

SG 2511

United States Department of the Interior
National Park Service



National Register of Historic Places Registration Form

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

1. Name of Property

historic name INGLESIDE HOME

other names/site number Ingleside Home for Reclaiming the Erring

name of related multiple property listing N/A

2. Location

street & number 70 Harvard Place [] not for publication

city or town Buffalo [] vicinity

state New York code NY county Erie code 029 zip code 14209

3. State/Federal Agency Certification

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

Reg. Daniel Thibault
Signature of certifying official/Title

4/9/2018
Date

DSHPV

State or Federal agency and bureau

In my opinion, the property [] meets [] does not meet the National Register criteria. ([] see continuation sheet for additional comments.)

Signature of certifying official/Title

Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

- entered in the National Register [] see continuation sheet
- determined eligible for the National Register [] see continuation sheet
- determined not eligible for the National Register
- removed from the National Register
- other (explain) _____

JA Signature of the Keeper
Alexis Obermeyer

date of action
5/25/18

5. Classification

Ownership of Property

(check as many boxes as apply) (Count only one box)

- private
- public-local
- public-State
- public-Federal

Category of Property

(Check only one box)

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

Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
1		buildings
_____	_____	sites
_____	_____	structures
_____	_____	objects
1	0	TOTAL

Name of related multiple property listing

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

_____ N/A _____

Number of contributing resources previously listed in the National Register

_____ N/A _____

6. Function or Use

Historic Functions

(enter categories from instructions)

_____ DOMESTIC/Institutional housing _____

_____ HEALTH CARE/hospital _____

_____ COMMERCE/TRADE/organizational _____

Current Functions

(Enter categories from instructions)

_____ VACANT/not in use _____

7. Description

Architectural Classification

(Enter categories from instructions)

_____ LATE 19th AND EARLY 20th CENTURY REVIVALS/ _____

_____ Colonial Revival _____

Materials

(Enter categories from instructions)

foundation _____ concrete _____

walls _____ brick, cast stone _____

roof _____ slate _____

other _____

Narrative Description

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

8. Statement of Significance

Applicable National Register Criteria

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

- A** Property associated with events that have made a significant contribution to the broad patterns of our history.
- B** Property is associated with the lives of persons significant in our past.
- C** Property embodies the distinctive characteristics of a type, period, or method of construction or that represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D** Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all boxes that apply.)

- A** owned by a religious institution or used for religious purposes.
- B** removed from its original location
- C** a birthplace or grave
- D** a cemetery
- E** a reconstructed building, object, or structure
- F** a commemorative property
- G** less than 50 years of age or achieved significance within the past 50 years

Areas of Significance:

(Enter categories from instructions)

ARCHITECTURE

SOCIAL HISTORY

HEALTH/MEDICINE

Period of Significance:

1929-1976

Significant Dates:

1929, 1976

Significant Person:

N/A

Cultural Affiliation:

N/A

Architect/Builder:

Frederick C. Backus

Narrative Statement of Significance

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

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested. **NPS #35,335**
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by historic American Building Survey # _____
- recorded by Historic American Engineering Record # _____

Primary location of additional data:

- State Historic Preservation Office
- Other State agency
- Federal Agency
- Local Government
- University
- Other repository: _____

10. Geographical Data

Acreege of Property 3.41 acres

UTM References

(Place additional UTM references on a continuation sheet.)

1	1 7	<u>674412</u>	<u>4754051</u>	3	1 7		
	Zone	Easting	Northing		Zone	Easting	Northing
2	1 7			4	1 7		

Verbal Boundary Description

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

Boundary Justification

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

11. Form Prepared By

name/title Annie Schentag, Kerry Traynor [Edited by Jennifer Walkowski, NYSHPO]

organization hta preservation specialists date 10/1/2016

street & number 422 Parker Avenue telephone 716.864.0628

city or town Buffalo state NY zip code 14216

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

A **USGS map** (7.5 or 15 minute series) indicating the property's location
A **Sketch map** for historic districts and properties having large acreage or numerous resources.

Photographs

Representative **black and white photographs** of the property.

Additional items

(Check with SHPO or FPO for any additional items)

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

name _____

street & number _____ telephone _____

city or town _____ state _____ zip code _____

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

Estimated Burden Statement: public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, D.C. 20503

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NARRATIVE DESCRIPTION OF PROPERTY

Ingleside Home, located at 70 Harvard Place, is a three-story brick building located on the west side of the street between Lafayette Street to the north and Balcom Street to the south in Buffalo, Erie County, New York. Ingleside Home is located in a primarily residential neighborhood, east of Delaware Avenue and Frederick Law Olmsted's Gates Circle and just west of Main Street. The building is also located near the locally designated Linwood Historic Preservation District, which is two streets to the west and encompasses many freestanding single and multiple family houses from the late nineteenth and early twentieth centuries. Forest Lawn Cemetery is located two blocks north. The residences on Harvard Place are primarily modest "Buffalo-doubles," a local vernacular type of two-story wood-frame house with residential flats on each level, usually with a two-story porch (sometimes enclosed) and often with a prominent closed front gable and polygonal bay windows, set on relatively narrow lots.

The Ingleside Home was built on the site of the Alberger Estate, a large private residence that the institution originally used when it moved to the property in 1884. As the institution outgrew the brick Italian Villa mansion of the former Alberger Estate, Ingleside Home constructed two additional wings to the building in 1902 in order to increase capacity. The institution continued to grow in the early twentieth century, and the former Alberger Estate building was subsequently demolished in 1928 to make way for the construction of the nominated building.

The Ingleside Home building reflects the residential character of the neighborhood through its scale, materials and architectural design; however, unlike other properties on the street, it is set back with an expansive front lawn and side driveway, suggestive of its historic institutional function. The overall landscape of the lot primarily consists of grass lawns and a few trees, with a topography that gently slopes eastward toward Harvard Place. Behind the building there is a small garden plot, with some protective fencing that remains in pieces. A concrete parking lot with about fifteen parking spaces exists on the south side of the property, accessible from Harvard Place via a paved driveway. This driveway also terminates in a small circular pathway, which loops around a large tree and small grass lawn that is placed in the center of the circle. The circle provides vehicular access to the south entrance of the building, enabling cars to load and unload passengers while traveling around the circle.

The building was designed by Frederick C. Backus for the institution called Ingleside Home and constructed in 1929 in the Colonial Revival style. The H-shaped building presents two primary elevations, one facing south and one facing east. The form of the building is H-shape, so that the central flank of the building, the center line of the 'H,' runs on an east-west axis and the two wings (east and west) are oriented on a north-south axis. This positions the building to present an east elevation to Harvard Place, and this elevation is designed to be more in scale and character with the residential setting of that street than the south elevation, which features a much larger institutional scale and entrance. In this sense, the building clearly presents a 'public' elevation facing the

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domestic, tranquil residential street of Harvard Place and a more ‘private’ elevation facing south, which was more concealed from the street in order to allow for the more confidential entrance and exit of patients. While this latter elevation is more institutional in design, it makes use of the H-shape to conceal itself from the street and thus provide some patient confidentiality upon entrance and exit to the building.

Inside, the plan generally repeats on each of the three floors and consists of a double-loaded corridor running north-south, with offices or cells on either side and larger gathering spaces or programmatic spaces positioned at the west and east wings of the building. The plan repeats itself but some differences do appear on floors with wings that were devoted to specific functions, such as the former hospital wing on the west end of the second floor, which originally provided healthcare and delivery services to pregnant women. The circulation spaces within and between floors remain largely intact, with hallways, stairwells and the elevator maintaining most of their original materials and function. The stairs and stairwells, located on the east and west wings, feature concrete stairs with rough speckled stucco, simple iron railings and square newel posts, with wooden handrails. A metal-cage elevator with concrete floor, original to the plan and construction, also remains operational in the building, traveling to all floors in the northeast portion of the central north-south corridor. The building has not been significantly altered on either the exterior or interior, with the dormitory rooms and hospital wing becoming office spaces, and the larger social spaces becoming meeting spaces when the building changed use and no longer functioned as an institutional space for women and their babies.

Exterior

Ingleside Home is an H-shaped brick building designed by architect Frederick C. Backus in a style reminiscent of a side-facing gable, Colonial Revival institution, with three stories above a raised basement on a concrete foundation. The building presents two primary elevations, facing east and south, each with their own entrance. Sanborn maps and historic photographs reveal that this has always been the case, with each elevation serving as a different entrance into the building. The east elevation facing Harvard Place is five bays wide with additional two-bay-wide flanking wings on both sides, and the south elevation extends back into the property with its five-bay-wide elevation and two-bay-wide wings on each side. The south elevation is positioned on a small circular traffic entrance adjacent to a parking lot to the south. Both elevations feature entrances placed in the center of a symmetrical elevation. The brick is laid with flush mortar in an English bond, with six stretcher courses per alternating header-stretcher course. The slate-roofed building includes front-gable dormers on all sides, cast-stone belt coursing and a cast-stone water table. Typical window surrounds feature cast-stone sills and hoods, with wood-frame windows, typically with four-over-four or two-over-two lights.

East Elevation

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The east elevation, facing Harvard Place, is styled to give the impression of a side-gable Colonial Revival residence with a two-and-one half story, five-rank central block flanked by one-and-one-half story, two-bay-wide wings to the north and south. There are four pedimented dormers on the roof of the central block and two pedimented wall dormers at each wing, each with six-over-six double-hung wooden sash windows and topped with slate roof tiles in a plain pattern. A brick chimney extends up through the gable at either side of the central block. A central entrance is located in the middle bay, where the wood door with six wood panels is adorned with a fanlight window and sidelights, and a single-story portico with round wooden pilasters is topped with a simple wooden entablature and pediment. Six concrete stairs with simple iron rails provide access to the raised entrance from the concrete sidewalk. The entrance retains the majority of these architectural details, as the original door, sidelights, portico and pilasters remain extant.

The original fenestration of Ingleside Home consists of eight-over-eight double-hung sash windows in each bay on the first and second floors, with wooden sash, muntins and jambs, much of which remains. Set on simple rectangular cast-stone sills, the windows are topped with cast-stone lintels and decorative keystones and jack arched brick lintels above the windows on the side wings. Cast-stone belt coursing distinguishes the first and second stories on the two wings but not the central block; however, a cast-stone water table is continuous across the entire elevation.

When viewed directly from the street, the east elevation appears as if it is a residence rather than an institution, somewhat masking the substantial portion of the building that extends westward on the property. This residential elevation is in keeping with the residential character of the street and would have also provided some privacy for patients entering and exiting the building at the south elevation.

South Elevation

The south elevation faces a concrete parking lot and circular driveway. The elevation features a two-and-one half story, five-bay-wide central block flanked by a one-and-one-half story front facing gable wing to the east and a gabled wing with arched loggia and paired gable end chimney with a small ocular window centrally located. The entrance is in an articulated, centered, projecting one-story pavilion. There are four pedimented dormers in the central block, and some retain the original three-over-four sash windows with wooden frames.

The entrance into the central block is through a paneled door set back within a cast-stone surround that features a simple entablature with ornamental keystone, set atop a set of square engaged pilasters. The wood paneled door features an elliptical fanlight with sidelights with decorative cast-iron framing. Above the entrance, a decorative balcony with wrought-iron railing runs along the perimeter of the narrow, flat-roofed rectangular entrance bay. A single two-over-two double-hung wooden sash window with wooden jambs is placed on each side of the door surrounds to provide additional light in the entrance vestibule, creating a three-bay composition to the projecting pavilion, within the larger composition of the main building and wings.

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Two eight-over-eight double-hung wooden sash windows are located to each side of the central entrance bay on the first floor. Fenestration on the second floor features seven eight-over-eight double-hung wooden sash windows with cast-stone sills. Cast-stone belt coursing distinguishes the first and second floors of the central block, and a cast-stone water table is present throughout the elevation as well. Basement windows are partially visible at ground level, below the water table.

The west wing features a single-story arched loggia with tiled floor extending four bays on the first floor, with five square brick pilasters creating four semicircular archways with thin cast-stone sills, open to the air. A separate entrance to the loggia to the east is through a set of concrete stairs with simple iron railings, which are located under an additional two archways that are also mirrored on its west side. The four-bay-wide wing is topped with a flat roof that is enclosed by a wrought-iron balcony, creating a second-story porch that is accessible from the adjacent room. A small ocular window with wood muntins is visible on the third floor of the south elevation, centrally placed within the brick double chimney that runs the height of the elevation at its western end.

The east wing features a front-gabled roof with returns, two six-over-six double-hung wooden sash windows with cast-stone sills on the upper floor. A single-story hexagonal bay with eight-over-eight double-hung wooden sash windows defines the first floor of the wing. A substantial portion of this wing is covered with ivy.

Overall, the south elevation gives a far more institutional appearance than the east elevation, which appears to be more residential in design. The sprawling bays, grander entrance and setback from the circular driveway enhance the institutional quality of the south elevation.

North Elevation

The north elevation mirrors the form and massing of the south elevation, with a central block flanked by two wings connected at the east and west end at perpendicular angles. The wooden sash windows are placed functionally, relative to plan. A small brick porch is located on the first floor of southern end of the east wing where it intersects with the central block. The porch is topped by a concrete slab roof on the second floor, enclosed by a wrought-iron rail that defines the small porch. The west wing is detailed in a similar manner.

West Elevation

The most prominent feature on the west elevation is a small projecting bay that houses a chapel, with colored art glass. The elevation, which is located at the back of the property, features a service entrance accessing the kitchen and pantry. The windows, which are eight-over-eight double-hung wooden sash units, are placed functionally, relative to plan. To the north is an attached four-car garage, connected through a concrete stairwell adjacent to the kitchen inside. Wooden double doors with glass panes at the top are located on both ends of the

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garage, creating a large space where cars could pull through from the back to the front of the building, or simply double park without blocking one another due to these dual entrances.

Interior

The character-defining feature of Ingleside Home is the overall plan of the building, which consists of a double-loaded corridor running north-south, with cellular dormitory rooms on either side. At either end of the corridors are larger rooms that functioned as public gathering and large office spaces. The plan repeats itself on each floor, with slight variations to accommodate kitchen and dining space and what was a hospital wing to the west on the second floor. The hospital wing includes treatment rooms, recovery rooms and surgical rooms separated by very broad doorways that are roughly double width, enabling passageways spaces large enough to accommodate medical gurneys.

