

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
HISTORIC PRESERVATION OFFICE



**HISTORIC PRESERVATION REVIEW BOARD**  
**APPLICATION FOR HISTORIC LANDMARK OR HISTORIC DISTRICT DESIGNATION**

New Designation  \_\_\_\_\_  
Amendment of a previous designation \_\_\_\_\_  
Please summarize any amendment(s) \_\_\_\_\_

Property name Anne Archbold Hall  
*If any part of the interior is being nominated, it must be specifically identified and described in the narrative statements.*

Address 19<sup>th</sup> & Massachusetts Ave, SW (Reservation 13), Washington DC, 20003

Square and lot number(s) Reservation 13

Affected Advisory Neighborhood Commission ANC 6 B

Date of construction 1932 Date of major alteration(s) 1939, 1945

Architect(s) Municipal architect staff Architectural style(s) Classical Revival

Original use Gallinger Hospital Nurses Residence Present use vacant

Property owner DC Government

Legal address of property owner \_\_\_\_\_

NAME OF APPLICANT (S) DC Preservation League and Capitol Hill Restoration Society

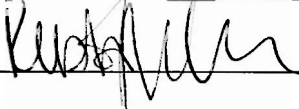
*If the applicant is an organization, it must submit evidence that among its purposes is the promotion of historic preservation in the District of Columbia. A copy of its charter, articles of incorporation, or by-laws, setting forth such purpose, will satisfy this requirement.*

Address/Telephone of applicant(s) Krista Gebbia, DCPL, 401 F Street, NW, Room 324,

Washington DC, 20001 and Nancy Metzger, Chair, Historic District Committee, CHRS, P.O. Box

15264, Washington, DC 20003

Name and title of authorized representative Krista Gebbia, Program Manager

Signature of representative  Date 12/3/03

Name and telephone of author of application Nancy Metzger, 202.546.1034

Date received 12/3/2003  
H.P.O. staff JTD

United States Department of the Interior  
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES  
REGISTRATION FORM

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in How to Complete the National Register of Historic Places Registration Form (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

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1. Name of Property Anne Archbold Hall

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historic name Gallinger Hospital Nurses Residence \_\_\_\_\_

other names/site number \_\_\_\_\_

=====

2. Location

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street & number: 19<sup>th</sup> & Massachusetts Ave., SE (Reservation 13) \_\_\_\_\_ not for publication \_\_\_  
city or town: Washington \_\_\_\_\_ vicinity \_\_\_  
state: District of Columbia \_\_\_\_\_ code: 001 county \_\_\_\_\_ code \_\_\_  
zip code: 20003 \_\_\_

=====

3. State/Federal Agency Certification

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As the designated authority under the National Historic Preservation Act of 1986, as amended, I hereby certify that this \_\_\_ nomination \_\_\_ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property \_\_\_ meets \_\_\_ does not meet the National Register Criteria. I recommend that this property be considered significant \_\_\_ nationally \_\_\_ statewide \_\_\_ locally. ( \_\_\_ See continuation sheet for additional comments.)

\_\_\_\_\_  
Signature of certifying official                      Date

\_\_\_\_\_  
State or Federal agency and bureau

In my opinion, the property \_\_\_\_\_ meets \_\_\_\_\_ does not meet the National Register criteria. ( See continuation sheet for additional comments.)

\_\_\_\_\_  
Signature of commenting or other official      Date

\_\_\_\_\_  
State or Federal agency and bureau

=====  
4. National Park Service Certification  
=====

I, hereby certify that this property is:

\_\_\_\_\_ entered in the National Register \_\_\_\_\_

    \_\_\_ See continuation sheet.

\_\_\_\_\_ determined eligible for the \_\_\_\_\_  
National Register

    \_\_\_ See continuation sheet.

\_\_\_\_\_ determined not eligible for the \_\_\_\_\_  
National Register

\_\_\_\_\_ removed from the National Register \_\_\_\_\_

\_\_\_\_\_ other (explain): \_\_\_\_\_

\_\_\_\_\_  
Signature of Keeper      Date  
   of Action

=====  
5. Classification  
=====

Ownership of Property (Check as many boxes as apply)

- \_\_\_ private
- public-local
- \_\_\_ public-State
- public-Federal

Category of Property (Check only one box)

- building(s)
- \_\_\_ district
- \_\_\_ site
- \_\_\_ structure
- \_\_\_ object

Number of Resources within Property

Contributing	Noncontributing
___ 1 ___	_____ buildings
_____	_____ sites
_____	_____ structures
_____	_____ objects
___ 1 ___	_____ Total

Number of contributing resources previously listed in the National Register 0

Name of related multiple property listing (Enter "N/A" if property is not part of a multiple property listing.)  
N/A

Function or Use

Historic Functions (Enter categories from instructions)

Cat: Domestic \_\_\_\_\_ Sub: Institutional Housing \_\_\_\_\_  
 Education \_\_\_\_\_ Medical (nurses) school \_\_\_\_\_  
 Health Care \_\_\_\_\_ Municipal hospital \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Functions (Enter categories from instructions)

Cat: \_\_\_ Vacant \_\_\_\_\_ Sub: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Description

Architectural Classification (Enter categories from instructions)

\_\_\_ Classical Revival \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Materials (Enter categories from instructions)

foundation \_\_\_ Brick and sandstone \_\_\_\_\_  
 roof \_\_\_ Slate \_\_\_\_\_  
 walls \_\_\_ Brick and sandstone \_\_\_\_\_  
 \_\_\_\_\_  
 other \_\_\_\_\_  
 \_\_\_\_\_

Narrative Description (Describe the historic and current condition of the property on one or more continuation sheets.)

8. Statement of Significance

Applicable National Register Criteria (Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing)

- A Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B Property is associated with the lives of persons significant in our past.

C

Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.

D

Property has yielded, or is likely to yield information important in prehistory or history.

Criteria Considerations (Mark "X" in all the boxes that apply.)

A owned by a religious institution or used for religious purposes.

B removed from its original location.

C a birthplace or a grave.

D a cemetery.

E a reconstructed building, object, or structure.

F a commemorative property.

G less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance (Enter categories from instructions)

- Community planning and development
- Health and medicine
- Social history

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Period of Significance 1877-1972

\_\_\_\_\_

\_\_\_\_\_

Significant Dates 1877

1904

\_\_\_\_\_

Significant Person (Complete if Criterion B is marked above)

\_\_\_\_\_

Cultural Affiliation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Architect/Builder Municipal architect staff

\_\_\_\_\_

Narrative Statement of Significance (Explain the significance of the property on one or more continuation sheets.)



9. Major Bibliographical References

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS)

preliminary determination of individual listing (36 CFR 67) has been requested.

previously listed in the National Register

\_\_\_ previously determined eligible by the National Register

designated a National Historic Landmark

\_\_\_ recorded by Historic American Buildings Survey # \_\_\_\_\_

\_\_\_ recorded by Historic American Engineering Record # \_\_\_\_\_

Primary Location of Additional Data

State Historic Preservation Office

Other State agency

Federal agency

\_\_\_ Local government

\_\_\_ University

\_\_\_ Other

Name of repository: \_\_\_\_\_

## 10. Geographical Data

Acreage of Property \_\_\_\_\_

UTM References (Place additional UTM references on a continuation sheet)

Zone Easting Northing    Zone Easting Northing

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_

\_\_\_ See continuation sheet.

Verbal Boundary Description (Describe the boundaries of the property on a continuation sheet.)

Boundary Justification (Explain why the boundaries were selected on a continuation sheet.)

## 11. Form Prepared By

name/title \_\_\_\_\_

organization \_\_\_\_\_ date \_\_\_\_\_

street & number \_\_\_\_\_ telephone \_\_\_\_\_

city or town \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

## Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

A USGS map (7.5 or 15 minute series) indicating the property's location.

A sketch map for historic districts and properties having large acreage or numerous resources.

Photographs

Representative black and white photographs of the property.

Additional items (Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of the SHPO or FPO.)

name \_\_\_\_\_

street & number \_\_\_\_\_ telephone \_\_\_\_\_

city or town \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Project (1024-0018), Washington, DC 20503.



NATIONAL REGISTER OF HISTORIC PLACES  
CONTINUATION SHEET

Section   7   Page   1  

Name of Property: **Anne Archbold Hall**

County and State: **Washington, D.C.**

Narrative Description of Architecture:

Built in 1932 as part of the Gallinger Hospital complex (now DC General Hospital complex), Anne Archbold Hall stylistically echoes the Classical Revival standard set forth by the U.S. Fine Arts Commission in the early decades of the 20<sup>th</sup> century. Originally known as the Gallinger Hospital Nurses Residence, it was designed as a five-block, U-shaped brick and limestone building, consisting of two wings and a central pavilion connected by “hyphen” blocks. The primary entrance is in the south-facing central pavilion. Sun rooms were placed at the southern ends of the wings on each floor. Two annexes, of similar materials and design to the original building were added – one in 1939 that extended to the east from the east wing and the other in 1945 that extended to the north from the west wing.

