hospital for the Insane. The timing of the implementation of Walter's first study was counter to Kirkbride's suggestion in *On the Construction*, when he wrote: "No desire to make a beautiful and picturesque exterior should ever be allowed to interfere with the internal arrangements. The interior should be first planned, and the exterior so managed as not to spoil it in any of its details."¹² Walter's diary next

described formal plans for St. Elizabeths in December 1852, after Charles Nichols was appointed Superintendent, and he and Dix chose the site for the hospital.¹³

Shortly thereafter, Nichols rejected Walter's design for the hospital because of the costs of the Byzantine style that Walter proposed. This style resembled Classical Roman architecture, but had more ornamentation. By that time, the form of Kirkbride's hospital plan had been fixed and Walter's detailed external architectural ornament added expense. Describing the situation to Dix, Nichols vented his frustration, writing: "I can't make Walter draw a cheap building. He says if he draws a cheap building of no style of architecture everybody will attribute it to his want of architectural taste and learning."¹⁴ Where Walter got the idea to propose a Byzantine style is unknown. Byzantine architecture was common in early Christian churches, and features of the style include curvilinear architectural elements and spherical-shaped domes.¹⁵ Perhaps it was the dome of the Capitol that inspired Walter for this choice of architectural style for the external facade of the hospital, or the notion of evoking a church or monastery as a place for healing.

In fact, Nichols was already wedded to an architectural style for St. Elizabeths that would be simple and inexpensive, and Walter changed his plan for the hospital façade to a castellated neo-gothic style. Architect James Dakin, who designed the Gothic Revival Louisiana State Capitol building in 1847, commented on the cost efficiency of that particular style in a governmental building:

[T]he Castellated Gothic Style of architecture [...] is quite as appropriate as any other style or mode of building [...] because no style or architecture can be employed which would give a suitable character to a building with so little cost as the Castellated Gothic.¹⁶

In a session before Congress, Nichols described the architectural style as “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.”¹⁷ The castellated, neo-gothic edifice of St. Elizabeths ultimately presented by Walter and agreed upon by Nichols, was neither consistent with his contemporary work, nor reflective of the prevailing architectural style of mid-nineteenth century Washington D.C. governmental buildings. Walter’s plan for the exterior of St. Elizabeths was also in contradiction to some of his own beliefs. From a series of public lectures, Walter expressed his admiration for Greek architecture, the architectural style commonly employed in federal buildings in the nation’s capital at that time, but noted that other styles were often employed in structures for specific purposes.¹⁸

Architecture was not just a matter of taste; it also relayed a moral message. Therefore, it was not surprising that the chosen architectural style for the capital of the young American democracy was based on the Classical Orders of Greek architecture. By referencing the world’s oldest democracy, American art and architecture strengthened “national morals and was indicative of liberty.”¹⁹

While Greek Revival architecture was prominent in Washington D.C. in the mid-nineteenth century, the Smithsonian Institution Building, located on the National Mall and in close proximity to the U.S. Capitol building, was designed using the Castellated Gothic style. [Figure 11, Appendix A] Architect James Renwick, Jr. utilized the style to evoke the ideas of education and knowledge in his 1846 design. In 1852, when Walter was preparing the first formal plans for St. Elizabeths, the exterior of the Smithsonian Building was completed.²⁰ The red sandstone façade was a dramatic contrast to surrounding structures and must have inspired Walter’s final plan for St. Elizabeths.

In *Lectures on Architecture*, Walter did not describe an association of Gothic style architecture with the ideas of education and knowledge, even though the style had been used for American colleges and universities. Walter employed the castellated Gothic style for his design of the Pennsylvania Medical College in 1849,²¹ and he was likely aware of the 1850 Gothic Revival design of the Virginia Military Institute. The Institute was founded in 1838 to give young men in the military an opportunity to pursue military and scientific study, and was the first campus to be designed entirely in the Gothic style.²² An Institute patron praised architect Alexander Jackson Davis' design noting: "the castellated and battlemented Gothic style [was the most appropriate for military buildings] and is the plainest and cheapest style we could have chosen."²³ Once again the Gothic architectural style was recognized for its economy; however, in this instance, it also referenced and highlighted the military association with fortresses. Davis felt that the picturesque symmetry of the Gothic style offered the appropriate associations for the school; such as order, balance, and discipline.²⁴ [Figure 12, Appendix A]

In *Lectures on Architecture*, Walter described the Gothic "massy style [as] more appropriate for the architecture of Prisons, mausoleums, and military works than any of the more delicate proportions of Grecian forms."²⁵ Indeed, Walter utilized the castellated Gothic style for his designs for some of his first commissions: the Moyamensing Prison in Philadelphia in 1831 and subsequently for the Delaware County Pennsylvania Prison in 1851.²⁶ While it is unknown if Nichols discussed the external architectural style of St. Elizabeths with Kirkbride, both may have been aware of Walter's earlier commissions, including the Pennsylvania Medical College.

While Walter ultimately changed his plans for the edifice of St. Elizabeths to the more angular castellated gothic style, he described a definite preference for other styles of architecture for evoking positive symbolism. In *Lectures on Architecture*, Walter also described the

importance of architecture and architectural styles in influencing the mental state of men. In contrast to the castellated Gothic style of St. Elizabeths, Walter suggested that the edifices of the “pointed Gothic” churches of England bring to mind the “upward aspirations of the Christian heart, and the sublime and lofty object of hope.”²⁷

In Walter’s lecture *Architecture Considered as a Fine Art*, he mirrored Kirkbride’s and the superintendents’ language in regards to the effect of architecture on the human mind and well-being when he wrote:

Architecture is by no means limited to building houses for the convenience of man; -- it aims at nobler ends; -- and may be said emphatically to stand pre-eminent among the peaceful arts; [...] it refines and ennobles the mind of man – vivifies his imagination – expands his ideas, and produces purity of thought...²⁸

While one may argue that the edifice style of castellated Gothic was appropriate for a military hospital designed specifically for insane soldiers, and met the need for fiscal restraint as a federally funded facility, it must have been disappointing for Walter to deviate from his preferred Byzantine style. That may be particularly true in light of Walter’s reference to the castellated Gothic style as being appropriate for prisons and mausoleums, especially since Dix and Kirkbride were recommending care for the mentally ill outside of prisons. The Kirkbride plan exalted the positive effects of nature and the environment in moral treatment, and of the exterior of the hospital Kirkbride had written: “A hospital for the insane should have a cheerful and comfortable appearance, everything repulsive and prison-like should be carefully avoided.”²⁹ Moreover, Dix had taken every opportunity to describe the negative effects of squalid prison environments in her memorials. To Walter, the architectural style may have seemed counter to the professed philosophy of the nineteenth century American asylum movement, which was to

optimize the environment to achieve a cure for the insane; moving away from the previous philosophy of containment.

Even though Nichols consulted Walter's architectural expertise for ongoing construction projects at St. Elizabeths until the American Civil War, in at least one instance Walter clearly displayed frustration with Nichols. In a letter to Nichols dated March 5, 1858 Walters wrote the following:

My dear sir,

I have made several sketches for your gate piers, but none of them please me, as I find it impossible to make anything in the style of your building that will harmonize both with the building and with the gate – the two things are incompatible. If you are determined to have the design of the gate referred to me I think you had better take it as it is [...] and make such an entrance as will comport with the dignity of the establishment, and at the same time comport with its architecture.³⁰

This letter seems to have revealed a tension between Nichols and Walter that may have existed between other asylum superintendents and the architects commissioned to design Kirkbride hospitals. Even though the superintendents and the architects clearly shared a philosophy that recognized the positive influence of nature and the environment on mental health, it must have been difficult for expert architects to have their designs rejected and modified by the superintendents, physicians who claimed expertise in the art of hospital design.

It is unknown if Walter's design for the gate piers was chosen for the entrance to St. Elizabeths Hospital. Surely Nichols' role as superintendent ensured that he had the 'expertise'

and authority to make the final decisions on all elements of the structure and grounds of the asylum, as they related to the treatment of patients or the public perception of the hospital.

Construction begins at St. Elizabeths

Following Kirkbride's recommendations, St. Elizabeths' central building was made of brick.³¹ The masonry was laid in a common bond pattern with a header course every six courses.³² This pattern was a typical choice for construction in the mid-nineteenth century, and the majority of the bricks used in the hospital, surrounding structures, and the wall surrounding the hospital were manufactured on site. The clay for the bricks was obtained from a mine on the farm, and Nichols informed Dix in a letter that the "the clay on the place makes excellent bricks."³³ The bricks were molded and fired on site, with kilns situated on the grounds northeast of the main entrance. In a letter to Dix dated July 24, 1853 Nichols stated that "350,000 bricks of an excellent quality have already been burnt."³⁴ He also noted that the foundation was complete and "we were ready to lay bricks two-weeks ago, but the brick layers have been on strike."³⁵

For the patients of St. Elizabeths and all asylums of the era, exercise, labor and meaningful occupation were a feature of moral treatment. Their work was also beneficial to the institution. Prior to the opening of the hospital, hired laborers made and lay the bricks. Following the opening of the hospital, able-bodied patients assumed those tasks. In 1855, the West wing of the hospital opened to patients but construction of the main building was by no means complete, and over the next several years patients were used to complete all aspects of hospital construction and maintenance. Describing the construction progress in the October

1860 *Annual Report*, Nichols noted the cost-effectiveness of brick making on grounds as: “at just two-thirds the ordinary cost to the government of similar materials for District works [due to the employment] of certain strong patients of the laboring class, in the simple process of digging and shoveling clay, and in the many handlings to which raw and burnt bricks are subject, who would not be well employed in any other way.”³⁶

By the time of its completion, the central building of St. Elizabeths Hospital was impressive. This central portion of the main building was the main entrance for the hospital, and had been designed to provide for offices and apartments for the Superintendent, the Physician-in-charge, and other administrative staff and their families. According to Kirkbride’s plans, the stately central building should also include “visiting rooms for friends of patients, a public parlor, medical office, library, lecture room and chapel.”³⁷ The central area of the main building of St. Elizabeths was comprised of a four story structure with an attached five story tower featuring a crenellated parapet wall. [See Figure 13, Appendix A] Additional Gothic-style elements of the exterior included buttresses on the corners of the building and tower. The main entrance of the hospital was approached by a circular drive leading to a port cochère and bay windows with iron railings on the second, third and fourth floors.³⁸ [See Figure 14, Appendix A]

In comparison to the squared cast-iron window hoods employed throughout the rest of the central building structure, the bay windows of the main entrance tower and the wrought iron of the port cochère utilized foils to create the pointed Gothic that Walter referred to in his *Lectures on Architecture*. [Figures 14 & 15, Appendix A] This style of architecture, described by Walter as “sublime and optimistic,”³⁹ was utilized in the area of the building occupied solely by the Superintendent and physicians of the hospital.

The main entrance of the central building and more highly ornamented bay windows overlooked the hospital grounds, the Anacostia River, and the city of Washington D.C. The aim of this massive structure, the stately architecture, the therapeutic grounds, and breath-taking views from the main entrance of St. Elizabeths was to inspire a visitor's faith in the Superintendents, promote a sense of safety, and ensure optimism for the possibility of a cure for mental illness.

The Improved Linear Plan

The Kirkbride's recommendations for asylum construction, and management for hospitals for the insane provided detailed architectural recommendations for asylums. The architectural feature most recognizable of Kirkbride's Plan in *On the Construction* is the arrangement of the wings and wards in relation to the central administration building of the hospital. The New Jersey State Lunatic Asylum, opening in 1849, was the first hospital built utilizing Kirkbride's linear plan, and the footprint of that asylum resembled a shallow V.⁴⁰ The hospital had two wings on either side of the central building with wards that were abutting each other and symmetrically off-set [Figure 16, Appendix A]. This specific pattern was designed to facilitate patient room assignment by the patient's gender, and degree of symptoms, and to optimize the exposure of all patients to natural light and stimulating views from room windows.⁴¹

Nichols' design for St. Elizabeths Hospital improved on Kirkbride's linear plan and soon became the design of choice for American asylums. The design and layout of the individual wards of St. Elizabeths were consistent with Kirkbride's recommendation. The wards consisted

of double loaded halls, with individual patient rooms on either side of the halls. The plan for St. Elizabeths included a parlor, a dining room, an attendants' room, a bathroom, and a washroom in each ward.⁴² The hallways in each ward were twelve feet wide, in effect, creating another communal area for the patients. Nichols' and Walter's initial drawings for St. Elizabeths closely resembled the plan and footprint of the New Jersey State asylum. [See Figure 17, Appendix A] Kirkbride's original linear plan allowed for the wards of the wings on either side of the central building to recede, creating the easily recognized shallow "V" footprint of the Kirkbride building. However, the distinct feature of Nichols' final design for St. Elizabeths added a perpendicular hall between the wards. This feature resulted in the characteristic appearance of the footprint of the hospital to be more pronounced. The "V" shape was less shallow, and the footprint was occasionally described as a "thunderbird" pattern.

In a letter to Dix, Nichols described the plan as combining "all the excellencies of Kirkbride's with the receding wings."⁴³ The patient wards were situated in the long wings of the building, extending east and west from the central building. Each ward had a wide hallway extending the east-west length of the ward. The ends of the halls were the public areas of the ward, and used as parlors or dining areas; and the perpendicular service halls contained the staff rooms, storage, and bath rooms. The connecting perpendicular halls between wards often had doors to restrict the movement of patients between the wards, but allowed for staff to easily move between the wards. [Figure 18, Appendix A]

While the connecting hallways between the wards improved the circulation between the wards for staff members, it was not desirable for patients of different 'classes' to interact. The connecting hallways contained doors to limit the movement of patients between the wards. With the placement of the doors in the perpendicular hallways, they were not visible to the patients in

the living areas of the ward. This design feature helped to create the perception of smaller, more home-like wards while limiting the feeling of restriction of movement or containment.

Another feature of Nichols' innovative design was the ample natural light on each ward as a result of the receding wings and perpendicular hallways connecting them. The end of every hallway, both in the main wings and the connecting hallways, and every patient room had the benefit of windows, meaning there was natural light entering the ward from all four walls throughout the day. In addition to the benefit of natural light and views of nature for improving mental well-being, the abundant natural light allowed for houseplants to be placed in the rooms and the communal areas of each ward. In examining photos of the interior wards and rooms of St. Elizabeths during the time period of this study one cannot help but notice the natural light and the lush houseplants in nearly every photo analyzed. [Figure 19, Appendix A]

At St. Elizabeths, Nichols' receding wings became the ideal configuration for hospitals built according to the Kirkbride Plan, and in subsequent editions of *On the Construction*, Kirkbride referred to Nichols' innovation as the "Improved Linear Plan". From the perception of the patients on each ward, the configuration took a large, long hospital wing and created smaller wards. When standing in the hallway of a ward, a person could only see the defined space of the individual ward. The wide halls, the parlors and dining areas were communal spaces for the patients and staff.⁴⁴ Most photos of St. Elizabeths include chairs in the hallway outside of each room. [Figure 20, Appendix A]

Ward design and Patient classification at St. Elizabeths

In *On the Construction* Kirkbride was very detailed in describing the ideal design of hospitals for the insane as it related to patient safety and necessary elements for the application of moral treatment. One important feature to his plan was the arrangement of patients within the asylum. According to Kirkbride, the wings on either side of the central building of an ideal asylum were arranged with wards for eight distinct classifications of patients for each gender, with little interaction between the male and female patients and attendants.⁴⁵ The design for St. Elizabeths designated the East wing for female patients and the West wing for male patients. The wings were equal in size and distribution of wards, even though the likelihood of equal numbers of male and female admissions was remote. Since St. Elizabeths was primarily for the treatment of the insane soldiers of the army and navy, but would also care for the indigent persons of the District of Columbia, it was clear that the number of male patients would always outnumber female patients.

Despite the anticipated unequal distribution of patient admissions by gender, symmetry in the design of St. Elizabeths' wings may have arisen from the need to create an architecturally sound and pleasing structure. Walter spoke of the importance of symmetry in architecture in his lecture, *Architecture Considered as a Fine Art*, when he stated: "the strictest regard should be had to symmetry; this quality harmonizes all other qualities, and without it, every attempt to produce an architectural whole would fail."⁴⁶

The plan for equal accommodations for men and women was a clear departure from the practical needs in the application of moral treatment at St. Elizabeths. This likely reflected Dix's and Nichols' desires to ensure that the hospital was a model institution for the provision of moral treatment.⁴⁷ With the hospital within close geographic proximity to the U.S. Capitol, it is

probable that Dix used St. Elizabeths' site, and plans as examples in her lobbying efforts for Congressional support of the stagnant Ten Million Acre Bill, and for state-funded asylums. It is also possible that the legislators were able to see the impressive and imposing structure of the 'model institution' arising from the bluff on the opposite side of the Anacostia River from the U.S. Capitol Building, influencing their support for government supported asylums for the citizens of their own states. It was the hope of Dix and Nichols that any future American asylums would be influenced by the design of St. Elizabeths, the 'model institution.' Rather than being designated military hospitals, those future asylums would likely have admitted a more equal distribution of male and female patients.

In addition to assigning patients according to their gender, Kirkbride recommended that ward assignments be based on the classifications of demonstrated patient behaviors. This system was called segregation by classes, and the classes were defined by the patient behaviors, not social class. The least excited class of patients, which Kirkbride described as the best class, "should occupy the upper stories and be nearest the center of the building, while the noisy should be at a distance, and the feeble in the lower story."⁴⁸ The goal of this ward assignment system was to "associate in the same ward those who would be least likely to injure and most likely to benefit each other." This recommendation had implications for the design and occupation of St. Elizabeths Hospital.

Architectural features by class

Examination of St. Elizabeths from the north-facing, main-entrance side of the external edifice shows that the windows differ on each floor of the hospital. In *On the Construction*,

Kirkbride was very detailed about the windows of a hospital for the insane, in regards to appearance, safety, and exposure to natural light and views of the surrounding grounds. He wrote that to give “proper architectural effect to the building, the rooms in the center must have lofty windows,” and of the windows in rooms occupied by patients, the lower sash must be guarded.⁴⁹ Assuming that classification plan was adhered to at St. Elizabeths as was suggested, the more feeble patients on the lower floors had rooms with full length windows and the most able-bodied patients on the upper floors had rooms with smaller windows. [Figure 21, Appendix A] The difference in size of windows by floors may have been influenced by the constant concern for suicide within the asylum, and the ability of the more physically robust and mentally excitable to break windows to cause injury or to commit suicide by jumping from the windows. If the more physically robust patients were assigned to the upper floors with the smaller windows, they were also more capable of navigating the stairs to exit the building for work or exercise outside.

The design of the wards within the patient wings of the hospital were also influenced by the Kirkbride’s and the Superintendents’ ideas regarding patient classification as it influenced patient interaction with each other. With the exception of the wards the furthest away from the central building, each patient ward contained communal areas for patient and staff interaction such as a parlor or dining room. Kirkbride observed that patient interaction was often beneficial within the wards. He stated that persons are often interested in “the delusions of their neighbors, and by their efforts to relieve the afflictions of others, do much towards getting rid of their own.”⁵⁰ It was the superintendent’s responsibility to assign patients to the wards that would complement the recovery of the patients and protect the other patients from harm. Those

communal areas are evident in Nichols' Ground Plan of the Government Hospital from 1860.⁵¹

[Enlarged hospital plan, Figure 18, Appendix A]

At St. Elizabeths, there were other architectural differences in the wards designed specifically for different classes of patients, and Kirkbride called for special accommodations for the most excitable and disruptive patients. According to Kirkbride's classification recommendations, the noisiest class of patients were to be assigned to the wards furthest from the administrative buildings. In *On the Construction*, Kirkbride wrote that "parlors may be dispensed with in the wards for the most excited patients."⁵² The 1860 ground plan of St. Elizabeths Hospital [Figure 22, Appendix A] shows that the distant wards in either wing were indeed designed differently to accommodate this class of patients. Those wards did not have communal areas and they were built as single-loaded hallways, with rooms on only one side of the ward hallway, to enhance observation by the attendants and reduce noise to the other patients. This configuration of the wards designed for, what Nichols described as the refractory cases, is evident in a document dated October 5, 1853,⁵³ and in an undated architectural drawing in the Dix papers which shows an early rendition of the receding wing plan and the details of the distant wards [Figure 17, Appendix A].⁵⁴ The configuration of the distant wards at St. Elizabeths was also consistent with Kirkbride's observation that excitable patients "rarely do well in large wards,"⁵⁵ such that the single-loaded halls allowed for fewer patient rooms in the distant wards.

Patient circulation at St. Elizabeths

While the design of St. Elizabeths Hospital facilitated the segregation and classification of patients by their diagnosis and behaviors, the wing and ward configuration of St. Elizabeths

also affected the circulation of patients throughout the building and their access to the grounds. Each ward had an exit. While Kirkbride and his fellow superintendents allowed for limited mingling of certain patients for events such as lectures, concerts and religious services, they objected to the need for patients to pass through other wards to exit the building. As Kirkbride wrote: “In going out of doors, the patients never pass through any ward but their own.”⁵⁶

In addition, the perpendicular hallways of the receding wings of St. Elizabeths had doors that limited the movement between wards on the same floor. The plans also called for each perpendicular wing to contain a stairway with an exit to the grounds. [Figure 18, Appendix A] Moral treatment required that all patients have access to the healthful environment surrounding the asylum for work, exercise, or contemplative activities.⁵⁷ According to the 1860 St. Elizabeths Ground Plan, the stairwells servicing the wards closest to the central administrative building, exited the building onto the grounds via the north-facing, more public main-entrance of the hospital. The stairwells servicing the more distant, excitable or refractory wards exited the building via the southern-facing, more private side of the hospital, or the furthest aspects of the hospital building.

