CONSERVATION PLAN
FINAL

LONDON PSYCHIATRIC HOSPITAL
LONDON, ONTARIO

FOR
THE ONTARIO REALTY CORPORATION
1 Dundas Street West, Toronto, Ontario

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EXECUTIVE SUMMARY

This Conservation Plan sets out broad recommendations for treatment of the Regional Mental Health site at London, Ontario, originally known as the London Asylum and later as the London Psychiatric Hospital. It focuses on the cultural landscape zone within the site, as identified by ORC in 2004 as being of provincial heritage value.

The London complex is a major institutional landholding within the urban boundary of the City of London. It is currently a 65-hectare site with a 1964 psychiatric hospital complex superimposed on a late 19th Century psychiatric hospital complex. The more recent hospital is of little architectural or historical interest. But the underlying late 19th Century complex may be the most significant site in the history of mental health in Canada. Part of this significance derives from its association with Dr. Richard Burke, Superintendent from 1877 to 1902, who became internationally recognized for his work in moving from ‘heroic treatment’ to ‘moral treatment’ in the care of mental health patients.

Although the original central building from the late 19th Century has been demolished, the remnant architectural and landscape features still convey a strong sense of Dr. Burke’s vision for the site and his work on the moral, spiritual, and scientific aspects of mental health care. Four components are of special significance – an extraordinary tree-lined entrance avenue with eight parallel rows of trees separating vehicle and pedestrian pathways; an Infirmary Building on axis with the entrance avenue, complete with a rare surviving operating room; one of the only free-standing Chapel building within a psychiatric hospital site in Ontario, built by patient labour; and a handsome brick and slate horse stable, recalling the importance of agricultural work to patient therapy and community self-sufficiency. All four of these features were designed to the specifications of Dr. Bucke. Equally important is the landscape of broad lawns, specimen trees and curvilinear roads and pathways that tie these elements together.

The history of mental health treatment in Ontario is complex and often troubling. But it is at London, more than anywhere else, that the story deserves to be told. So although the current psychiatric hospital is due to close, and 140 years of mental health care on this site will cease, there remains the question of how to interpret the London site while also looking at a major redevelopment of this large urban land parcel.
This Conservation Plan recommends a small interpretive centre within one wing of the Infirmary Building, and sympathetic treatment of related elements including the entrance avenue and the Chapel. These three need to remain visually interconnected, and with some measure of public access. Otherwise, it is assumed that the site will redevelop privately with a mix of uses reflecting existing adjacent land use patterns – industrial, commercial, residential, institutional and recreational. The stable is a logical building for a small but dramatic adaptive reuse project – the one qualification is that its silhouette should be maintained and some of the immediate surroundings left open to give it the farmland context for which it was so carefully designed. This open space could be parkland for community use. Also, the 1920s Recreation Hall, although not part of the Bucke legacy, is another candidate for continuing or adaptive reuse, most logically as some kind of ongoing community facility.

In terms of redevelopment, this plan recommends more intensive development around the perimeter of the site, particularly along Highbury and Oxford, and a shallower landscaped bowl in the middle of the site within which the Infirmary Building, the Chapel, and the entrance avenue can retain some of their heritage character and rich landscape setting. The access and circulation routes would logically build on the historic road patterns.

As an interim measure, this Conservation Plan recommends immediate stabilization of two of the buildings – the Infirmary and the Stable. The roof finishes on these two buildings have deteriorated to the point where there is major water infiltration into the building interiors. This originally caused damage to interior finishes and details, but is now starting to cause significant structural deterioration and even collapse. These components are too important architecturally and historically to risk further damage.

The attached plan shows the recommendations for the site overlaid on the existing site conditions. The shading indicates the proposed gradation in recommended building heights. The development areas are designed not only to protect the existing buildings, but also their landscape settings and the visual connections between them.
Proposed redevelopment of London site, including preservation of existing heritage resources. Shading is used to indicate progressively higher height limits.
INTRODUCTION
This Conservation Plan was commissioned by the Ontario Realty Corporation (ORC), in fulfillment of the requirements of the Cultural Heritage Management Process for ORC properties of provincial heritage significance. The London Psychiatric Hospital property was designated a heritage resource in 2007.

The study was carried out under the direction of Ellen Kowalchuk, Manager, Heritage Resources, ORC. The consultant team was led by Julian Smith of Julian Smith & Associates, Architects, together with landscape architect Wendy Shearer, project historian Jacqueline Hucker, and real estate consultant Sandy Smallwood ofAndrexford Holdings. Heather McArthur, Carolyn Samko, and Rosi Zirger of Julian Smith & Associates provided key research and administrative support.

Special acknowledgement is extended to ORC personnel who provided assistance in both the Toronto and London offices. In Toronto, John van Vliet provided input and review. In London, Daniel Beckett provided insights about the property and assistance in carrying out the assessments.

The Conservation Plan has three sections.

Section I of the Plan begins with a historical overview of the property. It then describes the current conditions of the buildings and the landscapes, and the larger urban context. It identifies planning and policy documents at the federal, provincial and municipal level that have a bearing on the maintenance and redevelopment of the property. It ends with a Statement of Significance, a summary of the values of the property and the features that must be sustained in order to protect and enhance its heritage character.

Section II provides a vision for the property, and an overview of redevelopment options compatible with the Statement of Significance and in line with applicable policies and planning frameworks. This section includes more detailed recommendations on occupancy and use, accessibility, servicing, and conservation treatments for the historic buildings and landscapes. It also provides related redevelopment options for the less significant land parcels outside the historic zone. It includes initial discussion of costs.

Section III provides a brief implementation strategy. It includes discussion of public consultation, demonstration plans, and development sequences.

This conservation plan recognizes that the heritage resources of the London Psychiatric Hospital compound are best served by sensitive redevelopment of the site, introducing new uses while protecting and interpreting some key historical components and themes.
BACKGROUND

London Psychiatric Hospital, or the London Asylum as it was called throughout much of its history, opened in 1870 and was the first purpose-built institution of its kind in Ontario, and one of the first in North America. It is a landmark facility in the history of mental health care, nationally and internationally. Of particular note is the close association of the site with Dr. Richard Bucke, Superintendent from 1877 to 1904, something of a legendary figure in the history of mental health treatment in Canada.

When the London Asylum opened, it was the centre for southwestern Ontario. London was one of only five centres in Ontario with a sufficient population to be called a city in the 1871 census – the others were Kingston, Ottawa, Toronto and Hamilton.

The London Asylum was built to house patients from restructured and amalgamated facilities – patients from Orilla and Malden (near Windsor) were transferred to London. Dr. Henry Landor had been superintendent of the Malden facility for 3 years before the transfer of patients to new London facility. He became the first Superintendent of the London Asylum in 1870, where he remained for 9 years until his death in 1877. Dr. Bucke took his place.

The London Asylum became known as facility for ‘moral treatment’. ‘Moral treatment’ of patients was the norm by the late 1870’s, the time of Bucke’s appointment, and
reflected Victorian values. It held that constant personal contact with empathetic keepers was key to the patient’s recovery.