A typical dormitory room is about 8' x 11' and features hardwood floors and plaster walls with a wooden door and glass doorknob, a single four-over-four window with wood frame, a 2' deep closet, a small metal radiator and occasionally a porcelain sink and small mirror. Larger rooms, which formerly served as shared sitting rooms, assembly rooms, or other common spaces, are typically at least 19' x 21' with hardwood floors and plaster walls. Some of the shared rooms have been carpeted, but the original flooring appears to remain underneath. The medical ward on the west wing of the second floor remains the exception, which is categorized by tiled floors and walls, rather than hardwood and plaster, which originally enabled sanitary medical procedures. Rooms on the third floor, both individual dormitory spaces and common rooms, are much the same as on the second floor, with the exception of windows that are set back into the plaster walls, reflecting the dormers visible from the exterior. Nearly all of the original wooden doors remain throughout the building, as well as brick fireplaces with wooden or marble mantels, plumbing and glass light fixtures, simple ornamental details executed in wood, and many of the original wood-framed windows remain. Wainscoting appears in very few rooms, a marble fireplace mantel features a simple classical style motif in the header, and ornamentation throughout the building is overall very minimal. While not opulent, the simple detailing is characteristic of an institution aimed at social services and healthcare.

Circulation corridors are approximately 6' wide, with hardwood floors, sometimes covered with carpet, and simple glass lighting fixtures throughout the corridors. The stairwells are located on the east and west ends of the building, and the stairs are typically concrete risers topped with rough speckled stucco, with iron railings, square newel posts and wooden handrails. A combination of windows from each floor provides light in the stairwells between floors. A semicircular fanlight from the first floor of the east elevation, for instance, is located at ground level of the stairwell landing between the first and second floors, and the bottom portion of the eight-over-eight windows provide light towards the top of the stairwells. This window orientation reveals the offset vertical placement of the stairwell, located a half-story higher than the exterior elevation would suggest.

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First Floor

The entrance into Ingleside Home occurs in two primary places. The east elevation entrance opens into a stairwell that continues to all three floors, whereas the south elevation entrance reflects a grander design. At the south elevation entrance, one enters through the original wooden door into a vestibule lit by sidelights and a transom fanlight, then climbs a few concrete stairs into an entrance corridor connected perpendicularly to the main hallway running north-south. East-west corridors connect to the main north-south corridor on both ends, providing circulatory spaces in the east and west wings of the H-shaped plan. The original plan, which provided office spaces along the north-south corridor of the central block, remains intact. Each of these former offices is about 8' x 11' and includes hardwood floors, plaster walls, wooden doors, and a single four-over-four window, much like the dormitory rooms located on the above floors. The west wing also included a few larger spaces adjacent to the dining room and kitchen that functioned as social spaces and then meeting rooms. Each of these rooms feature hardwood floors and plaster walls, although bathrooms feature tiled floors and marble stall dividers. To the south, the sitting room is a large carpeted space, 30' x 16,' with a simple wooden fireplace mantel. A note on the original plans states "reuse old fireplace mantel," which suggests that it may have come from the former Alberger estate building. The wooden fireplace mantel is minimally detailed, with only a simple wood shelf and two engaged legs on each side of the hearth. The mantel is still intact and may possibly be the oldest remnant of the original Alberger Estate property on site today. The room spans the width of the attached exterior loggia, which the room opens onto via double-glazed wooden doors with glass panels.

The east wing provides additional office spaces that feature hardwood floors, plaster walls, a single four-over-four window and wooden doors, as well as a large staff sitting room, 20' x 26,' which includes a classically detailed marble fireplace mantel. This marble mantel is more elaborately detailed than the wooden mantel in the west wing of the first floor, in the patient sitting room. The mantel features an engaged leg on either side of the firebox, a semi-circular arched trim, and a header with a keystone above the firebox, supporting a marble shelf. The room, which also includes built-in wooden shelving, is accessed through a set of double-glazed doors with wood stiles and glass panels. Two original stairwells, located in the center of both the east and west wings, provide access to the above floors, as well as an original metal-cage elevator located in the northeast corner of the central building.

Second Floor

The plan of the first floor repeats on the second floor, with the exception of the spaces in the west and east wings, which were purpose-built for specific uses. The second floor includes thirteen offices, formerly dormitory rooms, located along the main north-south double-loaded corridor. Each dormitory room is roughly 8' x 11' and includes hardwood floors and plaster walls, a single four-over-four window with wooden frame, a

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2' deep closet with wooden door, a wooden entry door, and some feature a porcelain sink still intact. An additional seven rooms of approximately the same size are located in the east wing, along with a shared sitting room that is roughly 20' x 26', much like the one directly below on the first floor. This sitting room is carpeted and features a walk-in closet with wooden shelving, roughly 3-feet deep. A large bathroom with tiled floors and marble stalls is located off the main corridor and features two rows of three sinks with a large mirror between them, as well as four toilets, two showers and a bathtub. Bathrooms on each floor retain this level of integrity, featuring many original plumbing fixtures, sinks, tiles and wooden stall doors.

The west wing of the second floor is the hospital wing, defined by double-wide door entrances that are fitted with the original wooden hospital doors, still intact. These doorways were designed to be wide enough for a hospital gurney to roll through. Tiled surfaces, including walls, floors and even some ceilings are present in many rooms in this wing, enabling easy cleaning and sterile conditions. The most intensive procedures were conducted at the very back of the building, in the tiled delivery room, sterilizing room and 'lying in room' devoted to patient services on the north side of the west wing. A bathroom in the medical wing still contains a metal Aeroflush machine, a medical device once used for disposing of bedpans and medical waste.¹ A tiled lobby with a large porcelain sink and a doctor's lavatory with tiled floors, a toilet and sink were also placed in this section of the building to facilitate surgical procedures and sterile conditions. A larger room used as a common space in the west wing of the second floor, roughly 19' x 32,' opens onto the second floor balcony located above the first floor loggia through a wooden door with glass panes. Additional rooms are located on the northern end of the west wing, and two larger rooms, formerly medical wards, occupy the center of the wing. The typical medical wards feature hardwood floors and plaster walls, with either a single or a set of paired four-over-four windows with wooden frames. Across the hallway from the largest ward is a room with a transparent glass pane window-wall set in plaster, originally designed for baby observation, which is still intact.

Third Floor

Thirteen more rooms, formerly dormitory rooms, are located on the third floor, mirroring the second floor plan. The rooms are nearly identical in material, size and layout between these two floors. A large tiled bathroom is also located at the east end of the corridor, with three porcelain toilets with wood doors and marble stalls, four sinks, two showers and a bathtub. All of these remain intact in their original form. The east wing includes a larger shared room, which at 16' x 20' originally provided a shared sleeping space for at least six beds and now serves as a computer room. The west wing includes three additional rooms, now offices, which are much like the typical dormitory rooms with hardwood floors and plaster walls. Throughout the third floor, windows are much like those on the lower floors in material and form, but they are set into the plaster walls further back rather than flush with the walls, due to the dormers visible on the exterior. Three original exterior glass

¹ Advertisement for Aeroflush seen in *American Journal of Nursing* Vol. 49, No. 5 (May, 1949), 23.

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skylights with iron framing are located along the north-south corridor, two near the stairwells on either side and one in the center of the building.

Basement

The basement is accessed internally via the concrete stairs in the west wing, or via the metal-cage elevator in the northwest portion of the central corridor. A concrete ramp entry along the west elevation also provides external access for deliveries. The concrete foundation is evident. The basement includes large storage rooms divided with open wood lath partitions, a boiler room with metal equipment intact, a coal room and a meter room. Another large storage room, formerly used for laundry facilities, is also located in the basement, although the original equipment is no longer there. There is an adjacent smaller storage room. Although their usage has changed, the majority of this layout and the original materials remain intact.

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STATEMENT OF SIGNIFICANCE

Summary

Ingleside Home, one of the few remaining institutional buildings of this kind from this time in the Buffalo, provides a substantial contribution to the history of women, social work, and health care during the twentieth century. Although the organization, established in 1869, had operated in several other locations, including an earlier building on this site, the building erected in 1929 at 70 Harvard Place was the first and only building constructed specifically for the institution. Designed by architect Frederick C. Backus, the building was constructed at a pivotal moment for the organization, when it shifted its mission from social reform to providing women's medical health services and domestic refuge for those in need. Initially founded as the 'Ingleside Home for Reclaiming the Erring,' the organization underwent several transformations during its substantial history of operations from its founding in 1869 to its closing in 1976. Ingleside Home began as a place of social reform, providing detoxification and refuge for what it deemed 'erring' women associated with activities deemed socially unacceptable for women, such as prostitution, promiscuity or alcoholism. In 1923, the organization officially changed its name to the less judgmental "Ingleside Home" to better reflect its new mission and program, which provided medical care, counseling services and domestic refuge for unwed pregnant women and their babies. At this time, the institution required a new building that included both a medical wing and enhanced residential facilities for residents and staff in order to better serve this new mission. The design and construction of the new building represents the organization's dedication to and associations with women's healthcare; thus, Ingleside Home is significant under criterion A in the areas of Health/Medicine and Social History.

In 1929, the building at 70 Harvard Place was designed by Frederick C. Backus specifically to provide facilities for the organization's expanded medical services in combination with dormitory accommodations for the female residents and patients at Ingleside Home. The purpose-built space, which replaced an earlier building used by the home on the same site, reflects the intricate relationship between the architecture and the organization it contained. Evidence of the institution's mission can be seen in the physical spaces designed to provide medical care and residential accommodations, most notably in the second floor hospital wing and in the dormitory layout still present on the second and third floors of the building. The building's interior plan, hospital wing, dormitory rooms and Colonial Revival details represent a distinct contribution to the architectural history of institutional design in Buffalo. The Ingleside Home is a good representative example of a Colonial Revival style institutional facility, meeting the requirements of criterion C in the area of Architecture. The period of significance begins with the construction of the nominated building in 1929 and ends when the institution closed in 1976, as the specific significance of the institution is directly related to its occupation of this building. This era encompasses all notable architectural changes to the building, and represents the time when the services provided by the Ingleside Home exemplified a modern understanding and practice of women's healthcare.

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Institutional Beginnings: Cultural Norms and Reforms, 1869-1884

Like many nineteenth-century social work institutions, the Ingleside Home emerged from a series of parlor discussions among concerned individuals. The institution was first “a dream born in a series of meetings during the summer months of 1869 in the home of Mrs. George Chapin Stearns, at 205 Linwood Avenue.”² During these meetings, the white, aristocratic women who were founding members of this institution became increasingly troubled over the women known to frequent seedier areas of Buffalo’s downtown, particularly around Canal Street, “who have fallen into the lowest depths of degradation” through prostitution, unwed pregnancy, or substance abuse.³ In order to provide shelter, services and reformation for those ‘erring women,’ the founding members officially incorporated the ‘Ingleside Home for Reclaiming the Erring’ on October 16, 1869. Led by Mary R. Stearns, the certificate of approval was signed by the following founders, all female: Susan Guild, Persis M. Otis, Ann M. Haines, Charlotte E. Lewis, Sarah A. Robson, Lucia M. Seymour, Elizabeth Clark, Anna McPherson, Ellen Wilkes, Sarah Wilson, Marie Webster and Anna Walbridge. Stearns was the first president and remained so for over twenty years, aided by a committed group of women who were also largely responsible for founding this organization.

The founding of this institution, by women and for women, marks an important accomplishment, and it occurred at a time when activists were negotiating women’s rights across the nation. The year that Ingleside Home for Reclaiming the Erring was founded, 1869, was also a pivotal one in the national history of women’s rights. The passage of the Fifteenth Amendment earlier that year granted the vote to black men but still reinforced the disenfranchisement of women, leading to increased efforts from leading activists such as Elizabeth Cady Stanton and Susan B. Anthony to extend the same right to women. In order to pursue the passage of the Sixteenth Amendment, Stanton and Anthony established the National Woman Suffrage Association (NWSA) in 1869, which noted historian Ellen DuBois has stated “could reasonably be called the first national feminist organization in the United States.”⁴ The NWSA brought this strategy to the Equal Rights Association convention in New York in the same year, and this geographical proximity to Buffalo would have almost certainly brought the issue to the Ingleside Home founders’ attention. Although women did not secure the right to vote until the passage of the Nineteenth Amendment in 1920, the ongoing efforts led by activists with close connections to Upstate and Western New York created a climate of female activity that was closely related to the foundation of the Ingleside Home.⁵

² *Ingleside Home: 75th Anniversary* (Ingleside Home: Buffalo, NY, 1944), 3.

³ *Annual Report of the Ladies Ingleside Home of Buffalo NY, Oct 1, 1871*, (Buffalo: Express Steam Printing House, 1871), 4.

⁴ Ellen Dubois, *Feminism and Suffrage* (Ithaca, NY: Cornell University Press, 1978), 190.

⁵ Female suffrage was established three years prior to the constitutional amendment in New York State, where women were able to vote as early as 1917.

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Although traditional female roles at the time were typically associated with the private, domestic sphere of the house, the founders of Ingleside Home managed to initiate a philanthropic non-profit organization from within their own parlors. Related to the ongoing efforts to secure women's suffrage that were occurring at the time, the period from 1870-1890 "saw the emergence and growth of a large number of diverse women's organizations."⁶ As one historian attests, "Despite the confining role that society imposed on women during the formative years of this country, women carved out a distinct 'place' as capable fundraisers, staunch advocates, fearless leaders, dedicated volunteers, powerful forces for social change, and tireless workers for many causes, roles that continued unabated to this day."⁷ Several were established to promote a number of diverse causes, but even the very fact of their emergence spoke to the momentum that some groups of women gained. Generating the idea within their own living rooms, in the domestic, private realm typically associated with females at the time, the founders of Ingleside Home extended their influences outside the confines of the home by establishing this institution. Creating an organization founded by women and targeted towards helping other women, the emergence of Ingleside Home marks a significant moment in the history of women in Western New York. Situated firmly in the historic context of its own inception, the establishment of this institution echoed broader trends in women's history nationwide.

The initial mission put forth by these founders contained the seeds of what Ingleside Home would become in the next century, though it would continue to evolve in the next few decades. Listed among its purposes stated in its Articles of Incorporation as a nonprofit organization are the following:

To establish and maintain in the City of Buffalo a home or lying-in hospital, where girls and women may be received, cared for and treated during pregnancy or during or after delivery and, to develop a service of protection, training, medical or aftercare for such girls and women whose situation necessitates the social service which the institution is prepared to offer for their care.⁸

During their parlor discussions, the founders sought to provide a safe place for reform, a place where those who 'erred' could start anew. The incorporation articles describe the basis of their initial mission: "Under the Providence of God, we have been led to see the need of providing for unfortunate females a pleasant home, where they can feel there are loving hearts and friendly hands to lead them back to the right path and up to God. For this we desire to associate ourselves together, in a society to be called the 'Ingleside' for reclaiming the

⁶ Steven M. Buechler, *Women's Movements in the United States: Woman Suffrage, Equal Rights, and Beyond* (New Jersey: Rutgers Press, 1990), 51.

⁷ "A Sense of Place: A Short History of Women's Philanthropy in America" *The Women's Philanthropy Institute at the Center on Philanthropy* (Indiana: Indiana University March 2010), 2.

⁸ *Ingleside Home: 75th Anniversary*, 2.

