

EXECUTIVE SUMMARY

The significance and importance of the Richardson Olmsted Complex cannot be overstated both for its architecture and landscape but as an intact site thoroughly illustrating the evolution of the treatment of mental health in the United States from 1870 to the present. The site must be walked and the buildings entered to experience the full impact of the history and evolution of the complex. The current site retains much of the original therapeutic setting and sense that motivated its creation 130 years ago.

The Richardson Olmsted Complex currently consists of a 100 acre site bordered by Forest Avenue to the south, Rees Street to the west, Rockwell Road to the north and Elmwood Avenue to the east, containing 38 buildings, parking lots, driveways and remnants of the historic landscape. The complex as originally designed in 1872, began as a 203 acre site for the Buffalo State Asylum for the Insane. The name changed to Buffalo State Hospital in 1890 to reflect the changing developments in mental health. Reflecting continued transformation, the name changed again in 1972 to the Buffalo Psychiatric Center.

The site received *National Register of Historic Places (NRHP)* and *National Historic Landmark (NHL)* designations prepared in 1973 and 1986 respectively. The NHL designation subsumed the NRHP nomination and defined a period of significance extending from 1870-1896. This refers to the construction phase of the main core of buildings (Administration Building + 10 wards). The NHL boundary covered the entire site area (south of Rockwell Road) but pushed the east boundary almost

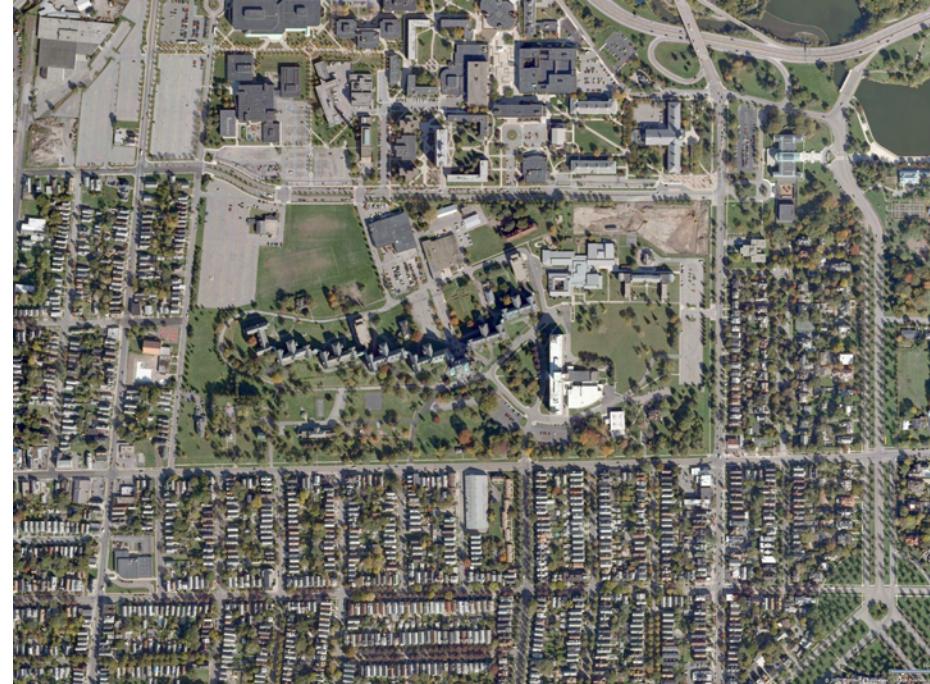


Fig EX.I A 2008 aerial photograph of the Richardson-Olmsted Complex situated at 400 Forest Avenue, Buffalo, NY
Image courtesy Google Maps

900' to the west to exclude that portion of the site which was altered by demolition of three outermost historic ward buildings and construction of new buildings after 1950's. Only those buildings within this boundary that date to the period of significance of 1870-1896 are considered contributing to the NHL designation.