‘Moral treatment’ is contrasted with ‘heroic treatment’ of 1830-50s which was based on the idea that a patient’s mental state could be rebalanced through physical shock, whipping, burning, etc and the use of force and physical restraint (see HAR Sep 2004 p30). Dr. Bucke’s resistance to heroic treatment was influenced by his close friendship with American poet Walt Whitman. Bucke is considered by many to have been a humanizing force in the 19th century treatment of the mentally ill. He is attributed with initiating common practices in the handling of the insane: by 1879, he completely discontinued the use of alcohol and spirits for the patients, and by 1883, he discontinued the use of restraints and introduced an open door policy. More problematic was his development of surgical procedures for the mentally ill. He was convinced in certain cases that these could provide a cure.

Also, purpose-built facilities that began to appear in the 1870s were an improvement over earlier conditions when adults and children suffering from mental illness or developmental disabilities were locked up in jails and basements.

The grounds of the London Asylum would have provide, at least ideally, pleasant surroundings for patients. The asylum included ‘cottages’ for more passive, chronic patients. Bucke’s later open door policy would have allowed patients increased access to the grounds.

London Asylum is the only site in Ontario with a separate Chapel and Infirmary, both of which were built at the initiative and under the supervision of Dr. Bucke. The Chapel (1884) was built by patients as part of their treatment plan. Part of the notion of ‘moral treatment’ was the idea that structured and meaningful daily routines would aid their recovery. Therefore, able patients were expected to maintain a balance of work, leisure and worship

Historical description:

The following description of the London Asylum is taken from S.E.D. Shortt, Victorian Lunacy: Richard M. Bucke and the Practice of Late Nineteenth-Century Psychiatry:

What struck me about the descriptions (and also site plans) of the London Asylum was the number of buildings on the site. Photos tend to focus on the Main Asylum building (demolished), but in fact the site was more like a small city.

Located on 300 acres, 3 miles east of city... and surrounded by 50 acres of ornamental gardens, the institution was reached by a tree-lined avenue, 100 feet in width. The main building, of white brick and cut stone, capped by a slate roof, extended across a frontage of 61 feet from which symmetrical wings receded 220 feet to the rear. The central portion of the structure, four stories in height, housed
administrative offices and quarters for medical staff and attendants. If the exterior was awesome in its size, the institution’s interior adopted the latest principles of institutional architecture, on which, according to the Inspector, “Asylums in the United States have recently been constructed”. Steam heat, gas lighting, large wells producing one-half million gallons of water daily, 22-inch diameter brick sewers, and strategic ventilator shifts combined to promise a maximum of sanitary comfort for the 900 patients lodged in the institution by 1878. Though linked to the main building by a covered passage, the Medical Superintendent’s house, perhaps symbolically, stood apart, as did a large number of outbuildings associated with the 100-acre farm. A short distance to the north of the asylum proper stood three large brick cottages, each designed
for 60 chronic patients, and a two-story structure housing 186 refractory patients. Taken together, the various buildings of the London Asylum, as Bucke observed in 1883, “almost reached the magnitude of a town.” Indeed, the institution bore more than a physical resemblance to a village: It was quite literally, a distinctive community.

Construction under Bucke’s supervision

The following buildings appeared during Bucke’s tenure as Superintendent:

1884- Chapel of Hope –

- constructed at Bucke’s insistent for an appropriate and separate place for worship (the Superintendent’s Annual Report of 1882 includes Bucke’s request for funds for construction of the Chapel).

1894 – Horse Stable

- Bucke had the original farm buildings behind the central complex demolished in the 1890s to make way for the new infirmary buildings. The new horse stable, of buff brick with a slate roof and distinctive rooftop ventilators, was built under his direction as part of a new farm complex to the northwest.

1900 – Tree-Lined Avenue

- The 1869 site plan and “Specifications for the Construction of an Avenue and Roads from the Governor’s Road to the Main Building” show a single lane avenue with trees on either side. The Tree-Lined Avenue, the original entrance to the hospital grounds, and still present, was completed under Bucke’s supervision in 1900.

1902 – Infirmary Building –

- Shortt (1986: 139-40) argues that the late 19th Century was a time when the treatment of the insane was becoming increasingly separated from the practice of medicine and “Asylum superintendents in Ontario were engaged in a desperate search for scientific legitimacy; only by modernizing their doctrines and treatments could their specialty be rescued from chronic professional obscurity.” One direction was for alienists to champion the creation of psychopathic hospitals, to support the mental hygiene movement or to endorse psychoanalysis. Bucke went in the other direction and in February 1895 launched his programme of aggressive therapeutics: the use of gynecological surgery to cure mental disease (Shortt 1986:141). In Bucke’s 1898 address as the newly elected
president of the American Medico-Psychological Association entitled
“Surgery among the Insane in Canada” he is garnering the support of his
colleagues for the surgery, and by 1902 had succeeded in raising the
capital and having a facility constructed.
Dark grey zone indicates cultural landscape of provincial significance.

**Significant buildings within the designated cultural landscape** (listed clockwise starting at the far left)
- Horse Barn B12035
- Recreation Hall B12029
- Infirmary Building B12016
- Potting Shed B17057
- Chapel B12019
CURRENT CONDITIONS

Site
The overall site has been reduced from its original identity as a large self-sufficient community, with extensive farmland, to a smaller urban campus marked by conflicting 19th and 20th Century identities. The original 19th Century layout, with its primary entrance along the tree-lined avenue from Dundas Street to the south, has been overlaid with a late 20th Century hospital complex accessed from Highbury Avenue to the west. There is no architectural, functional or landscape relationship between the two, other than some reuse of portions of the original road layout.

The more recent 1964 psychiatric hospital complex is of little architectural or historical interest. What is significant is the surviving 19th Century and turn-of-the-century landscape, particularly those buildings and landscape features associated with Dr. Bucke.

Particularly important are four distinct components, tied together by some of the original road layout and broad landscape features. These four components are the tree-lined entry drive, the infirmary building, the chapel, and the horse stable. All were built to Dr. Bucke’s specifications, with the infirmary building opened just after his death. The massive central complex was built before his arrival, but was central to his reforms, and its loss is unfortunate both because of its historical associations and also because of its prime role in ordering the site.
A fifth component, the recreation building, has less significant historical associations but is representative of 20th Century developments in mental health care at the London site.

**Tree-lined entry drive**

This feature of the site is unique, both within Canada and perhaps across North America. Although tree-lined avenues in institutional settings are not rare, the boulevard arrangement with separate vehicle and pedestrian pathways between eight parallel rows of deciduous trees is very unusual and speaks to the importance of landscape in 19th Century psychiatric asylums generally and in Bucke’s London facility in particular.