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erring.”⁹ The name ‘Ingleside’ draws on the notion of a home and a hearth where the ‘erring’ can be received, and it was intended to recall “the good old Scotch name of ‘a home fireside.’”¹⁰

The initial mission of the organization was reflected in its original name: ‘Ingleside Home for Reclaiming the Erring.’ The name suggested a strong emphasis on social reform, and many of their goals echoed those of the Temperance movement that was prominent across the nation during the mid-to-late nineteenth century. While many groups had advocated for moderation or abstinence from alcohol as early as the 1850s, the Temperance movement began to take hold more firmly during the 1870s, when Ingleside Home was in its first decade. The founding of the Women’s Christian Temperance Union (WCTU) in Cleveland in 1874 marked an important moment in the history of the movement, particularly when coupled with the Women’s Temperance Crusade in the same year. During the crusade, hundreds of thousands of women in the upper Midwest and Eastern states, including New York, “marched on saloons, singing hymns inside and, when locked out on the sidewalks...risked failure and even physical attack.”¹¹ At this time, many who associated with the Temperance movement viewed alcohol as a constant threat to the physical, social and emotional security of women. Many women, as historian Catherin Murdock attests, “saw in temperance salvation from poverty, domestic violence, and abandonment.”¹² In their attempts to end the perceived threat of alcohol, “the controversy over drink inspired women’s political participation for more than a century.”¹³ The Temperance movement therefore had a profound effect on women’s rights, and many of its nationwide influences can be seen in the early history of Ingleside Home.

Operating within the context of the Temperance movement, Ingleside Home for Reclaiming the Erring actively addressed a perceived need to aid women who had “fallen into the lowest depths of degradation.”¹⁴ The sources of this degradation varied, as reflected in some of the encounters that the institution published in its annual report. Alcohol and prostitution appear to be some of the most commonly cited vices during the first twenty years of Ingleside Home’s operation, and the program actively sought to recruit women who had fallen into the depths of these habits. As stated in their institutional brochures, the founding women and workers at Ingleside Home sought “to counteract the evil in our midst” brought on by alcoholism and its associated behaviors.¹⁵ Actively seeking new recruits to their institution, the founding members spoke of their attempts to find erring women in the late nineteenth century, often focusing their efforts on the saloons and brothels downtown. Believing that alcohol was the root cause of other societal ills, such as poverty, prostitution, and violence, these

⁹ *Annual Report of the Ladies Ingleside Home of Buffalo NY, Oct 1, 1871*, (Buffalo: Express Steam Printing House, 1871), 16.

¹⁰ *Manual, Catalogue and History of the Lafayette Ave. Presbyterian Church of Buffalo, N.Y.* (Buffalo: Courier Company, 1876), 172.

¹¹ Catherine Gilbert Murdock, *Domesticating Drink: Women, Men, and Alcohol in America, 1870-1940* (Baltimore: JHU Press, 2001), 18.

¹² *Ibid.*, 9.

¹³ *Ibid.*, 4.

¹⁴ *Annual Report...1871*, 16.

¹⁵ *Annual Report of the Ingleside Home of Buffalo NY, 1892-93* (Buffalo: Express Steam Printing House, 1893), 7.

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founders spoke righteously and widely regarding these issues. While alcohol was not the sole way for a woman to ‘err’ in their eyes, they believed it was almost always at the heart of socially despicable actions. Blame was also placed significantly on men’s alcohol use, as it was believed to lead to several instances of domestic violence, loss of female independence, rape and unplanned pregnancies.

Ingleside Home staff typically associated these vices with particular geographic regions of the city of Buffalo, especially the southern streets that crowded the waterfront, which were typically known for their rowdy saloons and brothels. By the 1880s, the few blocks lining Canal Street along the waterfront downtown had over 100 saloons and brothels. Occupying an area no larger than one square mile, this meant that over half the buildings lining Canal Street were houses of prostitution, saloons, or both.¹⁶ Due to its multiple associations with vice, the very word ‘saloon’ conjured an “exclusively male space” that inspired “fears of abandonment, brutality, destitution, and the failure of the institution of marriage.”¹⁷

The 1880 annual report described their missions into this area of the city, wherein the female founders entered these “dens of vice:”

Seeking to enter every house where the lost might be found, they were led through Canal, Le Coutlex, State, Fly, Commercial, Lloyd, Evans streets and the tow path. The sights and scenes witnessed and the sounds heard will never be forgotten by those Christian women...Here was vice barefaced, not even veiled by a half decent exterior.... Strong drink and tobacco were evidently powerful agents in the hands of the enemy for doing his deadly work.¹⁸

Alcohol, and the places it was served, was the primary evil in the minds of these women, along with the social vices alcohol encouraged, such as tobacco, prostitution and public scenes of decadent excess. Alcoholism was not the sole behavior that would define a woman as ‘erring’ in their eyes, but it was seen as inseparable from the broader issues that these women created and/or faced. Domestic violence, rape, poverty, dependency and unplanned pregnancies were all addressed by the institution, but the founders pointed to alcohol as the root cause of many of these issues. In a manner typical of the Temperance movement of the late nineteenth century, the founders asserted, “We cannot separate this accursed traffic in human beings from that of liquor. They are twin evils...the saloon is responsible for three-fourths of the social evil.”¹⁹ The boldness of the founding members of Ingleside Home should not go unnoticed, as simply walking through these places likely indicates an

¹⁶ Michael Vogel, *America’s Crossroads: Buffalo’s Canal Street* (Buffalo: Western New York Heritage Press, 1993), 162. For more, see Rachel V. Nicolosi, “Love for Sale: Prostitution and the Building of Buffalo, New York, 1820-1910” in *The Exposition*, Vol 2 issue 1, March 2014.

¹⁷ Murdock, 17.

¹⁸ *Annual Report of the Ingleside Home of Buffalo NY, 1880* (Buffalo: Express Steam Printing House, 1880), 5.

¹⁹ *Annual Report...1892*, 8.

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act of bravery, even if it was coupled with a missionary sense of severe social reform. During this time, most “respectable women traveled blocks out of their way to avoid passing stinking and raucous saloons.”²⁰ While the judgments placed on these ‘sinful’ women and saloons as “barefaced vice” may be problematic by today’s standards, it must be noted that the women behind these reform efforts were willing to go to locations of the city that were occupied by an entirely different class of people from themselves.

Ingleside Home workers also sought to eliminate the prostitution that was strongly associated with the saloons and their adjacent brothels in the Canal Street area. Alcohol, the temperance movement asserted, not only led to overuse, but also inspired the pornography and violence that characterized saloons, further victimizing women both inside and outside the saloon doors. The prostitutes who frequented these places, it was believed, were “lured into disgrace through drink” and then further affected ‘respectable’ women by “transmitting syphilis and gonorrhea to their middle-class customers, who in turn infected their wives and unborn children.”²¹

In the professed attempt to ‘save these fallen women,’ the institutional approach to prostitution at Ingleside Home reflected many nineteenth-century cultural norms. While this early type of women’s reform work was, as celebrated historian Ellen Dubois asserts, “a big step forward in the development of feminism,” it still “denied the prostitute any role other than that of passive victim...as helpless young women who ‘fell’ into illicit sex.”²² The presence of prostitution at the time may have been somewhat exaggerated in magnitude, as “their definition of prostitute included virtually all women who engaged in casual sex, whether or not they were paid.”²³ In attempting to reform these women, Ingleside Home required that they admit the flaws of their actions. In this sense, “prostitutes had to agree that they were victims...if the prostitutes were not contrite, or denied the immorality of their actions; they lost their claim to the aid and sympathy of the reformers.”²⁴ In order to receive care at Ingleside Home, women had to admit they had ‘fallen,’ thus reinforcing a rigid social hierarchy that valued purity, domesticity and subservience at the utmost level. The righteousness of the Ingleside Home founders in the late nineteenth century treated these women as ‘inmates,’ with a relatively unsympathetic, judgmental approach to their care that required the women to submit to a strict set of guidelines. This sense of righteousness was later tempered as cultural patterns changed by the 1920s, when the women were later referred to as ‘patients’ undergoing helpful care and aid that was more medical in nature.

Rather than simply viewing these reform efforts from a two-dimensional view of self-serving philanthropy, however, Dubois provides some essential guidance through the complicated initiatives of founding a place like Ingleside Home. She writes, “The attitudes that we today perceive as a patronizing desire to ‘help,’ were

²⁰ Murdock, 17.

²¹ Ibid.

²² Ellen Dubois, *Woman Suffrage and Women’s Rights* (New York: NYU Press, 1998), 2.

²³ Ibid.

²⁴ Ibid, 5.

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initially a challenge to the punitive morality that made sexual ‘ruin’ a permanent and irredeemable condition for women.”²⁵ By providing a place of refuge, reprieve and reform, Ingleside Home effectively created a life after ‘ruin’ for these women. When they “established a home into which prostitutes could ‘escape,” Dubois suggested, “they were opening a crack in the wall of sexual innocence that would eventually widen into an escape route for women of their own class as well.”²⁶ In a multilayered act of challenging societal expectations, these upper class white women established an institution outside of their traditionally confining domestic spheres. By reaching out to other women, ‘fallen’ women who were usually below their own social status, they were able to provide a safe space for women in need of refuge, while also pushing the boundaries of their own societal walls. As Dubois attests, “That ‘respectable’ women took the risk of reaching out, across a veritable gulf of sexual sin, to women stigmatized as whores, was a declaration of female collectivity that transcended class and moralistic divisions.”²⁷ Despite their somewhat antiquated nineteenth-century approach to reform, their actions in establishing Ingleside Home as a women’s institution were much more aligned with the twentieth century ideals to come in subsequent generations.

The early reform efforts of the Ingleside Home for Reclaiming the Erring also brought the founding members to the penitentiary, where they would engage with female prisoners. In 1876, “Through the influence of Mr. Seth Clark, the ladies were enabled to visit the penitentiary, with opportunity to converse with the female prisoners, and thus make them feel that the doors of Ingleside were open to any and all who might wish in the future to lead a better life.”²⁸ In the following decades, it was not uncommon for former prisoners, recently discharged from the penitentiary, to enter Ingleside Home. Very few programs were in place for transitioning prisoners back into society during the late nineteenth century, and even fewer addressed women’s needs. One report lists the typical ‘inmates’ at Ingleside Home as “women recently discharged from the penitentiary, sentenced by the courts, and others by force of circumstance came under its guiding influence. In the early days mothers and children as well as the very aged were among them.”²⁹

Typically, the women who came to Ingleside Home tended to do so voluntarily, an important distinction to make in the context of the Buffalo State Asylum for the Insane located just a few blocks away. The massive, sprawling complex designed by H.H. Richardson opened in 1880 on grounds designed by Frederick Law Olmsted and was known by different names over the course of its existence (including Buffalo State Hospital, the Buffalo Psychiatric Center, and, today, the Richardson- Olmsted Complex). Located on grounds that promoted the philosophy of a therapeutic landscape, the asylum’s twin towers loomed in the distance at the northern edge of the city as a reminder of the social and psychological ills that could plague society. The

²⁵ Ibid, 4.

²⁶ Ibid.

²⁷ Ibid.

²⁸ *Annual Report...1876*, 172

²⁹ *Ingleside Home: 75th Anniversary*, 4.

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asylum was designed to be a much more isolating place than Ingleside Home, based on Kirkbride's philosophy of treatment wherein the building functioned to separate the most troubled patients from others by placing them at the ends of the building, further away from the center. Furthermore, many of the patients at the asylum were committed involuntarily based on their behavior, often by family members or spouses.³⁰

While many of the patients who resided at the asylum were committed by family members or even against their will, Ingleside Home provided shelter to women who sought treatment voluntarily. Even during its earliest days of intense social reform, the institution insisted that "The work of the Ingleside Home is to shelter and care for any wandering girls or erring women who come in penitence seeking to be helped out of the darkness and degradation into which they have fallen, up to a life of purity and usefulness."³¹ Although they may have come to the Ingleside Home in penitence, they did so when actively "seeking to be helped," according to the institution's publications. The voluntary submission of residents into the Ingleside Home is a substantial difference from the Buffalo State Asylum, and it should be noted that the medical treatments and counseling they received was also significantly more routine than some of the treatments that asylum patients experienced just a few blocks away at the same time.

Nonetheless, institutional publications do suggest that their residents were perceived somewhat similarly to those at the state asylum, serving as an important reminder of the strict conditions of Ingleside Home. Annual reports, newsletters and pamphlets from the first few decades typically referred to the women of Ingleside Home as "inmates," suggesting a clear association with a penitentiary or asylum. Although women may have arrived on the doorstep of Ingleside Home by their own will or needs, once they were accepted into the home, they were required to follow a strict set of rules and were under regular surveillance. The term 'inmates' reflects a clear institutional attitude towards these 'erring' women and suggests that their treatment may have been somewhat similar to that of the Buffalo State Asylum after all. As Ingleside Home continued to evolve alongside the broader trends of social reform in the early twentieth century, the term inmates gradually disappeared from institutional publications. By 1923, when the program was reoriented to serve primarily as a hospital and clinic for unwed mothers and their babies, 'inmates' became 'patients,' or even, occasionally, 'residents.' The shift in language likely mirrored the transformations occurring within the Ingleside Home program, and therefore demonstrates the gradual evolution of the institution over time.³²

³⁰ Carla Yanni, *The Architecture of Madness* (Minneapolis: University of Minnesota Press, 2007), 6.

³¹ *Annual Report...1892*, 7.

³² This document refers to the women as 'residents,' due to the problematic and chronologically disparate use of terms such as 'inmates' or, to a lesser degree, 'patients.' Throughout the text, the term 'residents' refers to the women who lived in Ingleside Home as recipients of its program, for any duration of time. The terms 'staff' or 'employees' therefore refers to those employed by Ingleside Home, although often they lived within the building as well.

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Ingleside Home operated in three locations before finally settling into the nominated building. The first was a humble residence (demolished) on the corner of Vermont and Thirteenth Streets, donated to the organization by Joseph Guild, the husband of co-founder and vice president Susan Guild. The organization's annual report for 1870 provided statistics for Ingleside's "visitors" during its first year, hinting at, though never disclosing, a broad range of circumstances that may have led people to the facility, or caused them to leave. Domestic abuse, births out of wedlock, or struggles with addiction, prostitution or other vices were suggested as the most typical factors leading to admission into Ingleside Home. During its first and only year on Vermont Street, 54 women visited Ingleside. Some of the 54 women stayed only a few hours or days, while some stayed up to six months. Upon release, 9 went to friends, 4 left with husbands, 18 left the home without permission, and 1 died of undisclosed causes. At the time of reporting, 2 births had been successfully conducted in the house, and 13 women remained living in the house for the time being.³³ Although the numbers of visitors increased each year henceforth as the organization grew, this distribution of women leaving, giving birth, or living in residence at Ingleside Home remained roughly consistent for several decades.