Fig EX.2 Early 20th century photograph of the central Administration Building

Image courtesy Buffalo Psychiatric Center



Fig EX.3 2008 photograph of the central Administration Building

Image courtesy GCA

Distinct yet overlapping perspectives can be assumed when analyzing this property in the present time – a remarkable collection of buildings by one of America’s greatest architects, Henry Hobson Richardson; a great example of the distinctive ‘Kirkbride Plan’ typology; or an architectural complex reflecting the development of mental health institutions in the United States during the nineteenth and twentieth centuries. The architecture of this complex is also significant for bearing the stamp of eminent local and state architects. And last, but not the least, the construction of this institution is linked with persons significant within Buffalo’s political and social history. These varied contexts are not exclusive, yet each merits individual and focused attention to clearly decipher the various pieces of American history that this complex drew from and impacted in turn.

The early buildings of the site are all equally significant. The Administration Building and the Wards – both brick and stone – form the core buildings of the site and begin the incredible story of the complex. These buildings are the most significant structures on the site, are generally in good (or at least repairable) condition, and all merit retention and eventual rehabilitation. The core buildings are significant due to their level of intact original historic fabric and the story that their architectural design and implementation tell. While the core buildings are the most significant, there are many other buildings sprinkled throughout the site that warrant evaluation and consideration. These are the buildings that pick up the story of the treatment of mental illness where the core buildings leave off.

The site illustrates the evolution of the treatment of mental health in the United States from the 1870’s to the present day. There are examples of the architectural manifestations

of different psychological theory of the treatment of mental illness present on the site. These include Kirkbride’s ‘linear plan’, the ‘cottage plan’ of the early 20th century, and the contemporary Strozzi Building which is focused on in-patient services. This physical memory of the evolution in attitude is one of the most unique and character defining features of the site as a whole.

It is due to this long evolution of the treatment of mental illness that the Period of Significance for the site was determined to be 1870-1969. The date of 1870 reflects the finalization of the site for establishing the Buffalo State Asylum for the Insane by the New York State Legislature. The end date reflects the demolition of the three outermost male ward buildings, thus disturbing the original Kirkbride ‘linear’ plan layout.

Physical Description

The plan finalized by Richardson consisted of ten independent wards joined by curved connectors to each other and to the central Administration Building (AB). In plan, the wings step back forming a V shape. Five wards on the east of the Administration Building were for male patients; five wards on the west were for female patients. The most severely afflicted patients were housed in wards farthest from the main building. All of the ward buildings were connected by enclosed fireproof corridors on all floors. The ward buildings were designated by letters of the alphabet A, B, C, D and E, to the east of the Administration Building, and by F, G, H, I and J on the west. Each of the two buildings on either side of the center were three stories tall, the next two on either side were two stories tall; and the last buildings on each end were single story. All of the buildings have a basement and attic. The central Administration Building and two wings directly

flanking each side were constructed of Medina sandstone. The three outermost wings on each side were constructed of red brick.

The Administration Building, with two towers, steeply pitched roofs and positioned in the center of the site, is the iconic structure on the site. The towers are 180 feet tall and were constructed purely for ornament. The roofs over the Administration Building were originally covered in slate shingles, with decorative iron cresting along the ridge. They are currently covered in asphalt shingle with copper flashings and gutters. The steep tower roofs were originally clad in diamond shaped clay tiles, and are currently clad in copper.

The stone buildings are constructed with masonry load bearing walls, stone faced with multi-wythe masonry backup, and timber framed roof structure. The stone is Medina sandstone and is laid up in a rusticated, random ashlar pattern. Most of the trim stones (window arches, belt courses, etc.) have a honed surface, and the ashlar blocks are rock faced. James O'Gorman, H. H. Richardson scholar, notes that the original requirements for the design stipulated that ornamental detail be limited. Instead of relying on obvious flourishes, Richardson used various stone surface treatments, trim elements and joint details to produce patterns and textures that went on to define Richardson's signature style.