The four-story central pavilion sits on a raised limestone base and is capped with a fairly steep hip roof, clad in slate. The central pavilion has nine bays and is enhanced by a balustraded limestone stairway entrance that extends across the five central window bays. The central pavilion is further divided into three sections – two 18-1/2’ sections of two window bays at either end and a 48-1/2’ center section of five bays. Limestone pilasters with Corinthian capitals separate each bay of the five-bay center section and accent the ends of the central pavilion. Just below the roof a limestone balustrade topped with six limestone urns (one missing) stretches across the central portion while limestone panels are set into the brick parapet over the two-bay end sections. Immediately below the parapet and roof and above the main (third story) limestone cornice is a row of windows. Although all the windows on the third floor of the central pavilion are 6/6 with limestone trim extending around the window and a keystone centered in the flat arch of each window, those windows in the five-bay center portion also have a limestone decoration under the bottom sill. “Anne Archbold Hall” is engraved on the tabature. At the second story, the windows are 6 over 6 in the side sections. Those in the 5-bay center section were originally 8 over 12 lights and are capped with an arch filled with a carved wood or plaster decoration of federal-looking form like radiating arrows and swags of material. The center three window bays have decorative iron work extending across the bottom, similar to a balcony, further accenting the main entrance below. A limestone belt course between the first and second stories extends across the entire building. At the first-floor level is the central entrance marked by a 64”-wide recessed arched doorway (door is not original) flanked by arched windows. A fanlight is above the door. The central grouping is flanked by rectangular 6/6 windows and then by double windows in the end sections of the central pavilion. The limestone stairway entrance extends 15-1/2 feet from the front façade. It is finished with a limestone balustrade at the upper level

while iron railings are along the steps. A landscaped traffic circle is in front of the entryway.

The original east and west wings are nine bays long with chamfered corners. Small entry doors are in the northernmost bays where the wings meet the façade of the hyphens. The doors have arched canopies and small four over four windows above. At the ends of the wings, the window pattern changes, since there are solariums on each floor. Three large windows (and one each on the east and west facades) are in the south façade of the wings on the first floor. Above the sandstone belt course, in the second and third floors, three large windows are visually paired with the windows above to form a single vertical unit that is finished with an arch. The arch is decorated with a limestone keystone at the top and on the sides at the base of the arch. There are no windows in the wing ends of the limestone base although the rest of the wings and most of the central portion have windows in what were originally classrooms.

On either side of the central pavilion are brick “hyphens”, 3 bays wide with a raised limestone base, limestone belt course above the first story and limestone cornice above the third story. A brick parapet rises above the cornice and the flat roof. The limestone trim on these and the windows in the wings is not as bold as those in the central pavilion.

The rear façade of the original building is brick with limestone base and still retains classical revival features, although it is very restrained in nature. Multi-light windows are wood in a variety of configurations: 8/8, 6/6 and some 4/4. They have a flat arch with a keystone. The central pavilion is stepped forward about 4' from the north façade. There was no rear door. The original wings extended about 13-1/2' beyond the north façade. The east wing retains the original window scheme: first story, 6/6 flanked by narrow 2/2 windows; second story, 6/6 with limestone panel below and ironwork balcony flanked by 4/4 on each side; third story, simple 6/6 windows flanked by 4/4. On the east wing, another wing extending eastward was added in 1939, replicating the chamfered corners and window patterns. On the west wing a 60'-long addition was built in 1945 extending northward, using the same brick and limestone materials and window vocabulary. There is a rear entry on that wing but it is quite simple.

#### Interior:

Anne Archbold Hall was built as both an educational facility and a residence for nursing students and graduates. Classrooms, dining rooms, library and other educational and group facilities were mostly in the basement level. Single and double bedrooms were in the upper floors.

(Not yet assessed)

#### Integrity Assessment:

From the exterior Anne Archbold Hall appears to be in very good shape with very little loss of integrity. Even the additions, since they were constructed with similar materials

and in a very similar style, do not detract from the original building. When viewed from directly in front of the central pavilion one is not even aware of the additions.

Summary of Architectural Significance:

NATIONAL REGISTER OF HISTORIC PLACES  
CONTINUATION SHEET

Section 8 Page 1

Name of Property: Anne Archbold Hall

County and State: Washington, D.C.

**Narrative Statement of Significance;**

Anne Archbold Hall (formerly Gallinger Hospital Nurses Residence) is significant within the context of Washington's social history because it serves as a visible reminder of the efforts within the community to provide medical services to the poor from the time when such services were regarded as charities to the time of their incorporation within the DC Health Department. It is also emblematic of the role nurses have played in the development of adequate medical care for the city's indigent citizens. Its construction in 1932 in the central part of the Reservation 13 (Gallinger Hospital complex) is indicative of the importance of the role of nurses within the entire complex – general hospital, psychopathic wards, communicable diseases, maternity and obstetrics. As home of the Capital City School of Nursing, it is a testimony to the struggle for professional recognition for nurses within the medical world.

**Nursing and Social History**

In many ways, the history of Anne Archbold Hall extends back to the earliest years of Washington when the first charitable institution, The Washington Infirmary, was established in 1806 on M Street NW between 6<sup>th</sup> and 7<sup>th</sup> Streets. Congress appropriated \$2,000 for a building to house the poor, disabled and infirm. Despite Congress's intentions it was commonly known as "The Poor House." (Brief History, page 1)

There were several other early attempts to establish a public hospital in the city. In 1820, Dr. Thomas Ewell submitted a plan for a public hospital to be independent of the poor house. In 1832, the Board of Health advocated a general hospital. Finally in 1842, Congress appropriated \$10,000 to "fit up the old jail on Judiciary Square for use as an insane asylum." (BH, 1) Although repairs were made to the building, it "was found expedient to continue to send some insane patients to hospitals in other cities, and to confine others in jails and almshouses."

Finally in 1843, an ordinance was passed providing for a new asylum to be built on the banks of the Eastern Branch of the Potomac (Anacostia River) on a 60-acre site known as Reservation 13 (now bounded by 19<sup>th</sup> Street, SE from E Street to Independence Avenue). In 1846 the consolidated almshouse and workhouse also moved to the site and the entire complex became known as the Washington Asylum Hospital – a place for the poor, infirm, diseased, vagrant, disorderly persons, prisoners, and paupers. Also at the edge of Reservation 13 at that time were the Army and Navy Magazine and the burial

ground for inmates of the Asylum. (The building back on Judiciary Square became the home of the medical faculty of Columbian College, now part of George Washington University, and the institution was called "The Washington Infirmary," the first general hospital in DC.)

In 1857, the original Asylum Hospital was destroyed by fire. A new brick building was erected in 1859 and was used in various capacities for approximately 100 years (including as the nurses' residence from 1924 – 1932). (photo, page 4, Capital City School of Nursing). At approximately the same time, several brick and frame buildings were erected near the main building and used for a variety of purposes, including a smallpox hospital and, during the Civil War, as a barracks hospital. (BH, 3) All of these buildings were clustered near 19<sup>th</sup> Street, on the western edge of Reservation 13.

Since 1843 nursing at the Asylum Hospital was done by practical nurses. In 1858 the Sisters of Mercy took over the domestic and administrative responsibilities. This situation reflected the state of nursing at the time of the Civil War – nursing was done by the family, by religious orders, and by practical nurses without standardized training. Or, as graphically stated: "Previously to 1877, nearly all of the nursing, in fact, we may say all, in the District of Columbia was done by self-taught nurses, well-meaning friends, or superannuated females thrown upon the charities of a cold world – who took up nursing as a last resort and frequently with a feeling of being degraded." The Civil War provided the public with a vivid demonstration of the value of nurses in caring for the wounded and sick, particularly the work of Dorothea Dix and Clara Barton. Just as experiences in the Civil War illustrated the need for trained nurses, the achievement of Florence Nightingale in providing nursing services for British soldiers during the Crimean War (1854-56) provided inspiration, particularly for the training system developed for nurses at St. Thomas's Hospital in London. By 1873 Bellevue Hospital in New York City became the first to establish a school for nurses in this country and seven more "Nightingale-era" schools were founded in the next four years, one of them the Washington Training School for Nurses. (CCN, p.8)