In addition to many pleasing and practical features that the perpendicular wings provided to the internal organization of the hospital, they also helped to create multiple landscaped, partially enclosed courtyards near each hospital exit. According to the ground plan, on the north-facing entrance of the building, the receding wings created three protected and relatively private areas for undisturbed patient activity on the grounds. When patients and their supervising attendants occupied the partially enclosed areas closest to the hospital, the exterior walls of the wings prevented the observation of patients and attendants in the adjacent areas. Landscaping further enhanced privacy. The planting of shrubs and trees surrounding the semi-courtyard area

created by the receding wings also helped to define the protected space closest to the hospital stairwell exits. These outdoor ‘rooms’ on the northern face of the building were not entirely private, and would have been visible from the carriage-way that approached the main entrance of the administration building. This visibility to visitors may further explain the placement of the stairwell exits servicing the more central wings containing the ‘better class’ of patients on this more public side of the hospital.

The stairwells servicing the wards of the more refractory, excitable patients exited St. Elizabeths to the south-facing, more private entrance of the administrative building. The deeper “V” created by the exterior walls of the hospital created a larger area protected from view on the southern side of the building. The hospital itself enclosed three sides of the southern facing grounds closest to the building, in addition to the smaller courtyards created by the receding wings. This configuration was likely beneficial in the management of the more active patients and those requiring closer supervision. For that class of patients, exiting the building on the southern side also protected them from the curious gazes of the public, as that side of the building faced the pleasure grounds and the service areas of the hospital complex.

The therapeutic grounds of St. Elizabeths and the influence of Andrew Jackson Downing

Although Nichols is largely credited with the design of the grounds of St. Elizabeths, multiple sources note the similarity between Nichols’ design and the work of American landscape gardener Andrew Jackson Downing.⁵⁸ While the prominence of Downing’s work at the time likely influenced many landscape designs, it is also possible that Downing’s influence on the grounds of St. Elizabeths was more direct.

In 1842, Downing designed the grounds at the State Lunatic Asylum in Utica, New York, where Nichols worked as a medical assistant from 1847 to 1849.⁵⁹ In 1848, Downing completed plans for the grounds of the New Jersey State Lunatic Asylum in Trenton, New Jersey. This was the first hospital built according to Kirkbride's recommendations. It also used public funding obtained by the legislative advocacy of Dorothea Dix. Downing's landscape plans for the Trenton asylum depict curving drives, undulating lawns, and plantings of trees similar to those depicted on Walter's and Nichols' early plans for St. Elizabeths.⁶⁰ Moreover, Downing had designed the public grounds between the U.S. Capitol and the White House [Figure 7, Appendix A], which President Fillmore approved only months before Walter was appointed to design the U.S. Capitol building expansion in 1851. It is most likely Walter and Downing were acquainted with one another by their association with the President and their shared federal projects.⁶¹ In addition, the geographic proximity of the hospital and the U.S. Capitol [Figures 5 & 6, Appendix A] suggests that the presence of Downing's signature winding paths, tree lined roads, and picturesque views on the grounds surrounding St. Elizabeths did not occur by coincidence alone.

If they were not personally acquainted, Walter and Downing shared many philosophical ideals. Downing's book, *Treatise on the Theory and Practice of Landscape Gardening*, was published in 1841, the year that Walter first started providing public lectures on the topic of architecture in Philadelphia. Walter kept a copy of Downing's *Treatise* in his library throughout his life.⁶² Downing designed his own home in the romantic, "pointed Gothic" style of residential architecture as recommended by Walter and British landscape designer John Claudius Loudon.⁶³

Dix was also aware of Downing and his work as a horticulturalist and landscape architect. Dix was certainly aware of Downing's design for the grounds of the New Jersey Asylum in Trenton. In a letter to Fillmore dated April 5, 1852, Dix commented at length on the

design of the grounds surrounding the Executive Mansion that had been prepared by Downing, the Superintendent of Public Grounds. In this letter, Dix referenced her own background experience in natural history, likely gained as an honorary member of the Massachusetts Horticultural Society. Dix also expressed her concern for the sanitation of Downing's design which included a pond fed by the waters of the Potomac and Anacostia Rivers.⁶⁴

Acknowledging, that while Downing's pond provided "variety to the landscape," she also indicated her concern that the pond would also provide a "receptacle for certain organisms which do multiply in stagnant waters [...] generating miasmatic airs which act as subtle poisons on the brain."⁶⁵

Whether his influence was direct or indirect, designing a landscape to create therapeutic grounds for St. Elizabeths Hospital was consistent with the philosophy of Downing. During the 19th century, the absence of nature in cities was felt to contribute to "poor health, poor morals and insanity,"⁶⁶ and Downing wrote extensively about the benefits of the rural lifestyle. In 1848 Downing wrote, "Many a fine intellect, overtasked and wrecked in the too ardent pursuit of power or wealth, is fondly courted back to reason, and more quiet joys, by the dusky, cool walks of the asylum, where peace and rural beauty do not refuse to dwell."⁶⁷

Downing did not think that the use of nature as a calming, restorative therapy should be reserved for the asylum grounds, and he lamented the lack of American public parks as compared to Europe. In 1848 Downing noted: "It is somewhat curious, but not less true, that no county-seats, no parks or pleasure grounds, in America, are laid out with more care, adorned with more taste, filled with more lovely flowers, shrubs and trees, than our principle cemeteries and asylums."⁶⁸ In this statement, Downing recognized the influence of the American Rural Cemeteries, such as Mount Auburn in Boston, and of the American Asylums of the nineteenth

century, of which St. Elizabeths was to be the model institution, on the growing American Park movement. Historical analysis of the grounds of St. Elizabeths revealed a cultural intersection for architects, landscape gardeners, physicians, and reformers who believed that the ordered environment and naturalistic landscapes would provide the cure for mental illness and an antidote to the stresses of the increasingly industrialized urban life.

The grounds of St. Elizabeths

Even if Dix, Nichols, and Walter never acknowledged any direct influence of Downing on the grounds of St. Elizabeths, the layout of the grounds of the hospital bear many landscape features that Downing described in his book, the *Treatise on the Theory and Practice of Landscape Gardening*. Downing described two distinct variations of modern landscape gardening: the beautiful and the picturesque.

The *beautiful* was characterized by simple flowing forms: such as a grass covered undulating plane, forest canopy in the distance with clumps of specimen trees in the foreground. The beautiful landscape should include ample sky, and calm waters with a curved shoreline. Downing's description of the beautiful is a landscape composed of natural beauty, and "simple, easy, flowing lines."⁶⁹

The *picturesque* was characterized by a rugged, and adventurous landscape. It included many of the same elements of nature as the beautiful landscape, however the asymmetrical composition was different. In the picturesque landscape the sky was visible by looking beyond a rocky bank, through the branches and leaves of irregular and rough trees or vines. It emphasizes

rough textures and contrasts of dark and light. If water was incorporated in the picturesque scene, it was lively and added the sounds of movement through the landscape.⁷⁰

The Beautiful, in landscape designs and art, “obey[ed] the laws of perfect existence easily, freely, harmoniously, and without the display of power.”⁷¹ The Picturesque’s “irregular and broken lines, [are expressions] of violence, abrupt action, and partial disobedience, a struggling of idea.”⁷² In *A Treatise*, Downing described the two expressions of landscape gardening as representing the struggle of opposing forces in the natural world. It is easy to see how Downing’s language of struggle and calm, disobedience and harmony appealed to the Superintendents when considering the ideal grounds for the asylum.

Downing extolled the effects of the rural landscape as a counter to the stresses of the urban, industrialized lifestyle. This language was also evident in *On the Construction* when Kirkbride recommended that hospitals for the insane should be “located in the country, not within two miles of a town.”⁷³ Kirkbride wrote that “the surrounding scenery should be of a varied and attractive kind,”⁷⁴ while Downing also emphasized the importance of the principles of variety, and harmony in landscape design.⁷⁵

Since Kirkbride repeated the importance of outdoor activity for patients throughout *On the Construction*, it is easy to see how Nichols would incorporate both the Beautiful and the Picturesque in the grounds of St. Elizabeths. The two forms of landscape would be beneficial for different classes of patients, and at different stages of recovery. Perhaps it was Nichols’ recollection of Downing’s design of the grounds at the State Lunatic Asylum in Utica that provided the foundation of his ground plan for St. Elizabeths.

The grounds of St. Elizabeths were not finished in 1859. The grounds Nichols described to Dix included the brickyards in front of the main building, unfinished pleasure-grounds, and an incomplete main building.⁷⁶ When examining the 1860 ground plan of St. Elizabeths for examples of the Beautiful and the Picturesque it is important to recognize that the Nichols rendition of the ground plan was likely aspirational.

From the 1860 ground plan and topographical map of the grounds [Figures 22 & 23, Appendix A] one is able to identify examples of both the Beautiful and the Picturesque. The grounds closest to the hospital on all sides clearly exhibit the features of the Beautiful landscape. This placement would have been consistent with Downing's recommendation to pair the Beautiful with symmetrical harmonious buildings.⁷⁷ The building is surrounded by graceful curvilinear paths bordered by manicured trees and shrubs. [Figure 22, Appendix A] The paths on both the northern and southern grounds of the hospital are not symmetrical, presuming the contours of the existing land was followed. The level area of the tableau surrounding the hospital was turf with clumps of vegetation. This openness of the tableau would have allowed for expansive views of the city and sky spanning almost the entire north-face of the hospital. [Figure 1, Appendix A] Observation of the rivers would have been from afar, the movement lazy and the sound of activity muffled by distance.

At St. Elizabeths, a road connected the main hospital complex on the bluff to the wharf on the Anacostia River. This road was more direct and less undulating, however it followed the contour of the natural descent from the tableau to the river. From the 1860 topographical map, an area to the east of the road was cleared, with the exception of occasional trees, until arriving at farm plots at the riverside. Those farm plots are also depicted to the west of the road and an orchard occupies fairly level land on the hill side.

The 1860 topographical map of St. Elizabeths also indicated elements of the Picturesque landscape as described by Downing. There was a steep elevation change to the northwest and west of the hospital and immediate grounds and pleasure-grounds, extending to the southern side of the hospital and pleasure-grounds. According to the map, the steep ravine was created by a natural creek extending from the southeastern aspect of the pleasure-grounds. All indications suggest that the creek was spring fed and emptied into the Anacostia River. The map depicts these steep ravines, accessible by paths, as densely tree covered and a clear example of the Picturesque landscape. The view of the sky from this area would have been fragmented and the sounds of the creek would have been audible. While the 1860 map does not show walking paths through this rugged area, there are photographs that show paths and suggest patient circulation through these areas. [Figures 24 & 25, Appendix A] The ascent and descent of the paths in those areas would have provided patients with healthy exercise, an essential element to moral treatment and an additional benefit derived from patient access to the pleasure-grounds.

A grounds map from the 1873 Annual Report for the Government Hospital for the Insane [Figure 26, Appendix A] reveals the same areas of the Beautiful and the Picturesque landscapes surrounding the hospital. That map does show a path or road through the steep river bank on the western grounds between the pleasure-grounds and the Anacostia River. Both the 1860 ground map and the 1873 map show an orchard, and food gardens. Able-bodied patients worked in the gardens as therapy, and to help the hospital produce the fruits and vegetables needed for patient and staff consumption.

The wall surrounding the hospital

Nichols' 1860 ground plan of the hospital shows a wall surrounding the main grounds of the hospital. According to Kirkbride and the Superintendents, "It is desirable that the pleasure-grounds and gardens should be securely enclosed, to protect the patients from the gaze and impertinent curiosity of visitors, and from the excitement occasioned by their presence in the grounds."⁷⁸ Kirkbride's statement emphasizes the distinction of the importance of the ordered environment as treatment rather than containment; the wall protected the patients from the world outside of the asylum, rather than protecting the community from the insane.

Kirkbride wrote: "A hospital for the insane should have a cheerful and comfortable appearance, everything repulsive and prison-like should be carefully avoided, and even the means of effecting the proper degree of security should be masked, as far as possible, by arrangements of a pleasant and attractive nature."⁷⁹ Nichols' design for the wall met Kirkbride's recommendation for masking elements of the hospital and grounds suggestive of security and confinement. Despite being made of brick, and nine feet tall, Nichols insisted that the placement of the wall should not be visible from the building. Nichols' and Walter's placement of the central building on the plateau overlooking the rivers ensured that this was easily accomplished. The wall was placed on sloping grounds ensuring that it was not "unpleasantly visible from the building,' nor interrupt the view of the surrounding country."⁸⁰ Nichols' design of the wall at St. Elizabeths was similar to Downing's 1848 design for the grounds of the New Jersey State Lunatic Asylum. The curvilinear paths and undulating grounds of Trenton "created the visual impression of boundlessness to counteract the confinement of institutionalization."⁸¹

Andrew Jackson Downing's untimely and unexpected death in 1852 meant that he never saw the completed Washington D.C. public grounds as he designed them, nor the grounds of St.

Elizabets. Downing's business partner Calvert Vaux, would later partner with Frederick Law Olmsted, Sr. In 1858 Olmsted and Vaux won the design competition for the design of Central Park in New York City, marking the beginning of the American Park Movement.⁸² The therapeutic effects of the carefully designed landscape and environment of the asylum would soon be available to the community, as a retreat from urban stressors, in the form of the public park.

The American Civil War at St. Elizabeths and its impact on the hospital and grounds

The hospital's picturesque structure and grounds could not isolate it from the gruesome reality of the American Civil War, 1861 – 1865. The course of the war forever changed the hospital and its grounds. From January 1855, when the first patients were admitted to the Government Hospital for the Insane until December 20, 1860, when South Carolina became the first southern state to secede from the United States, the hospital had treated approximately 400 patients. The patients had been members of the U.S. military, indigent civilians of the district, and paying patients from the surrounding region. The patients had been men and women, mostly white; however there was a lodge adjacent to the central building for the treatment of 'colored' patients. Most had been discharged as 'cured,' and careful records were kept documenting any deaths, physical illness, and difficult cases.⁸³

Then, in April 1861, after the first shots of the military conflict were fired at Fort Sumter South Carolina, St. Elizabeths had to accommodate the needs of a nation now at war. At the urging of Dix, Nichols allowed the government to use parts of the Government Hospital for the Insane to care for the ill and injured Union soldiers of the Army and Navy. The unfinished east

wing of the central building was converted to the St. Elizabeth Army General Hospital, and the “colored” [sic] lodge for males was converted to a general and quarantine hospital for the Potomac and Chesapeake fleets of the Navy.⁸⁴ Nichols had general oversight over all three hospitals and grounds; however, they were three distinct organizations. While the Army General Hospital and the mental hospital shared the same roof, if a patient in the general hospital was found to be insane, he was formally discharged and subsequently admitted to the Government Hospital for the Insane.

St. Elizabeths was in the ideal location for a field hospital. Many early Civil War battles took place in the Mid-Atlantic area making Washington D.C. a central location for Army and Navy field hospitals. When the army general hospital in the east wing of St. Elizabeths became overcrowded, tents were erected on the grounds to house convalescing soldiers.⁸⁵

Overcrowding at St. Elizabeths after the War

Following the war, St. Elizabeths returned to its original mission: a place for the care of the veterans and citizens of Washington D.C. with mental illness. During those years, the patient census at St Elizabeths always exceeded Kirkbride’s recommendations for accommodating up to 250 patients.⁸⁶ The mental health problems of the soldiers following the war is often noted as the cause of the constant increase in number of patients throughout the remainder of Nichols’ tenure as Superintendent.⁸⁷

In the 1865 *Annual Report to the Department of the Interior*, the first year following the war and the closure of the Army General Hospital, Nichols listed 261 current patients admitted to the hospital. This was the first year that all of the wards in the initial hospital plan were

completed and open, and a full hospital necessitated more staff to assist the Superintendent in providing safe care. Clearly recognizing the demands on living space for staff in the center administrative building, Nichols recommended the addition of cottages on the hospital grounds for staff with families.⁸⁸

Year after year the number of patients treated at St. Elizabeths increased. In the 1869 *Annual Report*, Nichols listed 329 patients; 227 males and 102 females. In that *Report* Nichols submitted an estimate for an extension of the main hospital to accommodate 100 patients and 20 employees, and included the plan for this extension. [Figure 27, Appendix A] The addition was the first alteration in the symmetrical footprint of the original improved linear plan of the hospital, in recognition of the practical housing needs for a hospital committed to the care of soldiers and sailors. The addition was a separate building, in close proximity to the western-most perpendicular service hallway in the male wing. The addition contained patient rooms, a day room, and attendant rooms. Stairwells of the addition exited onto the southern grounds of the hospital, towards the central administrative section. From the center of the southern grounds, the addition would have obscured the view of the male refractory wing of the hospital, and subsequently created a more isolated area of the grounds for those patients.⁸⁹

In 1870, the number of patients admitted to St. Elizabeths was 369, and in 1871, the number of patients admitted was 454. In the 1871 *Annual Report* Nichols noted that the hospital extension was completed, and “at once became necessary to test the maximum capacity of the new building.” While intended to accommodate 100 patients, Nichols found that the three wards of the extension could provide “comfortable and healthful accommodations for 129 patients of the quiet, chronic class.”⁹⁰

In Nichols' last *Annual Report for the Government Hospital for the Insane*, presented to the Department of the Interior in 1877, he noted the admission of 765 patients in the existing structures designed to accommodate 563. Nichols went on to describe the effects of the hospital overcrowding: "The excessive overcrowding of the institution gives rise to much preventable irritability, turbulence, and discomfort of the patients, and greatly increases the liability to outbreaks of serious violence and endemic disease."⁹¹ In this report, Nichols recommended the addition of a separate building to house female patients of St. Elizabeths; noting that arrangement was already implemented at asylums in Philadelphia, New York, and the State of Michigan.⁹²

After over 20 years of commitment to the Kirkbride plan for hospital construction and arrangement, the sheer numbers of insane patients forced the superintendents to reconsider other options for the provision of moral treatment within the ordered environment of the hospital. As a military hospital, the overcrowding at St. Elizabeths after the Civil War was attributed to increased psychiatric needs of the veterans. Other asylums built in America in the late nineteenth century had wards for veterans, but it was also socially acceptable to seek treatment for mental illness. In part, asylum overcrowding was a result of the superintendents' success in convincing society that a cure for mental illness was possible. The superintendents were also forced to acknowledge a population of patients for which there would be no cure. In the post-war decades, the superintendents had to ensure an ordered asylum environment providing treatment to those patients hoping for a cure, while also recognizing the needs of an ever-increasing chronic patient population. Superintendents had to identify a plan to provide moral treatment to both populations within the existing asylums. This need ultimately led to more separation and segregation of those patient groups. Cottages and separate buildings on the

grounds of those cathedral-like asylums appeared to provide the solution to provide the same moral treatment with ample interaction with nature, in more manageable structures.⁹³

The Cottage Plan at St. Elizabeths

In 1879, the Board of Visitors embraced a new idea for St. Elizabeths: the Cottage Plan. This coincided with Nichols' retirement and the appointment of William Whitney Godding MD as the new Superintendent of the Government Hospital that year. While continuing to focus on the importance of the grounds and farm in the provision of moral treatment and the required maintenance of the original hospital building, Godding requested a greenhouse to supply plants "needed for the embellishments of the gardens and grounds [...] and to provide a winter garden for the recreation of our inmates [...] when the lawns are no longer bright."⁹⁴ Beyond the maintenance of the existing structure, in the 1879 *Annual Report*, Godding described at length the construction of the new Relief Buildings on the grounds of St. Elizabeths.

While Godding is largely credited with incorporating the Cottage Plan of asylum arrangement at St. Elizabeths, it was actually Nichols who introduced the first cottages to the grounds of the facility. The lodges for the "colored" [sic] insane were represented in the very early plans for the hospital. In *On the Construction* Kirkbride did not include any recommendations for segregation of patients by race or social class; although he was very detailed regarding segregation by gender and characteristics of the patients' mental illness. In a letter that Nichols wrote to Dorothea Dix on January 1, 1853 he described a conversation with Dr. Francis Stribling. Stribling was the Superintendent of the Western State Asylum in Staunton Virginia and had offered Nichols advice in the design plans for the new model institution.

Nichols wrote: “He would by no means associate white and colored [sic] insane [...] I think his views on these subjects entitled to particular respect.”⁹⁵ While other asylums of the time did house white and black patients under the same roof, often the black patients had their own ward in the basement. This arrangement was in direct contradiction of Kirkbride’s plan which prohibited patient apartments “that are not entirely above ground.”⁹⁶

Nichols struggled with this issue during a time when the issues of race and slavery were a part of intense and emotional debate in the nation’s capital. While the Government Hospital admitted both white and black patients when it opened in 1855, Nichols acknowledged the regional ideas about racial segregation when he heeded the advice from Stribling. As in all innovative ideas that Nichols incorporated in the new Government Hospital, he felt that the introduction of “Colored Lodges” [sic] was a model solution to address the controversy. The 1860 ground plan [Figure 19, Appendix A] shows the two lodges for male and female “colored patients” [sic] situated to the south of the most distant wings of the hospital. The structures were symmetrical, and situated so that the natural features of the grounds could be enjoyed by the patients. The lodge edifices were not collegiate Gothic as the main building; rather, the style of the buildings was Italianate, a common architectural style for residential buildings at the time. Nineteenth century photos of the “West Lodge for Colored [sic] Males” [Figure 28, Appendix A] reveal a brick building that is painted, with the same windows, wrought iron window hoods, and window screens as of the windows of the main hospital building. The inclusion of those architectural features did provide harmony and consistency to the appearance of the lodges in the shadow of the massive Kirkbride building.