The brick wards were designed with the same massing and overall style as the stone buildings. Details were limited to brick patterning and sandstone trim elements. The brick male wards (since demolished) contained additional patterns created by tarred brick.

All of the buildings have combinations of gabled and hipped roofs. Originally, all of the roofs were covered in slate

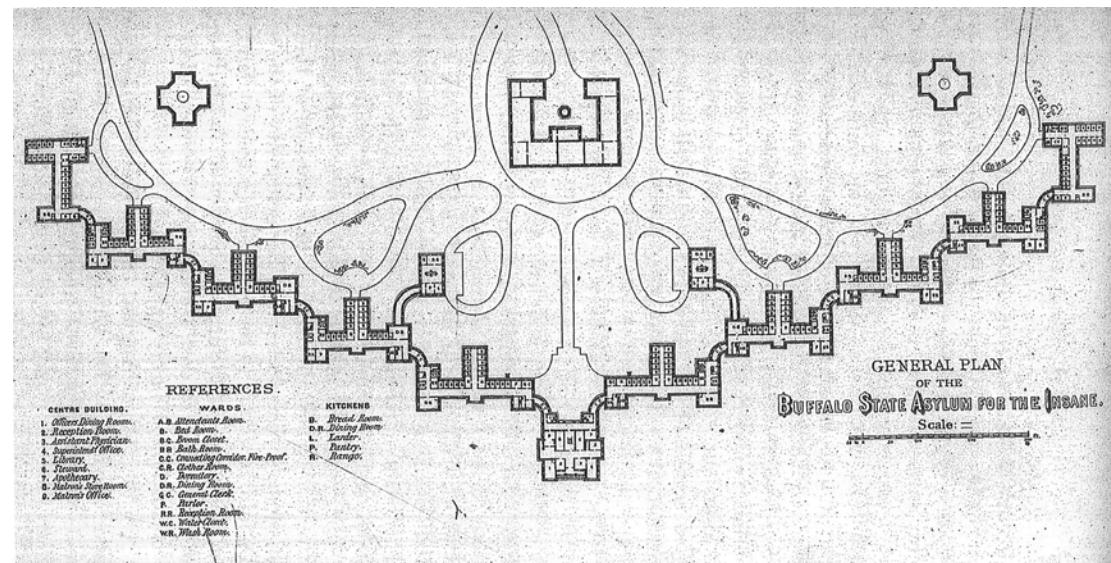


Fig EX. 4 Plan of the Buffalo State Hospital for the Insane, 1872

Image reproduced from Yanni 2007, 136

shingles, with copper gutters and flashings. Some buildings had decorative copper finials and ventilation cupolas. With the exception of Female Ward I, all of the roofs have been reroofed with asphalt shingles. Female Ward I is the only building that retains the original slate roof; copper gutters and flashing; and copper ventilation cupolas remaining from the original passive ventilation system.

A Note on Terminology

The use of historically grounded language is the convention amongst historians of medicine. While original language may provide a more historically correct perspective on the subject, it can offend the modern reader. Words such as 'insane' and 'lunatic' were terms used at the time of the construction of the Complex but are inappropriate for contemporary use. For the purpose of this Historic Structures Report on the Richardson Olmsted Complex, we have used such terms



Fig. EX.5 Female Ward H - one of the 3 remaining brick wards

Image courtesy GCA



Fig EX.6 Interior of a typical ward, 2008
Image courtesy GCA



Fig EX.7 Undated historic interior of a typical ward
Image courtesy Buffalo Psychiatric Center



Fig EX.8 Thomas Story Kirkbride - creator of the 'Kirkbride Plan' of Asylum design
Image courtesy www.wikipedia.com

only in instances where the historic words are necessary to convey an idea or concept, where there is no modern substitute that can adequately convey the meaning, or in a direct quote. Where possible, we have substituted more appropriate, contemporary language, replacing 'insane' with 'mentally ill' and 'asylum' with 'psychiatric center'. Yet the archaic terminology is sometimes appropriate in re-creating a cultural context for the reader. A chronological rule has been applied in using terms and phasing them out - for example, while the word 'asylum' is used when talking about the 19th Century institution, it is replaced by 'hospital' or 'psychiatric center' in accounts of later years, to mirror the evolution in prevailing ideas.