The organization moved twice in the following two years, attempting to find a space that could accommodate the demand for temporary housing and some health care facilities. At the end of 1870, Ingleside Home moved to a larger house located across from the orphan asylum on Virginia Street (demolished). In 1871, the organization moved again, this time into a large three-story brick building at 637 Seneca Street that had been owned by George W. Tiffit (demolished). Formerly a water purifying establishment, 637 Seneca Street provided Ingleside Home with much needed space, but its location proved increasingly undesirable, as the surrounding urban context grew increasingly industrial. Occupying the site of what later became part of the Larkin Company complex, the location was ill-suited to Ingleside Home's mission. Ten years later, the organization's 1880 annual report stated, "The building has proved to be admirably adapted to the work, but the locality is now becoming quite unfavorable from the increase of railroad and other business in close proximity to the Home."³⁴ By 1884, the report noted, "at last the railroad knocked at our very gates, and we were obliged to leave."³⁵ Serendipitously at this time, the former Alberger Estate at 70 Harvard Place (then 1652 Michigan Avenue) went up for sale. The home moved to this location in 1884 and into the former estate house, which was then adapted for its needs.

Prior to Ingleside Home's purchase in 1884, 70 Harvard Place was owned by Franklin Alberger (1825-1877). Alberger was a well-known politician in Buffalo and New York State, and he served as mayor of Buffalo (1860-1861), canal commissioner (1862-1867) and as a Republican member of the New York State Assembly (1871-1874). He died suddenly of cholera in 1877 and is buried in Forest Lawn Cemetery just a few blocks

³³ *Annual Report...1870*, 4.

³⁴ *Annual Report...1880*, 9.

³⁵ *Annual Report...1885-86*, 4.

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from his former estate. The estate was a home befitting such a distinguished politician, occupying nearly the entire block stretching the length of Harvard Place from Balcom Street to Lafayette Avenue. An 1866 map (Figure 1) published by Stone and Stewart depicts the Alberger land holdings occupying the entire block. Harvard Place does not even appear on Beers's 1880 atlas, indicating the thoroughfare was likely more for use by the estate residents and visitors than by the general public.

The property at 70 Harvard Place promised an entirely different setting than the industrial railyard environment that the organization had experienced at 637 Seneca Street. Nearly four miles north of their the location, Harvard Place offered a far more pastoral environment than downtown. Populated by only a few other estates at the time, the area provided additional green space at Forest Lawn Cemetery just one block to the north at Delavan Avenue. Although Harvard Place was not officially paved until about 1881, the street existed as a thoroughfare in the 1870s in order to provide access to estates like the Alberger property as well as create connectivity for visitors traveling from the south to Forest Lawn. Formerly called Michigan Street on some maps, one neighborhood resident described Harvard Place as "the direct continuation of Michigan Street on the westerly side of Main Street and of the same width as Michigan Street. There is nothing to distinguish Michigan Street from Harvard Place except the name."³⁶³⁷ A relatively quiet street in the mid-1880s, maps show that only a few frame residences and a greenhouse shared the block with the former Alberger estate at the time that Ingleside Home purchased the property (Figure 2.1).

The quiet street was populated with only a few other residents and businesses at the time of Ingleside Home's purchase of the estate. City directories list a doctor, an engineer and a chemist within a block of the property, and only a few services nearby. Public School No 17 was located at the Southwest corner of Main Street and Delavan Avenue on an 1880 map, and Forest Lawn Cemetery was commonly frequented by a broad demographic of people seeking solace in nature. A profitable horticulture company, the Scott Greenhouse Company, was located at the northeast corner of Balcom Street and Harvard Place. At least five greenhouses occupied the Scott Co. property in the 1880s, further amplifying the naturalistic quality of the block. Located near plenty of green spaces and situated, the new home site must have seemed a world away from the busy railroad lines at Seneca Street. Fresh air, greenery and a quiet setting likely appealed to the women running Ingleside Home, who sought a more comfortable, controlled environment to provide refuge for the women in need who found their way to its doors.

In 1889, however, the Buffalo Railway Company ran a transportation network through Harvard Place in order to create the first experimental electric streetcar service line in the city. This line was a pioneering advancement in public transportation that attests to Buffalo's prowess and abundant electricity at the time, as it was one of the

³⁷ 'Henry Pfeffer, Against the Buffalo Railway Company' (State of New York: Court of appeals 1893), 53.

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first electrically powered streetcar lines in the nation.³⁸ Running from Main Street and Michigan Avenue to Delaware Park, the line traveled through Harvard Place, Delavan Avenue, Delaware Avenue and Forest Avenue in a loop. The path of this streetcar line illustrates the important function of Harvard Place, paved as a connecting street between Delavan Avenue and Balcom Street that effectively lengthens the path of Michigan Avenue.

Although Harvard Place had been paved roughly eight years prior to the installation of the streetcar line, the presence of this transportation network likely changed the nature of the street in the 1890s. Harvard Place residents likely experienced increased pedestrian traffic on the street as well as rising noise levels from the streetcars themselves. The location of Harvard Place also became more convenient for commuters due to the streetcar line's easy access to other areas of the city, and several more residences were built on this block during the 1890s. A saloon even arose to service this increased population, and there are several reports of commuters stopping into 'Mr. Stemler's Saloon' for a drink before catching the streetcar. Evidence of this changing environment can be seen in a court case from 1893, "Pfeffer v. Buffalo Railway Co.," which details a tragic incident where a pedestrian trying to catch a streetcar was run over by it on the street in Harvard Place.³⁹ Furthermore, the Buffalo Railway Company located its stables and storage sheds for the streetcars near Harvard Place, lending a slightly more industrial atmosphere to the surrounding neighborhood.

Despite this encroaching urbanity, the Ingleside Home at 70 Harvard Place remained a quiet refuge situated amongst large estate grounds. Setback from the sidewalk on over one-and-a-half acres, the landscaped grounds provided plenty of buffer zone between the bustle of Harvard Place and the residence. The institution's devotion to a quiet environment is evidenced by the fact that it employed a gardener and even built a small barn to store landscaping equipment on the grounds in 1904. The belief that fresh air and greenery could improve quality of life was common during the late nineteenth and early twentieth centuries. Renowned landscape architect Frederick Law Olmsted celebrated the healing effects of "fresh air, open spaces and attractive spaces," believing that they "contributed to the physical and mental health of urban dwellers."⁴⁰ By situating the institution within plenty of green space and adjacent to the larger grounds of Forest Lawn Cemetery, Ingleside Home ensured that its visiting women would find refuge in a restorative setting.

The former Alberger residence satisfied many of the Ingleside Home's needs when it moved from Seneca Street in 1884. The large Italian Villa style mansion (later demolished) provided plenty of individual rooms that could be converted to serve as dormitories for residents, and several large common spaces were adapted into shared

³⁸ D. David. Bregger, *Buffalo's Historic Streetcars and Buses* (Charleston, SC: Arcadia Pub., 2008), 9.

³⁹ Pfeffer v Buffalo Railway Co. July 1893, 53.

⁴⁰ Frederick Law Olmsted, David Schuyler, and Jane Turner Censer, *The Years of Olmsted, Vaux & Company, 1865-1874* (Baltimore: Johns Hopkins University Press, 1992), 299.

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living and dining quarters. Ingleside Home continued to grow as an institution, however, taking in record numbers of women and therefore requiring additional space to house and service these visitors in 1902. Two wings, designed by architect Martin C. Miller, were added to the original residence, creating a slight U shape as they flanked the building on both sides. Figure 3 depicts the former Alberger residence in 1910, partially obscured by the graceful trees that adorned the driveway and entrance.

The Program at Ingleside Home, 1869-1976

Operating for over a century, Ingleside Home underwent many programmatic transformations that reflect the changing cultural attitudes over time. During the institution's lengthy history, Ingleside Home made frequent adjustments to its counseling methods, hospital functions, employee-resident regulations, overall house operations. Changes in official institutional names and program requirements were directly reflected in Ingleside Home's architectural history, wherein buildings were physically altered, internally reorganized, demolished and then newly constructed in order to create purpose-built spaces that were specifically designed to suit the continual transformations at Ingleside Home. In order to fully comprehend the intrinsic connection between the physical alterations to Ingleside Home during this time, it is essential to first take a closer look at the constantly evolving program in place at Ingleside Home from its inception in 1869 to its closing in 1976.

'Ingleside Home for Reclaiming the Erring' 1869-1923

Due to the confidential nature of patient records, it is difficult to ascertain exactly how long women would typically stay at Ingleside Home. Not all women who came to Ingleside Home would live there permanently, and the majority of patients stayed for only a short time, if at all. Ingleside Home provided "both institutional and boarding home service," often consulting with women to see the best solution for their needs and place them in a suitable program accordingly. By 1944, the consulting process had become increasingly specialized, when "Through private conferences the case worker...establishes a complete picture of the girl's general health, emotional, psychological and material needs so that the program to be suggested answers the problems of the individual case."⁴¹ If it was determined that a woman required in-home care, whether physical, mental or societally-perceived, she would stay at Ingleside Home for the recommended duration of time. Anonymous testimonials featured in the institution's annual reports suggest that some women stayed a matter of days, others for a few months, and some for years. A burial plot registered to Ingleside Home at nearby Forest Lawn Cemetery contains both employees and residents, suggesting that some may have lived there for a significant portion of their lives, or died shortly after seeking refuge at 70 Harvard Place.

⁴¹ *Ingleside Home: 75th Anniversary*, 10.

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For those who lived at Ingleside Home for longer periods, the institution hoped that “the boarding or foster home [would] answer a real need when the girl makes a poor adjustment to the institutional life.”⁴² The institution reported that boarding arrangements were “usually most successful in helping the individual girl when she is very young; needs protection from other girls from her own community; or has never known a desirable family life and would benefit from observing normal family relationships.”⁴³ While the reference to ‘normal family relationships’ at Ingleside Home is puzzling, the institution made every effort to create a regular, regimented program that featured a balance of social, educational and occupational activities. Providing space within the building for residents to live, eat, work and rest together, Ingleside Home functioned much like a large family. Institutional publications and reports often referred to the Home’s residents as a “family,” attempting to create an environment that united disparate women in new social bonds that would potentially prove to be mutually beneficial with proper guidance.

The residents, however, experienced stricter regulations and tighter surveillance than many biological families would have. Separated from their own parents, partners or loved ones by the walls of Ingleside Home, the residents were encouraged to view each other as part of a new family. Concerned that their previous lifestyles would be negative influences during the process of reform, institutional employees maintained some control over the amount and type of interaction women had with those outside the home. Residents were allowed to stay in contact with their families, but “all letters sent out from or coming into the home for the inmates must be read by the Matron before they are delivered to those to whom they are addressed.”⁴⁴ By the mid-twentieth century, when the institutional mission had somewhat shifted, “frequent visiting hours encourage[d] family relationships whenever possible and help make the girl feel less ‘cut off’ from the outside world.”⁴⁵ These visiting hours maintained connectivity between the resident and the ‘outside world,’ although notably they still occurred primarily within sight of supervising staff in the reception room, rather than in the private dorm rooms. While the living facilities were elegantly simple yet sufficient for these ‘wayward women,’ it is essential to note that these residents were also highly regulated by Ingleside Home staff. Several elements of the architectural layout reveal the function and aims of Ingleside Home as a place where employees could simultaneously assist, educate and keep these women under surveillance based upon their individual needs. Strict rules were enforced regarding inmate schedules and behavior, and the presence and location of several rooms reveals the patterns of daily life that these women may have experienced during their time at Ingleside Home.

The inclusion of a chapel in the building’s 1929 design, for instance, points to the institution’s embrace of religion as what it purported was a path to salvation for wayward women. Although not officially a religious institution, Ingleside Home was founded by a group of Christian women who were mostly Protestant or

⁴² Ibid, 12.

⁴³ *Ingleside Home: 75th Anniversary*, 9.

⁴⁴ *Annual Report...1893*, 4.

⁴⁵ *Ingleside Home: 75th Anniversary*, 12.

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Episcopal. Particularly in the first few decades of the institution's operations, when religious reform characterized most social reform organizations, religious lessons and regular worship were part of daily and weekly operations for the residents. The 1893 annual report listed "attendance at family worship" among the 'Rules for the Home.'⁴⁶ Even as late as 1944, one Ingleside Home brochure boasted "Protestant services are held on Sunday and at other designated times in the Chapel of the Home and Catholic girls have the services of a priest from the parish church which they are encouraged to attend."⁴⁷ The chapel provided ample space for residents to attend this mandatory worship and was outfitted with colored glass windows that designate this as a religious space.

The internal plan also reflects several spaces that were used to reform the women through social programs, including designated work tasks, housekeeping skills, and recreational activities. In order to provide the women with a regular, structured schedule during their stay, one pamphlet stated, "Ingleside's program is designed to include in the correct proportions work responsibilities as well as the religious, social, and recreational needs of the family."⁴⁸ These work responsibilities often included "house or laundry work, sewing, quilting, knitting or anything that can be obtained for them to do."⁴⁹ Regardless of the nature of the work, "All must expect to be employed during the working hours of the day."⁵⁰ The large laundry facilities located in the basement attest to this frequent use of the women's time, and is further suggested by the 1916 Sanborn Insurance map (Figure 2.2). Labeling the property as "Ingleside Home & Steam Laundry," the title suggests that Ingleside may have even provided some commercial laundry services, potentially contracting out some of the women's work in order to help fund the institution.

The tendency to put the women to work in housekeeping tasks such as laundry sewing and knitting, rather than landscaping or more physical labor, somewhat resembles home economics educational programs that were popular in schools during the late nineteenth and early twentieth centuries.⁵¹ While the institution ensured readers that "heavier duties are performed by paid employees," it is difficult to ascertain exactly how much unpaid work the female residents were required to do. Nevertheless, Ingleside's attempt to reform these 'fallen' women by engaging them in housekeeping tasks reveals much about their aims, or at least the historic context. Housekeeping skills, it seemed, were essential tasks that would help these women regain their traditional feminine societal roles.

⁴⁶ "Rules for the Home" *Annual Report...1892-1893*, 11.

⁴⁷ *Ingleside Home: 75th Anniversary*, 12.

⁴⁸ Ibid.

⁴⁹ *Annual Report...1880*, 10

⁵⁰ *Annual Report...1893*, 4.

⁵¹ For more on the development of the home economics curriculum during this time, see Sarah Stage, *Rethinking Home Economics: Women and the History of a Profession* (Ithaca: Cornell University Press, 1997).

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Residents were also encouraged to continue their education while boarding at Ingleside in order to ensure they could complete their study within a relatively normal time frame. For younger girls at Ingleside, who came to the institution while still in school, Ingleside made “arrangements with the Buffalo Board of Education to allow them to keep up with their classes.”⁵² The program also created additional opportunities for all residents to engage in educational activities, ranging from housekeeping classes to various speaker events in the assembly room.