Despite the overwhelming support of the Superintendents for the Kirkbride plan, other physicians and reformers in the latter-half of the nineteenth century expressed concern about

overcrowding in asylums, which degraded the intended therapeutic atmosphere. Dix must have been curious about the Cottage Plan for asylums, particularly after spending so much time in Washington D.C. during the Civil War and anticipating the needs of the veterans following the war. A package of hand written and undated documents contains a document titled *Advantages of Cottage treatment for incurables and convalescents*. While the document is undated, it does reference the year 1865, so it may have been presented to Dix as the post-war overcrowding was becoming unavoidable at St. Elizabeths. Of the cottage plan the letter states: “It emancipates from the stern rule of confinement, without the concession of perfect liberty from the atmosphere of the Asylum. [...] It affords to a large extent the comfort of a home, but within the moral influence of medical authority.”⁹⁷

According to historian Carla Yanni, even Fredrick Law Olmsted, the revered landscape architect and ‘father’ of the American Parks Movement, readily incorporated the cottage plan into the therapeutic landscapes that he and his firm designed for asylums following the war. Olmsted was familiar with the structure and grounds of St. Elizabeths. As the secretary of the U.S Sanitary Commission during the American Civil War, Olmsted inspected St. Elizabeths Hospital in 1861 and approved of the arrangements of the care of soldiers.⁹⁸ While Olmsted must have recognized the elements of the grounds of the hospital that resembled his own landscape designs, he clearly had differing opinions about the value of the Kirkbride plan for the building. Yanni references a letter between doctor John Butler, from the Hartford Retreat for the Insane, and Olmsted recalling their efforts to “kill out the Lunatic Asylum and develop the Home!”⁹⁹

Indeed, Godding’s embrace of the cottage plan at St. Elizabeths did not eliminate the naturalistic elements of moral treatment. The cottages at St. Elizabeths continued to include the

architectural features that enhanced patient access to natural light, plants, and access to the pleasure grounds and the farm. In addition to the ample natural light in the patient apartments and common areas of the cottages, many were built with airing porches to allow for the feeble to more easily move into a space out of doors. [Figures 29 &30, Appendix A]

Godding continued to incorporate the grounds and farm in the treatment of the patients at St. Elizabeths. In 1886 he wrote: “Life in the open air has been the rule [...] Rides, walks and sun baths are prominent modes of treatment at St. Elizabeths.”¹⁰⁰ In Godding’s 1887 *Annual Report* to the Department of the Interior he wrote that the farm provided “ample ground for the outdoor exercise and healthful occupation of the inmates. In our climate, life in the open air is possible during the greater portion of the year, and with something in the way of employment or diversion to turn their attention away from their morbid fancies, the insane lose much of the restlessness and outbursts of excitement that so often characterize their actions when more closely confined.”¹⁰¹

By 1887, Godding reported that St. Elizabeths had accommodations for 1200 patients, doubling the capacity that in Nichols’ last annual report in 1877. The cottage expansion also allowed for the inclusion of “a male and female department of the sick and infirm, with a continuous day and night service of nurses for each.”¹⁰² Despite the rapid expansion and constant construction on the grounds, year after year in his annual reports, Godding requested funding for the improvements and maintenance of the grounds, greenhouses, and farm.¹⁰³ Clearly a majority of the patients at St. Elizabeths were no longer cared for in the original Kirkbride structure; however, the treatment provided continued to adhere to the primary principles of moral treatment. Even with the cottage plan, St. Elizabeths was an ordered environment, enriched with

exposure to nature, with the care provided to the patients carefully managed by Superintendent Godding and the other physicians at the hospital.

Indeed, it was Godding's 1897 speech that demonstrated his connection to the hospital, and a reverence for the space. Godding's description of St. Elizabeths' grounds resembled Downing's description of the Beautiful when he stated: "its broad lawns are restful to the eye [...] the windows open to the country that God made and His sky."¹⁰⁴ Godding similarly described the Picturesque landscape when he stated that the "shaded ravines are full of sweet surprises." While the original building design plan bears the name of Kirkbride, Godding described the hospital as "builded [sic] better than they knew."¹⁰⁵ In this speech, Godding went on to describe one patient's connection to the hospital and superintendent as a place providing refuge and solace. After successful treatment at St. Elizabeths, the patient occasionally returns to the hospital "as to a home. [...] He comes to me for counsel and comfort."¹⁰⁶ Of the patients treated at St. Elizabeths and their experiences, Godding stated: "Let them feel that St. Elizabeths still holds out to them, whether in their renewed strength or in their need, the sheltering arms of a home. And to those who have walked in it I think there are some 'ways of pleasantness,' some 'paths of peace.'"¹⁰⁷

Even with the passage of time and changing landscape of St. Elizabeths, Godding described a place that retained the visions of Dix and Nichols. Both embraced Pinel's principles of moral treatment for the insane, and the precise recommendations of Kirkbride and his fellow superintendents for asylums providing that treatment. It was Dix's and Nichols' selection of the site for the hospital that ensured that nature was always an essential element of the treatment of the patients at St. Elizabeths. Even as the architecture and arrangement of the hospital changed from the Kirkbride Plan to the Cottage Plan, the maintenance and continued development of the

therapeutic grounds was constant. The natural features of the site that Dix and Nichols identified as mentally calming and restorative in 1852, such as commanding views, and varied topography, are still evident at what remains of the hospital grounds surrounding the Kirkbride structure. Even as psychiatric care changed throughout the nineteenth and twentieth century, nature was an essential element of the treatment of patients at St. Elizabeths.

¹ John D. Thompson and Grace Goldin. *The hospital: A social and architectural history*. (New Haven: Yale University Press, 1976).

² Guenter B. Risse. *Mending Bodies, Saving Souls: A History of Hospitals*. (New York: Oxford University Press, 1999).

³ Thompson and Goldin, *The hospital: A social and architectural history*; and Risse, *Mending Bodies, Saving Souls*.

⁴ Thompson and Goldin, *The hospital: A social and architectural history*.

⁵ Thompson and Goldin, *The hospital: A social and architectural history*; and Risse, *Mending Bodies, Saving Souls*.

⁶ Anne L. Austin, *History of Nursing Source Book*, 90; cited in Thompson and Goldin, *The hospital: A social and architectural history*, 6.

⁷ Thomas S. Kirkbride. *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*. (Philadelphia, 1854), 7.

⁸ Phillipe Pinel. *A Treatise on Insanity, in which are contained the Principles of a New and more Practical Nosology of Maniacal Disorders than has yet been offered to the Public*. (Sheffield: W. Todd, 1806), 214.

⁹ Kirkbride, *On the Construction*, 11.

¹⁰ Ibid., 12.

¹¹ William C. Allen. *A History of the United States Capitol: A chronicle of design, construction, and politics*. (Washington: U.S. Government Printing Office, 2001).

¹² Kirkbride. *On the Construction*, 11.

¹³ Thomas U. Walter 1852 Diary; quoted in Millikan, “Wards of the Nation: The making of St. Elizabeths Hospital, 1852-1920”, unpublished dissertation, The George Washington University, 1990, 24.

¹⁴ Nichols to DLD, Dec. 19, 1852, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

¹⁵ Count de Soissons. *The Aesthetic Purpose of Byzantine Architecture and other Essays*. (London: Murray and Evenden, Ltd., 1814).

¹⁶ Pamela Simpson, “The Gothic Revival in the Antebellum South: A.J. Davis at VMI,” *Southeast College Art Conference Review* 12, no. 1 (1991): 15-20, 16.

¹⁷ *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; quoted in Thomas Otto, “*St. Elizabeths Hospital: A History*”, (Washington, DC: United States General Services Administration, National Capital Region, May, 2013).

¹⁸ Thomas U. Walter. *Lectures on Architecture, 1841-1853*. Edited by Jhennifer Amundson. (Philadelphia: The Athenæum, 2006), 192. In Walter’s *Lectures on Architecture, 1841-1853* he notes: “the practice of no nation is now exclusively confined to any particular style.”

¹⁹ Jhennifer Amundson referenced the *Anniversary Oration, Pronounced before the Society of Artists of the United States* (Philadelphia: 1811), 17 in the Introduction of *Thomas U. Walter. Lectures on Architecture, 1841-1853*, 15.

²⁰ Pamela Scott and Antoinette Lee. “The Mall” in *Buildings of the District of Columbia*. (New York: Oxford University Press, 1993).

²¹ The Athenæum of Philadelphia, 2008. “Thomas Ustick Walter: Historic Architect for a Modern World.” Retrieved from: <http://www.philaathenaeum.org/tuw/>

²² Simpson, “A.J. Davis at VMI,” 17

²³ *Ibid.*, 17-18

²⁴ *Ibid.*, 18

²⁵ Walter, *Lectures on Architecture*, 192. Massy is a period term meaning massive, bulky.

²⁶ The Athenæum of Philadelphia, 2008. “Thomas Ustick Walter: Historic Architect for a Modern World.” Retrieved from: <http://www.philaathenaeum.org/tuw/>

²⁷ Walter, *Lectures on Architecture*, 193.

²⁸ *Ibid.*, 205.

²⁹ Kirkbride. *On the Construction*, 12.

³⁰ Thomas U. Walter. Letter to Charles Nichols. March 5, 1858. National Archive and Records Administration-DC. Record Group 418, Entry 24, Box 1.

³¹ Kirkbride. *On the Construction*, 14. Kirkbride wrote: hospitals “should be constructed of stone or brick, as may be found most convenient and economical.”

³² Wiss, Janney, Elster Associates, Inc., “St. Elizabeths Hospital, Center Building (Buildings 1 and 2), Historic American Buildings Survey,” HABS no. DC – 349 – W (2009); and personal observation September 19, 2015 and June 20 2015, site tour: DC Preservation League, Nancy Witherell, General Services Administration Historian.

³³ Nichols to DLD, August 15, 1853, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

³⁴ Nichols to DLD, July 24, 1853, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

³⁵ Nichols to DLD, July 24, 1853, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

³⁶ Charles Nichols. 1860 Annual Report, *Message from the President of the United States to the two houses of Congress: at the commencement of the second session of the thirty-sixth Congress*, December 4, 1860 (Washington: G. W. Bowman, printer, 1860), 137.

³⁷ Kirkbride. *On the Construction*, 12.

³⁸ Wiss, Janney, Elster Associates, Inc., “St. Elizabeths Hospital, Center Building (Buildings 1 and 2), Historic American Buildings Survey,” HABS no. DC – 349 – W (2009); and personal observation September 19, 2015 and June 20 2015, site tour: DC Preservation League, Nancy Witherell, General Services Administration Historian.

³⁹ Walter, *Lectures on Architecture, 1841-1853*, 193.

⁴⁰ Carla Yanni. *The Architecture of Madness: Insane Asylums in the United States*, (Minneapolis: University of Minnesota Press, 2007); and Carla Yanni. “The Linear Plan for Insane Asylums in the United States.” *The Journal of Architectural Historians*, vol. 62, no.1 (March 2003), 24-49.

⁴¹ Kirkbride, *On the Construction*.

⁴² *Ibid.*, 13.

⁴³ Nichols letter to DLD, Dec. 8, 1852, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁴⁴ Personal observations from November 2, 2016 visit to the Trans-Alleghany Lunatic Asylum in Weston, WV. Built in 1858-1881, the hospital utilized the improved linear plan with receding wings accomplished by perpendicular hallways. The main building of the asylum is open for tours, and while the wards are not furnished I was able to examine each ward and experience the circulation between wards.

⁴⁵ Kirkbride, *On the Construction*, 59-60.

⁴⁶ Walter. *Lectures on Architecture*, 212.

⁴⁷ Yanni. “The Linear Plan,” 24-49.

⁴⁸ Kirkbride, *On the Construction*, 58.

⁴⁹ *Ibid.*, 17.

⁵⁰ *Ibid.*, 58.

⁵¹ Nichols, Charles H, John M Coyle, Thomas Ustick Walter, and United States Congress. Senate. [*Maps of Saint Elizabeths Hospital, Washington D.C.*]. [Washington: U.S. Senate, ?, 1860] Map. Retrieved from the Library of Congress, <https://www.loc.gov/item/88693084/>. (Accessed October 08, 2017.)

⁵² Kirkbride, *On the Construction*, 13.

⁵³ Nichols, Charles. October 5, 1853, untitled document (item 976), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁵⁴ Various hands, Notes concerning insane asylums, (item 970), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁵⁵ Kirkbride, *On the Construction*, 14.

⁵⁶ *Ibid.*, 36.

⁵⁷ *Ibid.*, 7.

⁵⁸ Frances Margaret McMillen, “Ministering to a Mind Diseased: Landscape, Architecture and Moral Treatment at St. Elizabeths Hospital, 1852-1905,” unpublished thesis, the University of Virginia, 2008; Heritage Landscapes. Historic American Landscape Survey: St. Elizabeths West Campus, 2004.

⁵⁹ McMillen, *Ministering to a Mind*.

⁶⁰ Heritage Landscapes. *Cultural Landscape Report, the Richard Olmsted Complex Buffalo, NY*. October, 2008.

⁶¹ McMillen, *Ministering to a Mind*.

⁶² Jhennifer Amundson in the Introduction of *Thomas U. Walter. Lectures on Architecture, 1841-1853*, 26.

⁶³ Elizabeth Barlow Rogers. *Landscape design: a cultural and architectural history*. (New York: Harry N Abrams Incorporated, 2001), 327.

⁶⁴ DLD to Millard Fillmore in Snyder, Charles M. 1975. *The Lady and the President: The Letters of Dorothea Dix and Millard Fillmore*. Lexington: The University Press of Kentucky, 128-131.

⁶⁵ Snyder, *Lady and the President*, 129.

⁶⁶ David Schuyler, "Toward a Redefinition of Urban Form and Culture," *The New Urban Landscape: The Redefinition of City Form in 19th Century America*, (Baltimore, 1986), 24-36, 28.

⁶⁷ Andrew Jackson Downing, "A Chapter on School Houses," *Horticulturist* 2 (March 1848). Quoted from: Yanni, Carla. "The Linear Plan," 34.

⁶⁸ Downing quote in Heidi Johnson. *Angels in the Architecture*. (Detroit: Wayne State University Press, 2004), 12; citing Kenneth Hawkins, "The Therapeutic Landscape: Nature, Architecture, and Mind in Nineteenth Century America," PhD Dissertation, University of Rochester, 1991.

⁶⁹ Andrew Jackson Downing. *A Treatise on the Theory and Practice of Landscape Gardening*. (Washington D.C.: Dumbarton Oaks Research Library Collection, 1991). Originally published in 1850 as the 4th edition, 63-64.

⁷⁰ Downing, *A Treatise*, 64.

⁷¹ *Ibid.*, 69.

⁷² *Ibid.*, 69.

⁷³ Kirkbride. *On the Construction*, 7.

⁷⁴ Ibid., 7.

⁷⁵ Downing, *A Treatise*, 81-82.

⁷⁶ Nichols letter to DLD, Feb. 21, 1859, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁷⁷ Downing, *A Treatise*, 74.

⁷⁸ Kirkbride, *On the Construction*, 9.

⁷⁹ Ibid., 11.

⁸⁰ Senate Executive doc. 11 (32-2), serial 600, 7; quoted from: McMillen, "Ministering to a Mind," 27.

⁸¹ David Schuyler. *Apostle of Taste: Andrew Jackson Downing 1815-1852*, (Baltimore: Johns Hopkins University Press, 1996), 80; quoted from Heritage Landscapes. *Cultural Landscape Report, the Richard Olmsted Complex Buffalo, NY*. October, 2008, 13.

⁸² Breveridge, <http://www.olmsted.org>

⁸³ Patient Register for the Government Hospital for the Insane, NARA-DC, RG 418, E 64.

⁸⁴ Otto, "St. Elizabeths: A History,"; and Millikan "Wards of the Nation"; and NARA-DC RG 418

⁸⁵ Otto, "St. Elizabeths: A History," 32; and "Records of the Board of Visitors", NARA, RG 418, Entry 1, Box 1; and Millikan, "Wards of the Nation."

⁸⁶ Kirkbride, *On the Construction*, 14; Otto, "St. Elizabeths: A History."

⁸⁷ Charles Nichols in the *Report of the Superintendent of the Government Hospital for the Insane*. The Department of the Interior, the Government Printing Office, October 1, 1855, 5. The pattern of overcrowding at St. Elizabeths was established in the first year of operation. In the *Annual Report of the Superintendent*, dated October 1 1855, Nichols wrote: "The main

hospital edifice, as now finished, was originally designed to accommodate ninety patients as a maximum; but under the pressure of an alternative so distressing as that of consigning inculpable lunatics to a jail or house of correction, I think we should not close our doors until the number reaches one hundred.”

⁸⁸ Charles Nichols in the *Eleventh Annual Report of the Board of Visitors and the Fourteenth Annual Report of the Board of Construction, of the Government Hospital for the Insane, for the year 1865-1866*. The Department of the Interior, the Government Printing Office.

⁸⁹ Charles Nichols in the *Fourteenth Annual Report of the Board of Visitors of the Government Hospital for the Insane, for the year 1869*. Washington D.C.: The Government Printing Office.

⁹⁰ Charles Nichols in the *Sixteenth Annual Report of the Board of Visitors of the Government Hospital for the Insane, for the year 1871*. Washington D.C.: The Government Printing Office, 11; and Charles Nichols in the *Fifteenth Annual Report of the Board of Visitors of the Government Hospital for the Insane, for the year 1870*. Washington D.C.: The Government Printing Office.

⁹¹ Charles Nichols in the *Annual Report of the Operations of the Government Hospital for the Insane for the Fiscal Year ending June 30, 1877, being the twenty-second Annual Report of the Board of Visitors*, (Washington: Government Printing Office), 17.

⁹² Nichols, 1877 *Annual Report*.

⁹³ Yanni, *The Architecture of Madness*; and, Nancy Tomes. *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1984).

⁹⁴ William Godding in the *Annual Report of the Operations of the Government Hospital for the Insane for the Fiscal Year ending June 30, 1879, being the twenty-fourth Annual Report of the Board of Visitors*, (Washington: Government Printing Office), 18.

⁹⁵ Charles Nichols letter to DLD, January 1, 1853, (item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁹⁶ Kirkbride. *On the Construction*, 77.

⁹⁷ Unknown, n.d. (Item 970), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

⁹⁸ "Records of the Board of Visitors," NARA-DC, RG 418, Entry 1, Box 1.

⁹⁹ Yanni. *The Architecture of Madness*, 79.

¹⁰⁰ William Gooding in the *Thirty-first Annual Report of the Government Hospital for the Insane to the Secretary of the Interior*. (Washington: Government Printing Office, 1886), 18.

¹⁰¹ Ibid., 16.

¹⁰² Gooding, *1887 Annual Report*, 17.

¹⁰³ *Annual Reports*, 1878-1899.

¹⁰⁴ William Godding, Text of Speech, circa 1897, NARA, RG 418, Entry 3, Box 2.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

Chapter 5: St. Elizabeths: A Noble Monument

“It will prove an asylum indeed to this most helpless and afflicted class of sufferers and stand as a noble monument of wisdom and mercy.”¹

President Franklin Pierce, First State of the Union Address, December 5, 1853

American President Franklin Pierce delivered these lofty words to Congress during the same time period that Nichols was writing Dix with updates on the construction of *their* hospital. In a letter to Dix dated August 15, 1853, Nichols wrote: “I hope to finish this hospital before I die and make it the grandest institution of the kind in the world.”² Despite concerns for cost over-runs, design conflicts between Nichols and Walter, and construction delays at the hospital site, many invested their hopes and best intentions in St. Elizabeths Hospital as a model institution. Nichols ensured that the hospital was designed and the care provided to patients was according to Kirkbride’s recommendations, with a special attention to the naturalistic elements of moral treatment during the years that he was superintendent. Godding built on Nichols’ foundation of nature as a cornerstone of moral treatment, even as he transitioned St. Elizabeths from Kirkbride’s cathedral-like asylum to the more home-like setting of the cottage. Godding’s 1897 speech about St. Elizabeths, highlighted in the previous chapter, revealed a personal appreciation and reverence for the hospital as an institution and as a place. Godding’s words mirrored those of Dix and Nichols when they corresponded about ‘our’ farm and hospital, and his speech provided a narrative of St. Elizabeths as that ‘noble monument.’ When Godding’s term as Superintendent ended in 1899, by all analyses, St. Elizabeths continued to be innovative in the application of moral treatment, and the use of naturalist therapies in the treatment of mental illness.

Yet, for many people today, the American Asylums of the nineteenth century, including St. Elizabeths Hospital, do not conjure images of tranquil places and compassionate care. Some would suggest that the hospitals of that era are instead, monuments to suffering and containment, rather than moral treatment. It is worthwhile to examine the departure from the tranquil, ordered environment envisioned and constructed for the patients of St. Elizabeths during the nineteenth century, to help understand how we might re-incorporate nature into the healthcare environment of today.