Historic Structures Report

The Historic Structures Report is laid out in three main sections: Developmental History, Existing Conditions Assessment and Treatment & Recommendations. The Appendices include the Glossary, Bibliography and structural engineering reports about Floor Capacities Assessment and Exploratory Probes Summary.

Developmental History

Historical Background and Context

The first chapter of Development History, titled 'Historical Background and Context' places the architecture of the Richardson Olmsted Complex within six appropriate historical contexts that provide an overall framework for discussion and determination of its significance.

1. **'Insane' Asylums in America in the Nineteenth Century:** The idea of the 'Buffalo State Asylum for the Insane' was born during the 1860's - at a time in history when care for the mentally ill reflected a newfound faith in the power of architecture and environment to 'cure' patients. In its surviving built form, the Richardson Center Complex exemplifies the culmination of these nineteenth century ideas and values. It is one of only a few examples of nineteenth century asylums that have survived in a fairly extant manner to the present day.
2. **The Kirkbride Plan:** Not only is the Richardson Olmsted Complex an important example of a nineteenth century 'insane asylum' in the United States, it is additionally based upon a specific typology known as the 'Kirkbride Plan' – arguably the first scientific architectural response

to treatment of the mentally ill. Although it was used at almost 70 hospitals by 1890, the Buffalo State Asylum for the Insane is an important example, owing to the rigor with which it not only adhered to, but also improved upon the Plan stipulations.

3. **Early Twentieth Century Evolution of State 'Insane' Asylums:** By the close of the nineteenth century, the 'cottage plan' that relied on smaller 'domestic-type' buildings was being used to expand Kirkbride-plan asylums. This led to a hybrid form - as exemplified at the Buffalo State Hospital. Its impact is evident in alterations to the 'Kirkbride' ward buildings, such as the addition of porches, verandas etc. - features more commonly associated with cottages; and the construction of specialized out-buildings such as tuberculosis pavilions, chapel, library, staff residences, and others.
4. **The Client: Representatives of the State of New York:** The establishment of the Buffalo State Asylum for the Insane was made possible due to influential politicians and physicians within Buffalo and New York State. In its surviving built form, the complex serves as a commemoration to these individuals. Moreover, prominent physicians such as Dr. John Gray of Utica and Dr. James White of Buffalo provided first-hand design input in laying out the asylum plan. The association of the Richardson Olmsted Complex with these personalities lends it an additional layer of significance in a local and regional context.
5. **The Architect: Henry Hobson Richardson:** The architect for the Buffalo State Asylum for the Insane, Henry Hobson Richardson, is one of the most well-known



Fig EX.9 Tile mosaic at main entrance to Administration Building
Image courtesy GCA

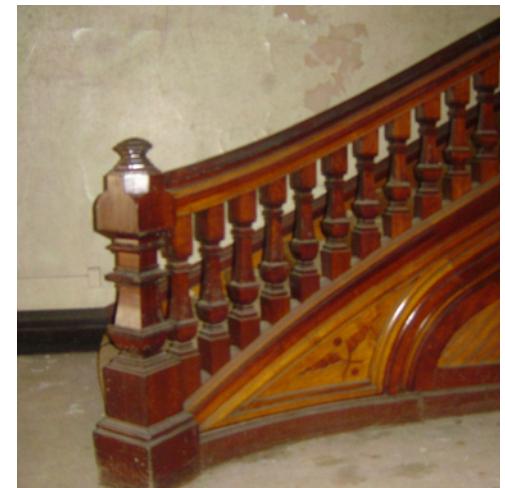


Fig EX.10 Decorative central staircase in Administration Building
Image courtesy GCA

American architects of the nineteenth century. The style that he pioneered was emulated by a variety of other designers and is generally referred to as 'Richardsonian Romanesque'. As one of his early works, and the largest in his career, the 'Buffalo State Asylum for the Insane' is where the architect embarked on the journey to evolve this signature style. For Richardson, this project marked a crucial early step in his seminal career.