The London Insane Asylum was established in 1869 at a time when the city of London was experiencing a period of considerable expansion and upgrade of its public facilities. Already a well-established transportation and economic hub of Southwestern Ontario, with a network of good roads and two railways, the discovery of oil nearby gave the impetus for further growth. London’s population nearly doubled in two decades, from 11,200 in 1860 to 19,941 in 1880. Some of the town’s major engineering structures and institutional buildings were constructed in this era. They include the first two iron bridges, Victoria Hospital, a number of large schools and other institutions.

London’s development can be attributed largely to efforts of the London-born entrepreneur and politician John Carling. Carling was involved in many business enterprises including head of his family’s brewery, ownership of large land holdings, Director of the Great Western Railway, and founding member of London’s Board of Trade. Politically, Carling’s influence was evident on a local, provincial and national level. As Ontario’s first commissioner of public works, Carling was responsible for the creation of much of the Province’s social infrastructure, including the consolidation and improvement its mental institutions. The public works plan was to have three asylums in Ontario: Toronto was to be enlarged, one was to be established in the east (presumably Kingston) and under Carling’s influence, London was the site chosen for the construction of a new institution in the west (Tausky 1986:201).

As was the case with many Canadian towns and cities in the 19th century, London’s industrial development and expansion came at the expense of the surrounding countryside. By the 1870s the ugliness of the clear-cut lands eventually nudged John Carling to lead the effort to introduce improvements to the city. Municipal support for these endeavors is evident in council’s 1871 street tree planting and beautification initiatives. In 1873, Carling was quoted in the local paper for his urging of London’s citizens “to work and provide an expansive pleasure ground, a breathing place for the citizens, where they and their children may assemble and breathe purer air.” (Quoted in Tausky 1986:124 - from Carling’s speech: *Free Press*, 19 Dec 1873). In the same year, London’s first park, Victoria Park, was established on former garrison lands. By the end of the century, London identified itself as the tree capital of Canada.
The London Asylum property dovetailed with the city’s beautification schemes. It was laid out in the 1870s with ornamental grounds and a spectacular two-lane avenue with centre walkway lined with elms. By the end of the century under the asylum’s superintendent Dr. Bucke, eight rows of elm trees lined the avenue. Bucke used the avenue as site for patient picnics and parties. The avenue remains a unique feature of the London Mental Health Institution. Its preservation speaks to the significant role of nature in the treatment of mental illness in the 19th century, and to London’s determination to be the tree capital of Canada.

It is also interesting to note the connection between John Carling and William Saunders. Dr. Saunders, a London-based horticulturalist, was picked to be first superintendent of the Central Experimental Farm in Ottawa, a John Carling initiative during his time as a federal cabinet member. It is not known whether Dr. Saunders had any connections with the London site but he was active in London during its early development, including the first years of Bucke’s superintendence.

The Infirmary Building

Exterior:

This large and architecturally impressive building was intended to house patients who needed intensive medical observation and treatment. The third floor operating room is one of the few remaining rooms of its kind left in Canada (RMH, London, p.9).
The building has a central administration block with two symmetrical wards on either side, used to house patients by gender. The central block is three stories high, on a raised basement. Its silhouette is marked by tall chimneys on its east and west walls. It has a hipped roof with a central skylight to light the operating theatre, and decorative projecting bays on the front and side elevations.

The 2-storey wings housing the wards are connected to the central block by a narrow corridor and small central pavilion. The wings are completely symmetrical and echo the stylistic cues of the main block, with paired windows, pedimented bays and arched windows at feature locations. There is a bellcast cupola centrally located at the apex of each roof. The original sunporches at the end of each wing were trapezoidal in shape; the existing porches are rectangular and date from 1945.

Original floor plan, Infirmary Building, showing administration block below, male and female wards above. Note octagonal sunrooms at east and west facades.

The style of this building reflects the institutional architecture of public works in both Ontario and Canada during this time. The robust forms of the late 19th Century were being simplified to reflect budgetary restrictions and changes in taste (Wright, Crown Assets, pp.45-46). New ideas borrowed from the Ecole des Beaux Arts and English Baroque were replacing the ideas of the last century. While the hipped roof is reminiscent of the Queen Anne style, the simple classical elements and lack of applied ornamentation suggest the new Edwardian Classical style. This is significant because it suggests that with new ideas related to treating mental illness as a medical condition, a progressive architectural style was needed.
Interior:

The raised basement in the centre block housed preparatory areas such as baths and therapy rooms, while the basements in the wings housed the service areas. The walls are a combination of brick and stone, which have been parged and whitewashed in places. The floors appear to be concrete.

The ground floor in the central administrative block is the most formal area in the building. With wide baseboards and trim, random width hardwood strip flooring, and an
entrance hall with a soaring transom window and sidelights, this section was built to impress. The original set of double entrance doors with brilliant stained glass lights and an etched glass transom are now installed in the London Asylum Archives.

The functions of the main floor rooms were administrative: reception, a physician’s office, pathological and surgery offices, the doctors’ and nurses’ dining rooms and the housekeeper’s office. Three of the rooms have fireplaces with faience tile surrounds, each a different colour. The grand staircase with its carved newel post and decorative brackets on the stringers has been closed in to create a fire stair.

The middle floor of the centre block is similar in layout, with staff offices but a less public function. The decorative finishes are also similar. The main hall features a large roman-arched window above the main entrance. Several offices have fireplaces with tile surrounds.

The third floor is organized around the operating room function, with related workrooms, dressing rooms, instrument stations, anesthetic room and storeroom. It is a significant architectural and cultural space, related to an important if troubling phase in the search for cures to mental illness.

Decorative finishes are similar to those on other floors with a few exceptions. The floors, walls and ceilings in the operating theatre and the two workrooms are made to be easily cleaned and reflect the new awareness of hygiene in decorative choices at the time. The operating room has a white penny-round mosaic tile floor. The walls have a smooth, coved cornice and smooth plaster with a white ceramic wainscot and a blue ceramic dado.
The large skylight has an interior sash with ribbed glass in the operating room ceiling. There are no remnants of any operational sash, but there is evidence of casement swing arms that may have been used to direct light from mirrors. The east workroom, also lined with ceramic tiles, has a wash station from the early 20th century with taps for handless, sanitary washing. The west room houses has similar finishes and a utility sink and an autoclave for sterilizing instruments.

Wings:

The wings of the Infirmary building housed patient beds and have a simplified version of the decorative features of the administration block. Each floor on each wing has 4 single rooms, 4 dormitory rooms, a dining room, a day room and a sun porch. In the central pavilion are kitchen rooms on the main floor and the nurses’ dormitory on the second floor.

These wings have walls of solid brick masonry, painted, with shallow ribbing demarcating shoe, base and dado. Door and window openings have rounded brick reveals. The floors are hardwood and the ceilings have the same hierarchy of tin ceiling patterns as in the administrative wing. The sun porch areas have v-groove
tongue and groove paneling in the ceiling. Some of the bathrooms retain their early 20th century fixtures and fittings.

The staircases that service the wings are carefully detailed. They are well-lit, with roman-arched windows at the landings. There are detailed carvings on the stringers and the newel posts are moderately detailed with square balusters.