The Superintendents Sought a Cure

As noted by historians of psychiatric history, including Foucault in *Madness and Civilization*,³ prior to Pinel's published observations in *Treatise on Insanity*⁴, mental illness was largely feared by the public. That fear was not unfounded. Mental illness was not understood, persons with insanity often posed a threat to their families and communities, and there was no identified treatment beyond containment and restraint. Pinel's work described removing the shackles from the wrists of the insane, and after an application of moral treatment by the physician in an ordered environment, release from confinement and a return to society. It was the first suggestion that the unpleasant and often destructive behaviors exhibited in mental illness could be reversed. In *Treatise*, Pinel wrote the following regarding the effects of moral treatment: "[when applied by] enlightened humanity [...] contributes, in most instances, to diminish the violence of the symptoms, and in some, to remove the complaint altogether."⁵

In 1803, Pinel's careful observations and conclusions were the best science of the time. For those interested in the care of the insane in nineteenth century America, it was certainly

revolutionary to consider a possible cure for the disease, and this idea must have inspired many physicians to pursue asylum medicine. Kirkbride and his fellow superintendents were confident in the ability to cure mental illness when they published their recommendations of asylum design. Consequently, there are elements of the design of St. Elizabeths Hospital and other Kirkbride institutions that reflect the unrestrained optimism regarding the ability for moral treatment and asylum medicine to cure mental illness.

One of the design elements of St. Elizabeths and other Kirkbride hospitals that was clearly based on the idea of a cure for insanity, was the defined number of patients that could be treated at the hospital. In her 1848 *Land Grant Memorial*, Dix supported the idea of a cure when she wrote: “Under well managed hospital care, recovery is the rule.”⁶ In the same time period that Dix was collaborating with the Superintendents to document the scope of mental illness in America, to bring light to the volume of insane persons housed in jails and poor houses, and to advocate for government supported asylums, Kirkbride was refining his recommendations for asylum construction. Kirkbride’s recommendations precisely limited the asylum census to 250. Both Dix and Kirkbride identified the ordered environment of the hospital as the key to recovery and restoration of physical and mental health; however, the number of potential hospitalized patients observed by Dix in her *Land Grant Memorial*, and the number of proposed hospitals and patient capacity simply did not add up. In *On the Construction*, Kirkbride referenced a cure rate of between 80 and 90 percent for those patients “properly treated.”⁷ While he does not reference a recommended duration of treatment, Kirkbride’s plan certainly seemed to anticipate a constant turnover of patients in the hospital as they recovered and returned to the community.

Another architectural feature of St. Elizabeths and other Kirkbride hospitals that reflected the overall optimism about patients’ cure and recovery is the allocation of space within the

patient wings. When examining the enlarged 1860 St. Elizabeths Plan [Figure 18, Appendix A] it is notable that the wards closest to the central administrative building, reserved for the ‘best class’ of patients, had a greater number of rooms and allocation of communal space within the wards as compared to the most distant wards, reserved for the ‘refractory’ cases. Assuming that the 1860 plan is to scale, the central wards are larger than the distant wards. Also the double-loaded halls of the central wards allowed for more patient rooms per ward, as compared to the single-loaded halls of the distant wards. In addition to Nichols’ innovation of the pronounced receding wings, first seen at St. Elizabeths, he also introduced the feature of the wings tapering in elevation from the center to the outermost wings in his design.⁸ [Figure 2, Appendix A] As a result of this design feature, there were fewer floors at the most distant ends of the hospital, further diminishing the accommodations available for the refractory cases in comparison to the central wards.

At St. Elizabeths, both the overall limitation of number of patient accommodations, and the allocation of patient accommodations by ward and classification, reflects the confidence of the superintendents in achieving a cure in the cases of mental illness. The very architecture of the hospital demonstrated that there was little space for long-term, custodial care, and Kirkbride’s plan offered few ideas on how to address that group of patients.

The Curables and the Incurables

Even though the architecture of St. Elizabeths did not address the issue of the ‘incurable’ or ‘chronic’ population of the mentally ill, the data revealed that it was a frequent topic of discussion amongst the superintendents and a concern of Dix’s. At the second meeting of the

Association, on May 11, 1846, the Superintendents formed committees to investigate and report back to the association on the following issues: Treatment of Incurables, Proper number of Patients for one Institution, and Under what circumstances can the insane of the poorer classes be properly treated with the greatest economy.⁹ There was no recorded resolution to the question of the ‘treatment of the incurables’ by the Association of Superintendents, from the records of their next meeting on May 8, 1848. That meeting was less than two months before Dix presented her *Land Grant Memorial* to Congress on June 27. Dix forcefully advocated for compassionate and enlightened care for all persons with insanity, and the state funding for the provision of care for both the “curable and incurable indigent insane.”¹⁰ While the Superintendents offered no solution to the issue of the ‘incurables,’ recall that Dix’s *Memorial* prompted a critical anonymous editorial in the *Journal of Insanity* warning of huge facilities housing a “great reservoir of insanity.”¹¹

Even though Dix received criticism for her advocacy for the care of the incurable insane, she was likely speaking on behalf of other superintendents. Dix sought their professional opinions when writing her *Land Grant Memorial*, and she must have been open to different ideas. In 1844, Dix received a letter from Amariah Brigham, Superintendent of the New York State Lunatic Asylum, declaring his opposition to “hospitals solely for the incurable insane.” He felt that those patients would be of interest to no one, and those hospitals would be subject to “misrule, neglect, and all kinds of abuse.”¹² Brigham’s theory was that the greatest safeguard against the abuse of the chronic or incurable cases was the constant recovery and discharge of other patients from the asylum. Even as Brigham felt that the constant turnover of patients would be protective to the chronic or incurable, he closed his letter with the following statement:

No! do not in the mercy to the insane, ever establish asylums for the incurables alone, but provide good asylums for all, and let all have the same kind care, and indulge the same hopes (even if delusive to many), of ultimate recovery, but do not drive them to despair by pronouncing them incurable.¹³

Even though the Superintendents had diverse opinions regarding the issue of the chronically insane, the Superintendents issued a resolution at the sixth meeting of the Association on May 9, 1851 stating: “It is the duty of the community to provide and suitably care for all classes of the insane [...] (in) institutions for their exclusive care and treatment, [...] and that it is improper [...] to confine insane persons in county poorhouses or other institutions.”¹⁴ This was the same meeting where Kirkbride first presented his recommendations for the construction and management of hospitals for the insane.

Neither Kirkbride’s recommendations presented at that 1851 Association meeting, nor his 1854 edition of *On the Construction* provided clear guidance on the care or accommodations of the ‘incurables.’ Kirkbride wrote:

In any other disease than insanity, it would be contended that its incurability was any reason for neglect of treatment, where there was the slightest reason to expect even temporary benefit. [...] It is somewhat presumptuous for us to say that a recovery is impossible in any case. [...] When patients cannot be cured, they should be considered under treatment, as long as life lasts [...] to promote their comfort and happiness, and to keep them from sinking still lower on the scale of humanity.¹⁵

Dix and Kirkbride agreed on the necessity to provide that care for the incurables, as Dix had argued for in her *Land Grant Memorial*. Kirkbride's statement in *On the Construction* even went further, recommended the lifelong provision of care for the insane within the therapeutic environment of the asylum. This exhibited a very compassionate approach to the care of the insane, yet he offered no clear place for that care to be provided within the model asylum. Kirkbride's and the other superintendents' apparent strategy for the long term care of the insane was persistent optimism for an eventual cure.

Dix continued to be concerned about the treatment provided to the chronic insane or incurables and corresponded with physicians and superintendents about the topic for the remainder of her life. Her collection of letters contains a variety of opinions on the topic, from the letter from Brigham in 1844 until at least 1879. The Superintendents' and Dix's interest in this topic must have been spurred by the overcrowding of asylums after the war. A January, 1870 letter from Horace Buttolph, Superintendent of the New Jersey State Lunatic Asylum at Trenton, began: "I have received your inquiry [for] my opinion of the propriety of making provisions for the care and treatment of the chronic cases of insanity in separate institutions or buildings."¹⁶ He went on to write that the Association of Superintendents has rejected this idea "with great unanimity."¹⁷ Letters from Kirkbride in 1869,¹⁸ and New York physician George Cook in 1866, support Buttolph's statements about the care of the chronic insane. Cook went even further when he stated: "I must be allowed to express to you my sorrow, surprise, and disappointment [...] because your present opinions seem inconsistent with those held by you years ago."¹⁹ Dr. Isaac Ray from New York, sent Dix a long letter in 1869 describing the pros and cons of caring for the 'incurables' within the asylums, ultimately defending the practice of keeping all insane patients together under the same roof, as in Kirkbride's 1854 plan.²⁰

In 1880, Kirkbride published a second edition of *On the Construction*, and acknowledged the clear need for more state hospitals for the insane.

The writer is fully aware that it is often easier to secure appropriations for additions to hospitals, than for the erection of new ones. [...] No one can doubt this being better than not having accommodations at all; but inasmuch as this book is intended to show what the writer considers best, he has no hesitation in adhering to the maximum number originally recommended by the Association.²¹

While remaining steadfast to the limit of 250 patients per hospital, Kirkbride acknowledged that upwards of fifty percent of those patients would likely be chronic cases. Kirkbride again endorsed the practice of caring for both the curable and incurable cases under the same roof, and echoed the thoughts of Dr. Brigham, suggesting that the practice was the best strategy to prevent the abuse and neglect of this vulnerable group of patients.²²

From these exchanges, it is clear that Dix and the Superintendents were aware and concerned about the overcrowding in St. Elizabeths and other American asylums, and the effect that overcrowding would have on the therapeutic environment. In the Second Edition of *On the Construction*, Kirkbride cautioned that “a crowded institution cannot fail to exercise an unfavorable influence on the welfare of patients.”²³ However Dix was pragmatic, and always actively advocating for all classes of persons with mental illness: both curable and incurable, patients with means and the indigent. From Ray’s letter to Dix, it appears that she likely expressed an interest in exploring different asylum arrangements for the chronic, long term patients. However, the Superintendents, and clearly Nichols at St. Elizabeths, remained committed to the Kirkbride plan.

The Elusive Cure

The Superintendents' commitment to providing care to all insane persons was idealistic, compassionate, and admirable; however, when one examines the Patient Register from St. Elizabeths with today's knowledge of mental illness and neurological disease it is clear that many patients could not be 'cured.' Since the nineteenth century definition of insanity was based on observed behaviors, the patient register is full of persons exhibiting symptoms of what we know in the twenty-first century to be neurologic disease. The registry lists patients with the diagnosis of dementia, head trauma, and hemiplegia suggesting stroke. Many patients, well into the twentieth century, were admitted with the diagnosis of epilepsy.²⁴ In the nineteenth century, any insane soldier or indigent citizen of the District of Columbia with a problem with behavior, cognition, or movement (both voluntary and involuntary) could be a patient at St. Elizabeths. Surely some of those patients with symptoms that suggest neurological disease could have had Parkinson's disease, Alzheimer's disease, Huntington's disease, autism, cerebral palsy, Myasthenia Gravis, or even brain tumors. All of those patients would have ultimately deteriorated over time, and we know now that moral treatment would not have provided a cure.

And yet, cure was the measure of success for the treatment provided at St. Elizabeths and other American asylums. Year after year, in the *Annual Reports* or the Superintendent Report to the Board of Visitors, both Nichols and Godding carefully documented the number of admissions for the year, and the number of patients discharged as 'recovered,' and discharged as 'improved.'²⁵ Every year the discharges did not exceed or even equal the number of admissions, and the patient census accumulated over time. This increase in patient census was exponential following the Civil War. In Nichols' final *Annual Report* to the Secretary of the Interior in 1877, the number of patients admitted to St. Elizabeths was 198, the number of patients discharged as

recovered, improved, or deaths was 177, leaving an overall census of 765 patients in a hospital designed to care for 563 patients.²⁶

Indeed, when Godding became Superintendent, St. Elizabeths must have resembled the “great national reservoir of insanity” that was predicted by the editorial writer in the *American Journal of Insanity* following Dix’s *Land Grant Memorial*.²⁷ Dix continued to memorialize state legislatures for funding for new asylums, always advocating for the insane and the veterans. Dix must have been very concerned about the living conditions of the patients at St. Elizabeths, and was curious about new ideas for hospital design when she inquired about alternate arrangements from the Superintendents following the war.

Organic Disease and Insanity

While Nichols continued to provide moral treatment to an ever increasing number of patients at St. Elizabeths, the *American Journal of Insanity* published many articles exploring the organic causes of insanity. In 1870, the *Journal* published a full Association meeting address by Dr. Ray where he stated:

The brain, though not the mind, is the organ of the mind, the material instrument whereby its operations are conducted, and it is only by the study of its organic conditions, both in health and disease, that we can expect to obtain any insight into the processes that result from the union of mind and body. To learn how we think, and how we feel, to understand, in any degree, the wondrous mechanism by which the mental manifestations are accomplished, we must study the morbid

aberrations from the line of healthy action, as exhibited in the wards of the hospital.²⁸

In that address, Ray praised the nineteenth century American advances in the care of the insane; however he challenged his audience by saying: “He who raises moral pathology to a science, expanding, systematizing, and applying many fragmentary observations that have already been made, will probably take a place among the master intellects of their time.”²⁹

As Superintendent of St. Elizabeths, Godding responded to Ray’s call for action to systematically study the brains of the insane. In 1884, while Godding was building cottages, and tending the therapeutic grounds of the hospital, he also hired Dr. I. W. Blackburn as the Special Pathologist for the hospital, and the Pathological Building was built.³⁰ [Figure 31, Appendix A] In stark contrast, in the 1898 *Annual Report*, Godding describes both the building, grounds, moral treatment, and also extensive pathology reports, and the introduction of a medical and surgical staff. With an increased understanding of the central nervous system in the early twentieth century, new treatments to cure insanity were developed at St. Elizabeths and around the nation.

It was those treatments, now viewed as barbaric, that contributed to the twentieth century perception of the asylum as a place of suffering and a place to fear. St. Elizabeths was not the first institution to perform electroconvulsive therapy, frontal lobotomies, nor administer sedating medications; however, all of those therapies were applied in hopes of a cure, all while the patient census exponentially increased. In the early twentieth century, at one time the patient census of St. Elizabeths exceeded 8000 patients, and the perception of the hospital was hardly that of a ‘monument of wisdom and mercy.’³¹ Despite the introduction of the cottage plan to ensure a home-like environment and the continued use of naturalistic therapies, St. Elizabeths became a

place to contain the mentally ill of the military and the District of Columbia. And Nichols' and Walter's massive Gothic edifice of the original Kirkbride building, once designed for its therapeutic benefit, must have conjured images of a fortress or prison situated on the bluff of the Anacostia River, overlooking the nation's capital.

The nurse and moral treatment at St. Elizabeths

If the goal of treatment at St. Elizabeths was a cure for mental illness, what was the role of the nurse in contributing to patient recovery? The role of the Superintendents at St. Elizabeths, and other nineteenth century American asylums was very clear. The physicians' role was paternalistic oversight of the entire hospital, grounds, patients and staff. The superintendent would round on all patients, every day, and gauge the patients' progress towards a cure. The role of the nurse is less clear, and evolved over the latter years of the nineteenth century.

Dorothea Dix's impact on the institution is profound. Dix is recognized for her efforts to ensure compassion and equitable care for the insane across the country, and her personal interest in nature was compatible with the philosophy of the superintendents and moral treatment. While much of Dix's life and work predates professional nursing as we recognize it in America today, her labors and achievements are impressive and should be studied by nurse leaders. Throughout her life, Dix was concerned about the people that were easily overlooked by society: prisoners, the indigent, and the insane. Dix actively investigated and documented the conditions of those persons, even when appalling, and leveraged all of her skills for relentless advocacy for those groups. Dix willingly served her country when asked, and after the war, worked for veterans' causes, and for the professional recognition of 'her' Civil War nurses. Even when she could no

longer travel, Dix wrote letters, and actively participated in discussions about the issues that she was passionate about and dedicated to.

While Dix's influence was so pervasive in the early years of St. Elizabeths, the nurse is never mentioned in the 1855 *By-Laws of the Government Hospital for the Insane*.³² The duties of the physicians, stewards, attendants, bakers, gardeners and carpenters were clearly defined. The attendants were responsible for clothing and bathing the patients, and constantly supervising the patients. The attendants were responsible for the patients' safety, entertainment, occupation and all aspects of moral treatment, including periods outside for work or contemplation.³³

It was the Civil War that introduced nurses to St. Elizabeths, when Dix assigned four nurses to the Army Field Hospital. Despite the fact that the field hospital was a separate institution, Nichols was ultimately responsible for the asylum and the army hospital. Nichols worked closely with Dix's Army nurses. It is known that Miss Mary Vance, one of Dix's Army nurses assigned to St. Elizabeths, returned to Washington D.C. to work at the hospital after the war. The title of Vance's job when she returned to St. Elizabeths was Nightwatch, rather than nurse. The role of the Nightwatch man or woman included caring for patients who were epileptic or incontinent. It was the duty of the Nightwatch to walk the halls to alert the staff of fire, "administer such medications as directed, and also make such notes of the nightly occurrences as may be required by the Superintendent."³⁴

Following the war, and Vance's return to hospital, Godding and the physicians increasingly depended on the care that the nurses provided at St. Elizabeths. Sometime before 1880, it was necessary to establish a Nurse Training School at St. Elizabeths to prepare the nurses for asylum work. Godding wrote to Dix on December 18, 1880, soliciting her help in fundraising for the Training School.

The School for Nurses [...] is soon to open a loan exhibition. [...] (We) request the loan of the painting of yourself from our chapel as a companion to the bust of Florence Nightingale of which they have also an autograph from the same! [...]

As this is a movement for the encouragement of skilled nursing, and in the hands of some of our best people it seems fitting that you should lend us [the painting], if we cannot have your actual presence.³⁵

The required courses in the Nurses' School covered the following topics: personal hygiene, including room temperature and ventilation; circulation, respiration, and body temperature; anatomy; bacteriology and asepsis, surgical nursing; emergencies and resuscitation of the asphyxiated; and hydrotherapy. Topics specific to the nursing of the insane were: "management in depressed, excited, and emotional states. The nervous system; what to observe and how to report [...] physical manifestations of nervous disorders [...] including convulsions, paralyses, apoplexies, stupor, [and] coma."³⁶ The curriculum included no information specific to the role of the nurse in the provision of moral treatment or the use of naturalistic therapies in asylums. The increased employment of nurses at St. Elizabeths and other American asylums coincided with the recognition of organic, neurologic causes of the behaviors identified as mental illness, suggesting that the primary responsibilities of the nurse were directed at the physical care of the patients.

The superintendents described no clear role of the nurse in the asylum beyond attending to the physical and medical needs of the patients. A July, 1897 article in the *American Journal of Insanity* discussed the difficulties of hiring a skilled nursing staff, and maintaining an asylum based training school for nurses. Asylum nursing was difficult. According to Dr. P. M. Wise, nursing in an asylum exposed the nurses to "degrading associations." In addition to being

exposed to difficult social situations, nursing in an asylum was not perceived to be exciting.

“Life in an asylum ward, with its humdrum routine, was not more attractive than that of a kitchen maid.”³⁷

In addition to having difficulty maintaining a stable nursing workforce, according to Wise, it was difficult to train nurses at asylum based training schools. Wise wrote: “It is true that from Nightingale’s efforts at the St. Thomas Hospital, the general hospitals gradually developed efficient training schools; but their adaptation to insane hospitals presented difficulties that seemed insurmountable.”³⁸ One challenge to establishing an efficient nurse training school at insane hospitals was the inadequate exposure of the students to the patients with physical illnesses. “The hospitalization of our asylums assumes the creation of hospital wards [...] and promotes the training school to its proper dignity. In our large public hospitals for the insane there are sufficient number suffering from bodily diseases, which, if aggregated, would make a respectable general hospital.”³⁹

At St. Elizabeths the role of the nurse was closely associated with those areas that provided the physical care and treatment. While Godding was committed to maintaining the natural elements of moral treatment at St. Elizabeths as he introduced cottages to the grounds, he also added buildings that promoted the medicalized care of the patients, such as the Infirmary and buildings specifically for the care of the epileptics. Even though the 1900 *By Laws* of the hospital included the expectation that the nurses and attendants “should take all able-bodied patients out doors on every suitable day,” the remainder of the duties of the nurses at St. Elizabeths would be familiar to the nurses of today, such as: “The nurse shall be charged with the responsibility of administering the medicines as directed by the physician; [The nurse shall keep] careful and accurate ward notes.”⁴⁰ As the physicians increasingly sought the elusive cure for

mental illness by using medical treatments, the nurses assisted in providing that care. Nurses were responsible for maintaining cleanliness, comfort, and safety, and likely had little time to enrich the patients' care with nature.