From its conception the Training School combined practical instruction and lectures over a two-year period. (An early curriculum listed the following areas of instruction: dressing blisters, burns, sores and wounds; application of leeches; use of the hypodermic syringe; and other routine nursing procedures. Lectures totaled 42 hours of which 8 were on Anatomy; 8 on Physiology; 4 on Medical Nursing; 6 on Obstetric Nursing; 4 on Hygiene; 1 on Children's Diseases and 9 on Surgical Nursing). (BH, page 5) By 1891-92, there were 80 registered nurses in the city, 49 of whom were graduates of training schools. Applicants to the Washington Training School were required to be 20 years old, have certificates of sound health and moral character, and have an elementary education. (BH, 5)

During this period of time the school was dependent on financial contributions from interested persons and from fees. Often the Trustees had to appeal to "those persons who appreciate the value of skilled care at the bed side to aid in supporting this institution." In 1881, an Art Loan Exhibition was held at the Octagon House to raise money for founding a nurses' home for the school. A newspaper article from the *National Republican* described the closing of the exhibition: "The promenade concert at Masonic Temple last night attracted a large and brilliant assemblage of Washington's best citizens. The concert was the grand finale of the art loan exhibition for the benefit of

the Training School for Nurses, which closed last Saturday night after a successful exhibition lasting over six weeks. The music was furnished by the full Marine Band, under the directorship of Leader Sousa, whose beautiful selections were warmly applauded. . . . Through the Art Loan Exhibit and the tea party last evening, the funds of the Training School were enriched by more than one thousand dollars.” ( )

During the first twenty years of the Training School for Nurses, various systems of training, management, and affiliation were tried. At the time, there were two basic methods of training. The first, similar to that used for law, medicine and art, was that a school was established at a convenient and suitable location where students, who paid a given rate for instruction, would hear the professors and lecturers who came to the school. Experience was arranged for nursing students at various hospitals or institutions. The second method, which was described by one president of the Board of Trustees as “peculiar to the Training Schools for Nurses,” consisted of establishing a residence or home in connection with the school and under its control. The nurses resided in the home and received their instruction there. The matron assigned the nurses to cases or institutions and they served under her direction in the care of any patient or in the treatment of any disease or condition. She also fixed the fee to be paid by the patient, collected the money to help defray expenses of the home and school, and paid the nurses wages. (A report from 1887 -1891 indicated the salary ranged from \$5 - \$12 per month in the first year and from \$8 - \$30 a month in the second year.) (CCN, 18)

Twenty years of experience led, in 1904, to the reorganization of the Training School for Nurses into the Capital City School of Nurses. Training extended over three years, with instruction provided by physicians from the University of Maryland, Georgetown, George Washington University, Washington Asylum Hospital and Emergency Hospital. The first two years were spent at the Washington Asylum Hospital (150 beds) for training in the obstetrical, surgical and medical fields and the senior year at Bellevue Hospital (N.Y.) for training in acute surgical diseases, emergency services and dispensary services (outpatient). Nurses were provided with a residence, separate from the hospital building, as well as lecture rooms, reference rooms, and classrooms. To be considered for admission, the recruitment brochure noted, “a candidate must not be under twenty years of age, nor over thirty-five, and of at least average height and good physique. Applicants are also reminded that women of superior education and cultivation will be preferred, provided they meet the requirements in other particulars. The candidate is required to fill out the answers to the questions on the accompanying application blank in her own hand writing; and to send with it the certificate of health from her physician, a letter from her clergyman testifying to good moral character and qualifications for undertaking professional work, and a recommendation from a well-known person of her acquaintance (not a relative). . . . The Superintendent of Nurses has full power to decide as to the fitness of the applicant for the work and the propriety of retaining or dismissing her . . . . From the date of entrance students receive board, lodging, a reasonable amount of laundry work, stationery, text books, and an allowance at the rate of five dollars a month. In sickness all students are cared for in the Institution. Vacations are given between the first of June and the end of September. A period of two weeks is allowed each pupil each year. The diploma of the school will be awarded to those who have completed satisfactorily the full term of three years and who have passed successfully the required examination.” (CCN, p.38-39)

While some citizens and medical professionals were working on the problem of educating nurses, others were trying to provide a more orderly framework for the distribution of charitable aid, particularly federal monies. Before 1900 the administration and distribution of aid to the poor in Washington was largely dependent on private benevolent organizations who received federal aid to support their endeavors. In 1897-98, forty-five charitable and reform institutions were in operation in the District, including hospitals, workhouses, almshouses and correctional facilities. Twelve were owned by the Federal government and 33 were owned by private corporations but received annual federal subsidies. The city's inadequate response to poor relief in the 1893 depression helped convince Congress to establish a joint select committee to investigate managing public charity, which led, in turn, to Congressional hearings about relief programs and reformatory institutions in 1897-98. (Green and Bushong)

As a result of these hearings the DC Board of Charities was established in 1900 to manage public funds for all the institutions, societies or associations involved in charity or correctional work supported in whole or in part by federal monies. It was hoped the Board, composed of five Washingtonians, would be able to coordinate charitable contributions and eliminate waste and the overlap in service.

From the beginning of its establishment, a major component of the Board's plans was the construction of a municipal hospital to remove the need for contracting medical care of indigent patients to private hospitals. With this purpose in mind, in 1900 the District Commissioners purchased a site at 14<sup>th</sup> & Upshur streets in Northwest Washington for a new municipal hospital. However, Congress failed to appropriate funds to design or build the facility and many prominent Washingtonians, who resented the plans to cut government subsidies to their favorite charities also resisted plans for a hospital.

After a decade of work by the Board the Charities, the problem of providing adequate facilities at the Washington Asylum Hospital was as acute as ever. Dr. James Gannon, who came to the Hospital in 1915 as chief surgeon and visiting physician, recalled in an article: "When I took over, I found fourteen buildings on the reservation used for various purposes, two hundred odd patients, ten nurses, a few student nurses, one full-time resident, and three medical students who worked evenings only. Orderlies, custodians, and clerical help were insufficient in numbers. The yearly turn over of patients was about five thousand. The food was poor and entirely lacking in fresh fruit and vegetables. It was badly prepared. Only one bed sheet for each patient, who had the choice of lying over it or under it. . . Modern drugs were too expensive and medication was mostly sedatives, narcotics and purgatives . . . Gauze dressings were so scarce that ulcers due to varicose veins, cancer, syphilis, and osteomyelitis could be dressed only once a week when they required daily attention. . . ."

Nurses who were at the Capital City School for Nursing at the same time recalled "The lecture room for nurses entering the school was equipped with an autopsy table, wooden benches, a desk, one jet gas light, and a dirt floor. After the first year, classes were held in the Nurses' Home. (photo, CCN, page 32) . . . There were no paved roads between 15<sup>th</sup> Street and 19<sup>th</sup> Street, SE and there were no houses in the vicinity of the hospital. The hospital grounds were beautifully landscaped, with large trees leading from 19<sup>th</sup> Street into the grounds. The strawberry patches, stables, and pig pens all made a picturesque scene. . . . In 1916, there were sixteen student nurses and six graduates, who

gave all of the nursing care to two hundred patients.” (p. 47, CCN) Another nurse recalled two of her most memorable patients were Suffragettes who were arrested picketing the White House for women’s right to vote. They were sent to the Washington Asylum Hospital for tube feeding after they went on a hunger strike (CCN, p48)

In spite of the lack of adequate financial support for the hospital, the nursing staff at the Washington Asylum Hospital performed admirably. In a article written by Josie Woltz (class of 1919), she credits an encounter with Miss Stott (Class of 1911 and Night Supervisor at the Hospital for 20 years) with inspiring her to give up a well-paid legal secretary position to begin a career in nursing. In all kinds of weather and without lights and paved walks “Miss Stott covered the six one-story frame buildings, the Receiving Ward and the three-story brick building which was then in use for patients suffering from mental disorders, alcohol and drug abuse” to assist the lonely and anxious student nurses on night duty. “She did whatever must be done: assisting with procedures, relieving an exhausted nurse, supporting a patient, substituting as night chef when the cook failed to show up. Like so many others on the Hospital Staff, Miss Stott provided money for transportation and vital necessities to many destitute patients.” (p.48, CCN)

For years it had been obvious that the collection of buildings at Reservation 13 could not meet either the medical demands of the time or spatial demands of so many patients. For years the Board of Charities had lobbied for a municipal hospital and compiled financial reports to buttress the argument that such a facility would save substantial funds. Finally in 1914, Congress finally appropriated \$15,000 for plans for a municipal hospital. Plans were drawn up for a 300-bed hospital by Leon Dessez, under the general supervision of Municipal Architect, Snowden Ashford, for the 14<sup>th</sup> & Upshur site. The Fine Arts Commission was generally in favor of the plan. A 1915 news article says the 12 buildings (300 beds) would cost \$500,000 and is “. . . barely adequate to meet the demands of the present municipal hospital . . . (but) its facilities may be increased as needed.” However, the citizens of Northwest Washington had other ideas and mounted a vigorous campaign against locating a municipal hospital in a residential section, including one notable gathering of an estimated 600 protesters before the city commissioners. One speaker said, “The northwest section will be behind the Commissioners as a stone wall if the hospital is built on the present site on the eastern branch; it will be in front of the Commissioners as a stonewall if they attempt to locate the hospital at 14<sup>th</sup> and Upshur.” (may 1916 article)