Condition:

The building is still structurally intact, overall, but its condition is deteriorating rapidly. Major roof leaks have led to damage throughout the interiors, and have caused complete collapse of the wood structure on the west sunroom. The ongoing damage threatens the architectural and structural integrity of the entire building, and will ultimately lead to a complete loss.

The asphalt shingle roof has failed in several places. The main structural members in the attic appear sound, despite the water infiltration, but the floor structures in parts of the wings and on the third level of the administrative block are showing areas of advanced rot. There is also significant damage to interior finishes in areas such as the original operating room.

Vandalism has led to additional interior damage. Several original fireplace mantels have been pried off, and metalwork has been stripped for salvage value.

Other than the roof, the remainder of the exterior is in fair to good condition. The brick is sound and most decorative finishes are intact. The windows have suffered from vandalism but are intact and repairable. There is significant exterior damage in the front bay window area, from water infiltration. The paint finishes have failed and decorative wood trim is starting to fall off. Key information is in danger of being lost.
The Chapel of Hope was built in 1884 by patient labour, under the instructions of Superintendent Bucke. It was originally an interdenominational church but later became a Catholic Church because the Protestant congregation needed a larger space to worship in. It is one of the few stand-alone chapels built on the grounds of an asylum in Ontario. The main value of the church is associative because of its close relationship to the beliefs of Bucke. The architectural design of the building is typical amongst churches of this period across Ontario.

Exterior:

The church is a one-and-a-half storey structure with a gable roof, in the ecclesiastical Gothic Revival style. It has two chimneys at the east end inset towards the ridge, and a brick parapet wall at each end.
The building is built from buff brick in a common header bond with pointed voussoirs and cut lug sills. The aisle windows have simple stained glass in pointed arch Gothic openings. On the east gable is a quatrefoil window and a large pointed arch window with recent pictorial scene incorporating the 1964 hospital. The roof is asphalt shingle, with four dormers featuring trefoil windows. The exterior is well maintained.

Interior:

The interior has a central nave facing the sanctuary at the east end. The altar area is flanked by two small rooms. The main nave is open to the rafters and allows light to come in from the dormer windows and the quatrefoil on the east side. To the west is a small transept with entrances on the north and south.

The interior has been recently renovated. Paint was removed from the exposed rafters and plaster from the brick walls. While pleasingly bright and well cared for, many of the historic surfaces (paint, plaster, flooring, furniture) have been removed and this reads as a modernized space. Some of these finishes survive in the east room beside the altar. The interior is also well maintained.
The Stable

Exterior:

The stable, built in 1894 under the direction of Superintendent Bucke, is an impressive 2 storey buff brick building with a slate roof. There are two intersecting gable roof sections, plus a 1-storey ell with small shed-roofed porch. Five cupolas along the ridgeline provide ventilation and give the building a distinctive silhouette. There is a brick chimney on the east side of the 1-storey ell. The segmental arch windows have decorative brick voussoirs, and most have stone sills. The eaves have tongue and groove soffits and ogee moldings on the vergeboards. A large second storey board and batten door provides access to the hay loft. The scale and quality of materials shows the importance of agriculture to the Asylum and reflects the simplified classical details common in industrial buildings in the late 19th century. The building’s significance is as a support building to the main hospital.
On the interior, there are still some original sash in place beneath the plywood hoarding and even behind the bricked-in openings on the north wall. The most dramatic feature of the interior is the large queen-post trusses, with large diagonal braces. They divide the large east-west space into distinct bays, and limit headroom on the upper floor. The walls are whitewashed, with some areas covered in flush boarding, and there is evidence of various paint schemes.

Condition:

The overall condition of the building is good, but as with the infirmary it is deteriorating quickly because of major roof leaks. At the valley area between the two gable roof sections, water infiltration has rotted out the wood floor below and some of the joists. Around the ventilator bases, damaged and missing slates have created other areas of water leakage and deterioration of interior areas. Because the building is boarded up, the interior is humid and this contributes to the process of decay.

The ventilators themselves are in poor condition, particularly the ventilating panels on the side walls, and need to be removed, repaired, and reinstated.

The basic masonry structure is solid, and the roof trusses so far seem to be in reasonable condition.

Assembly Hall

The Assembly Hall or recreation building, built in 1920, is located to the east of the Chapel of Hope and within sight of the Infirmary building. Built in the modern classical style of reddish brown brick with white trim, it is a handsome and well-built structure. The design features of this building have consciously been copied from the Infirmary building: the pedimented roofline with round window, the roman-arched windows, the two-level ornamentation above the door, and the quoins at the corners of the building. Currently it has an asphalt roof. The original drawings for the building indicate cupolas.
across the ridge but these are no longer there and may have been removed during re-roofing. This building's façade faced the infirmary and was meant to be an accent to the visual landscape. That being said, the style is more austere and economies have been made such as partially filled in arched windows.

The interior is in similarly good condition with many original finishes and features including corbels, beams, doors and moldings.

While used by patients, this building has no great associative value. Its value lies in its pleasing architecture, its proximity to the infirmary building and its suitability for re-use.

**Other buildings**

Although some agricultural outbuildings on the east and north sides of the site are identified within the cultural landscape of the London Psychiatric Hospital complex, they are not considered significant enough architecturally or historically to be required components in any redevelopment scheme.
Overall, the site today is without its central ordering element, the large spreading main building that housed the central offices and most of the patient rooms. However, it retains enough in the way of architectural and landscape components, including its original axial layout and generous grounds, to suggest the intentions of its 19th Century designers. It also happens to contain most of the major components specifically associated with Dr. Bucke, the most significant person connected to the history of this hospital in particular and the development of mental health treatment in Canada and abroad more generally.

Both the buildings and the landscape are under threat – the landscape from Ash beetle attacking the surviving ash trees, and more general decay of lawn and road areas from changing uses; and the buildings from severe water infiltration due to leaking roofs and damaged exterior envelopes.
PLANNING AND POLICY FRAMEWORK

The overall cultural landscape of the London Asylum complex is protected under the ORC’s Cultural Heritage Management system. This conservation plan is part of fulfilling the obligations under that system.

The central issue on the London site is protecting a historically significant legacy while accepting the ongoing decay and fragmentation of the original design. It is clear that redevelopment will be required once the current psychiatric hospital function is relocated. But that redevelopment must recognize an important and somewhat fragile set of tangible and intangible associations. This is the one psychiatric hospital site in Ontario where it makes sense for a public or non-profit agency to establish and maintain a centre for interpreting the history of mental health care in the province. Despite the loss of the original main building, it remains the most significant psychiatric hospital site in Ontario, and possibly in Canada, through its association with the country’s most important mental health professional, Dr. Bucke. And the remnants that do survive have a direct association with Bucke and his 19th Century philosophy of ‘moral treatment’.

As with all psychiatric hospital complexes, this history is complex and has its dark and troubling aspects. However, this seems to be the place where the story needs to be told. Although the overall site is a logical candidate for disposal, within ORC’s overall portfolio management mandate, it may be important for the government to retain some small part as a centre for interpreting and presenting this aspect of Ontario history.