The Importance of Nature in Health and Well-Being

It was not just asylum care that was rapidly changing in the late nineteenth century. The acceptance of Germ Theory and the development of practical applications for asepsis in the medical and surgical settings, meant once more, that the carefully ordered environment was once again essential to providing care in hospitals. It was becoming the expectation that all sick persons should be cared for in a hospital instead of the home, and those early hospitals adopted some of the same attention to nature and design seen in the Kirkbride hospitals. Throughout the twentieth century the demand for hospital and nursing care increased, and expansion was necessary. Instead of deliberate hospital design that included naturalistic elements, the increasingly complex technology of healthcare demanded space. The towering hospitals of the twentieth century, designed to be sterile and efficient, are often devoid of nature that is accessible to patients and their families. And yet, studies continue to demonstrate a benefit from nature and naturalistic interventions in the hospital setting.⁴¹

An examination of the contemporary theories about nature and the restorative environment reveals many similarities to the work of Dix, the Superintendents, and Downing. Scientists of today often refer to an integrative theoretical frame work combining two accepted but conflicting theories. Roger Ulrich's Stress Reduction Theory⁴² suggests that humans, across social and cultural boundaries, exhibit evidence of stress reduction when exposed to a natural

environment. The other theory often cited as a framework for research examining the benefits of nature is the Attention Restoration Theory.⁴³ Stephen and Rachel Kaplan suggest that prolonged, focused, intense concentration can cause attention fatigue resulting in alterations in thought, selection, perception and action. Nature is integral in establishing a restorative experience, promoting recovery from attention fatigue.⁴⁴

The Superintendents and Downing believed that the stresses of civilization, preying on the weak and fragile, caused insanity. Modern urban society was felt to be overstimulating, and social class divisions further added to the development of madness.⁴⁵ This language is very close to the Attention Restoration Theory, as both describe the relationship between the natural environment and psychological stress and illness.⁴⁶ The Attention Restoration Theory suggests that any prolonged mental effort leads to directed attention fatigue. This phenomenon is quite evident in the modern industrialized world, where human attention is focused on the important, to the detriment of human focus on the interesting. Kaplan theorized that directed attention fatigue contributes to impaired problem solving, and impaired inhibitory capacity which leads to impaired perception, thought, action, and feelings. “Directed attention is, thus, a key ingredient in human effectiveness. The fatigue of directed attention is similarly a key ingredient in ineffectiveness and human error.”⁴⁷ The restoration of effectiveness is dependent upon the recovery from attention fatigue. This restoration is accomplished by making the focused, direct attention temporarily unnecessary by employing involuntary attention in its place. Involuntary attention requires no effort and is resistant to fatigue, and the natural environment provides the ideal opportunity to engage involuntary attention with the goal of restoring directed attention and human effectiveness.⁴⁸

Many aspects of moral treatment provided at St. Elizabeths would have been directed at what we might describe today as the restoration of attention and ordered thought. The time that patients interacted with nature, either by viewing the grounds from inside the hospital, or by working outside or strolling the grounds would contribute to restored attention. The naturalistic elements of moral treatment helped the patient to focus on the interesting instead of the delusions and distractions of mental illness. The views, the beautiful landscape, the picturesque landscape, the architecture of the hospital: all provided a focus for the involuntary attention of the patients, and hopefully elicited a calming and restorative effect.

Nature in Health Care Facilities today

Like St. Elizabeths in the nineteenth century, the architecture of today's hospitals have meaning. Instead of a monument of wisdom and mercy, contemporary hospitals are monuments of medicine, science, efficiency, and the limitless capacity to cure disease.⁴⁹ The hospital cathedral evolved into the factory of healing. The architecture of the modern hospital is still designed to instill confidence in the minds of the public, and the patients who receive care at today's hospitals are as optimistic about the possibility of a cure as the patients of the nineteenth century.

The interiors of modern hospitals also send a message to the public. The whiteness of walls and the abundant shine of surfaces suggests purity and cleanliness, highlighting the focus on antisepsis in all areas of the hospital.⁵⁰ Specialized hospital units, such as operating rooms and intensive care units, are designed to accommodate technology, occupying both physical space and nursing time. The patient rooms of a modern intensive care unit often resemble the

isolated cubicles of Dix's jails, with patients surrounded by machines, constant noise, and restrained to their bed for their own protection.

Yet, with all of the medical technology available to offer cure and recovery with modern hospitals, there is a rising interest returning to healthcare design that is centered on the needs of our patients and families. Gardens are slowly returning to the modern hospital, as administrators increasingly recognize the therapeutic benefit of the economic investment in those types of healing spaces.⁵¹ Often, new healthcare facilities incorporate nature and naturalistic elements in both the areas where healthcare providers care for patients, and the public spaces where patients, families and staff circulate. What can the current designers of hospitals, and the healthcare providers that work within them, learn from this study of St. Elizabeths Hospital in the nineteenth century?

Some may look at St. Elizabeths and the Kirkbride asylums as failures, and they did fail many patients. One cannot ignore the current perception of these remaining imposing structures, and to ignore the suffering that took place in American asylums during the twentieth century would be negligent. The history of St. Elizabeths should remind all that even with the most idealistic and optimistic building design and treatment plan, the implementation of the plan may not produce the desired results. Nature and architecture do not cure mental illness.

There was little understanding of mental illness and neurologic disease when the Kirkbride plan and the ordered environment of the asylum was introduced as a cure for insanity. We know now that a cure is elusive for many diseases, including mental illness. The goals of treatment for chronic diseases today are symptom management, functional independence, and a meaningful quality of life. Data from this study suggest that prior to overcrowding, had Kirkbride and the Superintendents adopted these goals of treatment they could have claimed

success. Perhaps, had the Superintendents been armed with evidence that moral treatment, nature, and architecture contribute to physical and psychological well-being, they would have overcome the inertia to address the issue of asylum overcrowding that had resulted from the increasing population of ‘incurables.’

Architects and physicians should not be alone in advocating for healing spaces within our hospitals and healthcare facilities. Miss Wood, asylum nurse, was correct in 1901 when she wrote: “The best buildings in the world [...] are of no use without the proper attendants.”⁵² Nurses occupy the spaces of our hospitals and healthcare facilities continuously and in greater numbers than any other healthcare provider. The very foundations of modern nursing theory and practice are based on Nightingale’s recognition of the connection between the person and the environment, and it is the responsibility of the nurse to establish and maintain an ordered, safe, and healthful environment for their patients every day. Few contemporary hospitals are surrounded by natural beauty in the same way that St. Elizabeths was in the nineteenth century, but that does not mean that nurses cannot seek ways to incorporate the beauty and healing benefits of nature into the hospital environment to promote recovery and emotional well-being.

“We are not sent into this world mainly to enjoy the loveliness therein, nor to sit us down in passive ease: no, we were sent here for action.”

Dorothea Dix

¹ Franklin Pierce: "First Annual Message," December 5, 1853. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. Retrieved from: <http://www.presidency.ucsb.edu/ws/?pid=29494>.

² Charles Nichols letter to Dorothea Lynde Dix, August 15, 1853, (Item 474), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

³ Michel Foucault. *Madness and Civilization: A History of Insanity in the Age of Reason*. (New York: Random House Books, 1965.)

⁴ Philippe Pinel. *A Treatise on Inanity, and Principles of a New and More Practical Nosology of Maniacal Disorders*. Translated by D.D. Davis MD. (Sheffield: W. Todd, 1806).

⁵ Pinel, *Treatise on Insanity*, 90.

⁶ Dorothea Lynde Dix, June 27, 1848. *Praying A grant of land for the relief and support of the indigent curable and incurable insane in the United States*. 30th Congress, 1st Session. Tippin & Streeper, printers, 25. Retrieved from the NLM.

⁷ Thomas Kirkbride. *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*. (Philadelphia, 1854), 2.

⁸ Carla Yanni. "The Linear Plan for Insane Asylums in the United States." *The Journal of Architectural Historians*, 62, no.1 (March 2003): 24-49.

⁹ John Curwen. *History of the Association of Medical Superintendents of American Institutions for the Insane: From 1844-1874 Inclusive*. (1875), 11.

¹⁰ Dix, *Land Grant Memorial*, 31.

¹¹ Edited by the Officers of the New York State Asylum, Utica. *The American Journal of Insanity*. V. 5-6 (1848-49): 286.

¹² A. Brigham, letter to DLD, January 14, 1844, (item 75), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

¹³ Ibid.

¹⁴ Curwen, *History of the Association*, 26.

¹⁵ Kirkbride, *On the Construction*, 59.

¹⁶ Horace Buttolph letter to DLD, January, 1870, (Item 110), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

¹⁷ Ibid.

¹⁸ Thomas Kirkbride, letters to DLD, January 7, 1869 and February 3, 1869, (Item 395), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

¹⁹ George Cook, Letter to DLD, March, 1866, (item 157), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

²⁰ Isaac Ray, letter to DLD, December 29, 1869, (item 548), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

²¹ Thomas Story Kirkbride. *On the Construction, Organization, and General Arrangements of Hospitals for the Insane, with Some Remarks on Insanity and its Treatment*. Second Edition. (Philadelphia: J. B. Lippincott & Co., 1880), 33.

²² Ibid., 248.

²³ Ibid., 49.

²⁴ Government Hospital for the Insane Register of Cases, January 15, 1855-December 31, 1876, NARA-DC, RG 418, Entry 64.

²⁵ *Annual Reports*, 1878-1899, and Records of the Board of Visitors, 1855-1947, NARA-DC, RG 418, Entry 1, Box 1.

²⁶ Charles Nichols in the *Annual Report of the Operations of the Government Hospital for the Insane for the Fiscal Year ending June 30, 1877, being the twenty-second Annual Report of the Board of Visitors*, (Washington: Government Printing Office).

²⁷ Edited by the Officers of the New York State Asylum, Utica. *The American Journal of Insanity*. v. 5-6 (1848-49), 286.

²⁸ Isaac Ray, Address delivered at the Laying of the Cornerstone of the State Hospital for the Insane, at Danville, Penn, August 26, 1869. *The American Journal of Insanity*. v. 26 (1869-1870), 440.

²⁹ *Ibid.*, 440.

³⁰ W. W. Godding. 1884 *Annual Report of the Government Hospital for the Insane*. (Washington: Government Printing Office); and Godding, 1889 *Annual Report of the Government Hospital for the Insane*. (Washington: Government Printing Office).

³¹ Thomas Otto, "St. Elizabeths Hospital: A History," (Washington, DC: United States General Services Administration, National Capital Region, May, 2013).

³² Saint Elizabeths Hospital, Washington, D.C, and Pamphlet Collection. *By-laws of the Government hospital for the insane, etc. September, 1855*. Washington, G. S. Gideon, printer, 1855. PDF. Retrieved from the Library of Congress, <https://www.loc.gov/item/09005590/>.

³³ *Ibid.*

³⁴ *Ibid.*, 16.

³⁵ W.W. Godding, letter to DLD, December 18, 1880 (Item 262), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University.

³⁶ W. W. Godding. *Report of the Government Hospital for the Insane to the Secretary of the Interior, 1899*. (Washington: Government Printing Office, 1899), 17.

³⁷ P.M. Wise. "Training Schools for Nurses in Hospitals for the Insane." *American Journal of Insanity*. v. 54, 1897-1898, 83.

³⁸ *Ibid.*, 81.

³⁹ *Ibid.*, 85.

⁴⁰ *By-Laws and Rules and Regulations of the Board of Visitors of the Government Hospital for the Insane*, 1900. NARA-DC, RG 428, E 42, Box 1

⁴¹ Studies demonstrate a therapeutic effect on anxiety and stress within the hospital environment, including: Suzanne M. Cutshall, Patricia G. Anderson, Sharon K. Prinsen, Laura J. Wentworth, Karen M. Brekke, Zhuo Li, Thoralf M. Sundt III, Ryan F. Kelly, and Brent A. Bauer, "Effect of the Combination of Music and Nature Sounds on Pain and Anxiety in Cardiac Surgical Patients: a Randomized Study." *Alternative Therapies in Health and Medicine*, 17, no. 4 (2011): 16-23; Vahid Saadatmand, Nahid Rejeh, Majideh Heravi-Karimooi, Sayed Davood Tadrissi, Farid Zayeri, Mojtaba Vaismoradi, and Melanie Jasper, "Effect of Nature-based sounds' Intervention on Agitation, Anxiety, and Stress in Patients under Mechanical Ventilator Support: a Randomised controlled trial." *International Journal of Nursing Studies*, 50, no. 7 (2013): 895-904; Roger S. Ulrich, Robert F. Simons, and Mark A. Miles. "Effects of environmental simulations and television on blood donor stress." *Journal of Architectural and Planning Research*, (2003): 38-47; Gregory B. Diette, Noah Lechtzin, Edward Haponik, Aline Devrotes, and Haya R. Rubin. "Distraction therapy with nature sights and sounds reduces pain during flexible bronchoscopy: A complementary approach to routine analgesia." *Chest*, 123, no. 3 (2003): 941-948; ARAI, Y-CP, S. Sakakibara, A. Ito, K. Ohshima, T. Sakakibara, T. Nishi, S. Hibino, S. Niwa, and K. Kuniyoshi, "Intra-Operative Natural Sound Decreases Salivary Amylase

Activity of Patients Undergoing Inguinal Hernia Repair under Epidural Anesthesia." *Regional Anesthesia and Pain Medicine*, 33, no. 5 (2008): 987-990.

⁴² Roger Ulrich," Aesthetic and affective response to natural environment." In I. Altman & J. F. Wohlwill, Eds., *Human Behavior and Environment: Advances in Theory and Research*, v. 6, (New York: Plenum, 1983), 85-125.

⁴³ Rachel Kaplan and Stephen Kaplan. *The Experience of Nature: A Psychological Perspective*, (New York: Cambridge University Press, 1989)

⁴⁴ Stephen Kaplan. "The restorative benefits of nature: Toward an integrative framework," *Journal of Environmental Psychology*, 15, no. 3, (1995): 169-182.

⁴⁵ Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States*, (Minneapolis: University of Minnesota Press, 2007).

⁴⁶ Kaplan, *The restorative benefits of nature*.

⁴⁷ Ibid., 172.

⁴⁸ Ibid.

⁴⁹ David Charles Sloane. "Scientific Paragon to Hospital Mall: The Evolving Design of the Hospital, 1885-1994," *Journal of Architectural Education*, 48, no. 2, (November, 1994): 82-98; and Jeanne Kisacky. *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870-1940*. (Pittsburgh: The University of Pittsburgh Press, 2017).

⁵⁰ Li Shiqiao. "Antisepsis" in *Understanding the Chinese City*. (Los Angeles: Sage, 2014), 117-135.

⁵¹ Reuben M. Rainey, "The Garden in the Machine: Nature Returns to the High-Tech Hospital," *Sitelines*, 5, no. 11, (Spring, 2010): 14-17.

⁵² S. Louise Laird, "Nursing of the Insane," *The American Journal of Nursing*, 2, No. 3, 170-180.

Commentary by Miss Wood, 180.

Appendix A: Illustrations



Figure 1. The ca. 1860 painting ‘View over the city of Washington from the Government Hospital for the Insane,’ illustrates the dramatic panoramic expanse from the high ground of the plateau north of the Main Building. Courtesy National Archives. Retrieved from: Heritage Landscapes. Historic American Landscape Survey: St. Elizabeths West Campus, 2004.

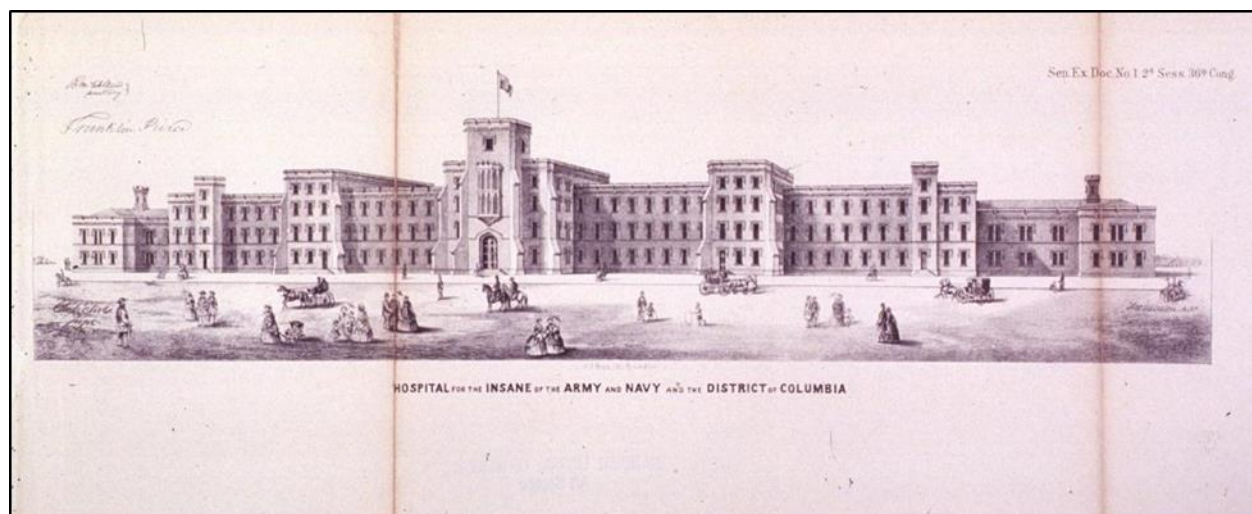


Figure 2. An early engraving of the Kirkbride Building at the St. Elizabeth's Hospital in Washington, DC.

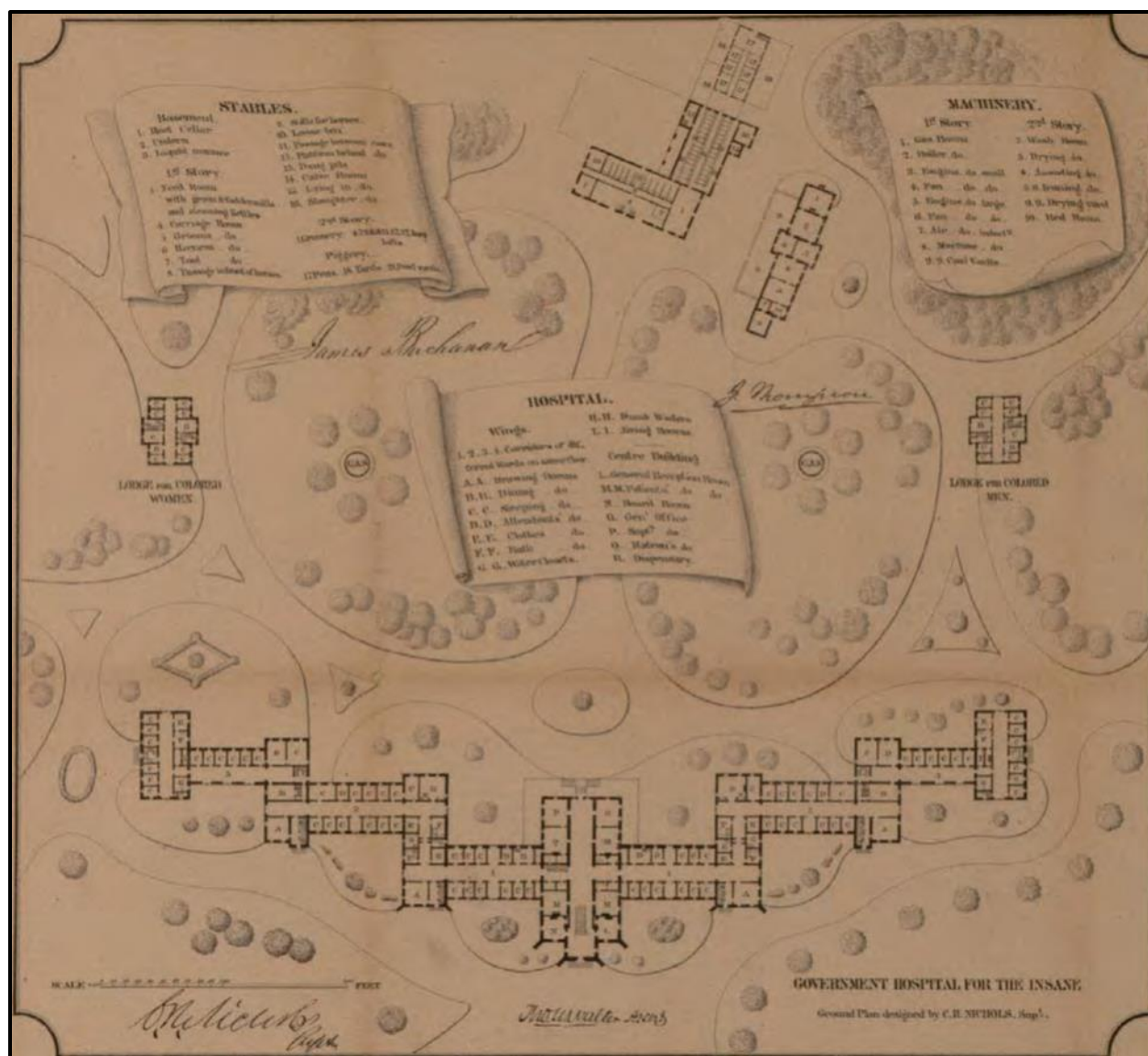


Figure 3. The Ground Plan is “designed by C.H. Nichols, Sup.” and signed by Architect Thomas U.

Walter and President James Buchanan. The plan shows the Center Building and the area in its immediate vicinity with graceful drives, formal and informal clusters of trees define the edges of turf and planted triangles at road intersections. The three components of the institution are identified as hospital, stables, and machinery.

Library of Congress. Retrieved from: Heritage Landscapes. Historic American Landscape Survey: St. Elizabeths West Campus, 2004.