In 1917 Congress decided the issue and mandated that the hospital’s site be located at Reservation 13 against the “violent opposition” of residents in southeast Washington. That decision made members of the Board of Charities quite nervous as well for they feared the project might be postponed indefinitely because of potential opposition from the United States Commission of Fine Arts, guardians of the 1901-02 McMillan plan that called for riverside park development at Reservation 13, including an extension of Massachusetts Avenue across the Anacostia River. Congressional action on the hospital plans was delayed with the entry of the United States into World War I and it was largely through the lobbying efforts of DC Commissioner Louis Brownlow near the end of the war that Congress included an item funding the construction of a new municipal hospital in an appropriations bill. The facility was named Gallinger Municipal Hospital in honor of Senator Jacob H. Gallinger of New Hampshire, a physician who had served for many years as chairman of the Senate Committee on the District of Columbia.



Brownlow had counted on the “clublike spirit” of the Senate to win approval of a hospital that would be named in honor of an esteemed colleague who was soon to retire. (Bushong nomination form)

The first buildings to be constructed in the Gallinger complex were the psychopathic group (administration building, admission ward, and separate men’s and women’s buildings), which were occupied in January 1923. A *Washington Post* article in February 1928 details the extent of the building campaign: “The new Gallinger Municipal Hospital, now under construction, will comprise one of the largest medical centers in the world, when completed. Its bed capacity of nearly 800 will exceed the combined total of Emergency, Garfield, Georgetown and Casualty Hospitals. . . . The group of four buildings now in use comprises the psychopathic department of the institution. The six-story building nearing completion will have a bed capacity of 300 and will be used only for medical cases. In its rear a one-story service building, comprising the laundry, kitchen and dining rooms, is nearing completion. A two-story administration building, a two-story building to be known as the medical center, another six-story building to care for 300 surgical cases, and a new nurses home will be constructed just as rapidly as possible. All of the buildings will be connected by an underground system of tunnels” and some will also be connected by a series of passage ways above ground. It is clear that there was a campus plan for the site because the article goes on to say that “under the plans of the National Capital Park and Planning Commission, the grounds on which the present wooden structures stand will be beautified by shrubbery and rolling lawns.”

Of the nurses’ home, the article states, “It will have accommodations for 150 nurses and will be so constructed that two nurses only will be quartered in each room. In the basement of the two-story structure a gymnasium, lecture rooms, and living rooms will be located. Seventy-six nurses comprise the present staff at Gallinger Hospital. When the new center is completed . . . this staff would be increased to approximately 125.”

While all of these plans were being made and beginning to be implemented to the physical plant at Gallinger Memorial Hospital, the nurses’ training program was also being overhauled and updated to meet the demands of increased expectations and oversight from such bodies as the District of Columbia Board of Nursing Examiners. In 1922, there were still no full-time nurse instructors. Also, at a time when women were expecting an acceptable working environment, students at the Capital City School of Nursing had to endure inadequate housing and lengthy assignments to give patient care under the most unsatisfactory conditions. As Dr. James Gannon, Dean of the Capital City School of Nursing put it in his memoirs, “We needed a Superintendent of Nurses who had vision, character, and experience, who would be willing to undertake the formidable task of developing a first-class training school out of the material which was at hand.”

Ms. Catherine E. Moran, a nurse on the staff of Emergency Hospital and a member of the Nurses’ Examining Board, was chosen in 1922 to re-organize the school. In her memoirs, she recalls: “I arrived at Gallinger Hospital on a Sunday afternoon and found a group of white frame buildings and two brick buildings: the old Psychiatric Building (built in 1859 as an almshouse) and the new Psychiatric Building, not quite completed. As I entered the grounds, I noticed the D.C. Jail on one side, the

Congressional Cemetery on the other side, and a river in the back. . . As we know, however, buildings do not make a school. I found a splendid spirit of helpfulness and a good feeling in every department. I felt very alone, no Assistant, no Instructor, no Hospital Housekeeper; but my first meeting with the students, supervisors, School of Nursing committees, and the Hospital Board gave me courage to work hard.” (CCN, 62)

Within a few months she suggested severing the affiliation with Bellevue Hospital in New York and affiliating with Children’s Hospital in Washington to gain the necessary experience for the nurses while at the same time gaining the service of senior students for the eight months then spent elsewhere. An added benefit would be a presumed increased interest of students in their own school, particularly as alumna. Although the Capital City School of Nursing met the requirements for the Accredited Schools of Nursing and Registration in the District of Columbia from 1922 – 1929, the school administrators welcomed surveys of the New York State Board of Nurse Examiners because in New York the schools of nursing were directly under the State Board of Education, raising the educational standard. When the New York survey would cite certain unsatisfactory conditions (for example, in 1923, inadequate staffing, inadequate classrooms, poor living conditions for nurses, preliminary students on regular duty, lack of well-organized class work, and lack of correlation of theory with practice were cited), Ms. Moran and Dr. Gannon would use the results as a negotiating tool in obtaining additional resources.

After the 1923 report, the Board of Charities, with approval of the DC Commissioners, created a Ladies Auxiliary Board to work with hospital authorities and give assistance to the School. Mrs. Anne Archbold was one of the first members of the Board that provided funds for music and entertainment for Commencement exercises, helped finance early surveys of the school, raised funds for the Library, and helped furnish the Nurses home through personal gifts. Mrs. Archbold provided the funds necessary to employ the first Psychiatric Social Worker and paid the salary for four years and was also instrumental in starting the Occupational Therapy Department in 1924. (ccn, 66).

The problems the hospital (and nurses) faced stemmed from three facts: The facility was dependent on Congressional appropriations for the bulk of its operating and capital improvement funds; it was located in an often-neglected section of the city; and its chief clientele were the poor. Ms. Moran made a special report in 1924 outlining some suggested remedies for some of the problems:

- Because the roads leading from the carlines (which ended 5 blocks from the hospital) were unpaved and without lights or sidewalks, staff, relatives and patients were forced to walk on dusty or muddy roads. Transported patients had to endure being conveyed over very rough roads. She suggested an ‘automobile stage’ to convey visitors and staff, extension of the carline, paved streets, side walks and better lighting.
- Salaries for most staff members at Gallinger were less than at other hospitals so when an employee was reprimanded, she/he could often find employment at other institutions at higher wages. Salaries should be on a par with others in the city to assist in discipline of the staff.

- Congress had appropriated money to employ only 33 pupil nurses “which is about half the number needed to conduct the hospital properly.” (ccn, p 67)

At the end of the decade, the School of Nursing had managed to meet the requirements of both the District of Columbia Board of Nurse Examiners and the New York State Regents, with the exception of those that could only be corrected by a more adequate staff and a new nurses’ home. The school was adhering to the curriculum outlined by the National League of Nursing Education, with more emphasis on the prevention of disease and community health, as well as nursing in the specialities of pediatrics, obstetrics, medicine, surgery, tuberculosis, psychiatry and the correlation of theory and practice. (ccn, p.79 Students were now expected to have four years of high school. (p.74)

With the dedication of the new 300-bed general hospital in June, 1929, the hospital Superintendent, Dr. Edgar A. Bocoock, remarked, “Truly, the opening of the new Gallinger Hospital marks a prominent milestone in the history of the Capital City Training School for Nurses, that for the last twenty years has grown in size and reputation, has won a place of esteem in the community and which faces a splendid future under the conditions that will prevail in the new hospital and which are experienced for the first time by the class of 1929.”

That same year, Congress appropriated \$325,000 for a new nurses’ residence. It became the new home of the Capital City School of Nursing in 1932 with accommodations for 160 student and graduates (130 single rooms and 21 double rooms), reception rooms, library, solariums on each wing of every floor, dining rooms, night nurses’ dormitory, and an infirmary. In the teaching unit were lecture rooms, demonstration room, science laboratory, dietetic laboratory, instructors’ offices, and a large auditorium with a seating capacity of 300. (ccn, p 83) An annex was added to the right in 1939 to house fifty additional students and another annex built in 1945 to accommodate an additional \_\_\_\_ more. The building was dedicated to Mrs. Anne Archbold in 1945.