6. **Contributions of Local and State Architects:** Although now known as the Richardson Olmsted Complex, the buildings and architecture of the former 'Buffalo State Asylum for the Insane' bear the stamp of many important local and state architects, such as Andrew J. Warner, William W. Carlin and Edward B. Green amongst others. The contributions of these architects, who added to the complex after the original work of Richardson and



Fig EX.II Architect Henry Hobson Richardson
Image courtesy www.britannica.com

his associates, are a major part of the history of this institution.

Chronology of Development and Use

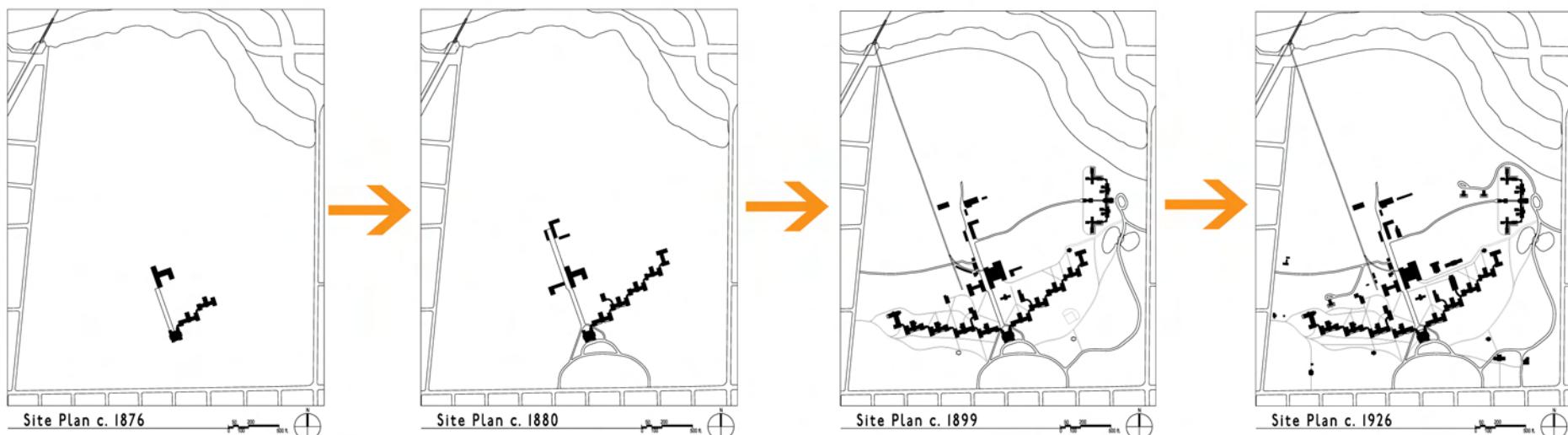
The second chapter in Developmental History, titled 'Chronology of Development and Use' attempts to trace the physical evolution of the Richardson Olmsted Complex from the beginning of its construction in 1871 to the present day.

1. **1871-1899: Construction Phase:** This time-frame marks the construction and completion of the whole 'Kirkbride Plan' configuration- it is the most crucial period in the history of this complex, because it was during this time that a substantial part of the complex as originally designed, was realized in built form.
2. **1900-1945: Expansion Phase:** The period from 1900 to 1945 saw a constant increase in patient population, necessitating construction of many new buildings,

yet most of these buildings were small, freestanding structures reflecting the prevalent 'cottage-plan' typology. The most prominent development was the ceding of the north half of the site to the city. In all, while the physical fabric of the Buffalo State Hospital changed remarkably, yet, all new architectural additions were, for the most part, built in a manner sympathetic to existing historic surroundings.