Although residents were on a strict schedule, the daily program did allow for a half an hour for recreation after dinner.⁵³ During this time, the girls “must not visit in each other’s rooms,” but they were encouraged to congregate in the sitting rooms, where they could socialize under supervision. Constant surveillance seemed to be essential at Ingleside, and even during daylight, “if any inmates have times of waiting they are expected to resort to the Home Sitting Room or Nursery, and not to their own rooms without permission.”⁵⁴ These rules reveal an institutional distrust of the residents, who employees likely believed or feared were at risk of relapsing into their ‘erring’ ways, whether their temptations be alcohol, promiscuity, laziness or other vices. Maintaining a watchful eye, these rules suggest, was the institutional solution to ensuring proper residential behavior and, ultimately, reform.

Occasionally the program organized “parties, various speakers, movies and other entertainment features” in the sitting rooms, and the residents were encouraged to assist employees in the planning process.⁵⁵ The institution ensured that “residents have an active part in governing the house through their elected representatives.”⁵⁶ This group functioned much like a student government body, wherein a resident would be invited to partake in selected employee meetings where party planning or programmatic activities would be discussed. Encouraged to socialize under the watchful eye of employees so that no vices could tempt them, the residents could engage in recreation for a brief time before they retired to their rooms at nine pm. Ingleside Home required “all the inmates to retire at the ringing of the bell at 9 o’clock.” Within a half hour, “all lights shall be extinguished at half-past nine, except in cases of severe illness.”⁵⁷

Cleanliness also played a key role in the Ingleside Home program, evidenced by the numerous bathrooms included in the building. In order to counteract what they perceived as “a life of sin,” the founders and employees of Ingleside Home required that residents maintain clean bodies and living spaces. Upon their first entrance into the home, women were “required to take a full bath and to change her entire clothing.” In case of

⁵² *Ingleside Home: 75th Anniversary*, 12.

⁵³ “Rules for the Home,” *Annual Report...1893*

⁵⁴ *Ibid.*, 4.

⁵⁵ *Ingleside Home: 75th Anniversary*, 13.

⁵⁶ *Ibid.*

⁵⁷ “Rules for the Home,” 3

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sickness, the Matron may permit delay, but “the rule must be enforced as soon as it is wise and practicable.”⁵⁸ Cleanliness was to be maintained throughout residents’ stay, as “neatness and cleanliness in dress and person, as well as perfect order in the apartments” was required.⁵⁹ Aside from basic hygienic considerations, the institution likely required this degree of cleanliness in order to ensure that residents were disciplined, maintained good hygienic rituals, and also did not spread any diseases or bad physical habits to the other women. Tiled bathrooms with marble toilet stalls, clean sinks, relatively large showers and bathtubs assisted the women in this task, demarcating the Ingleside Home as a clean, pure space that may have seemed separate and distinct from the ‘life of vice’ from which they came.

A New Name: ‘Ingleside Home,’ 1923-1976

In 1923, the organization officially shortened its previous name (‘Ingleside Home for Reclaiming the Erring’) to ‘Ingleside Home,’ reflecting a determined shift in the services it provided. Directing its services entirely to unwed mothers and their babies after 1923, Ingleside Home provided counseling, school instruction and obstetrical services to women in need. The program was reoriented to more directly address the physical, psychological and social needs of unwed pregnant women and mothers. This new program would soon require a new building to better house these medical functions, and it took approximately six years to break ground on the new facility, which is the nominated building. These programmatic changes were also accompanied by new employees who provided counseling services and administrative functions. At this time, Maud Bozarth came to Ingleside Home as the first full-time case worker. Bozarth was a dedicated employee of Ingleside Home, and she lived and worked at 70 Harvard Place for eighteen years. During this time, she served as not only a counselor and case worker but also as an executive secretary and head of staff until she retired in 1942.

These institutional adjustments not only reflected the perceived needs of the community, but also shifting cultural attitudes towards social work in a broader context. Ingleside Home absorbed these changing attitudes into its institutional policies, stating that their new program attempted to “Answer the question, ‘what is best for both mother and child,’ without regard to race, color or creed...this is the keynote of Ingleside’s relationship with any and all who seek its counsel...a far cry from its first years when the pattern of social case work was best described by the word ‘reform.’”⁶⁰ In order to provide social services that could aid the physical well-being of mothers and babies, this programmatic shift occurred at a time when the field of social work was evolving to better serve those in need without judgment. At this time, the field of social work “was able to escape its earlier identification with social reform and so begin the transition from occupation into

⁵⁸ *Annual Report...1893*, 4.

⁵⁹ *Ibid.*, 4.

⁶⁰ *Ingleside Home: 75th Anniversary*, 10.

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profession.”⁶¹ As the field began to disassociate itself from prior methods, the differences between social work and social reform began to become clear, and Ingleside Home aligned itself with the former more so than the latter. Notably, it was also at this time that the word ‘inmates’ disappeared from institutional documents, and ‘patients’ or even ‘residents’ began to appear more often instead. The institution’s change in name to Ingleside Home was thus also reflected in its changing use of language regarding the women that resided there. Formerly seen as ‘inmates,’ the women at Ingleside Home were no longer perceived as ‘erring’ and instead simply as ‘patients’ or ‘residents.’

Prior to 1923, the medical program was directed by a volunteer staff of physicians, who were typically employed in other hospitals and medical offices. A new medical staff was employed after 1923, reflecting the institution’s intent to provide both hospital and counseling services. To improve and expand its medical facilities and program, Ingleside Home began to employ more physicians and nurses after this time. Specialists in obstetrics, gynecology, pediatrics and internal medicine were hired to service the female residents. Four full time nurses became members of the paid staff in 1923, and a chief obstetrician was hired to direct a rotating obstetrical service composed of two internists. A pediatrician and two dentists were employed part-time at Ingleside Home by 1929, evidenced by the presence of their offices on the first floor of the new purpose-built building. By 1930, a full medical staff was put in place in order to provide not only birthing procedures, but also to maintain the overall wellness of the residents. Medical and obstetrical clinics were held each week, and routine venereal infection examinations were required for all residents. With this devoted staff and new medical program, residents received complete prenatal and postnatal care during their time at Ingleside Home. The architect’s inclusion of these offices, specifically designated for medical practitioners, reflects the institution’s emphasis on medical care at this time.

Adoption services also became a major component of Ingleside Home’s program at this time, although they had existed at the home prior to the new building. Some women required a birthing procedure behind closed doors due to societal disapproval, and would likely go to Ingleside Home in order to have a safe birth away from hospital officials. Pregnancies out of wedlock or undesirable family situations likely prompted women to seek privacy at Ingleside Home, where they would perform the birthing procedure with confidentiality. In order to ensure a full recovery, the program required “any woman admitted into the Home in a pregnant condition must remain at least three months after her confinement.”⁶² During this time, she “must nurse or care for her babe” at the Home, which provided nursing facilities, a formula kitchen and room for bathing babies, and a nursery with observation window. The presence of a ‘consulting room’ on the first floor of the building indicates an architectural commitment to providing these services.

⁶¹ John H. Ehrenreich, *The Altruistic Imagination: A History of Social Work and Social Policy in the United States* (Ithaca: Cornell University Press, 2014).

⁶² *Annual Report...1893*.

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Once the patient was ready to depart Ingleside Home, she could do so with or without the baby. The institution aided the patient in making this difficult decision over time, addressing “the many problems flooding the mind of the unmarried mother-to-be: her physical condition, her relationship with the father, her own family’s attitude,..and the girl’s own feelings...are all carefully considered.”⁶³ Ingleside Home assured women that “each case is treated individually” under the continued guidance of a counselor. In cases where the women could not return to her previous lifestyle with her child, she could find refuge at Ingleside Home if she desired. This boarding program, one pamphlet described, “is useful as a long time living arrangement for mother and child when it is not possible to arrive at a suitable arrangement for mother and baby in her own family or social group.”⁶⁴ For those who opted to leave the home without their babies, Ingleside Home assisted in adoption placements. Although it is difficult to know exactly how many babies were adopted out of Ingleside Home due to confidential records, the institution’s 1944 publication stated “in one year 74 of 134 babies were placed in either temporary or permanent homes through cooperating public and private social work organizations.”⁶⁵ Although these numbers may have been smaller in the institution’s earlier phase, they attest to the large amount of women who received assistance at Ingleside Home during an immensely difficult time in their lives. The program at Ingleside Home underwent many changes during its lengthy history of operations. Spanning over a century of service, the institution provided various forms of social, psychological and medical care to women in need from 1869-1976. The institution closed in 1976, just three years after the landmark Supreme Court case *Roe V. Wade* provided women with the right to an abortion, at a time when shifting government policies and regulations made it difficult for the organization to continue to be financially viable. Changing social conditions, new female reproductive laws, and frequent employee turnover may have contributed to the institution’s collapse in 1976, along with financial issues. Institutional records demonstrate that it financially struggled for nearly a decade prior to its closing, and it seems to have sold the building at 70 Harvard Place to the Community Action Organization in the same year that it closed, demonstrating financial need.

As the program evolved from a strict form of nineteenth-century social reform to a more medically oriented twentieth-century regimen of female care, the building at 70 Harvard Place also underwent many alterations, demolitions and new additions that reflect these programmatic changes. The demolition of the original Alberger estate and subsequent erection of the purpose-built, architect-designed building in 1929 represents an important transition for the institution. The new building, specifically designed to incorporate a new medical wing, recuperation ward and nursery, provides an architectural record of this institutional change. When viewed in the context of this institutional history, the architectural history of the new building at 70 Harvard Place reflects

⁶³ *Ingleside Home: 75th Anniversary*, 10

⁶⁴ *Ibid.*,14.

⁶⁵ *Ibid.*,11.

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and reveals the constantly shifting services that Ingleside Home provided in the nineteenth and twentieth centuries.

Ingleside Home at 70 Harvard Place, 1929-present

Despite the increased amount of space provided by the addition of two wings to the Alberger house, the institution continued to outgrow the new rooms they provided. By 1928, the organization had outgrown these facilities and therefore conducted a fundraising campaign to raise money for an entirely new building. In just a single week of 1928, from December 4-December 12, Ingleside Home raised \$227,000 for its new construction. The list of donors attests to the prominence of the organization among Buffalo's wealthy elite, including notable philanthropist Seymour Knox II, contributed substantial funds to this cause. A plaque listing these donors was placed on the walls of the extant building that these funds helped to build, ensuring that their charitable legacy continues.

By October 1929, the old building was demolished and the cornerstone for the new building was laid. This marked the first and only building specifically designed for the organization, after 60 years of institutional operations in preexisting buildings in several other locations. Construction was completed just one year later, and the doors officially opened with a reception in October 1930 (see Figure 2.3 for the property on the 1950 *Sanborn Fire Insurance Map*). The brick three-story building somewhat resembled the previous building in an I-shaped plan, with two wings flanking a central symmetrical main building. The placement of these wings reflected their different functions, often dividing spaces designated specifically for patients from staff, or between hospital facilities and residential spaces.

The new building was specifically designed to better serve the new mission of Ingleside Home, incorporating both a new medical ward and updated residential spaces. The building featured two entrances, one in the center of the building on the south elevation facing Balcom Street and one centrally placed entrance on the east elevation facing Harvard Place. These entrances were oriented towards different functions, with the Harvard Place entrance serving visitors and the Balcom Street entrance functioning primarily for residents and employees. Furthermore, the functional separation of these entrances is reflected in the exterior elevation of the building. The east wing externally appears to be the primary entrance, with a five-bay symmetrical elevation, flanked by one two-bay wing on each side. The central entrance is accented with a portico, simple Doric columns and sidelights with a Palladian window transom, more closely evoking an understated Colonial Revival style residence than a large institution. As this would have been the entrance for visitors, this elevation's residential tone communicates a humble yet sophisticated house for the tenants rather than a sprawling institution. This residential appearance was well suited to merge seamlessly with the overwhelmingly residential nature of Harvard Place, which the east elevation faced.

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While the entire Harvard Place elevation is oriented towards the residential street for visitors entering the complex, the Balcom Street elevation features architectural details more befitting an institution. Figure 4 depicts the Balcom Street elevation on the 1944 pamphlet cover for Ingleside Home, which notably omits an image of the Harvard Place elevation in favor of this one. Situated on a circular pathway resembling a cul de sac, the sprawling south elevation features a side-gabled central building flanked by two two-bay outward projecting arms with returning front gables. The centrally placed entrance features an inset door with sidelights and Palladian transom window set into a cast stone tympanum adorned with engaged square columns. The entrance, along with two windows, creates an internal entrance vestibule that projects outwards from the rest of the elevation, and is topped with a small landing above. This sprawling elevation is detailed with modest ornamentation, such as simple cast stone window hoods and unadorned dormer pediments, lending the building the graceful air of an institution built in the Colonial Revival style.

The external orientation of the building somewhat conceals the internal layout, with a patient entrance on the Harvard Place elevation and a subdued public entrance on towards the Balcom Street elevation in order to provide privacy and security for patients. Seen in Figure 5, the basement plan included store rooms, trunk rooms, a vegetable cellar and utilities such as a boiler room, coal room and meter room. A large laundry room was also located in the basement, along with a laundry storage room, which both employees and tenants would use as needed. The original drawings also identify a 'man's room' with an attached bathroom in the basement, presumably serving as living quarters for the rare male employee such as a maintenance man. Much of the basement is located at grade, providing easy access for deliveries via a ramp to ground level. A mechanized elevator also connected the basement to the floors above, providing easy access between floors and plenty of space inside to fit a patient gurney if needed.

The first floor of Ingleside Home functioned mostly as a communal and administrative space, where inmates and staff would mingle during meal times, programmed services and consultations. The floor included several administrative offices, as well as shared tenant spaces and rooms for the employees. The house mother office, reception room and consulting rooms were organized around the central corridor, which also provided circulation to a doctor's office and dentist's office, the superintendent's office, staff dining room and a toilet. Residents would enter these spaces on both scheduled and unscheduled occasions, and staff would typically be able to be reached at all daylight hours, by tenants or the visiting public, in these rooms on the first floor. Aside from these staff offices and facilities, several shared inmate spaces were located towards the back of the building on the west wing, with an assembly room and a chapel for group gatherings. The chapel originally featured a wood altar and sanctuary, foot-powered organ and blue tile floor, with space for approximately 36 people, indicating that regular religious services took place.⁶⁶ The assembly room provided a less-formal gathering space for inmates, and was also connected to the south porch on the exterior, complete with large

⁶⁶ Guernsey, Becker, and Bourne, '1938 Engineering Report/Insurance Suggestions' 3-4

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arched openings that enhanced residents' access to light and fresh air much like an Italian loggia. Residents were invited to lounge in the first floor assembly room, as well as visit the exterior porch, under staff supervision, for fresh air. A dining room and connecting kitchen served as another common space, where residents and staff would all congregate for regular, strictly scheduled meals.