When a site is significant as much for its intangible historical associations as for its tangible design qualities, both must be recognized in planning for its future. The historical associations exist at the boundary between architecture and landscape, and demand an overall appreciation of its interdependent parts. It is therefore critical to adopt a cultural landscape approach to its redevelopment.

Unlike many of the psychiatric hospital sites, which are located in relatively remote rural or edge condition sites, the London site is within a relatively dense urban environment. This makes a variety of uses realistic, including residential, institutional, commercial and mixed use. The challenge is to balance private and public interests, and to stimulate imaginative uses while recognizing the fragile nature of the surviving heritage features.
STATEMENT OF HERITAGE VALUE

1. Level of Significance
Provincial Significance – complex (buildings and land)

2. Description of Historic Place
Regional Mental Health Centre, London, is a 65-hectare site, bounded by Dundas Street to the south, Highbury Avenue to the west, Oxford Street to the north, and developed lands to the east. It is located within the city of London, and is surrounded
by areas of suburban development. The rectangular site contains a range of hospital and agricultural buildings dating from the late 19th to the mid-20th centuries. Traces of the 19th Century hospital landscape are evident in a grand, tree-lined entrance boulevard leading from the southern end of the site to its core, with open lawns, specimen trees and curvilinear roadways surrounding older buildings, all oriented towards a southern entrance. Agricultural outbuildings and former farm (now soccer) fields are located towards the north end of the site. This landscape is interrupted by a Modern-style, radial-plan psychiatric hospital (1962-4) situated at the western edge of the site, and oriented towards a western entrance (Highbury Avenue). The southern portion of the site is intersected by a railway line, and the southwestern corner of the property has been appropriated by the Department of National Defence.

Early buildings at the site include: the Chapel of Hope (1884); the Infirmary or Examination Building (1902); and the Recreation Hall (1920), all located at the core of the site; and the Potting Shed (late 19th Century), situated with other service buildings (Power House, 1962; Laundry, 1962) to the east. Agricultural buildings located to the north include the Horse Stable (storage barn, 1894); an implement storage shed (1953), a tractor shed (1954), a pump house, and a roothouse and granary (1956).

3. Heritage Value of the Historic Place
Regional Mental Health Centre, London, is a landmark facility in the history of mental health care, nationally and internationally, because it reflects changing attitudes to the treatment and care of mental illness during the late 19th Century. The London site is closely associated with Dr. Richard Maurice Bucke, Superintendent from 1877-1902. Bucke is a significant figure in Canadian medical history because of his advocacy of ‘moral’ therapy and his innovative approaches to treatment. London Psychiatric Hospital was his most important institutional base.

The influence of Thomas Kirkbride’s plan is still evident in remnants of the original ornamental grounds, working farm and associated agricultural outbuildings. Despite the demolition of the original main building, the landscape and outbuildings continue to retain some of the early structure of the site, reflecting the original design by Kivas Tully as well as changes orchestrated by Bucke. The most important cultural remnant is the Infirmary, designed by Francis Heakes to Bucke’s specifications. The third-floor operating room is one of the earliest surviving facilities of its kind in Canada. The Chapel is significant as the only extant example of a stand-alone chapel erected on the grounds of an asylum in Ontario. Built by patients under the direction of Bucke, it reflects his strong belief in the importance of a spiritual component in therapeutic treatment. Other important early components erected under the supervision of Bucke are the Horse Stable and the Potting Shed. The Recreation Hall, erected after Bucke’s tenure, is of moderate interest for its functional layout and Neoclassical style.

4. Character-defining Elements
Key elements which relate to the heritage value of the Regional Mental Health Centre, London, are:
• Remnants of the 19th Century structure of the site, including: the central entry drive, the ring road, the southern orientation of the site, and the siting of buildings around a central, south-facing core with service and agricultural buildings to the north and east
• Remnants of the 19th Century circulation pattern, including the central, tree-lined entry drive from Dundas Street to the core of the site, vestiges of the original ring road around the core of the site, and other internal roadways leading to older buildings
• Remnants of the 19th Century ornamental grounds, including trees lining the entry drive, open lawns with mature specimen trees, and surviving gardens
• Remnants of the working farm, including the siting and orientation of outbuildings and the rectilinear geometry of fields
• The design, materials and siting of the Infirmary Building
• The design, materials and siting of the Chapel of Hope
• The design, materials and siting of 19th-Century agricultural outbuildings, including the Potting Shed and Horse Stable
• The design, materials and siting of the Horse Stable, including the scale, typical of animal husbandry buildings in institutional settings, its construction of local buff-coloured brick, its parged-stone foundation, its slate roof, and its siting to the north of the core area
• The design, materials and siting of the Recreation Hall, including its Neoclassical style, and its functional layout with a swimming pool in the basement and an auditorium on the floor above
• Landscape and building features associated with patient work, including the chapel, the potting shed, ornamental gardens and orchard remnants.

Key elements which relate to the heritage value of the Infirmary Building are:
• Its Queen Anne style, evident in its form, detailing and finishes
• Its complex but symmetrical composition, consisting of a tall, central block flanked by side pavilions with large wooden verandahs
• Detailing that enhances its vertical orientation, including tall chimneys on the central block, slender cupolas on the side pavilions and pedimented bays and dormers
• Its construction of local buff-coloured brick
• Surviving original exterior and interior materials and finishes
• Its surviving original layout, consisting of a central administrative and medical section, flanked by identical residential units
• The third-floor operating room, with its large north facing skylight, tiled floor and decorative tiled dado
• Its siting at the core of the site and on axis with the north-south entry drive

Key elements which related to the heritage value of the Chapel of Hope are:
• Its Gothic Revival style, evident in the stone-capped buttresses, small dormers on each side of the gable roof, and Gothic-arch stained-glass windows
• Its brick construction
• Its wood-panelled interior
• Its craftsmanship, evidence of the skill and occupation of patients
• Its siting within the central core of the site

**DISCUSSION OF HERITAGE VALUE**

To better understand the significance of the historic place, as outlined in the Statement of Heritage Value, it helps to tie the character-defining elements closely to the values that they embody. Recognizing the direct link between a character-defining element and the values it embodies provides guidance for planned interventions to the historic place. Without such an understanding, introducing change to a part of the cultural landscape has the potential to undermine the significance of the whole.

For instance, if an intervention (such as a new building complex) resulted in our inability to read the important roll played by the institution’s extensive grounds in the treatment and care of mental illness during the late-19th century, the integrity of the cultural landscape would be undermined. Conversely, knowledgeable interventions can enhance the heritage value of the historic place. If instead of placing a building complex on the grounds, the intervention consisted of introducing new landscape work that was physically and visually compatible with the existing landscape, it would make the story of Ontario’s treatment of the mentally ill in the 19th century much clearer. However, as it appears significant changes to the site are inevitable, an understanding of the relationship between value and character-defining elements, will help to mitigate their impact.