Although the facilities and some working conditions for nurses were improved by the construction of new medical facilities, the increase in number of beds and the increasing sophistication of medical procedures should have dictated a sizable increase in the nursing staff – both student and graduate. Student nurses were now attending classes for 900 hours, while they were expected to be on duty for 10 hours for a day shift or twelve hours a night shift. The Superintendent of Nurses advocated that graduate nurses on general floor duty would greatly relieve the situation. From 22 student nurses at the end of FY 1922, the number had increased to 147 in 1932. However, the number of graduate nurses remained at 23. Between 1932 and 1934, the daily patient average increase from 525 to 696 and the number of patients seeking admission hit 18,071 in 1934, up from 12,905 in 1932.(ccn, p.87)

In 1934, the Superintendent of Nurses and the faculty were expressing concern about the “long, arduous hours of duty” and reported that four students had developed tuberculosis. “The twelve-hour night duty is very hard, when students are obliged to get up for classes; and the ten-hour day is equally difficult, as rest and recreation time must be spent in classes and study.” The Nurses Examining Board agreed and granted only provisional registrations. (ccn, p. 92, )

One change that many felt would have long-lasting benefits was the decision in 1935 to transfer control of the hospital (and thus of the Capital City School of Nursing) from the Board of Public Welfare to the DC Department of Health. Thus, the philosophy behind providing health service for the poor had shifted from the domain of charity to that of public health. The change in administration gradually led to the changing of the goals of the institution and to an increase in the resources available for medical care. As a part of the Health Department, Gallinger Hospital was administratively linked with community resources for public health services and these resources could be used for student instruction and experience. (ccn, p. 95)

One of the patterns of life at Gallinger Hospital was the intense press attention to various situations -- quite often about overcrowding and working conditions, sometimes about medical procedures. The mid-thirties was one time of such publicity. An editorial in the Washington Post (March 1, 1936) started out by stating "Hundreds of citizens who attended the recent mass meeting on public health were shocked by the exposure of conditions at Gallinger Municipal Hospital. Thousands of others must have experienced a feeling of civic humiliation when they read the letter by Ruth Ford, president of the Gallinger Nurses Alumnae Association, detailing the appalling conditions arising from the hospital's severely restricted budget. . . . Conditions at Gallinger have become so bad that the Nurses Examining Board recently threatened to withdraw registration of the nurses' school. Young girls in training work 12-hour shifts, with inadequate food and under injurious conditions. About 10 percent of them contract tuberculosis, and 30 percent are physically incapacitated for further nursing service. Such a record in a hospital operated by the Capital of a civilized nation is disgraceful. . . . In making up their next budget the Commissioners must necessarily adopt some plan to eliminate this municipal scandal. Congress will then be forced either to supply the hospital's needs, or openly to support a policy of neglect almost without parallel."

It was not only the reporters and editorial writers who advocated change and improvements at Gallinger but Society matrons were vehement as well. Evalyn Walsh McLean wrote in a column, "After all the newspaper have done in exposing the dreadful conditions at this hospital, the District failed to move the children out of the condemned building, preferring to let things ride, and trusting to luck to prevent anything happening, knowing full well that the people of the District were helpless if anything terrible did happen. I was criticized for calling the people of this city DUMB. Remember I only said they were DUMB in not demanding a vote!"

Mrs. Anne Archbold took a more direct approach: "Bitterly attacking attempts of prominent Washington physicians to "cover up" conditions at Gallinger Hospital, Mrs. Anne Archbold, wealthy District society woman and daughter of the late John D. Archbold, former oil magnate, last night announced that she had given \$5,000 in laboratory and surgical equipment in an effort to aid in overcoming the shortcomings of the institution. Mrs. Archbold declared that the 'District Commissioners and Congress apparently must be shamed into their duty to Gallinger Hospital, by donations from private citizens,' as she announced the gift to the hospital made some days ago. 'Anyone who visits the hospital can see the shameful overcrowding, the insanitary children's ward, the understaffed and underequipped laboratory,' Mrs. Archbold said. 'Even if Congress does appropriate the long overdue funds, they will not be available until next year. In the

meantime, it is apparent that Washington citizens must themselves furnish the money if the poor and unfortunate members of the citizenry are not left to die,' she added."

By 1940 there were some improvements in both the hospital and the school. Two permanent buildings were completed – the Medical Building with 276 beds and the Tuberculosis Building of 226 beds. The average daily census increased to 1031, while the nursing positions did not increase at an equivalent rate, thus perpetuating the too-high nurse-patient ratio. However, in 1940 the new wing to the nurse's residence opened, which included a teaching unit that resembled a hospital unit for instruction of pre-clinical students in the fundamentals of nursing. (ccn, p.106) By 1941, due to an increase in the number of nursing students, the residence was again overcrowded and graduates were encouraged to live outside. The final addition to Anne Archbold Hall came in 1945 when an extension was added to the west wing of the original building. One of the major benefits from the nurses' views was the provision for kitchen and laundry facilities in the new wing.

The war years brought a new set of pressures as class sizes increased, funneling more students through the system, but graduate nurses available for supervision in the hospital setting decreased as many left to enter military service. According to a *Washington Post* article in December 1945, "the hospital now provides only one sixth the necessary nursing care for surgery patients, about one third the care required in the nursery . . . and less than one half that required for maternity cases. Funds [to pay for 90 cadet nurses] will be taken from savings realized as a result of vacant post. The hospital has 91 vacancies in its authorized staff of 212 student nurses and 42 vacancies in its staff of 135 graduates." Newspaper headlines tell the story, "Meager Nursing Staff at Gallinger Hospital Tries to Provide Care for Premature Babies," (Washington Star, April 17, 1946, two student nurses provide care for 27 infants during the night shift). Although news stories usually were supportive of the nurses' efforts, even when criticizing medical care or conditions at the hospital, the constant barrage of critical stories about the hospital made recruitment difficult and lowered morale. Such stories, coupled with conditions brought about by congressional mandates (as when Congress specified an amount for daily food rations below that of the other community hospitals and even less than allowed for inmates of the city jail) kept nursing at Gallinger Hospital challenging, exhausting, and discouraging.

In spite of all the challenges, in 1951 the National League of Nursing Education Accreditation Service announced that the Capital City School of Nursing had received National Accreditation.

"This school well merits local and national accreditation:

- Because it has a well qualified faculty with an integrated and coordinated program
- Because of excellent hospital and community facilities
- Because the Alumnae Association has always maintained a real interest in the school and its program.

We are pleased to have the school on the published list of accredited schools." It was the first hospital nursing school in the District of Columbia to receive accreditation.

In 1953 it was decided to change the name of the hospital from Gallinger to the District of Columbia General Hospital both to signify its status as the municipal hospital

for the city and to disassociate the institution from the years of poor publicity associated with Gallinger Hospital. The Department of Public Health was designated as the authority responsible for hospital care programs (and the Capital City school of Nursing). Adjustments were continually made in the curriculum and training schedule in response to medical advances and recommendations of academic bodies. By the end of the decade, the Capital City School of Nursing had its first male student and its first African American students.

The quest for volunteer services to help bridge the gap between patient needs and staff capabilities continued. Mrs. Anne Archbold often stepped into the breach, supporting recruitment brochures for nurses and the establishment of a new volunteers program, "PROPS" (Physical Rehabilitation or Patient Services), which became the basis for soliciting and arranging for contributions of service and money.

The 1960s brought an erosion of hospital and school authority as the two came under the administration of a Health Officer for the District of Columbia. By the end of the decade the health department was downgraded to a "Health Administration" under a new City Department of Human Resources. Although the curriculum and practices were revised to meet changing needs, it was becoming apparent that education requirements were leading to the need for a baccalaureate program for nurses. Finally the decision was made in 1970 that a web of economic, political, social and professional forces had made the continuation of the Capital City School of Nursing unrealistic. The school would be closed over an extended period and the last class would graduate in 1972 – the 95<sup>th</sup> year of the school's start, thus allowing for an orderly transition to other types of nursing programs available in the city. The school was closing on a high level since results from State Board Licensure Examinations for several years prior to 1970 placed the school in the "upper 10 percent of all schools of nursing – collegiate, diploma, junior college—as determined on first time examination scores. . . . These again established the Capital City School of Nursing not only as one of the oldest schools, but also one of the best in the country." Ms. Ritter, Director of Nursing from 1945-62, speaking about the decision to close the school, said "In our opinion the school ended in a unique manner, giving way to the factors inherent in changing times. The time was ripe for acknowledging that a professional education for nurses should be rooted in a university. And so the Capital City School of Nursing, a diploma school, faded away in dignity – each graduate with his or her own recollections. May they all find a way of keeping the memories alive!"