Separated by the long hallway of the central structure, the north wing of the first floor provided refuge space for employees in the staff sitting room on the opposite end of the floor. Six rooms were included in this wing, presumably for overnight staff, and these rooms were clearly separated from the patient dormitory rooms on the other floors of the building. While the rooms themselves appear very similar, each with a small closet for personal items and a sink, their location was clustered on the first floor. By placing employee dormitory rooms on the first floor, the plan ensured that patients would not be able to leave the building without passing by the staff rooms, as well as providing additional privacy to the employees.

The second floor contained the majority of residential units for patients in the building, containing twenty patient rooms along with medical services (Figure 7). Above the first floor employee rooms, the second floor of the east wing contained seven patient rooms, slightly smaller than the employee rooms but each with a closet and a window. These rooms provided individual space for each woman, rather than having them share rooms. The center building included another thirteen patient rooms on the second floor, which were essentially the same in design and function. These rooms were designed for single occupancy partly to provide privacy but also to ensure that there would be no unwarranted or unsupervised mingling between inmates. Shared common spaces were also located on the second floor, where inmates could engage in sanctioned socialization in close proximity to staff. A large, tiled bathroom on the second floor featured two rows of three sinks with a large mirror between them, as well as four toilets, two showers and a bathtub. These shared bathrooms suggest another communal moment of mingling between women, where they would likely have brushed their teeth, washed their hands and showered at overlapping times. A large sitting room on the south side of the wing provided common lounging space with a fireplace and a small balcony with copper roof, located directly above the employee sitting room. This shared space would likely have been supervised, and was placed at the end of the hall to encourage a behavioral separation between the private, single dormitory rooms and the shared social spaces.

The third floor functioned much like the living quarters on the second floor, featuring a combination of dormitory spaces and shared spaces, as well as staff quarters. Fourteen patient bedrooms were located along the central corridor (Figure 8), and all included a closet and were roughly the same size, although the rooms on the south side of the corridor were slightly larger. Like the rooms on the floor below, these rooms were designed for single occupancy in order to separate the women, providing them with sufficient individual space and storage for a small number of personal items. Shared spaces also existed on this floor, much like those on the floor below. A communal bathroom was located at the east end of the hallway, where women would congregate

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to conduct basic daily hygienic practices. A patient sitting room with fireplace was located in the east wing, where women could congregate to read, relax and socialize under supervision. A staff sitting room was in the west wing, along with three staff sleeping rooms, which were typically used by cooks and night nurses. Notably, a shared dormitory room was located near the staff rooms, providing space for at least six beds.⁶⁷ This is the only room in the building where women shared a sleeping space, unlike the remainder of the dormitory rooms that were designed for single occupancy. This shared dormitory room may have been used by more transient residents, women who did not intend to stay for very long and thus did not require as much privacy or personalized space.

The west wing of the second floor functioned as the medical ward for Ingleside Home, effectively serving as a miniature hospital contained within a larger residential institution. Placed towards the back of the property, the plan for these rooms was oriented to ensure patient privacy, surgical cleanliness and hospital efficiency. Every effort was made in the hospital wing to make sure that medical procedures and treatments would occur in sanitary facilities. Two large patient wards occupied the center of the north wing, connected by a 'utility room' that resembled a bathroom, which was directly accessible for patient use from within the wards. Across the hallway from the wards was a nursery for newborns, which included a glass partition wall to enable constant observation from the corridor outside the room. The wing also included a small kitchenette for preparing patient food, and an isolation room where a single patient could recover in quiet, hygienic conditions. A room for bathing the babies was also located in this area of the building, fitted with two very large sinks and countertops along with ample shelving space for linens and supplies. There, nurses, and perhaps new mothers, would be able to bathe and swaddle their babies in a hygienic, comfortable environment. The south end of the north wing contained most of the nursing facilities, including a room for women to nurse their babies adjacent to a nursery room, which also connected to a second floor nursery deck with a tile floor. This space provided a shaded lounging space for newborns and their mothers to be exposed to natural light and fresh air, encouraging the use of the outdoors.

The architect, Frederick C. Backus, organized the internal layout of the building's I-shaped plan in order to provide a combination of shared and private spaces placed in strategic proximity to one another, creating a communal environment with very clear boundaries between residents. While patients shared bathrooms, sitting rooms, a dining room and chapel as part of their daily communal life, they were provided with individual rooms for privacy and guardianship. The majority of inmate rooms were placed along the center north-south axis of the building along the stem of the I-shaped plan, in order to ensure that each room would have one window and enter onto the shared central hallway. The architect used the east and west wings of the building, forming the capital and base of the I-shaped plan, to provide common spaces or programmatic functions, such as sitting

⁶⁷ Although the beds no longer exist, 6 beds were listed in the 1938 Engineering Report and Insurance Suggestions from Guerne, Becker and Bourne, 3-4.

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rooms, staff rooms, assembly rooms or in the case of the second floor west wing, the hospital facilities. The internal layout of the rooms was designed to ensure that staff spaces would be sufficiently distinct and separate from inmate spaces, yet still within close enough proximity to ensure hierarchal order and regulate the residents at all times.

History of the Building after 1976

The former Ingleside Home property at 70 Harvard Place operated as the Community Action Organization from 1976-2016, and today remains the only institutional building located on the block. In general, the Community Action Organization retained the floor plan and most of the materials when occupying the building. Former Ingleside Home dormitory rooms, medical wards, and administrative offices were converted into offices, classrooms and conference rooms for the Community Action Organization with little architectural alterations. Aside from the removal of some furniture, light fixtures and a few doors, the space was minimally changed to convert to office space for the new occupants. The Community Action Organization left 70 Harvard Place in the spring of 2016, and today the building remains vacant.

Notable Architect, Frederick C. Backus

The organization hired Buffalo architect Frederick C. Backus (1889-1969) to design and construct its new building shortly after fundraising was completed. The commission represented a substantial commission for Backus, occurring relatively early in what became a long and diverse career. Born in Trenton, NJ, in 1889, Backus graduated with a degree in architecture from Cornell University in 1914. After working as a draftsman for the Bley & Lyman firm from 1915-1916, he served as a private in the cavalry in WWI. Resuming his architectural career after the war, he returned to Buffalo and served as city architect, where he met fellow architect David Love, who would eventually become a partner in his firm. Backus was also a member of the Associated Buffalo Architects Inc. during this time, a collective that included prominent architects E.B Green, Duane Lyman and Max G. Beierl. Together, that association designed ten of Buffalo's public schools during the early 1920s, including Bennett High School.⁶⁸ By 1922, Backus was able to establish his own architecture firm in his name, Frederick C. Backus Co. Shortly before he was hired to design Ingleside Home, he had recently completed a commission at 110 Oakland Place (Elmwood Historic District East, NR No. 16000108), where he transformed the Bennett house to better suit the client's needs. This address is particularly notable in Buffalo, as it was first chosen as a potential site for Frank Lloyd Wright's Darwin D. Martin house. When Wright eventually favored the site on Jewett Parkway (NR No. 75001185 and 86000160), the Bennetts hired Backus to complete some alterations of the property instead.⁶⁹

⁶⁸ Charles LaChiusa, "Associated Buffalo Architects Inc," *Buffalo Architecture and History* (Buffalo, NY: 2009).

⁶⁹ Martin Wachadlo, *Oakland Place: Gracious Living in Buffalo* (Buffalo, NY: Buffalo Heritage Unlimited, 2003), 24.

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Ingleside Home
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Wealthy, elite clients like the Bennetts frequented Backus's firm throughout his career, particularly after the completion of Ingleside Home. In 1934, Backus designed a squash court at the Knox summer estate in East Aurora for Seymour Knox modeled after one in England. In 1936, Backus hired David Crane, who formerly worked in E.B. Green's office, as a draftsman, and then quickly promoted him to partner.⁷⁰ The firm of Backus and Crane designed the Willert Park Courts, now known as the Alfred D. Price Courts, a few years later in 1939. This large public housing project was designed specifically for Buffalo's African American residents and remained so throughout its years of occupancy. The design called for ten buildings to be oriented around a central courtyard parallel to one another and contained nearly 175 residential units total. Backus and Crane worked in conjunction with landscape architect William Harries to create one of the first public housing developments to incorporate this site arrangement with such a large use of green space.⁷¹ Robert Cronbach and Harold Ambellan, artists from the Federal Arts Program, designed sculptures with the themes of work and working class life to adorn the entrances of each building in tinted concrete panels with allegorical bas relief.⁷² By 1941, the Willert Park Courts had a waiting list of over 1,000 people, and the building was deemed largely a success.

Backus's career continued well into the post-war period, as David Love joined as a partner in the firm, now Backus, Crane and Love, in 1941 after returning wounded from WWII. Together they designed the National Gypsum Company and Office Building at 325 Delaware (extant, 1941), as well as the Tudor Plaza Apartments at 731 West Ferry Street (Elmwood Historic District East, NR No. 16000108) and the Dante Place Housing Project (now the Marine Drive Apartment Complex). The firm also designed one other non-profit institutional project nearly two decades after Ingleside Home the Josephine Goodyear Convalescent Home in Williamsville. These diverse commissions, ranging from wealthy private residences to commercial buildings and public housing complexes, demonstrates the versatility of Backus and his firm's ability to evolve as modernist architectural styles did in the years between and after the World Wars.

Summary

Ingleside Home is significant for its contributions to the history of twentieth-century women's healthcare and institutional architecture in Buffalo, NY. The building at 70 Harvard Place was designed by architect Frederick C. Backus for Ingleside Home, with Colonial Revival style references in its institutional massing. Erected in 1929, the building was designed to serve the new programmatic needs of Ingleside Home, an institution aimed at providing social and psychological counseling services as well as health care exclusively to women in need.

⁷⁰ "David Brooks Crane '31" *Princeton Alumni Weekly*, Vol 54 (Princeton, NJ: Princeton Press, 1953), 27.

⁷¹ Neil Kraus, *Race, Neighborhoods, and Community Power: Buffalo Politics, 1934-1997* (Albany: State University of New York Press, 2000), 141.

⁷² Ruth Green Harris, "Sculpture and Housing," (*New York Times*, Dec. 1939), 6.

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Although the institution's aims transformed over its century-long history, the construction of the current building in 1929 represents its shifting approach to female medical care in the twentieth century, as well as the broader cultural context in which this transformation occurred. The inclusion of both residential spaces and medical facilities within the building's I-shaped plan reflect Ingleside Home's devotion to patient care, prenatal and postnatal health services, birthing procedures and adoption services. The history of this building, and the institution it housed, describes the shift in social work methods for providing both physical and psychological care, in medical practices throughout the twentieth century, and in cultural attitudes towards seemingly 'erring' women. Representing one of the only institutions of this kind ever founded in Buffalo, the building at 70 Harvard Place associated with Ingleside Home from 1929-1976 represents a fundamental contribution to women's history, social work and health care in Buffalo, NY.

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Ingleside Home
Name of Property
Erie County , New York
County and State

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

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Ingleside Home
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Name of Property
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Verbal Boundary Description

The boundary is indicated with a heavy line on the attached maps with scale.

Boundary Justification

The boundary encompasses all property historically and currently associated with the Ingleside Home at 70 Harvard Place.

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National Park Service

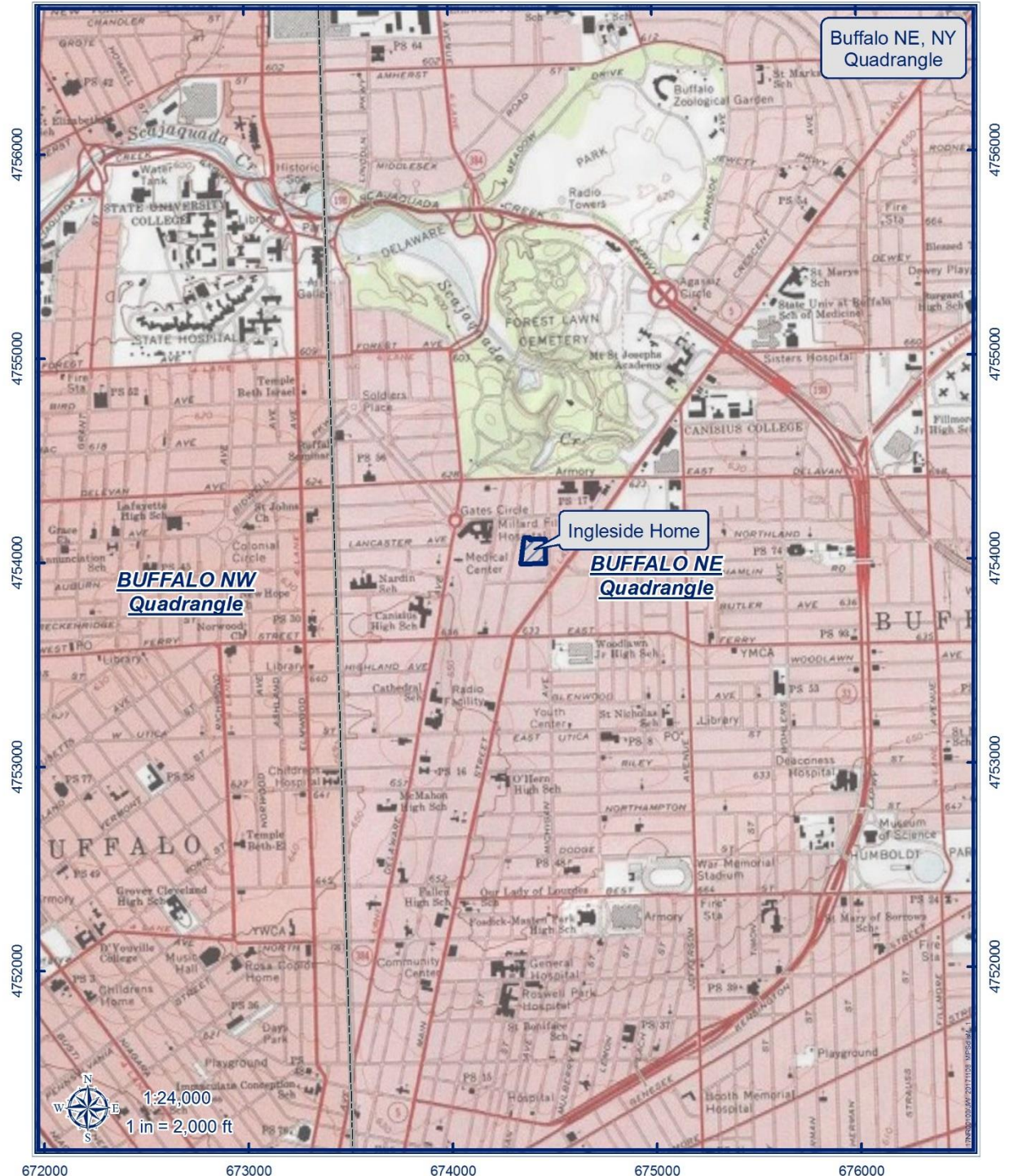
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Ingleside Home
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Ingleside House
City of Buffalo, Erie Co., NY