**Heritage Values of the Historic Site**
Two essential heritage values are identified. These values are:

First, that the Regional Mental Health Centre, London, is a landmark facility in the history of mental health care, nationally and internationally.

Second, that the London site is closely associated with Dr. Richard Maurice Bucke.

**Interconnectedness of values and character-defining elements**
The identified heritage values are bound together, since Bucke’s contributions to the treatment of mental illness in the 19th Century took place at the London Institution. Values A and B above, could be expressed as follows: During Bucke’s tenure as superintendent of the London Institution from 1877-1902, his “moral” therapy and other innovative approaches, reflecting changing attitudes in the treatment and care of mental illness during the late-19th Century, make the institution a landmark facility in the history of mental health.
The individual *in situ* parts of the historic place (its character-defining elements) are similarly interconnected and interdependent. This can mean that some character-defining elements embody both identified values. An obvious example is the Infirmary, whose design, influenced by Bucke’s innovative ideas, reflects the changing approach to the housing and treatment of the mentally ill in the 19th Century.

**Tying the character-defining elements to the heritage values they embody**

As a landmark facility in the history of mental health care, nationally and internationally, the heritage value of the Regional mental Health Centre, London is specifically embodied in:

1. The rectangular 65-hectare site, whose surviving late 19th and early 20th century institutional buildings, surviving landscaped grounds, and surviving agricultural buildings, constitute the backbone of the most widely utilized plan for mental institutions in North America in the 19th and early 20th centuries. Designed in support of the ‘moral treatment’ approach to mental illness, this plan was adopted internationally in the mid-19th century, and survived with modifications into the 20th century.

2. The organization of the historic site’s plan and circulation pattern, consisting of the central entrance driveway, remnant ring road, main buildings sited around a central, south-facing core, and surviving agricultural/maintenance buildings to the north and east, reflect the relationship that existed between the institution’s component parts.

3. The late 19th and early 20th century institutional buildings, including:

4. The Infirmary
   - Its central administrative block and symmetrical side wings, connected to the main block by all-weather corridors, illustrate a refinement of the Kirkbride plan.
   - Its large windows, open-porches, well-scaled rooms, fire-proof materials, and access to the grounds illustrate the theories behind the ‘moral’ treatment approach to mental illness, and the building’s public function as the institution’s Admitting Hospital and Outpatients’ Department.
   - Its operating room with it large skylight and tiled finishes illustrates the search for physical sources of mental illness at end of 19th century.
   - Its prominent siting on axis with the north-south driveway, and its well-scaled symmetrical composition in a handsome, classical revival style, executed in good materials, illustrate the significance of the public institution for the Ontario public health system and the local community.

The Chapel of Hope
   - Its construction by the inmates reflects the importance attached to physical activity and regular employment by the ‘moral’ treatment theorists.
• Its Gothic Revival style executed in good materials illustrates the importance attached to the spiritual needs of the staff and patients.

The Recreation Hall
• Its modern-classical style, interior plan, materials and features, illustrate changing ideals for patient facilities in early 20th century.

The Horse Stable
• Its design, large scale, fine natural materials, and siting, reflect its role as an animal husbandry building in an important institutional setting.

5. The remnants of the Ornamental Grounds, including the tree-lined driveway, open lawns with mature specimen trees and surviving gardens illustrate the importance attached to the presence of natural surroundings and physical work to the treatment of mental illness, as well as the importance of the institution in the Ontario Public Health System and to the local community.

5. The remnants of the Working Farm, including the Horse Stable, Potting Shed and rectilinear geometry of the fields, illustrate the need for the large institution to be self-supporting, and the 19th century belief in the value of rewarding physical activity in the treatment of mental illness.

As a site closely associated with Dr. Richard Maurice Bucke, the heritage value of the Regional mental Health Centre, London is specifically embodied in:
1. The rectangular 65-hectare site, with its surviving late 19th and early 20th century institution buildings, landscaped grounds, and surviving agricultural buildings, where Richard Bucke, a significant figure in Canadian medical history, was Superintendent from 1877-1902 during the institution’s formative years. London Psychiatric Hospital was his most important institutional base.

2. The late 19th and early 20th century institutional buildings, including:
The Infirmary
• Designed to Bucke’s specifications, it reflects through its design and features his advocacy of “moral” therapy and innovative approaches to treatment.
The Chapel
• Introduced by Bucke, it reflects his belief in the benefits of regular religious observances in the treatment of the mentally ill.

3. The remnants of the Ornamental Grounds, consisting of the tree-lined driveway, open lawns with mature specimen trees and surviving gardens, which were laid out and cultivated during his tenure and illustrate the importance he attached to the presence of picturesque landscaped grounds in the treatment of mental illness.
4. The remnants of the Working Farm, which illustrate Bucke’s advocacy of ‘moral’ therapy, and its belief in the benefits of fulfilling physical work in the treatment of mental illness.

VISION
The vision for the London Psychiatric Hospital site is to promote a major redevelopment plan for the site while retaining enough public control to tell the story of its central place within the history of mental health treatment in Canada and internationally.

Of all the psychiatric hospital sites in Ontario, this is the one with the most important historical associations, reflecting the life and work of Dr. Richard Maurice Bucke during his time as Superintendent from 1877 to 1902. His legacy, complex and sometimes troubling, epitomizes a critical shift in mental health treatment during the late 19th Century. It is a legacy reflected in both the buildings and the landscape of the London site.

In terms of buildings, the most important in historical value are the Infirmary and the Chapel of Hope. Both were built to Bucke’s specifications, and reflect different aspects of his belief system – the scientific and the spiritual. At least part of the Infirmary Building, most logically the three-storey administrative block with its rare surviving operating room and attendant facilities, should be developed as an interpretive centre for the history of mental health treatment in Ontario. At the same time, the Chapel of Hope should remain an interfaith worship centre reflecting Bucke’s original convictions and honouring the patient labour that constructed it.

The stable building is the other Burke legacy that deserves to be retained as part of this significant historical period. Its complex and handsome massing and noble materials reflect the importance of farm work as part of the larger therapeutic use of the landscape during this period.

More complex but equally important is the surviving evidence of the late 19th Century landscape that graced the London site. It carries the story of the importance given by Bucke and his soulmates, including Walt Whitman, to the healing power of nature. Bucke expanded and refined the original plan for the site, creating significant components such as the extraordinary entrance avenue with its eight parallel rows of trees and the simpler but equally important broad lawns and specimen trees. He also moved to release patients from the earlier practices of confinement, so that their relationship with this landscape was tangible and not just visual. It was the landscape, both ornamental and agricultural, that tied the buildings together and made sense of the overall goals for treatment.

Somehow the redevelopment of the site must protect and interpret this relationship between late 19th Century buildings, landscapes, and attitudes to mental health.
Although dark and troubling at times, the story deserves to be remembered and understood. The London site is the most important place in Canada for its telling.

Given the urban context of the site, redevelopment pressures should be sufficient to justify a range of creative design solutions. The properties surrounding the site currently support industrial, commercial, residential, institutional and recreational uses, and any or all of these uses could invade the site as the current mental health programs are terminated and relocated.