In the last yearbook of the Capital City School of Nursing, Dr. Edgar A. Boccock, Superintendent of Gallinger Hospital from 1927-44, summed up the situation: "Since about 1850, this institution has served the suffering poor of the United States Capital, first as an Almshouse and later as a Hospital. On no occasion. . . has an individual been turned from its doors. The suffering have been relieved, the hungry fed, the miserable comforted, and the newborn delivered to its mother to her joy and pleasure. Thus the institution stands as a landmark of real service in this the Nation's foremost city."

## SELECTED BIBLIOGRAPHY

### ARCHIVAL MATERIALS

D.C. Public Library, Washington, D.C.  
Washingtoniana Clipping Files.

National Archives

RG 66, Records of the Commission of Fine Arts, Project Files, Gallinger  
Municipal Hospital.

### BOOKS AND ARTICLES

Gannon, James A., M.D., F.A.C.S “Recollections of Old Gallinger Hospital.” Medical Annals of Washington, D.C., (July 1951), pages 391 – 396, 408; (August 1951), pages 445- 450.

Green, Constance M. Washington: A History of the Capital, 1800 – 1950 2 Vols. (Princeton: Princeton University Press, 1962; paperback reprint, 1976).

Kohler, Sue a. A Brief History of the Commission of Fine Arts, 1910-1984. Washington: Government Printing office, 1985.

Seckinger, Daniel L, M.D. A Brief History of District of Columbia General Hospital. Washington: Department of Public Health (bound typed manuscript), 1951.

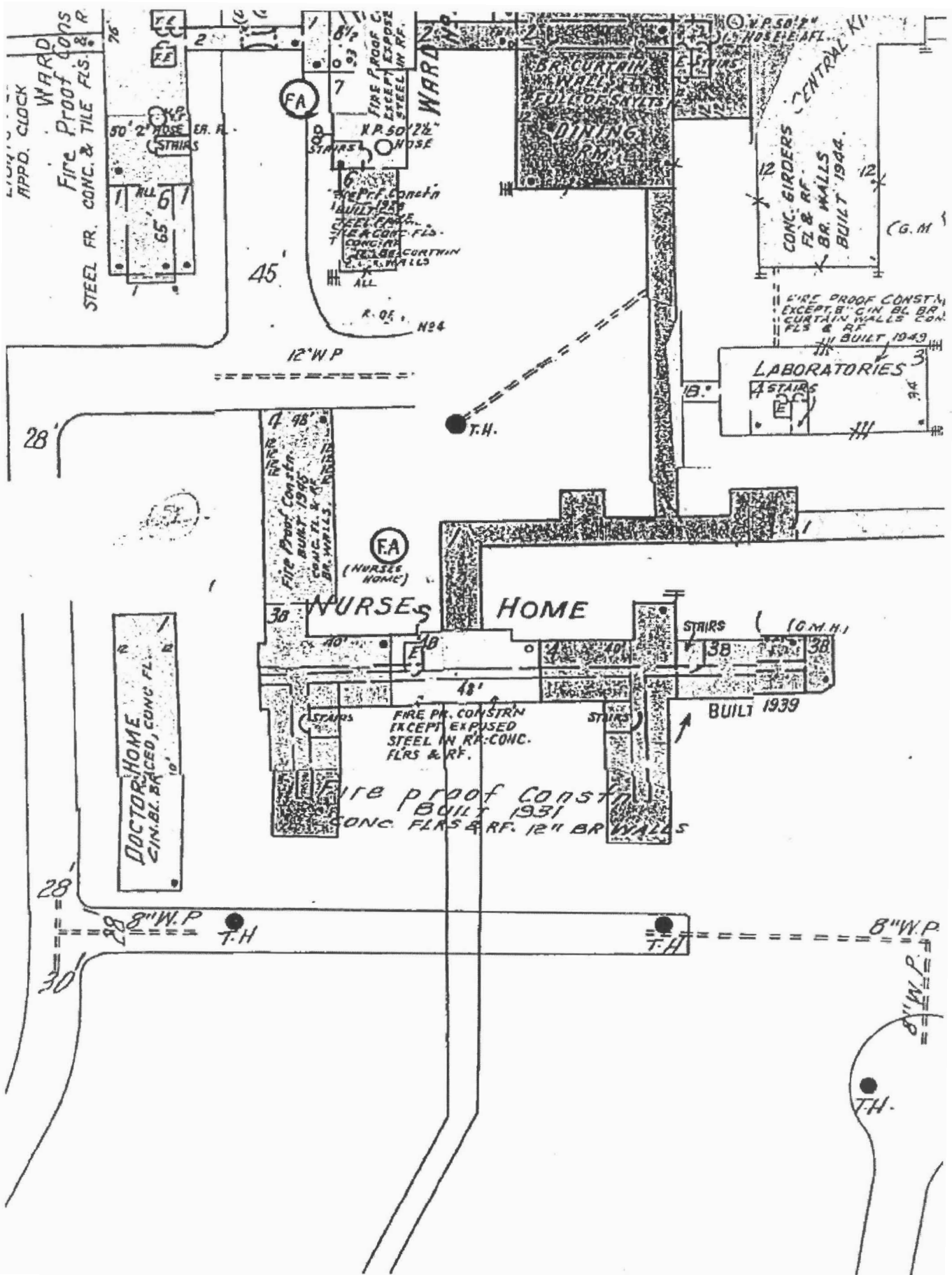
Woltz, Josie L. “My Thirty-six Years at Gallinger Municipal Hospital.” The Capital’s Health. 1 (March 1953), 1- 3)

Youtz, Dorothy Jane. The Capital City School of Nursing. Washington: Capital City School of Nursing Alumnae Association, 1975.

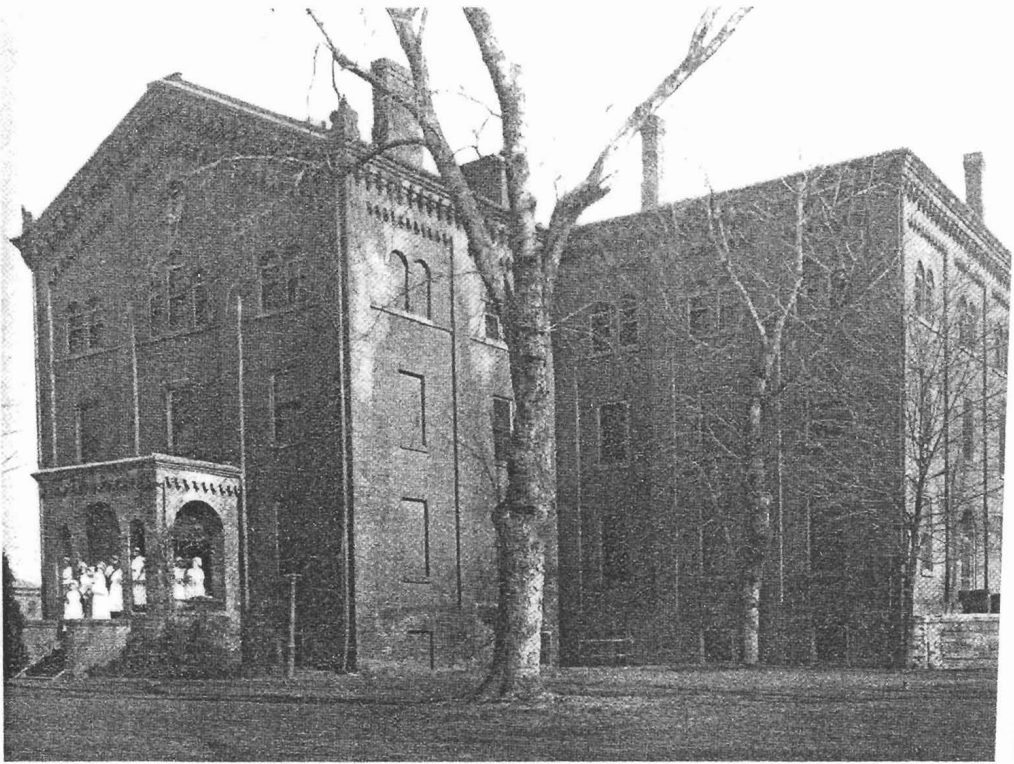
### REPORTS AND UNPUBLISHED MANUSCRIPTS

Bushong, William B National Register of Historic Places Nomination Form for Gallinger Municipal Hospital Psychopathic Ward, 1988. (Located in Historic Preservation Office, Office of Planning, Washington, D.C.).

1927-57







Brick Building—Erected in 1859 as an Almshouse

(Photographed when building was in use as a Nurses' Residence 1924-1932)



Frame Buildings—Erected between 1859-1898 for use as General Hospital Units



**Nurses' Home—1904**

This home, built around 1890, was in use as a Nurses' Residence until 1924. After 1924, the house was used as a Doctor's Residence.