70 Harvard Place
Buffalo, NY 14209



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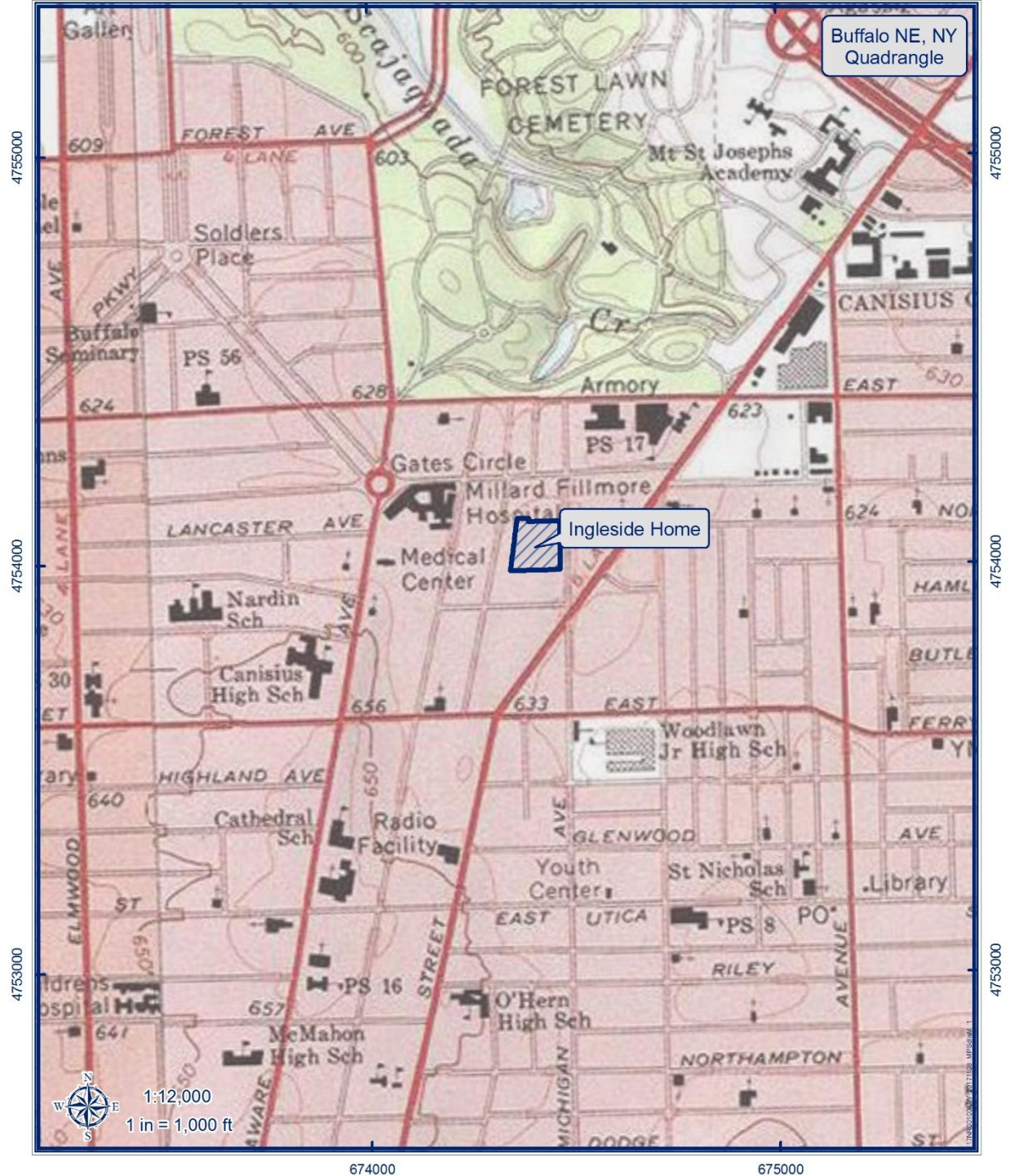
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Ingleside Home
Name of Property
Erie County, New York
County and State

Ingleside House
City of Buffalo, Erie Co., NY

70 Harvard Place
Buffalo, NY 14209



Coordinate System: NAD 1983 UTM Zone 17N
Projection: Transverse Mercator
Datum: North American 1983
Units: Meter



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Parks, Recreation and Historic Preservation
Division for Historic Preservation

United States Department of the Interior
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Ingleside Home
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Ingleside House
City of Buffalo, Erie Co., NY

70 Harvard Place
Buffalo, NY 14209



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Ingleside Home
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Ingleside House
City of Buffalo, Erie Co., NY

70 Harvard Place
Buffalo, NY 14209



Coordinate System: NAD 1983 UTM Zone 17N
Projection: Transverse Mercator
Datum: North American 1983
Units: Meter



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Ingleside Home
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Additional Information

Photo Log:

Name of Property: Ingleside Home
City or Vicinity: Buffalo
County: Erie
State: New York
Name of Photographer: Kerry Traynor, Annie Schentag
Date of Photographs: July, 2016
Location of Original Digital Files: kta preservation specialists, Buffalo, NY 14216

NY_Erie County_Ingleside Home_0001
View looking west showing east elevation.

NY_Erie County_Ingleside Home_0002
Looking northwest showing south and east elevations.

NY_Erie County_Ingleside Home_0003
View looking northeast towards east wind from inside the exterior first story porch on the south elevation.

NY_Erie County_Ingleside Home_0004
View looking south toward entrance, south elevation showing leaded fanlight and sidelights.

NY_Erie County_Ingleside Home_0005
Looking southwest, room to east of entrance at south elevation.

NY_Erie County_Ingleside Home_0006
Looking southeast from west wing, former assembly room adjacent to south porch. Note entrance onto south porch and fireplace with simple wood surround and mantle.

NY_Erie County_Ingleside Home_0007
Looking west into former chapel, 1st floor showing decorative wood trim at alter, wainscot and crown mold.

NY_Erie County_Ingleside Home_0008
Looking southeast in former staff sitting room, 1st floor. Note projecting bay window.

NY_Erie County_Ingleside Home_0009
Looking north in former staff sitting room, 1st floor showing fireplace with decorative marble surround and mantle.

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NY_Erie County_Ingleside Home_0010

Looking south in former sitting room, east wing, 2nd floor.

NY_Erie County_Ingleside Home_0011

Looking east into typical dormer room, 2nd floor.

NY_Erie County_Ingleside Home_0012

Looking up and west toward landing between second and third floors.

NY_Erie County_Ingleside Home_0013

Looking southeast inside former sitting room, third floor, showing fireplace and dormer window.

NY_Erie County_Ingleside Home_0014

Looking east, main corridor, third floor.

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Ingleside Home
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Historic Maps and Images

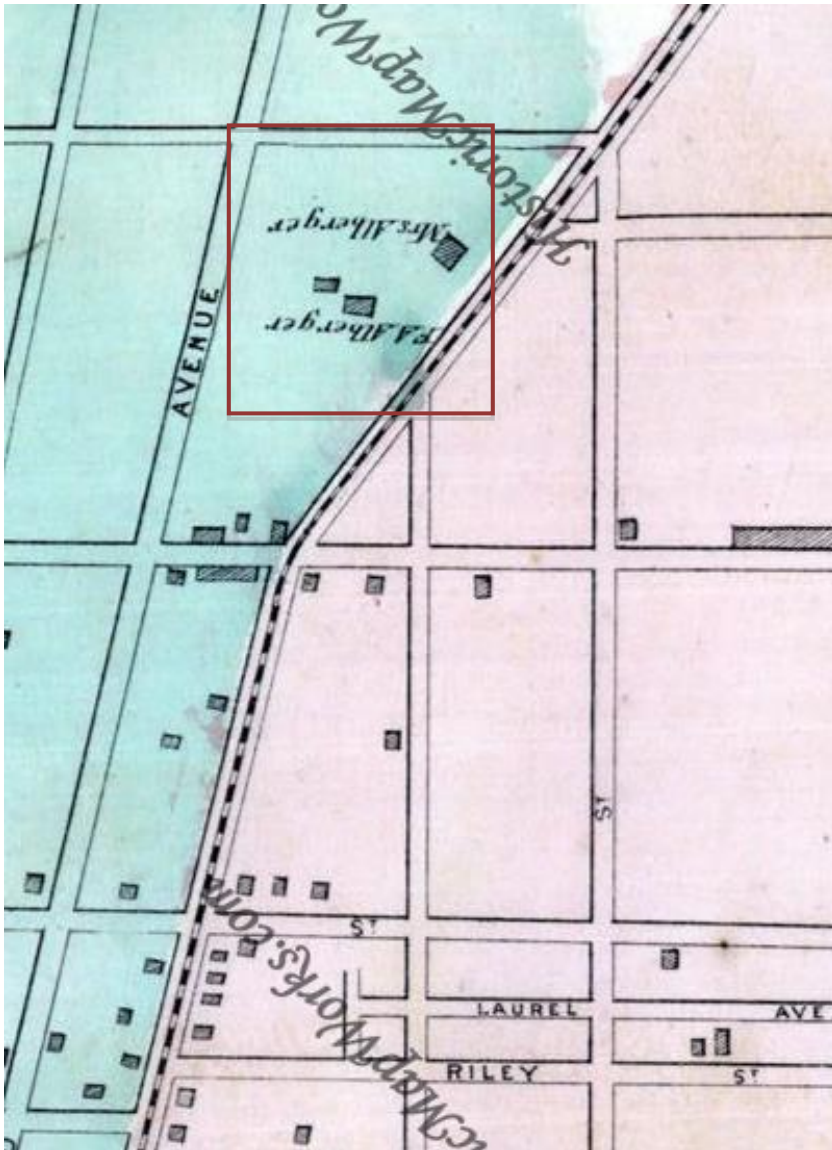


Figure 1. Map published by Stone & Stewart, Co. of the Alberger estate, before Ingleside Home occupied the property. Ca. 1866

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Ingleside Home
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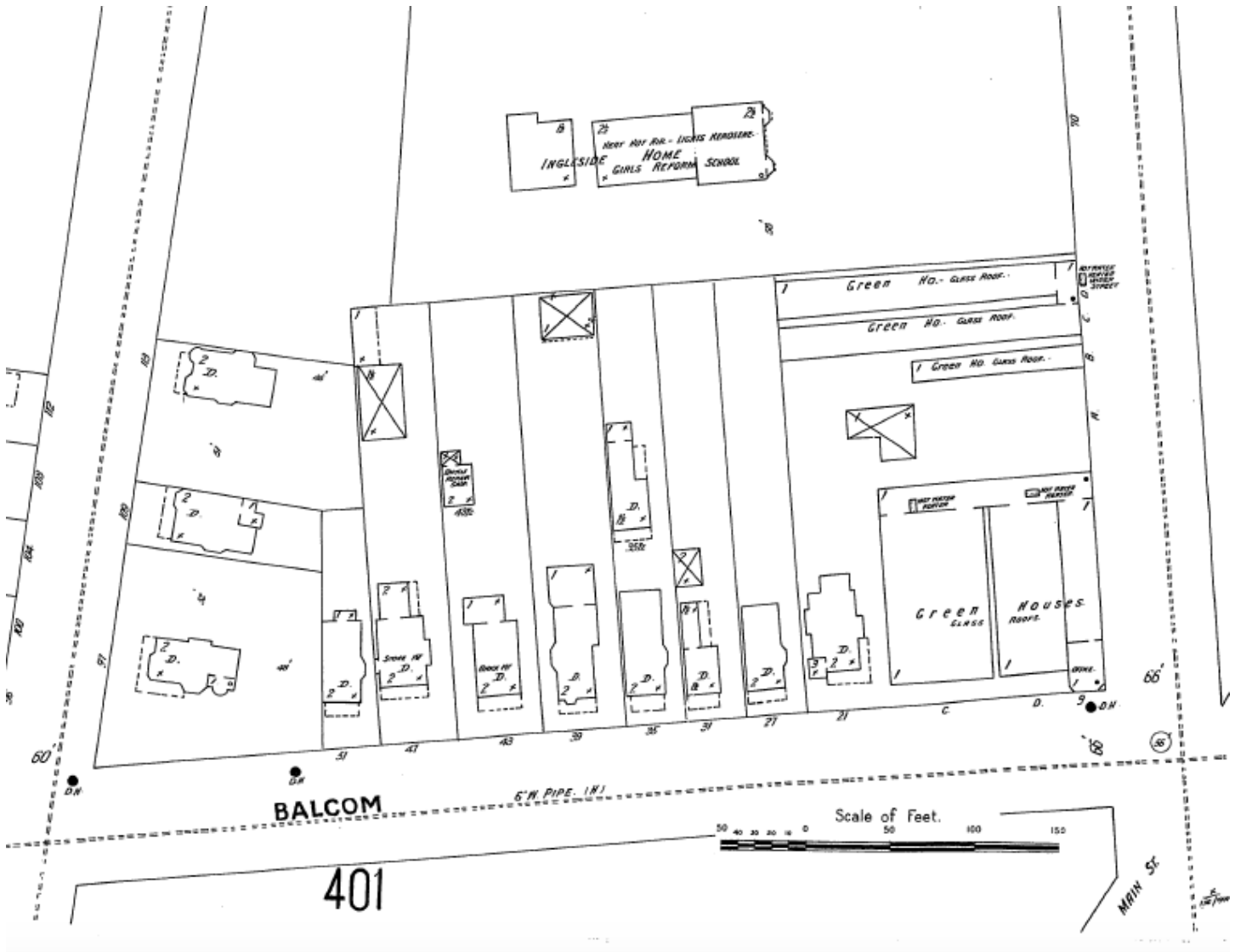


Figure 2.1 Sanborn Fire Insurance Map, c.1900.