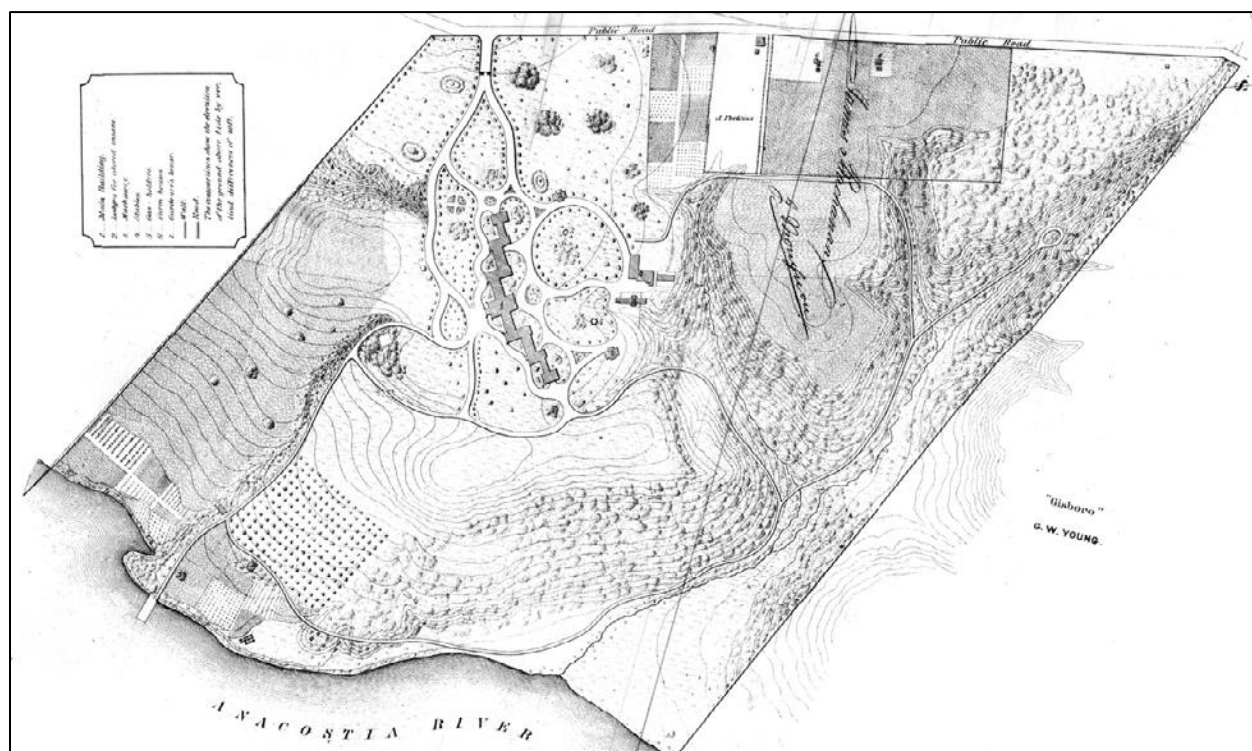


Figure 4. An 1860 Topographical Plan of the Government Hospital for the Insane reveals the network of curvilinear walks and carriage drives within a therapeutic green landscape.

Library of Congress. Retrieved from: Heritage Landscapes. Historic American Landscape Survey: St. Elizabeths West Campus, 2004.

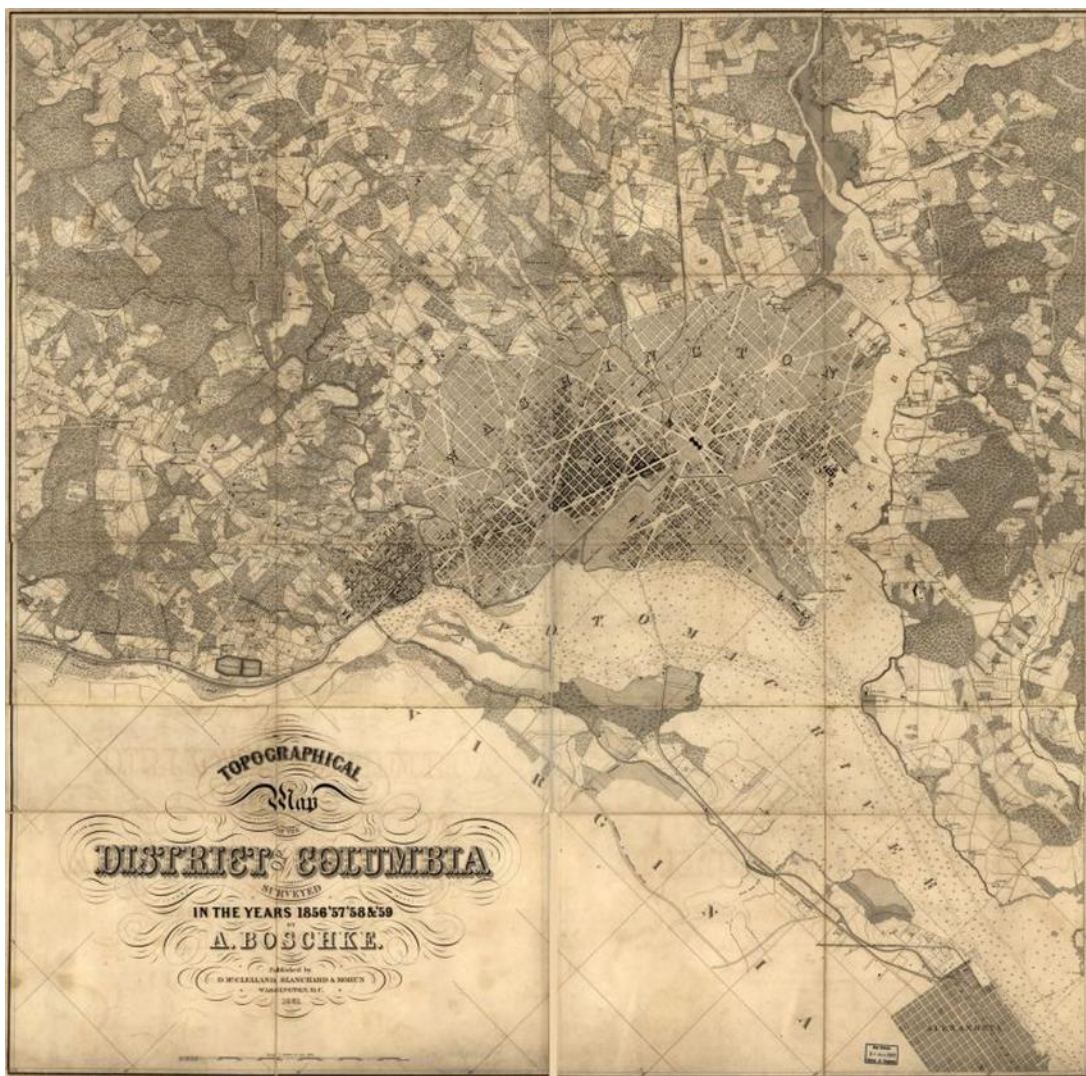


Figure 5. Boschke Map of Washington D.C. *Topographical map of the District of Columbia.* Washington: D. McClelland, Blanchard & Mohun, [1861]. Retrieved from the Library of Congress, <https://www.loc.gov/item/88694013>. (Accessed April 23, 2016.)

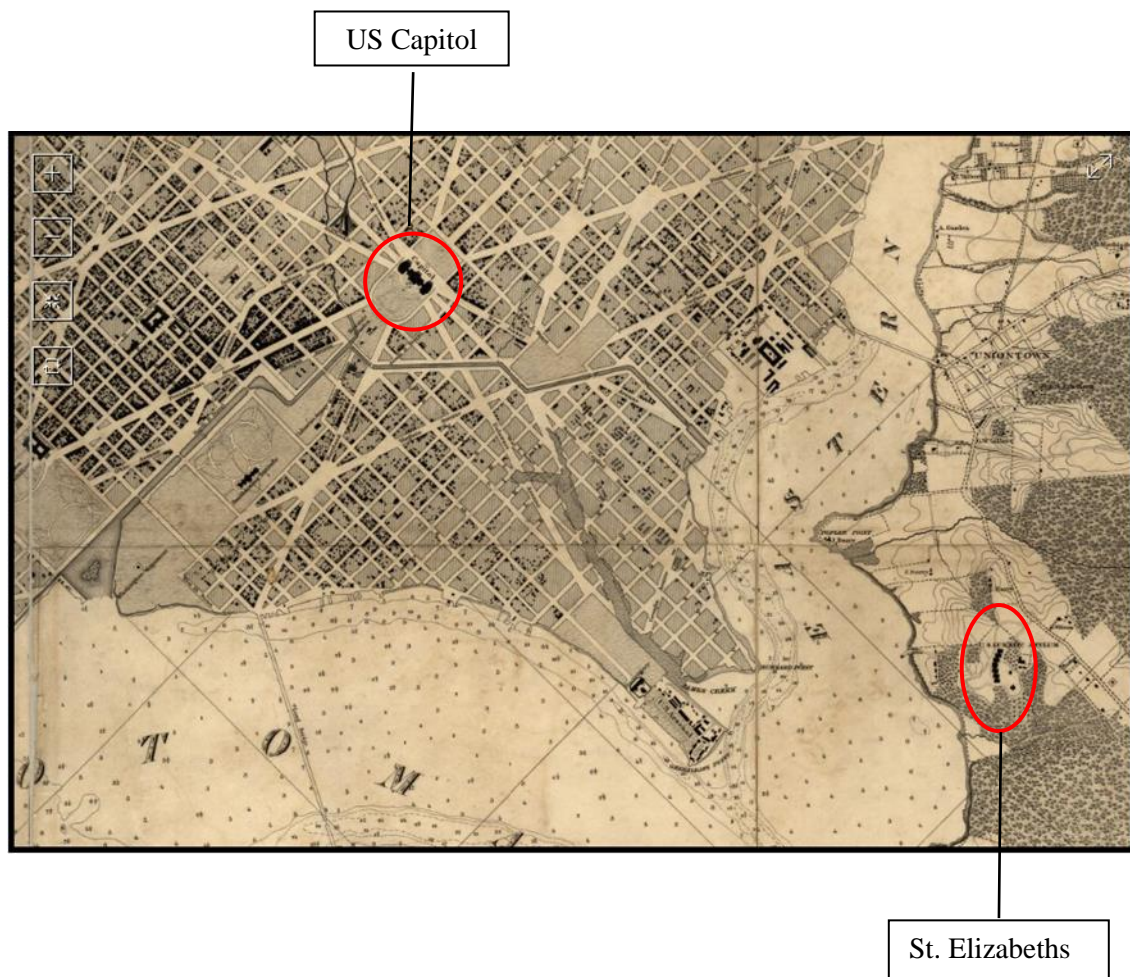


Figure 6. Previous map enlarged to show detail of asylum and geographic relationship to US Capitol

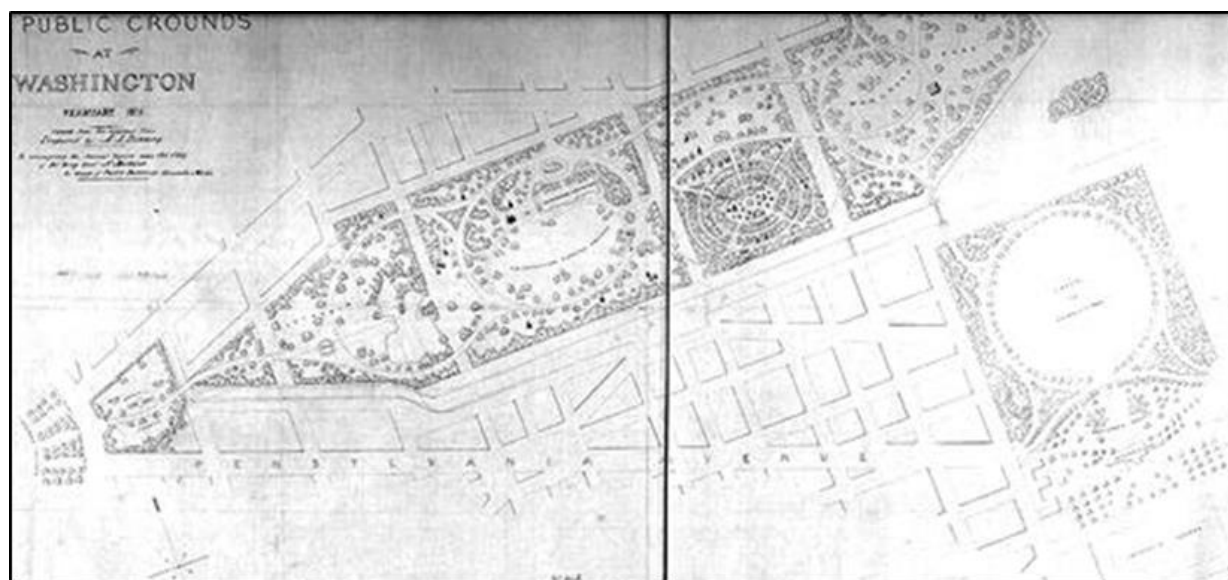


Figure 7. An 1867 manuscript copy of Downing's 1851 original plan for the public grounds between the US Capitol and the White House. The landscape design is similar to St. Elizabeths' site.

Retrieved from: <http://xroads.virginia.edu/~cap/mall/index.html>

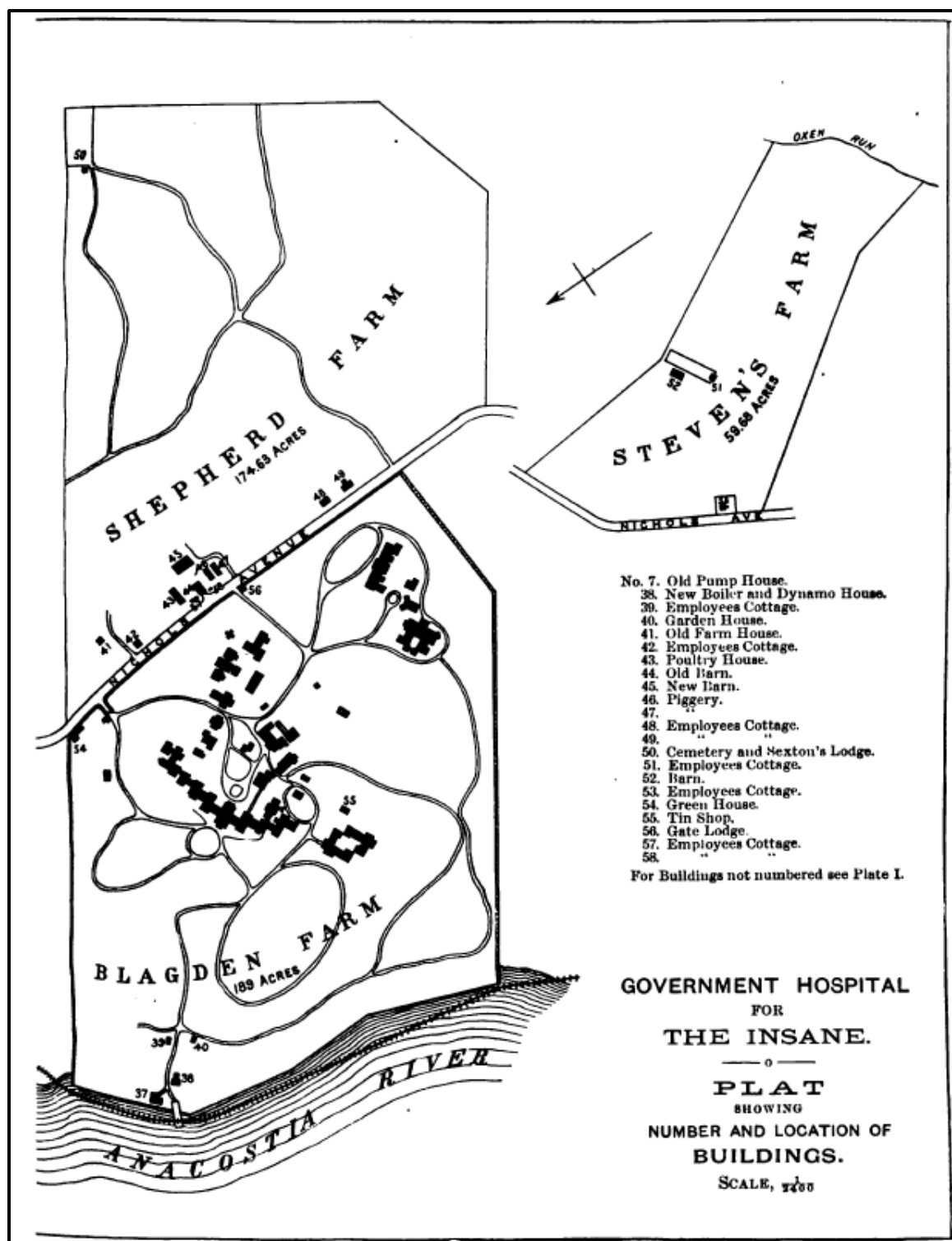


Figure 8. Plat of St. Elizabeths from the 1898 *Annual Report* documenting the addition of multiple patient cottages to the grounds of the hospital.



Figure 9. Portrait of Dorothea Lynde Dix. [No Date Recorded] Photograph.

Retrieved from the Library of Congress, <https://www.loc.gov/item/2004671913/>. (Accessed October 21, 2017.)

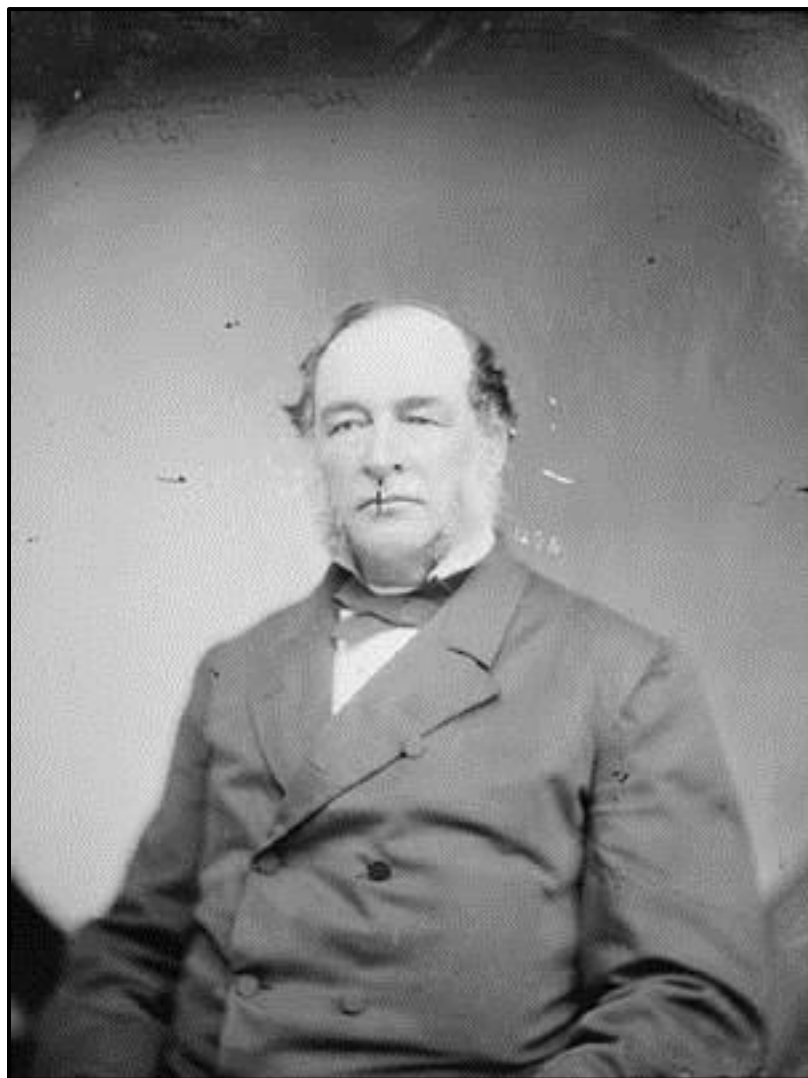


Figure 10. Portrait of Dr. Charles H. Nichols, [no date recorded].

Library of Congress.

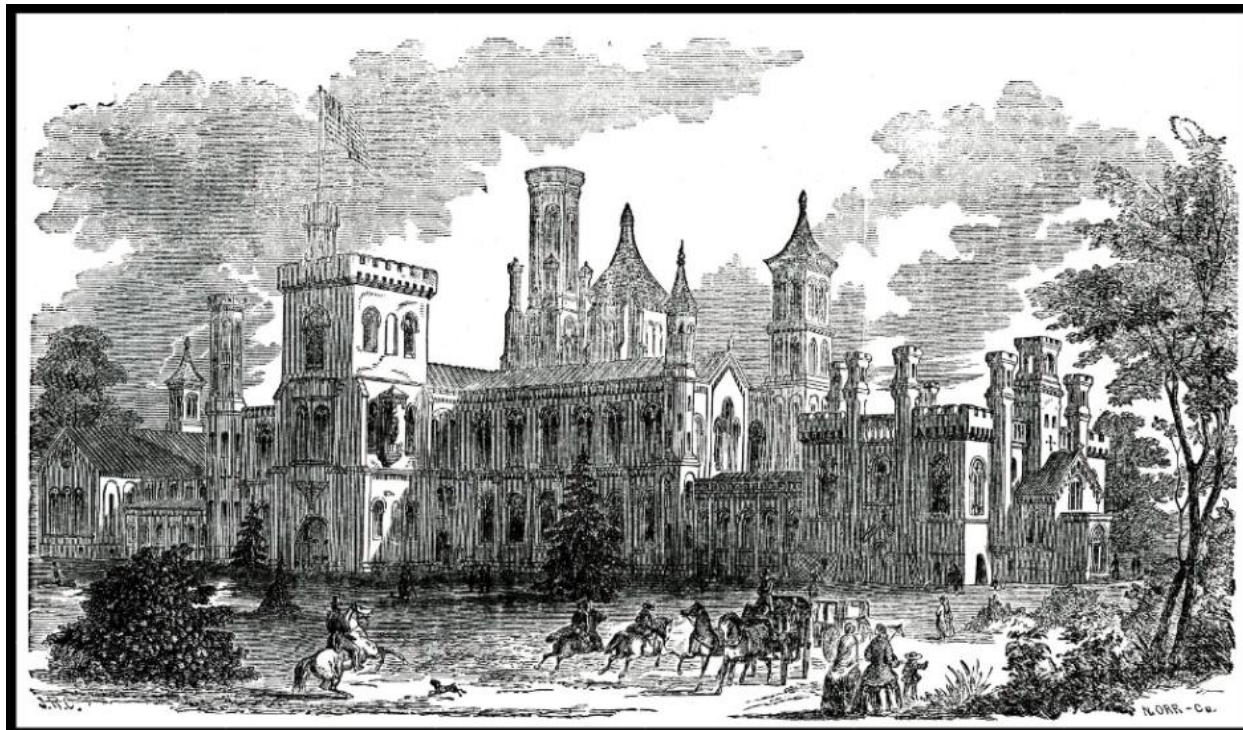


Figure 11. Smithsonian Institution Building from William Jones Rhees, *An Account of the Smithsonian Institution* (Philadelphia: Collins, 1857).