**Student Nurse—1904**

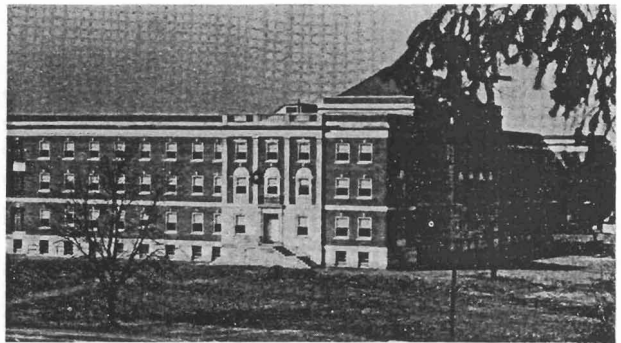
Student Nurse, Miss Grace Henicle, Class of 1904, left, with a graduate nurse identified as "probably a Miss Jefferson" (Janet Jefferson, Class of 1902)



## NURSES' RESIDENCE

This is the first residence built for the nurses since 1890. Congress appropriated \$325,000 in 1929 for its construction. Ground was broken January 8, 1931, and the building was ready for occupancy May 13, 1932. The Capital City School of Nursing now had a modern well-lighted building with accommodations for 160 students and graduates, 130 single rooms, 21 double rooms, reception rooms, library, solariums on each wing of every floor, dining rooms, night nurses' dormitory, and an infirmary. The teaching unit comprised lecture rooms, demonstration room, science laboratory, dietetic laboratory, instructors' offices, and a large auditorium with a seating capacity for 300.

Side View—1932



Front View with Annex on  
Right—(after 1939)





Mrs. Anne Archbold with Dr. Philip Stebbing, Superintendent, Gallinger Hospital, and Mr. Renah Camalier, District Commissioner (from left) are shown during dedication ceremonies of the Nurses' Residence at the hospital. . . . .

## Nurses' Home Is Dedicated

The nurses' residence at Gallinger Hospital, built in 1932, was named yesterday Anne Archbold Hall in honor of Mrs. Anne Archbold of 3905 Reservoir rd. nw., sponsor of many special projects in patient care and comfort at Gallinger.

The residence, housing 250 nurses, previously had had no name.

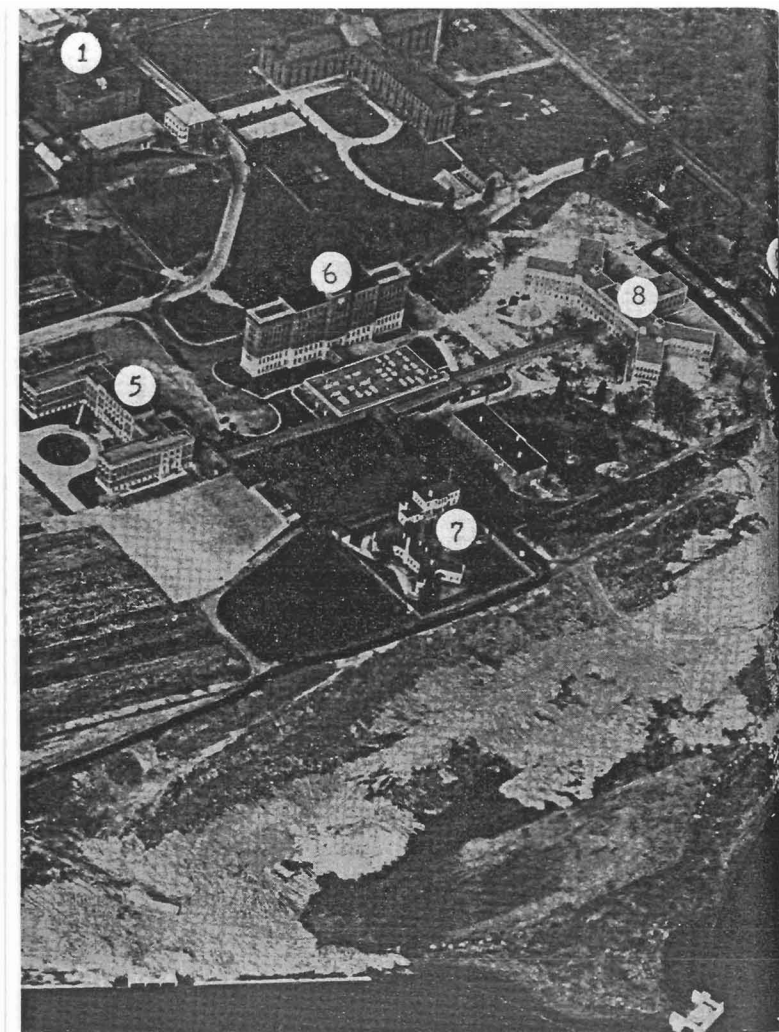
Dr. Philip Stebbing, superintendent of the hospital, recalled how Mrs. Archbold had financed the first occupational therapy unit at Gallinger in 1923. She also established a diet kitchen for the use of student dietitians, built a small sitting room in the nurses' residence, and equipped and financed an infirmary in the D. C. prison

until Congress got around to appropriating the necessary funds, Stebbing declared.

At the brief dedication ceremonies, held on the lawn in front of the residence and attended by Commissioner Renah Camalier and friends of Mrs. Archbold, Miss Catherine Moran, director of nurses at the hospital from 1922 until 1945, also praised the work of Mrs. Archbold. "But it wasn't only here," she declared, "it was all over Washington that she spread her generosity. She really deserves much more than what we are doing here today."

Mrs. Archbold said she was "surprised" and "overcome" by the honor of having the residence named after her.

Photograph and article: used by permission of the *Washington Post*



Hospital Buildings (Between 1929 and 1939)

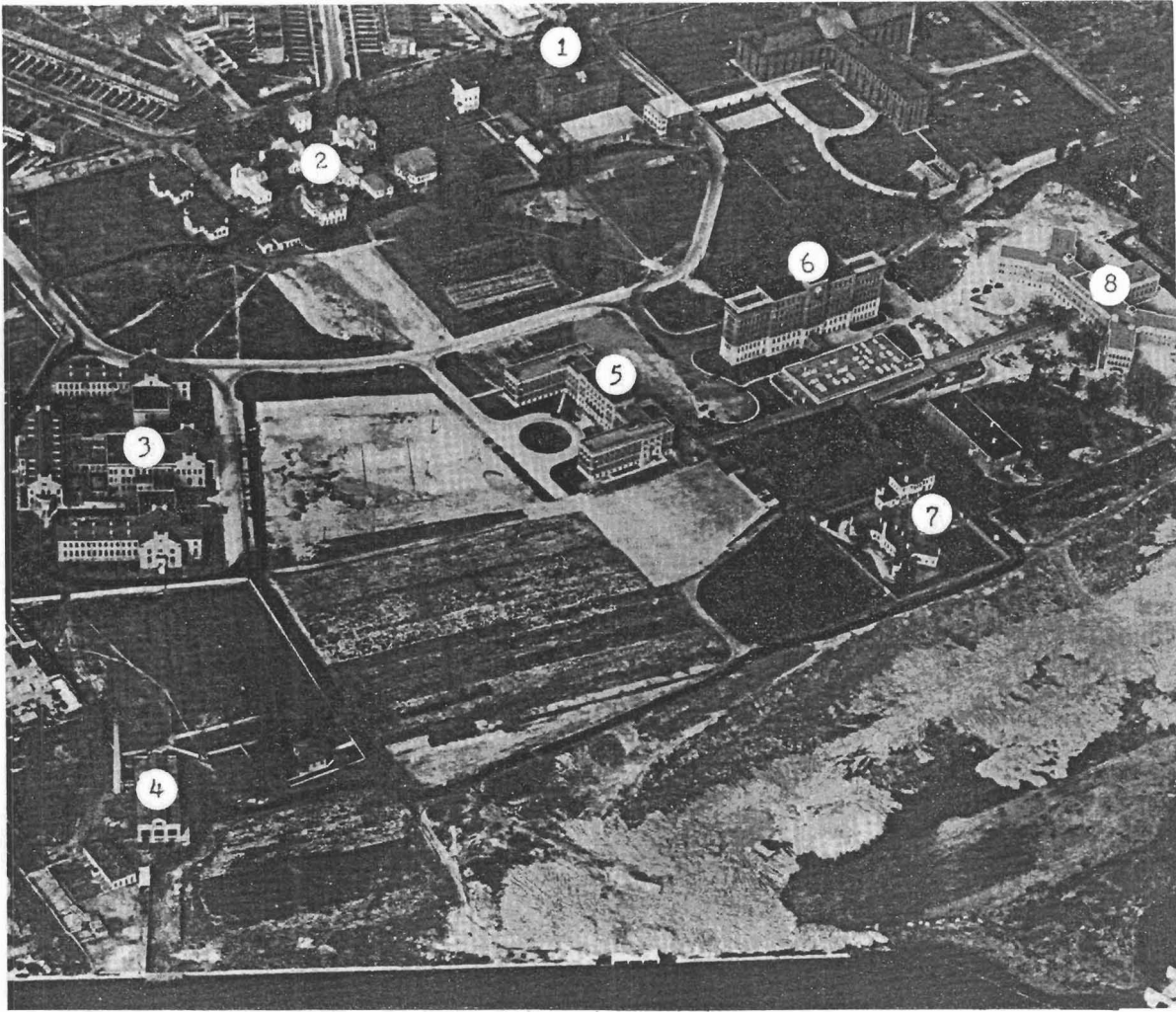
1. Brick Building - erected 1859  
 2. Nurses' Residence - erected prior to and after Civil War  
 3. Obstetrics - erected 1923  
 4. Surgery, Medicine, Pulmonary Diseases - erected 1932  
 5. E.N.T. Unit and Rapid Treatment Center (Old Small Pox Hospital) - erected 1929  
 6. New Power Plant, Maintenance and Store Room and Isolation Building - erected circa 1935