3. **1946-1974: Post WWII and Deinstitutionalization:** This era, usually referred to as "Deinstitutionalization", saw an increasing preference for out-patient community care over in-patient hospital treatment. The buildings were constructed in the predominant architectural style of 'Modernism', featured materials such as steel and concrete and shunned all historical precedents. The three outermost 'Kirkbride Plan' male wards were demolished in 1969 to make way for a modern rehabilitation building.

Fig EX.I2 (continues on next page) **Series of maps showing the chronological development of buildings on the site of the Richardson-Olmsted Complex from 1876 - 2008**
Image courtesy GCA



In 1974, the last patients were moved out of the original historic wards.

4. **1975-2008: Partial vacancy & Preservation:** The time period from 1975 onwards is marked by a growing interest among professionals and the general community in the rehabilitation of this historically significant complex. The site was added to the National Register of Historic Places in 1973 and was designated a National Historic Landmark in 1986, one of only fifteen hospitals so distinguished in the United States and one of only eight buildings in Western New York to have the distinction. However, the physical condition of the buildings has continually deteriorated. In 2006, with the creation of the Richardson Center Corporation, there has been a strong, new-found impetus to rehabilitate this site.

Evaluation of Significance

The final Developmental History chapter titled “Evaluation of Significance” utilizes the historical research presented in the previous sections to frame a ‘Statement of Significance’ for the Richardson Olmsted Complex. After revisiting the NRHP and NHL designations for the property, several recommendations were made by the HSR, culminating in a determination that the ‘Period of Significance’ for the ‘Main Building’ spans from 1870-1969. The start date reflects the finalization of this site for establishing the Buffalo State Asylum for the Insane by the New York State Legislature and the end date reflects the demolition of the three outermost male ward buildings on the west side, thus disturbing the original ‘Kirkbride Plan’ layout. Not only did this demolition disturb the original form, but more importantly it signified an imminent demise of the whole era of institutional care for the mentally ill. The section concludes with identification of specific character defining





Fig. EX.13 Original cresting stored in the towers of Administration Building

Image courtesy GCA



Fig. EX.14 Step crack through mortar joints in stone facade

Image courtesy GCA

architectural features of the Richardson Olmsted Complex. However, this information is combined with notes on existing condition, integrity, and treatment and is presented in Part C of Chapter IV. Treatment and Recommendations.

Existing Conditions Assessment

The Existing Conditions Assessment section is broken into four chapters, each addressing different buildings on the site. The Main Building chapter addresses the Administration Building and Wards A-B and F-J. These buildings are the most significant on the site and received the most detailed level of investigation. The exterior of the buildings are overall in good condition and all are considered by the HSR team to be viable candidates for rehabilitation. The stone Wards (A, B, F & G) and the Administration building are in good condition overall, with isolated areas of deteriorated stone, mortar and roofing material. The brick Wards (H-I) are in worse condition, with areas of the walls that are deteriorated to the point of collapse. The areas of collapse appear to be isolated and not affecting the overall structural integrity of the buildings. All of the roofs, except Ward I that retains the original slate roof, are all covered with asphalt shingles.

The second Existing Conditions Assessment chapter addresses the Connector Buildings. There are eight curved connectors that join the eight remaining Administration and Ward buildings. There are four stone connectors and four brick connectors. In general, the stone connectors are in good condition and the brick connectors are experiencing more deterioration and collapse.

The third Existing Conditions Assessment chapter addresses the Kitchen and Dining Hall Buildings connected to the Ward buildings. These buildings are the second tier of

significance. They were reviewed from the exterior and found to be in various states of deterioration. The Male Kitchen, Male Dining Hall and Female Dining Hall are all in fair to good condition with some deterioration evident. The Female Kitchen is in poor condition due to roof failures that have allowed ongoing deterioration of the masonry walls and dormers. Temporary shoring and protection of the buildings to halt further deterioration was underway during the writing of this report.