Contained within the Smithsonian Institution Archives, Record Unit 95, Box 30, Folder: 5A.
Retrieved from: <https://www.si.edu/museums/smithsonian-institution-building>

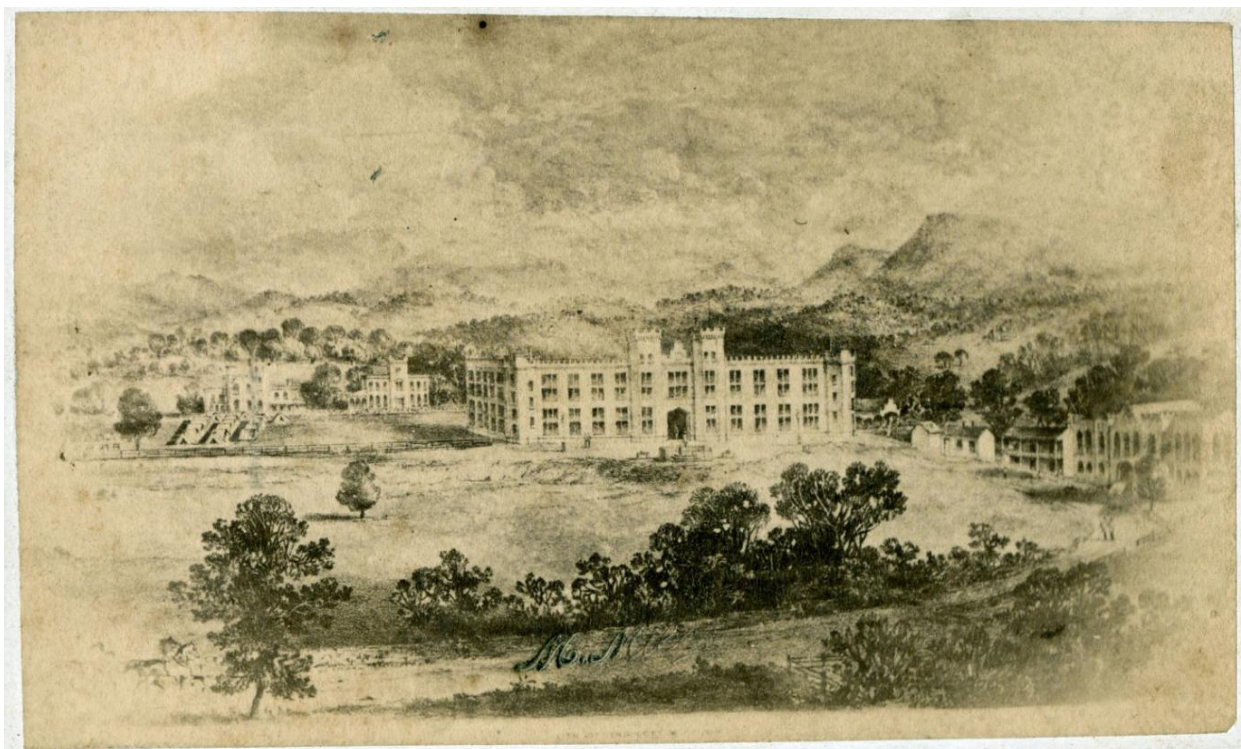


Figure 12. VMI Barracks as it looked in 1857

VMI Archives Photographs Collection, photo number 0003141

Carte-de-visite by Michael Miley of the 1857 Casimir Bohn engraving of VMI Barracks and other Post buildings.

Retrieved from:

<http://digitalcollections.vmi.edu/cdm/singleitem/collection/p15821coll7/id/3414/rec/7>



Figure 13. Government Hospital for the Insane, main building, attached five story tower with a crenellated parapet wall. [Between 1910 and 1925]

Retrieved from the Library of Congress, <https://www.loc.gov/item/npc2008012371/>. (Accessed October 21, 2017.)

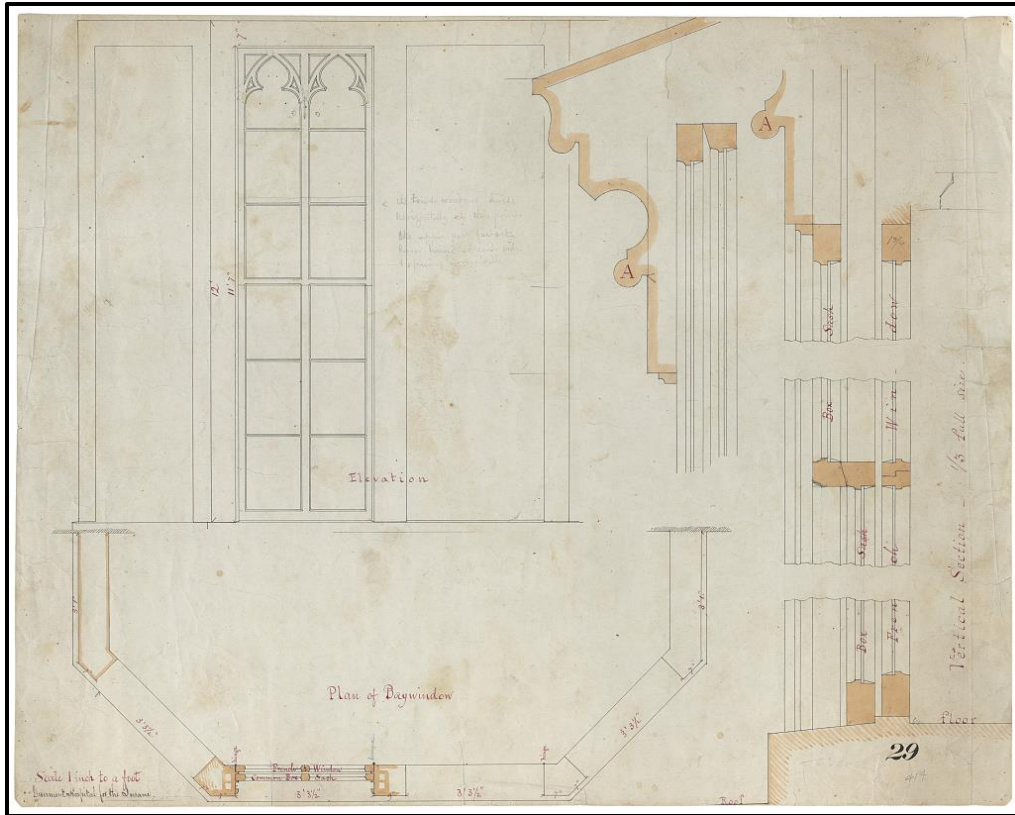


Figure 14. Government Hospital for the Insane (Saint Elizabeths Hospital), Washington, D.C. Center Building. Bay window. Elevation, plan, and details.

Retrieved from the Library of Congress, <https://www.loc.gov/item/2016649927/>. (Accessed October 08, 2017.)



Figure 15. St. Elizabeths' Central Building, bay windows of the main entrance tower, and wrought iron port cochère. [circa 1900]

From the National Archives and Records Administration (RG 418), National Building Museum

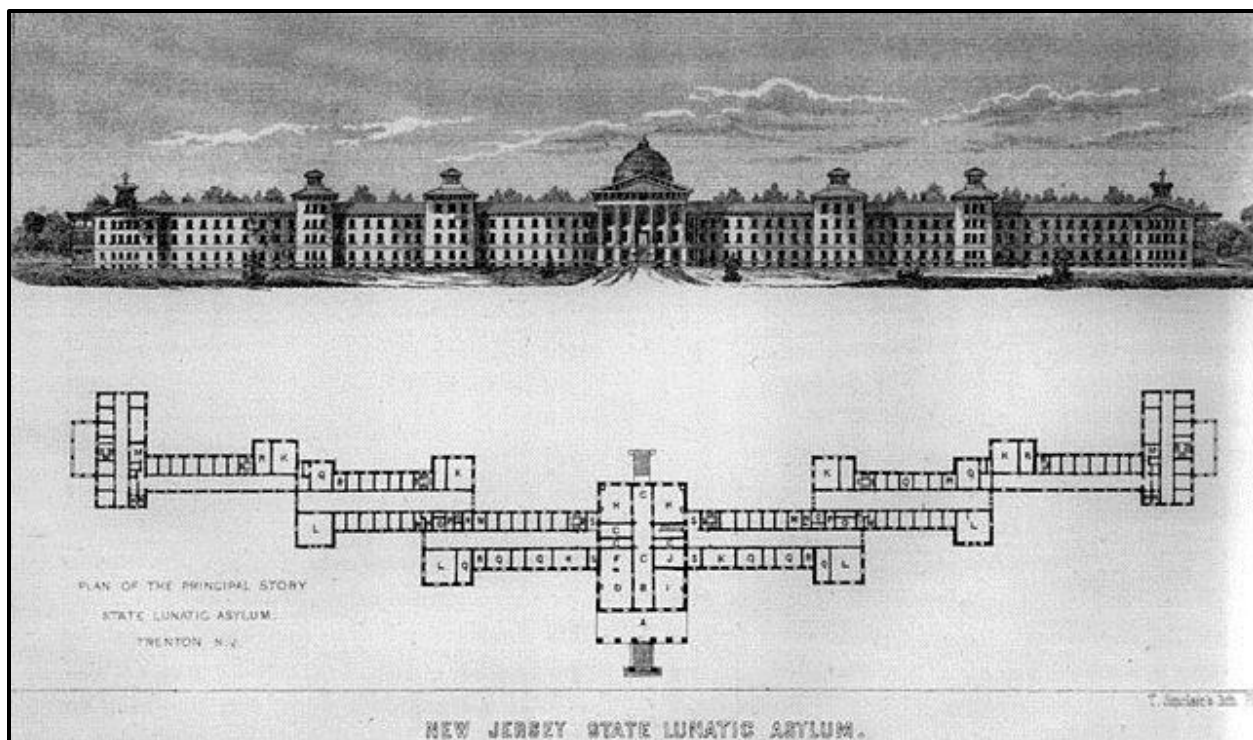


Figure 16. Trenton State Hospital - Kirkbride Lithograph 1848.

Retrieved from: https://commons.wikimedia.org/wiki/File:Trenton_State_Hospital_-_Kirkbride_Lithograph_1848.jpg

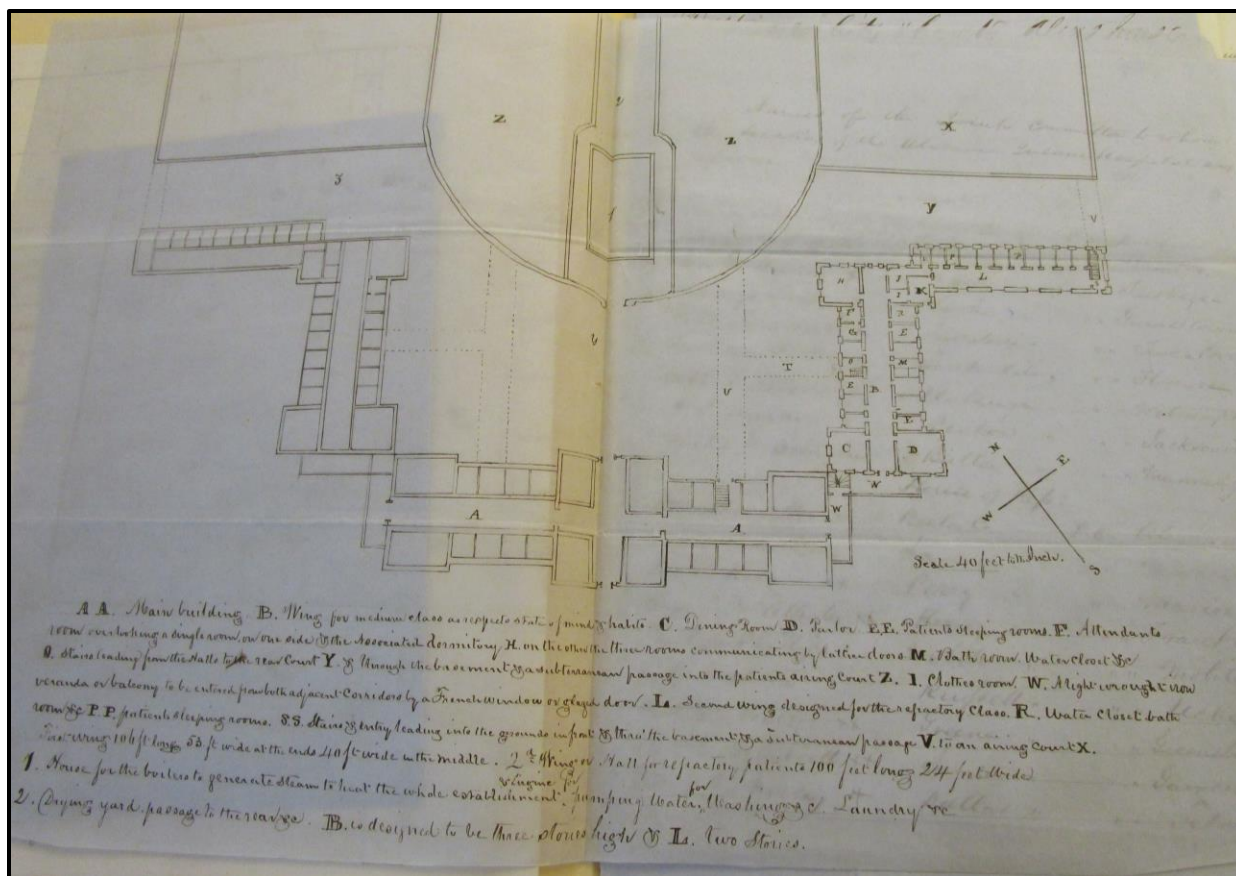


Figure 17. Early drawing of receding wing plan.

[unknown author and date] From: Notes concerning insane asylums, (item 970), Dorothea Lynde Dix Papers, 1798-1893 (MS Am 1838). Houghton Library, Harvard University, obtained July 7, 2017.

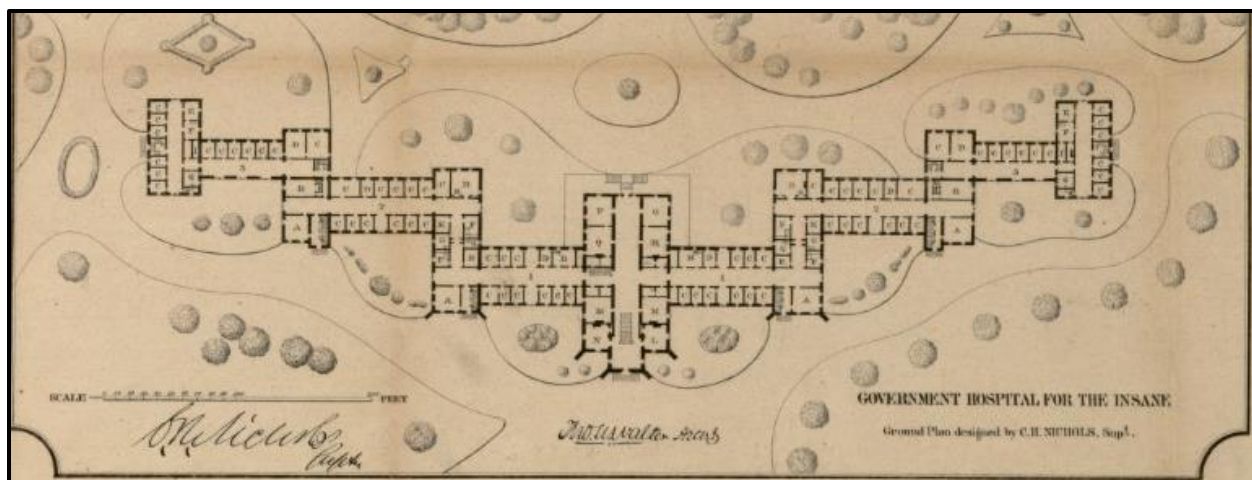


Figure 18. Enlarged plan. In the perpendicular hallways, drawing rooms or parlors are marked A, and dining areas are marked B.

Nichols, Charles H, John M Coyle, Thomas Ustick Walter, and United States Congress. Senate. *[Maps of Saint Elizabeths Hospital, Washington D.C.]*. [1860] Map. Retrieved from the Library of Congress, <https://www.loc.gov/item/88693084/>. (Accessed October 08, 2017.)



Figure 19. Natural light, Spruce Sitting Room, 1905. NARA, 418-G-299

Retrieved from NARA RG 418, Records of St. Elizabeths Hospital, 1820 – 1987, Series: Photographic Prints of Buildings, Grounds, and People, 1870 – 1920



Figure 20. Cherry Ward Corridor, 1905. NARA, 418-G-89

Retrieved from NARA RG 418, Records of St. Elizabeths Hospital, 1820 – 1987, Photographic Prints of Buildings, Grounds, and People, 1870 – 1920

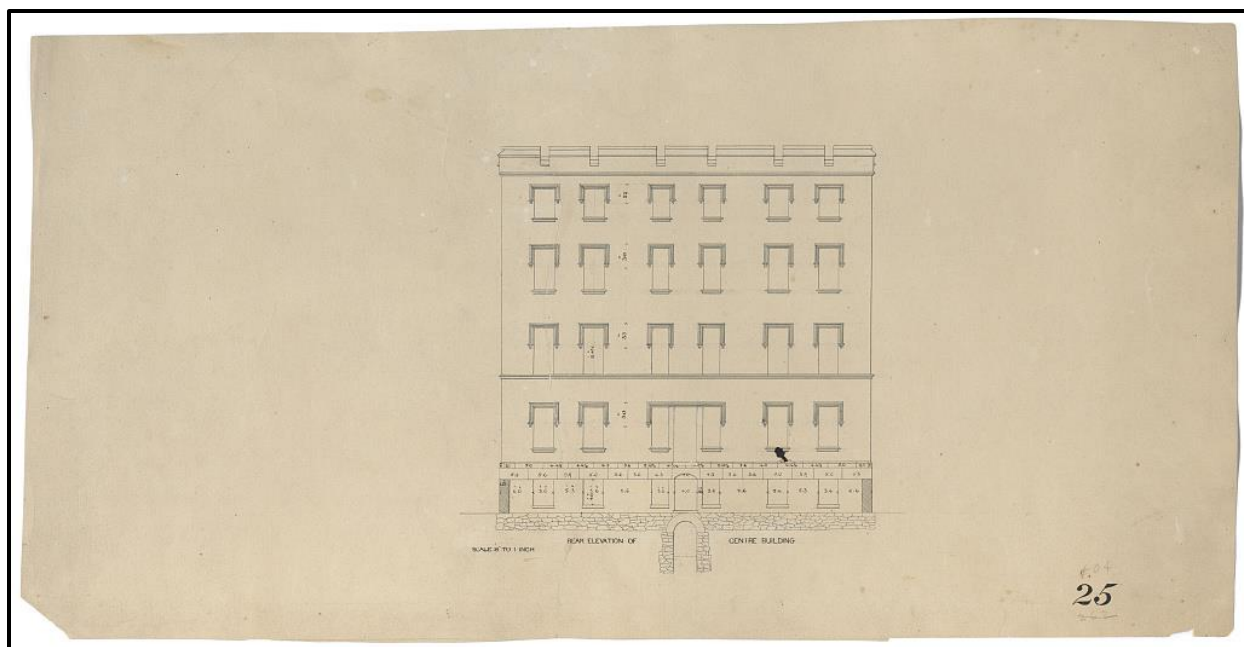


Figure 21. Rear Elevation of main building, Government Hospital for the Insane. [*Saint Elizabeths Hospital, Washington, D.C. Center Building. Rear elevation / Shepley, Rutan, and Coolidge*]. Washington D.C, 1860. [Between About and About 1900]

Retrieved from the Library of Congress, <https://www.loc.gov/item/2016649922/>. (Accessed October 08, 2017.)