Air View of Hospital Buildings (Between 1940 and 1950)

1. Brick Building (1859)—Crippled Children's Unit, Physiotherapy Units, etc.
2. Empty Lots—Location of original frame buildings — now torn down.
3. Doctor's Residence (obscured by trees)
4. Psychiatry
5. Old Power Plant
6. Nurses' Residence with additional wings
7. Obstetrics—Building opened in 1943
8. Surgery, Medicine, Pulmonary Diseases
9. E.N.T. Unit and Rapid Treatment Center (Old Small Pox Hospital)
10. New Power Plant, Maintenance and Store Room
11. Isolation (1935)
12. Clinic for the Communicable Diseases

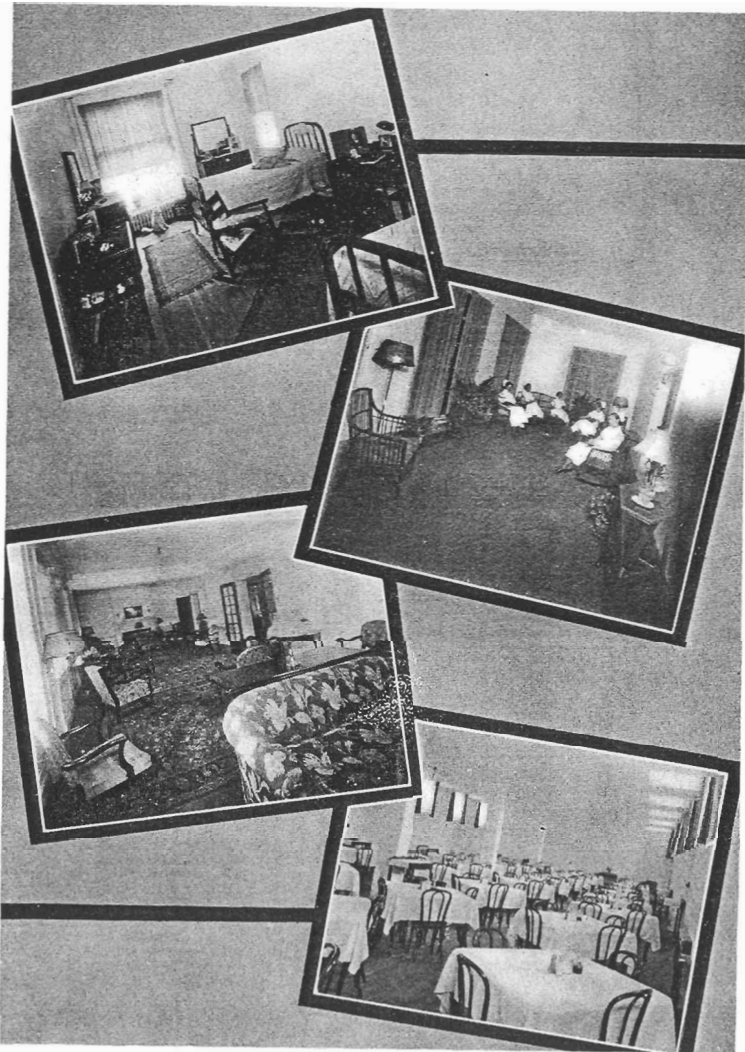




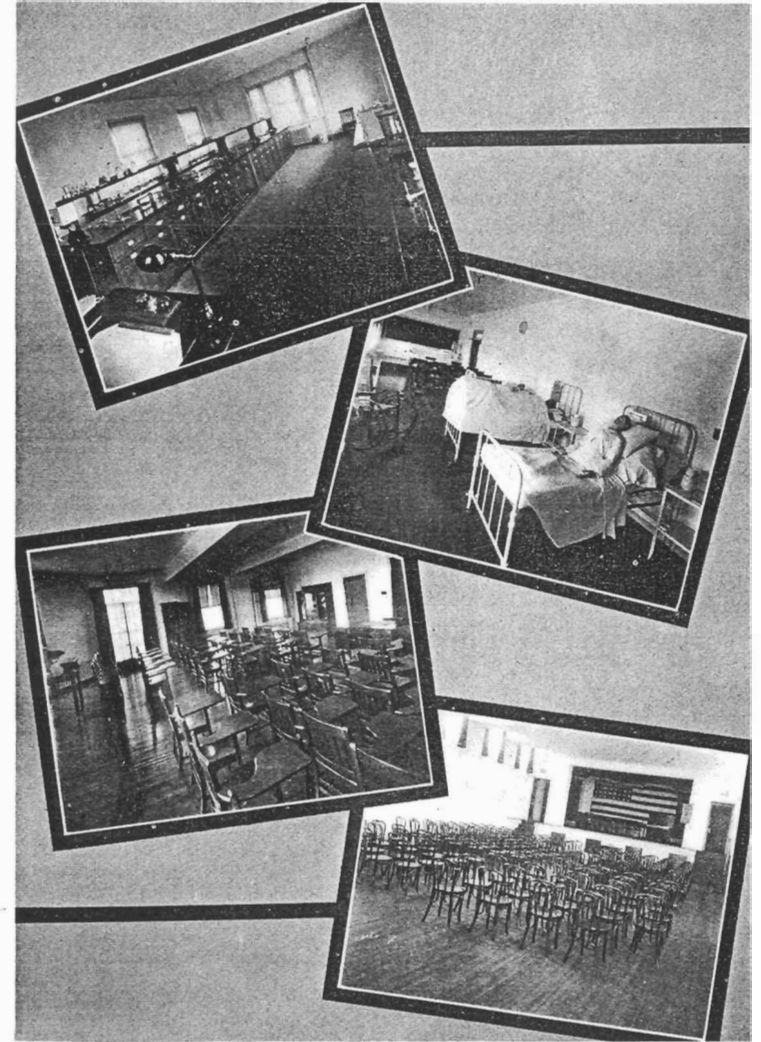
Air View of Hospital Buildings (Between 1929 and 1939)

1. Brick Building – erected 1859
2. Frame Buildings – erected prior to and after Civil War
3. Psychiatry – erected 1923
4. Power Plant
5. Nurses' Residence – erected 1932
6. General Hospital – erected 1929
7. Old Small Pox and Isolation Building – erected circa 1898
8. Contagious Diseases Building – erected 1934
9. Tuberculosis Unit (hidden by trees) Former Quarantine Ward

## INTERIOR OF NURSES' HOME



Student Room (double), Living Room, Solarium, Dining Room



Science Laboratory, Classrooms, Auditorium



Miss Anna V. Wright, Chaperone

"For twenty-two years, she was guardian of our rest and evening activities in the residence. She was a lady of charm and dignity—a friend—but few cared to risk her displeasure by returning to the residence after ten P.M., or being out of bed at 10:30 P.M.

"If she knew of the groups that gathered to study or share midnight snacks—after she made her evening rounds through the residence—she kept her secret."



Supervisors and Assistant Supervisors—1933

A group responsible for much of the supervision, guidance, and instruction of intermediate and senior student nurses on the patient units, in the operating room, delivery room, or clinics during the early thirties. The group above includes graduate nurses from the Capital City School of Nursing, Walter Reed's Army School of Nursing, Philadelphia General, Providence Hospital (Washington, D.C.) and other Schools of Nursing not identified.





1949 Wymer Collection Historical Society of Washington, DC