The challenge is to create a contemporary cultural landscape of active community engagement, while not denying or erasing the cultural landscape of the London Asylum during the last years of the 19th Century and beyond.

RECOMMENDATIONS

Emergency Stabilization
Before any other actions are taken on this site, it is recommended that immediate measures be taken to stabilize the Infirmary Building and the Stable. The roof finishes on these two buildings have deteriorated to the point where there is major water infiltration into the building interiors. This originally caused damage to interior finishes and details, but is now starting to cause significant structural deterioration and even collapse. These two buildings are too important architecturally and historically to risk any further damage. And they are fundamental to long term redevelopment of the site.

The Infirmary Building requires a temporary roof on firring strips applied to the existing roof surfaces and across existing cavities. The collapsed roof on the west porch needs to be rebuilt with a temporary structure and waterproof finish. The Stable building requires restoration of the existing slate roofing, after removing the decayed wood cupolas for storage inside the building. The cupola vents can be covered temporarily. The Stable also requires some localized repointing. Both buildings require some related landscape control and upgraded security provisions.

Policy and Development
The Statement of Heritage Value is a conservation tool to guide planned changes to a historic place. It functions with the Standards and Guidelines for the Conservation of Historic Places in Canada, which as its title suggests, provides principles and practices for the long term protection of Canada's historic places. The Ontario government is one of the partners in the development and application of the Standards. Conservation in the context of the Standards refers to retaining the heritage values of historic places and extending their physical life.

In the case of the London institution, Preservation as it is will not be possible once the existing psychiatric facility is closed. Restoration to its most significant period, the late 19th Century, is impossible because of the loss of some major components including
the original central building complex. The most appropriate conservation approach is Rehabilitation, which is characterized in the Standards as involving the sensitive adaptation of a historic place for a continuing or compatible contemporary use while protecting heritage value. Rehabilitation is achieved through repairs, alterations and additions.

When a Rehabilitation approach is adopted, Standards 1-12 of the Standards must be adhered to. Standards 10-12 apply especially to Rehabilitation. As Standard 11 states, new work should be compatible with, subordinate to, and distinguishable from, the historic place.

In rehabilitation, the design quality of the new work is critical to the success of the overall development. At the London site, this design quality applies equally to architecture and landscape, and at a more fundamental level to the planning process that creates the framework for development.

**Use and occupancy**
The imminent closing of the existing psychiatric facility will end 140 years of continuous use of the site for mental health care.

One related use that should continue is a small interpretive centre to tell the story of these 140 years at the London facility, and more generally the story of mental health care in Canadian history. The two stories are intertwined at this site. Immediate steps should be taken to secure the wealth of historical artifacts and records currently collected in the museum within the present 1964 facility. It has recently closed and some of its holdings are beginning to be given away or abandoned – this collection and this site are too important to allow this public memory to be lost.

At the same time, the larger site, including a number of interrelated buildings and their associated landscape, should continue to be used as a supporting element in this interpretive activity.

Beyond this interpretive mandate, the site can be redeveloped for any number of uses, reflecting the existing urban context and its mix of industrial, commercial, residential, institutional and recreational use. It is assumed that a mixed use pattern will be developed.

The historic buildings, particularly the Infirmary, the Chapel, the Stable, and the Recreation Building, should be integrated into this pattern of use and occupancy. The administrative wing within the Infirmary will perhaps be used as an interpretive centre, but the east and west wings are easily adapted for residential, office or institutional use. The stable is also a prime candidate for adaptive reuse, although its potential uses are more limited because of its unique design character. It has the advantage of separate or shared access from Highbury Avenue. The Recreation Hall should be fully integrated into the redevelopment plan, ideally continuing to function as a recreation hall or community facility of some sort to take advantage of its large interior spaces.
and its iconic character. Unlike the other buildings, it has only modest historical associations with the most important period in the site's history.

The Chapel of Hope is a logical candidate for continuing use as a religious place, ideally returning to the interfaith operation that Bucke originally developed. It can also be integrated into the community spaces within any redevelopment plan.

**Accessibility and Circulation Systems**

The use of the magnificent tree-lined avenue at the south entrance to the site off Dundas should once again be integrated into the core activities on the site. There may be some question as to its suitability for extensive vehicle traffic, but it should be physically and psychologically accessible to the community as an organizing axis and point of entry for pedestrians and others. This should probably be the only access from Dundas.

Visual access should be maintained from this entrance avenue to the Infirmary Building, and conversely from the building back towards the avenue. This relationship is central to establishing the axial nature of the site, and to linking architecture and landscape. Both these components were developed by Bucke and need to be part of a shared interpretive story.

New points of access into the site may be created off Highbury or Oxford Road, or from the properties to the east.

Inside the site, the surviving road network should be reused as a circulation framework where possible. The primary components are the entrance drive, establishing the north-south axis, a circle of some kind at the core, and then roads branching out towards the northeast and northwest. Pathways can be redesigned as part of redevelopment strategies, but an axial pathway from the tree-lined avenue to the Infirmary Building should remain in some form.

Barrier-free movement within the landscape should not be an issue because of the relatively flat nature of the site. Accessibility to the buildings varies depending on their configuration.

The Infirmary Building, if it is to house a public interpretive function in the administrative block, will require a significant ramp at its south entrance because of the high basement. This should possibly be designed as a double ramp to continue the symmetrical and duplicating aspect of the original design. The existing elevator location can be maintained for internal vertical movement. A separate ramp and internal elevator system may be required for a completely separate redevelopment of the northern part of the building, including the east and west wings. These two wings might not be interconnected.
The Chapel of Hope is less problematic, as the grade changes are minimal. The Stable is also no problem, assuming an internal flooring system is developed close to or at grade.

The Recreation Hall, which would be best served by continuing in public use, requires significant ramping and vertical movement facilities.

**Site Services**
It is assumed that site services will be redone as part of any major site redevelopment. These will be considered within the broader urban context.

**Landscape Treatments**
The landscape should remain as an organizing principle within the site. The tree-lined entrance drive should not become an isolated fragment, but should open up into the great lawns and mature trees of the original scheme. New development should be kept towards the perimeter of the site, with greater height limits along Highbury and Oxford, so that the interior of the site remains a landscaped bowl with the Infirmary Building as the important axial landmark. Its distinctive silhouette should not be marred by adjacent developments.

As indicated, the landscape should be kept open between the tree-lined entrance drive and the infirmary building. Consideration should be given to a visual connection between the stable building and the infirmary building, but this may not be possible. What is important is that there be a feeling of landscape continuity.
One other open space should be retained, at the northwest corner of the site. This remnant farmland, which could continue in recreational use for soccer or other activity, provides an important foreground for the stable building. This impressive building, which shares with the Infirmary Building a memorable silhouette, needs to be visible from the corner of Oxford and Highbury, within the wide open context for which it was so carefully designed.

The other advantage of more intense development along the perimeter is the reduction in traffic through the centre of the site, allowing Bucke’s idea of the therapeutic value of nature to survive somewhat intact.