The final Existing Conditions Assessment chapter, titled Site Inventory, addresses the remaining buildings on the site. This section records the building name, year built, architect (if known), original use, subsequent use and current use. A brief description of each building is included and a general statement of condition based on review from the exterior.

Treatment and Recommendations

The Treatment and Recommendations section is broken into three chapters – Historic Preservation Objectives, Requirements for Work and Treatment Recommendations and Alternatives.

The Historic Preservation Objectives have been identified and recommendations for treatment approaches made. The *Secretary of the Interior's Standards for the Treatment of Historic Properties* are the guidelines used to characterize the appropriate treatment recommendations for the Richardson Olmsted Complex. The Standards provide a philosophical framework from which decisions about the appropriate treatment of the historic resources can be made, and provide options: restoration, preservation, rehabilitation and reconstruction.

The report recommends “Rehabilitation” for the core buildings on site. Rehabilitation is defined in the *Secretary of the Interior’s Standards for the Treatment of Historic Properties* as:

“the act or process of making possible a compatible use for a property through repair, alterations, and additions while preserving those portions or features which convey its historical, cultural, or architectural values.”

A Rehabilitation Approach acknowledges the need for the site to continue to evolve and change and is the only approach that allows for alterations and additions. New additions and alterations to the exterior of the historic building are common treatments to a Rehabilitation Approach. These changes should be designed in a way that do not destroy historic materials, features or spatial relationships that are character defining features of the site. It is also recommended that new work be differentiated from the old and be compatible with the historic materials, features, size, scale, proportion and massing. The new features should protect the integrity of the original property.

Conclusion

The Richardson Olmsted Complex site is large, and contains multiple buildings that vary widely in their current physical condition and significance. Each building must be assessed on its own merits, as well as its context on the entire site. This juxtaposition of the significance of the building and its location within the site makes the task of treatment recommendations complicated.

One might expect that the preferred treatment of the complex would be restoration, but the highly specialized design of the

complex as an asylum and the rigidly organized hierarchy of mostly small support spaces and patient rooms make a strict restoration approach highly unlikely. The buildings have been allowed to deteriorate severely, making their reuse costly. Richard Moe, President of the National Trust for Historic Preservation, calls this the most ambitious challenge he has seen of a former mental hospital.

A new use must be found, and the viable reuse options might range from preserving the complex as a ruin, to rehabilitation for reuse. For these reasons, and others, the Richardson Center Corporation will have to have the latitude to be innovative to repair the buildings and find other uses for it. Failing that, it is inevitable that the complex will just deteriorate further.

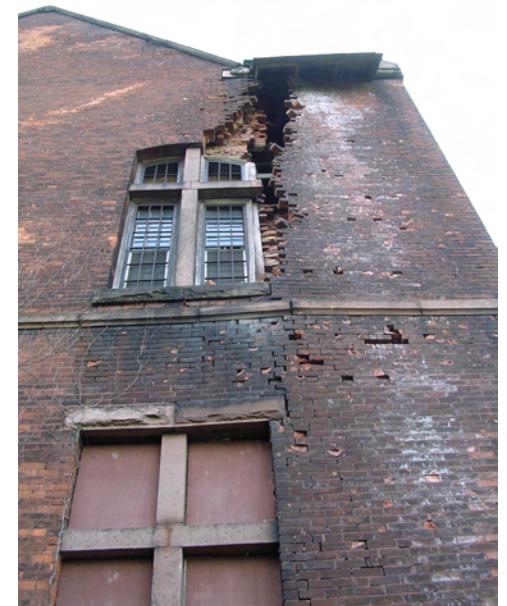


Fig. EX.I5 Brick failure at north elevation in Female Ward I
Image courtesy GCA



Fig. EX.I6 Typical fireplace in hallway of Female Wards
Image courtesy GCA