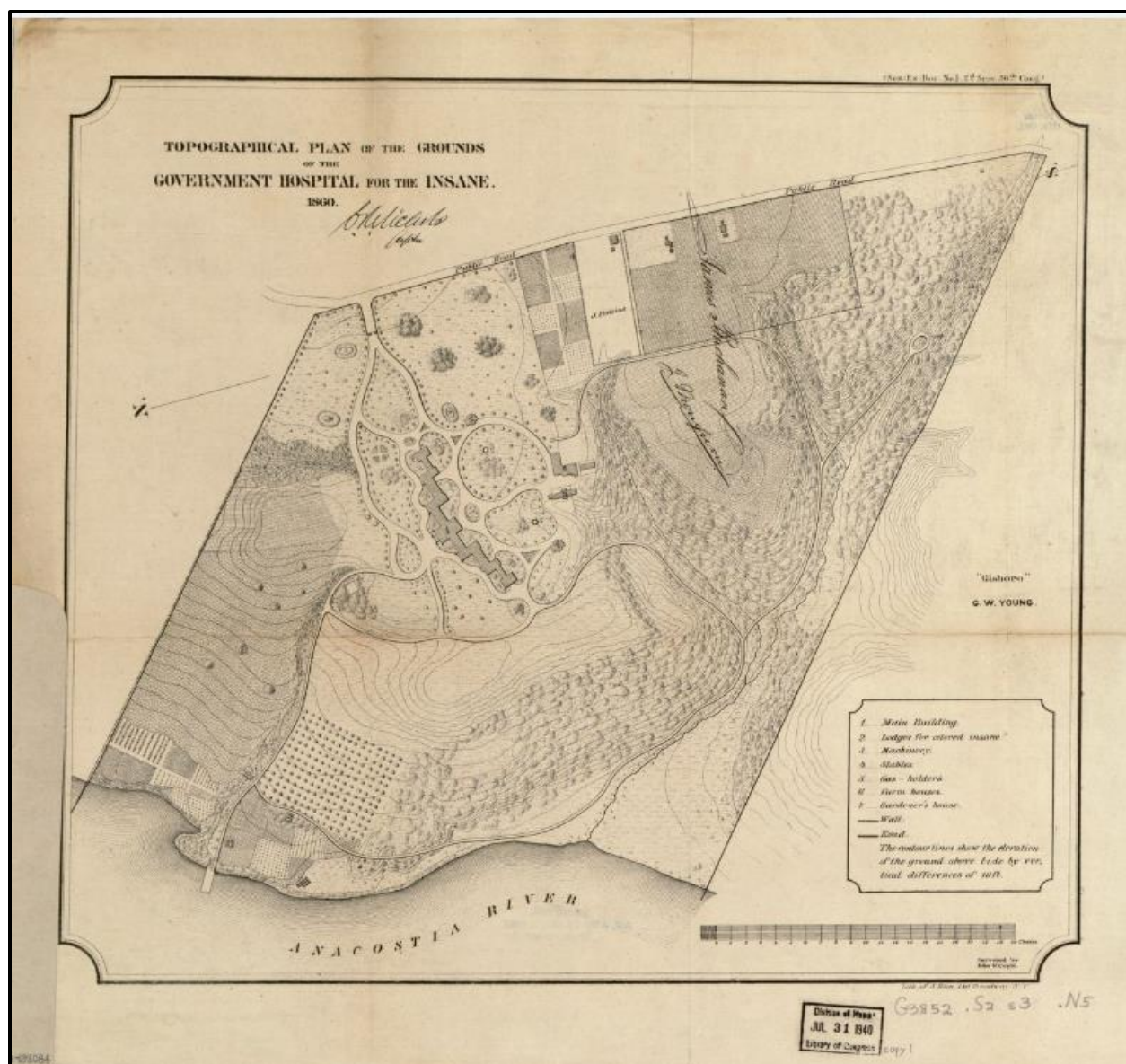


Figure 23. Ground Plan of St. Elizabeths Hospital. Nichols, Charles H, John M Coyle, Thomas Ustick Walter, and United States Congress. Senate. [Washington: U.S. Senate, 1860]

Retrieved from the Library of Congress, <https://www.loc.gov/item/88693084/>. (Accessed October 09, 2017.)

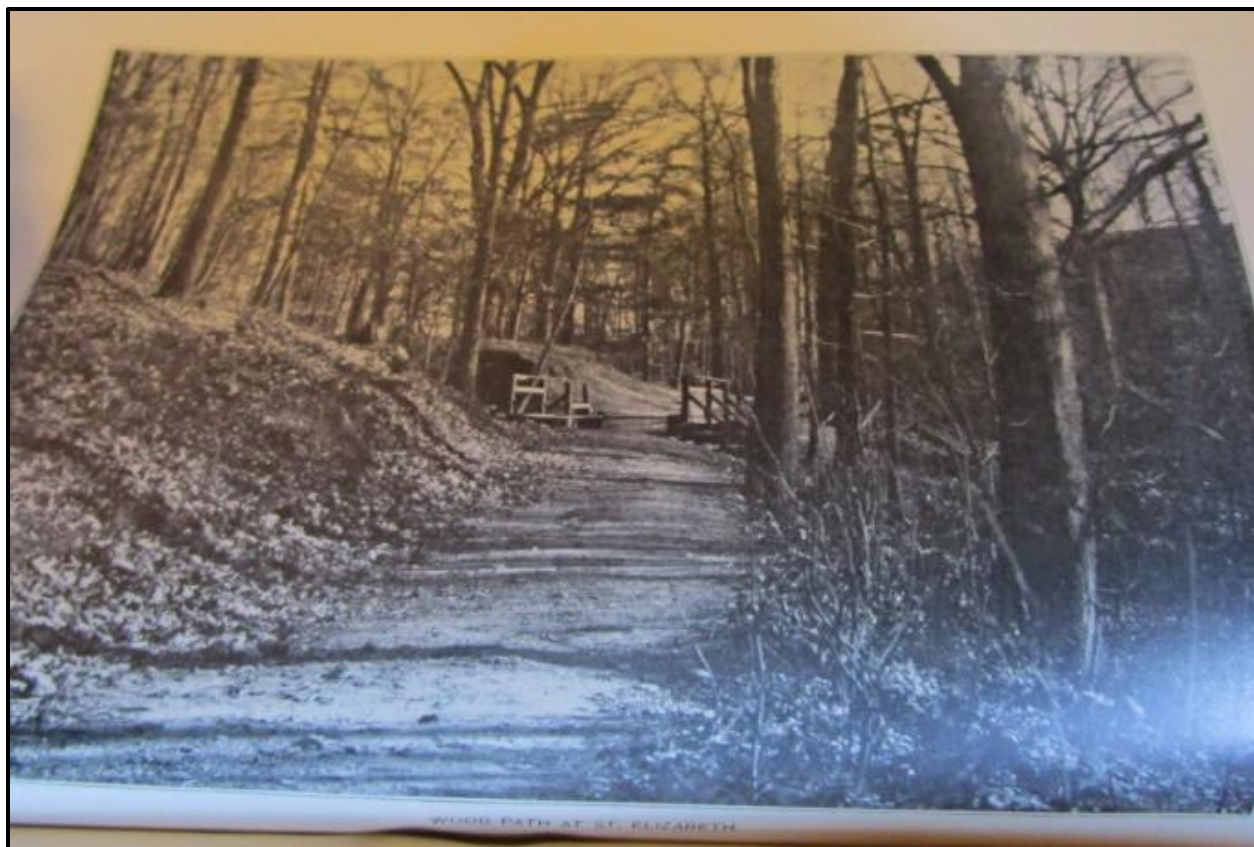


Figure 24. Wood Path at St. Elizabeths. Photo of the 1895 Annual Report. Typical Picturesque landscape scenery.

Alderman Library, the University of Virginia. Taken 9/27/2017



Figure 25. Speakers Stand, In Ravine, 1897. NARA, 418-G-296

Retrieved from NARA RG 418, Records of St. Elizabeths Hospital, 1820 – 1987, Series:
Photographic Prints of Buildings, Grounds, and People, 1870 - 1920

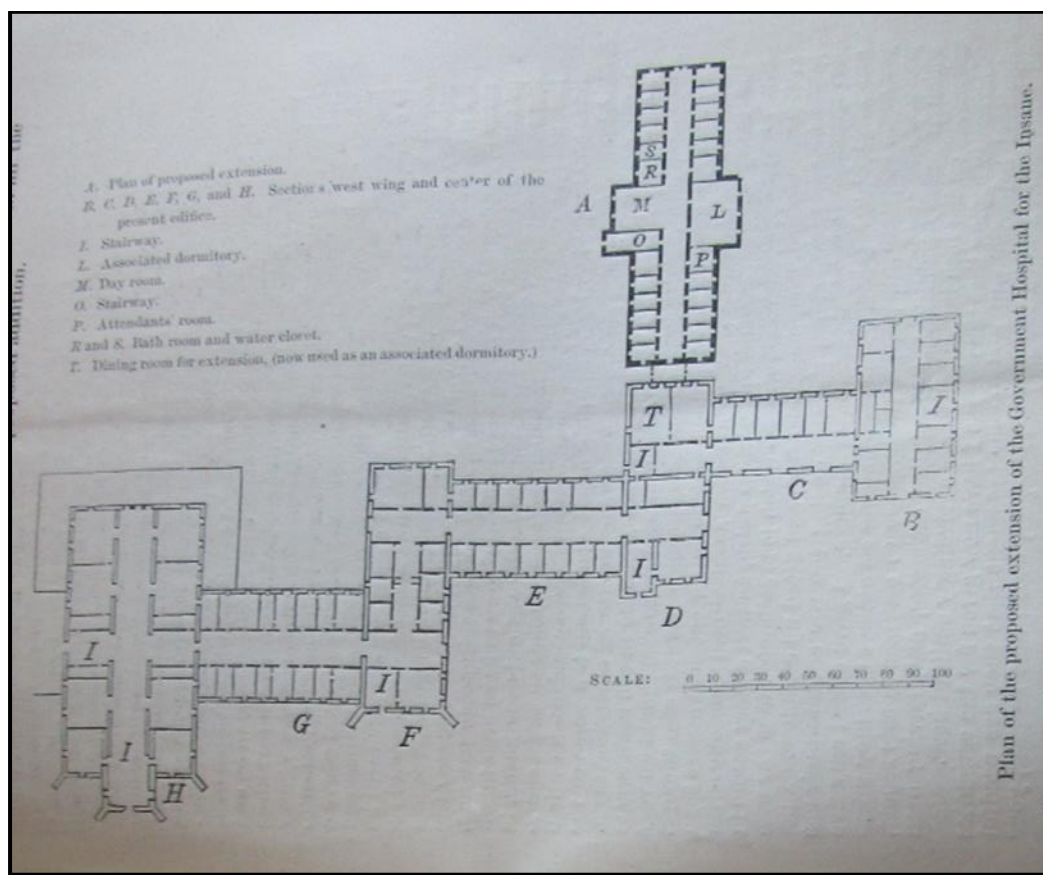


Figure 27. Plan of the proposed extension of the hospital. 1869 Annual Report for the Government Hospital for the Insane, 23.

Alderman Library, the University of Virginia. Taken 9/27/2017

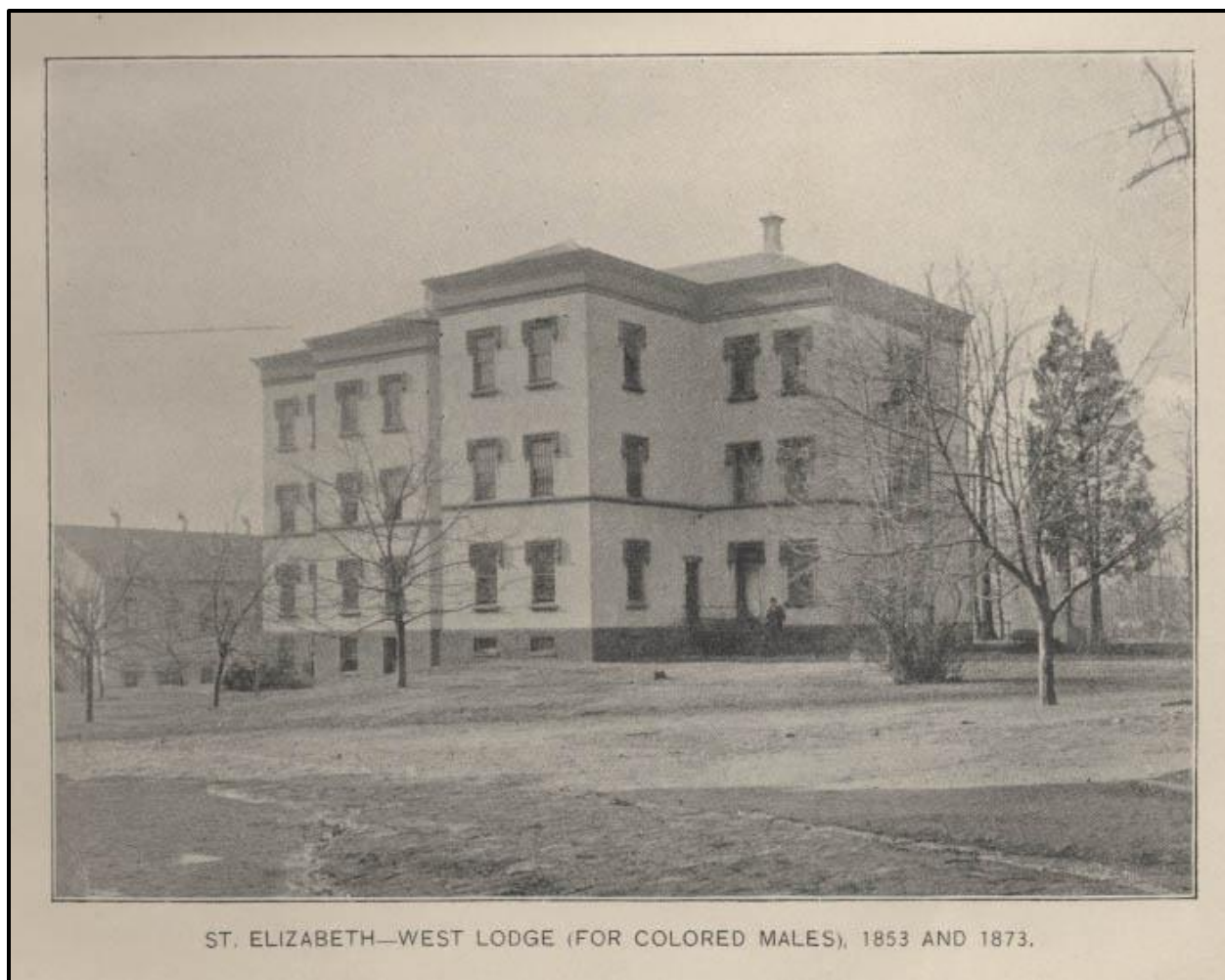


Figure 28. West Lodge for Colored males

From: William Godding, *Report of the Government Hospital for the Insane to the Secretary of the Interior*, (Washington: Government Printing Office, 1898).



Figure 29. Allison Building Sleeping Porch. From the National Building Museum exhibit "Architecture of an Asylum."

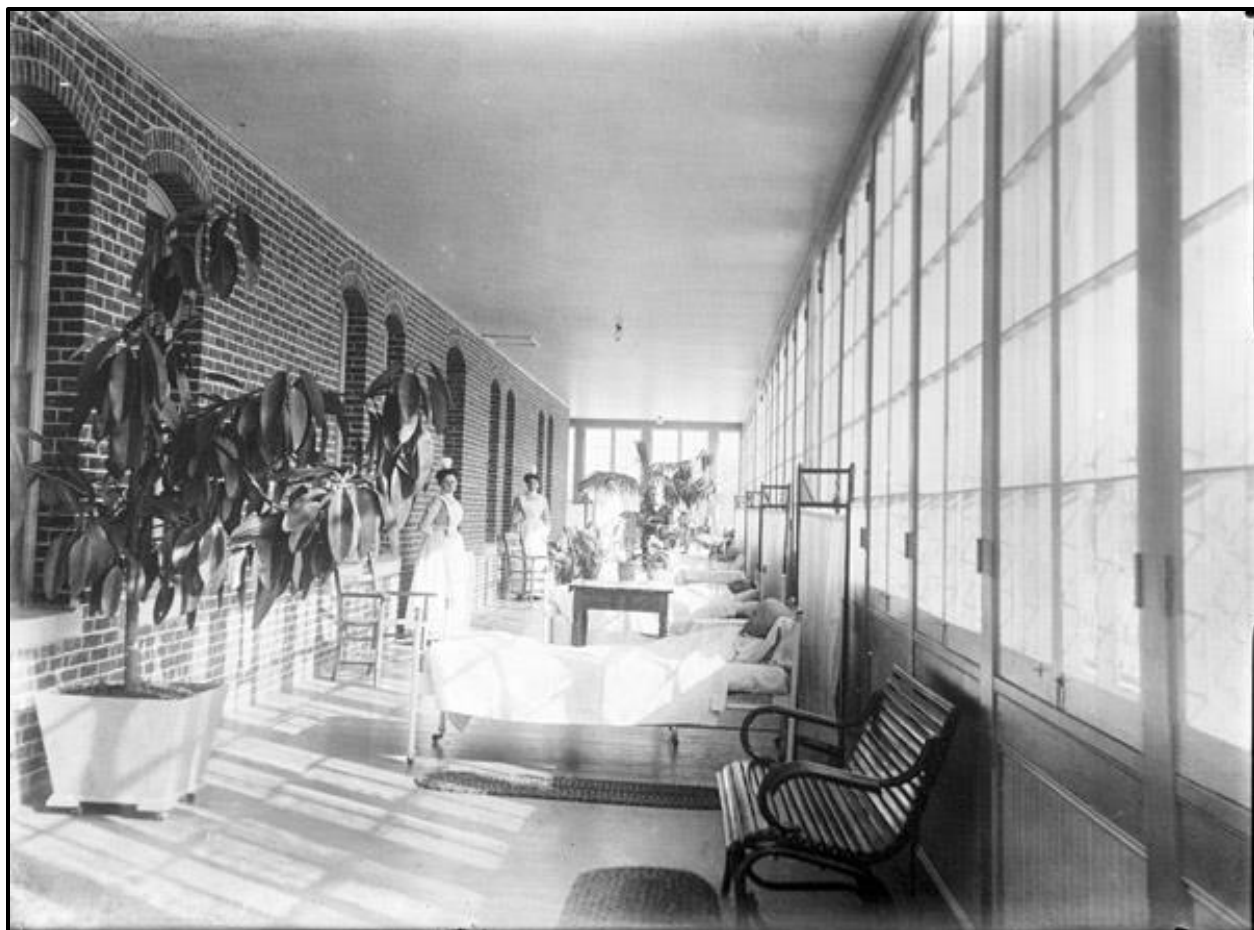


Figure 30. Interior Sleeping Porch, NARA, 418-G-295, Note the large planters and ample natural light.

Retrieved from NARA RG 418, Records of St. Elizabeths Hospital, 1820 – 1987, Photographic Prints of Buildings, Grounds, and People, 1870 - 1920

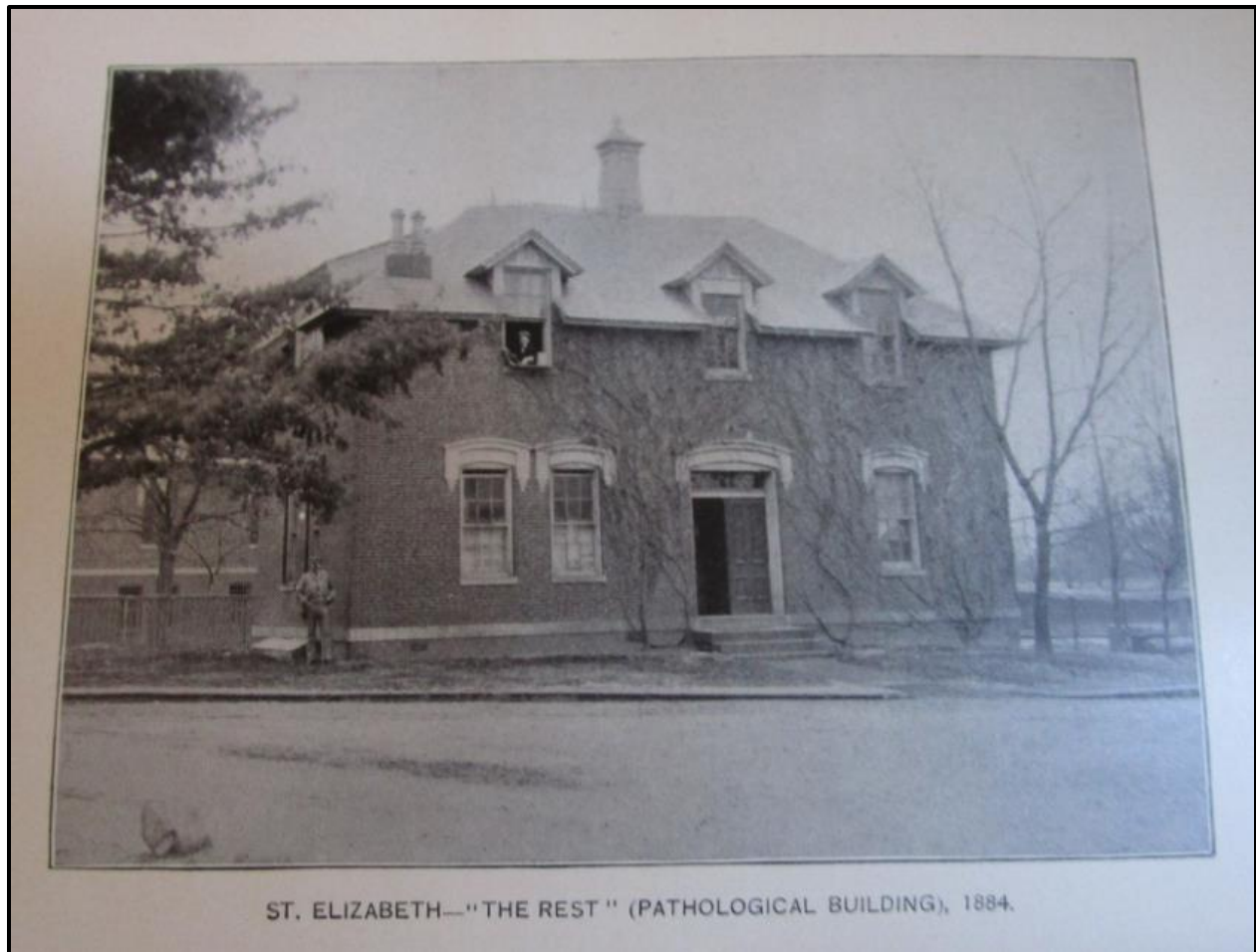


Figure 31. Pathological Building. Added to the grounds of St. Elizabeths to study the human brain.

Photo from 1898 *Annual Report*, Alderman Library University of Virginia. Taken 9/27/2017