**Architectural Treatments**

The remnant historical buildings should remain essentially as they are in terms of form and massing, without significant additions. This is particularly true of Bucke’s buildings – the Infirmary Building, the Chapel of Hope, and the Stable – all of which are carefully designed as pavilions in the landscape. The Recreation Hall could become part of a larger complex, given its less significant architectural or historical associations.

The Infirmary Building:

This building is relatively complete in terms of its original exterior finishes and details. Some areas, particular in wood, have suffered from decay due to moisture, but these areas are logical candidates for restoration since the evidence survives. Brickwork will require localized repointing, but it appears that the building is relatively sound.
structurally and has not suffered foundation movements or wall misalignments. The 1945 sunrooms can be maintained, with the one collapsed roof rebuilt. Paint colour analysis should be used to determine the original paint colours on the decorative wood elements – a return to original colours would significantly enhance the architecture and reflect the Bucke period. The existing wood windows in the administrative block should be restored; windows in the northern portion, including the east and west wings, could be restored or replaced depending on the ultimate use. Further investigation is required to determine the original roof finishes – presumably either slate or cedar shingle – and it is suggested that these finishes be put back. The skylight above the operating room should be restored.

The interior of the administrative block, if it is to be used as an interpretive centre, should be restored as well. Most of the original finishes and detailing survives, so the major task is undoing the damage caused by neglect, vandals, and water infiltration. Areas such as the operating room and its adjacent preparation spaces require special attention. The goal is to focus restoration efforts on just this one interior, as the basis for interpreting the story of Bucke in particular and mental health care more generally.

The interior of the larger northern portion of the building, including the east and west wings, can be redeveloped in any way that suits intended uses. The approach should be to retain, as much as possible, the internal brick bearing walls for reasons of both structural stability and cost. Otherwise, the materials, finishes and detailing can be a combination of salvaged original material where appropriate and compatible contemporary work.

Structural upgrading is required where water has damaged structural wood joists and rafters. There may be additional requirements for modifications to accommodate life safety requirements for exit stairs or elevators or other interventions.
This building is not an appropriate candidate for restoration, given the extent of the changes to date. It should ideally stay in use as a religious space, but in its evolved state. It may continue to evolve to meet ongoing functional requirements. It appears to be structurally sound, with the exposed trusses as a feature of the interior.

The Stable:
The exterior of this building should be restored, but the interior should be rehabilitated as an adaptive reuse project. Only minor additions, if any, should be added to the exterior so as not to unbalance the current form and silhouette. The brick requires localized repair and complete repointing. The slate roof needs extensive repair, as do the wood venting cupolas. As with the Infirmary Building, paint analysis should be used to determine the original colour of wood elements, including cornices, gables, doors and windows, and this should guide the restoration process.

Inside, the building can be adapted for almost any viable use. The particular cross section with its limited second floor height suggests either removing the second floor, already in bad condition in areas of water infiltration, or developing residential uses where each bay is a separate vertical two-storey space. The heavy timber beams define the logical bay sizes. Because of the unusual truss design, a single open space would provide a dramatic setting for certain commercial or community uses. The trusses appear to be structurally sound, but at risk because of ongoing water problems.
The Recreation Hall:
This building seems most suited to an ongoing community use, with possible recreational, social and cultural events using both existing floors. Its exterior appears to be in reasonable condition and can be repointed and repainted as required. The interior can remain as a single large auditorium space or could be subdivided according to program needs. The structural conditions of the roof is not known.

Outbuildings such as the Potting Shed can be incorporated into certain developments but may not be appropriate for others.

New developments on the site should adopt an architectural vocabulary that is compatible, subordinate and distinguishable, to use the language set out in the Standards and Guidelines.

Building Envelopes and Environmental Controls
The historic buildings require upgrading of their building envelopes as part of the redevelopment process.

In the Infirmary Building, the emphasis in the administrative wing should be on retaining interior finishes. The walls do not need to have any additional insulation – these efforts can be focused on the attic and the basement, as well as upgrading of the wood windows. In the rest of the building, the wall assembly may be upgraded as part of more extensive interior rehabilitation and adaptive reuse.

The Chapel of Hope, the walls are likely to remain as they are, of exposed brick without insulation. Similarly, the ceiling is part of the architectural interior, so that the only long-term possibility for insulation upgrades is on the upper deck side.

The Stable and the Recreation Hall may get significant envelope redesigns as part of their larger redevelopment strategies.

The environmental control systems for all buildings, including heating, ventilating and air conditioning, will depend on the building and the intended use. In the restored
interiors of the Infirmary Building, special provisions can be made for servicing from the basement up and the attic down. In other buildings, contemporary systems can be introduced.

**Public interpretation**

Mental health care involves all the faculties and senses. The London site has a number of places, both within some of the building and in certain parts of the landscape, where the relationship between tangible and intangible is very powerful – examples are the tree-lined avenue, seductive and foreboding as the forecourt to the original massive central complex; the Chapel, a simple but reflective space juxtaposed with the scientific pretensions of the Infirmary Building; the operating room, a place of both horror and a passionate belief that somehow in some way mental illnesses could be cured. The power of this site cannot be communicated by reducing it to a series of plaques or display panels. There needs to be both the obvious historical information and the much more subtle realities of the buildings, landscapes, pathways and views.

An unresolved issue related to the history and interpretation of the site is the question of patient burials. Some of the Ontario psychiatric hospitals had burial grounds with unmarked graves – it is not known whether such an area existed at the London Asylum. Ongoing archaeological investigation and monitoring should be undertaken as part of any redevelopment, and in the interim some measures should be taken to consider the possibility of unmarked burials and the most appropriate way of recognizing this probable reality.

The idea of public interpretation at this site is complex but rich in potential. The London Asylum exists in the public imagination through works such as the Hollywood film *Beautiful Dreamers*, about Richard Bucke and Walt Whitman. The brooding Infirmary Building is architecturally arresting and memorable. The tree-lined avenue is without equal in North America. The site can continue to be a layering of many meaning, even within the context of major redevelopment.
APPENDIX A: Stabilization

The following short-term stabilization is recommended for the Infirmary Building, and the Stable Building. This will protect these important resources from any further damage or loss, and allow them to remain viable for redevelopment.

Examination Building:

1. Inspection and partial repointing of chimneys
2. Removal of collapsed roof, west porch, and reconstruction of temporary framing & roof deck
3. Temporary strapping and corrugated steel roofing, all roof areas
4. Vented plywood covers at window openings
5. Cutting back of plant growth at base
6. Enhanced security cameras

Masonry Barn:

1. Inspection and partial repointing of chimney
2. Stabilizing, removal and interior storage of wood cupolas
3. Localized repair of roof deck
4. Repair and reinstatement of damaged slate roofing
5. Temporary strapping and corrugated steel roofing at cupola openings
6. Vented plywood covers at selected window openings
7. Cutting back of plant growth at base
8. Localized repointing of brick walls