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Ingleside Home
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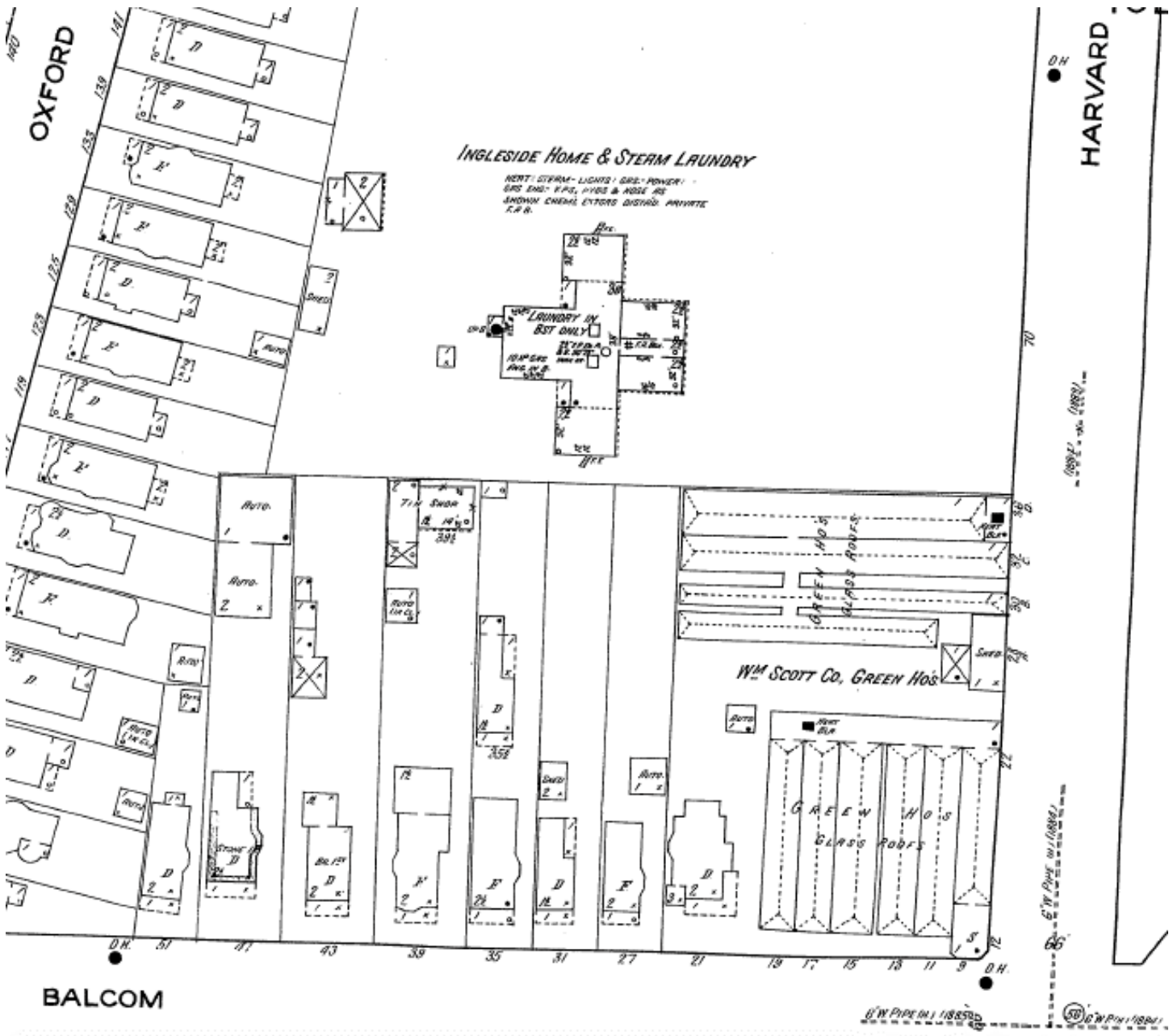


Figure 2.2 Sanborn Fire Insurance Map, 1916.

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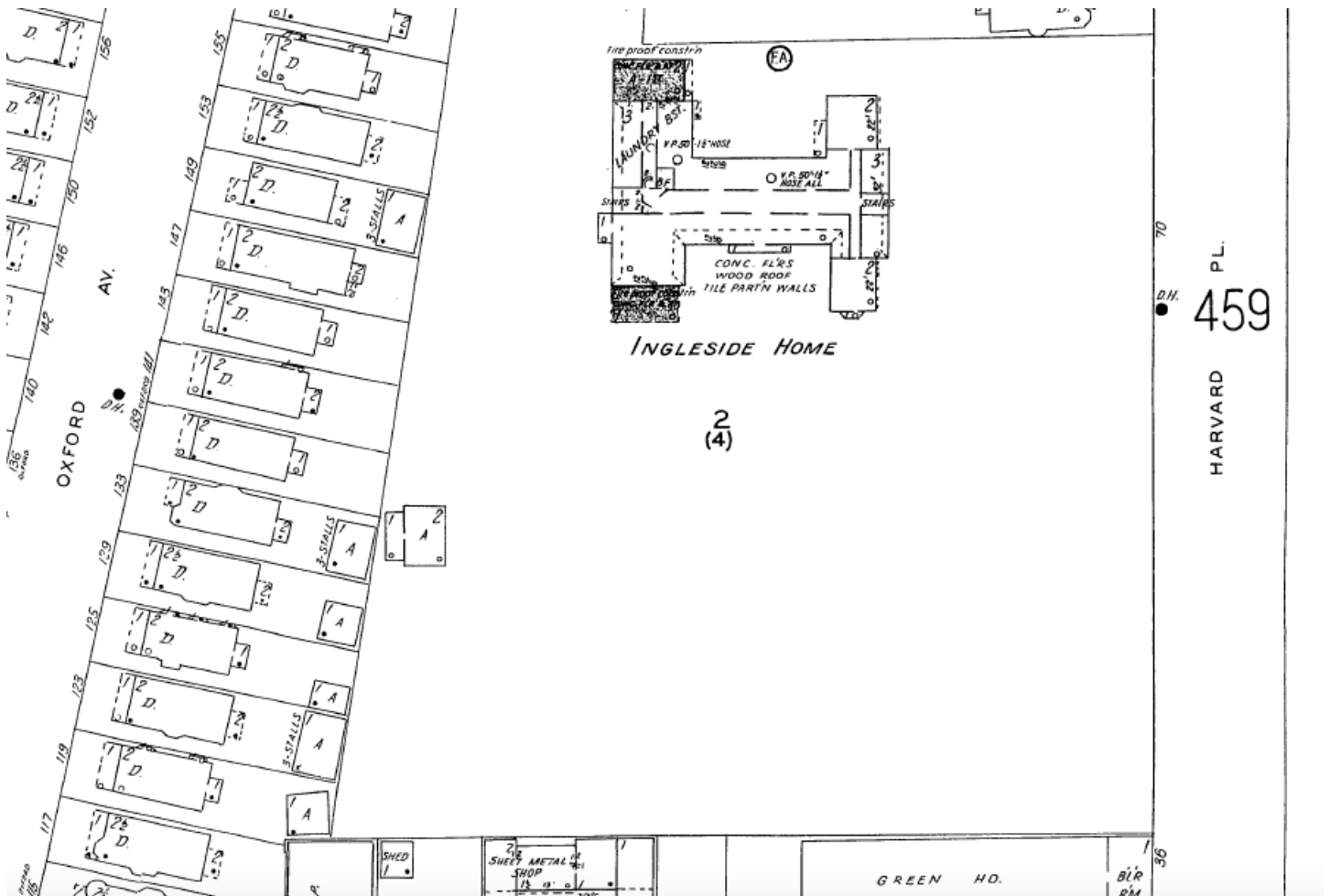


Figure 2.3 Sanborn Fire Insurance Map, c.1935.

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Figure 3. Ingleside Home at the former Alberger Estate at 70 Harvard Place in 1910. Demolished in 1928.

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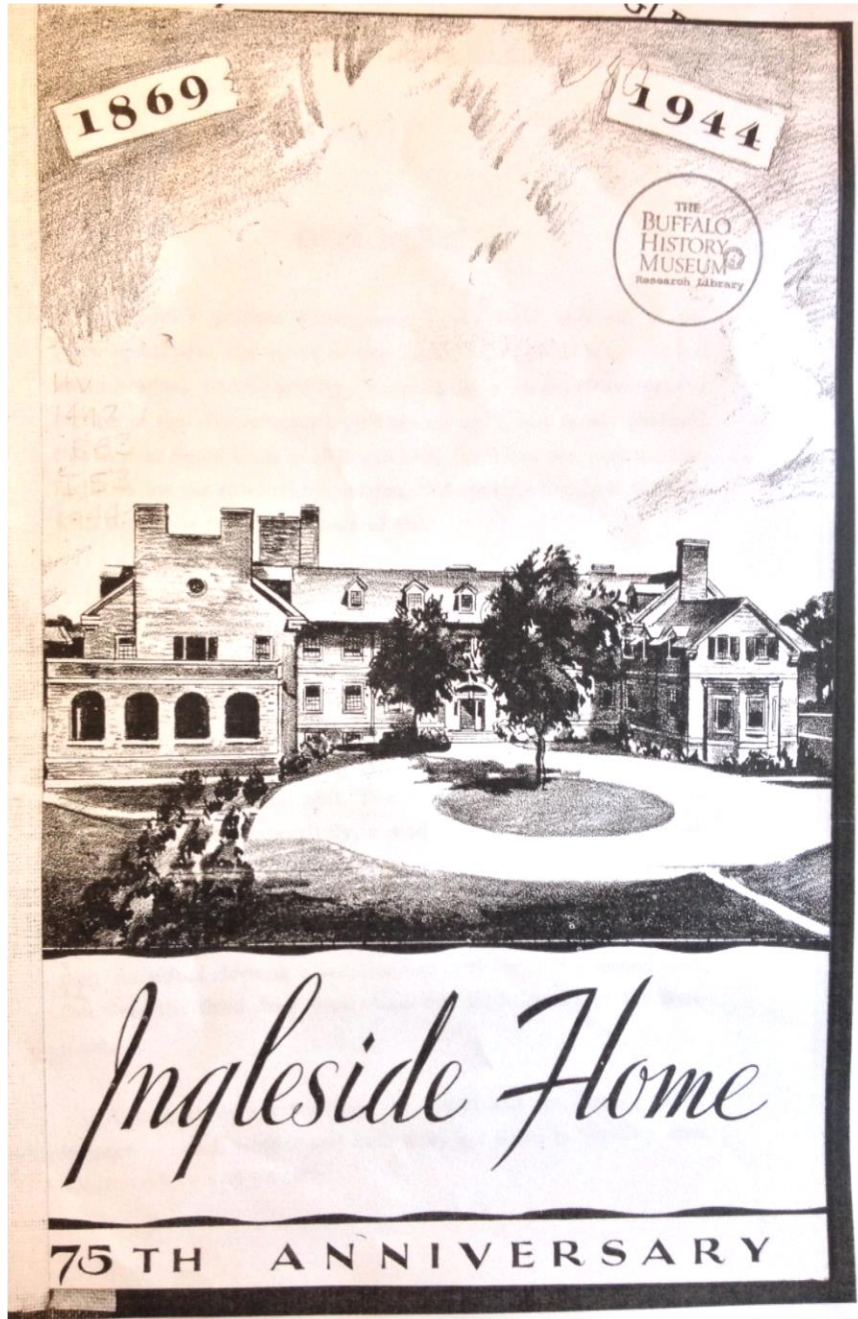


Figure 4. Ingleside Home in 1944, south elevation.

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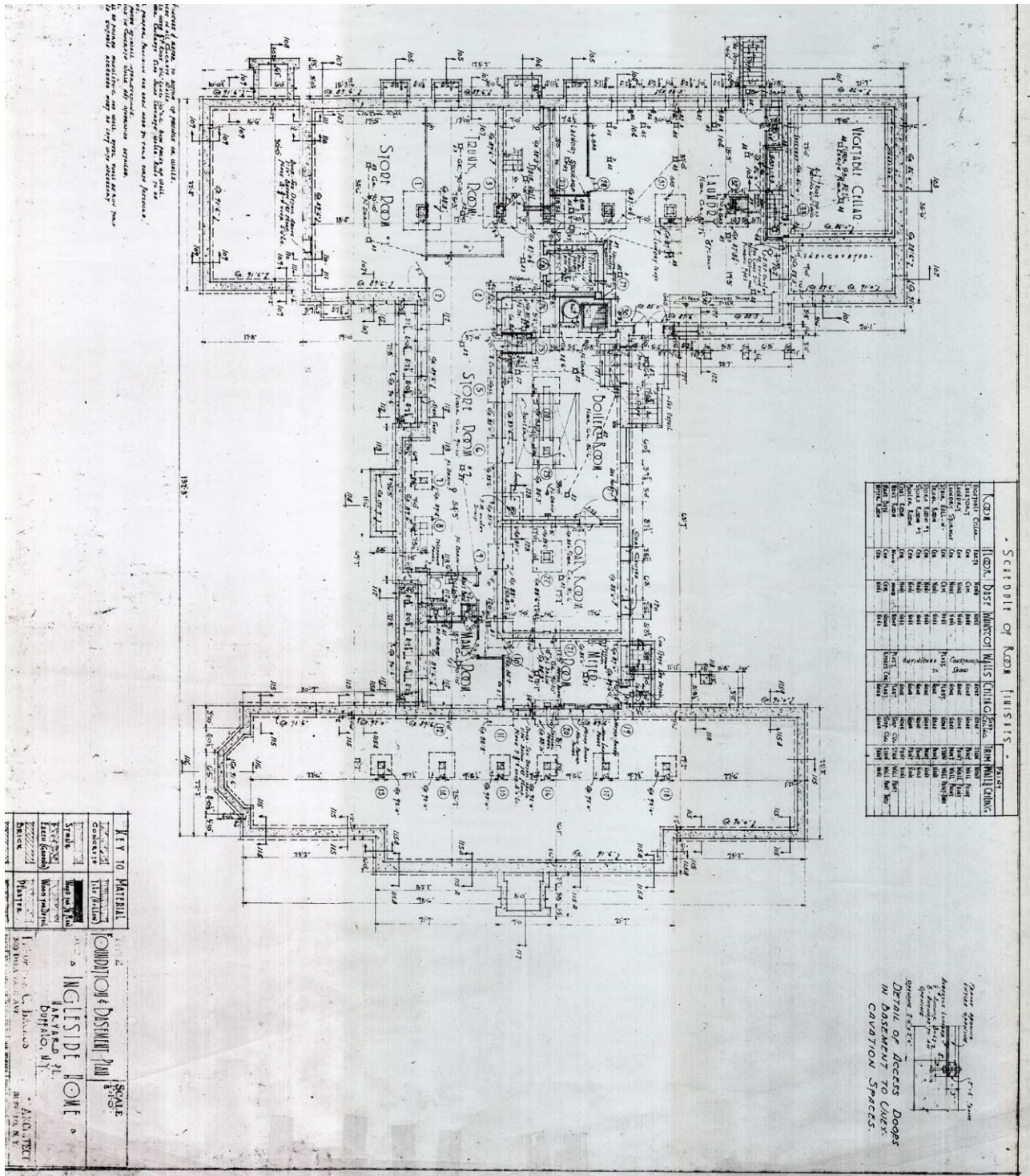


Figure 5. Frederick C. Backus, plans for 70 Harvard Place, 1929. Basement.

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Ingleside Home
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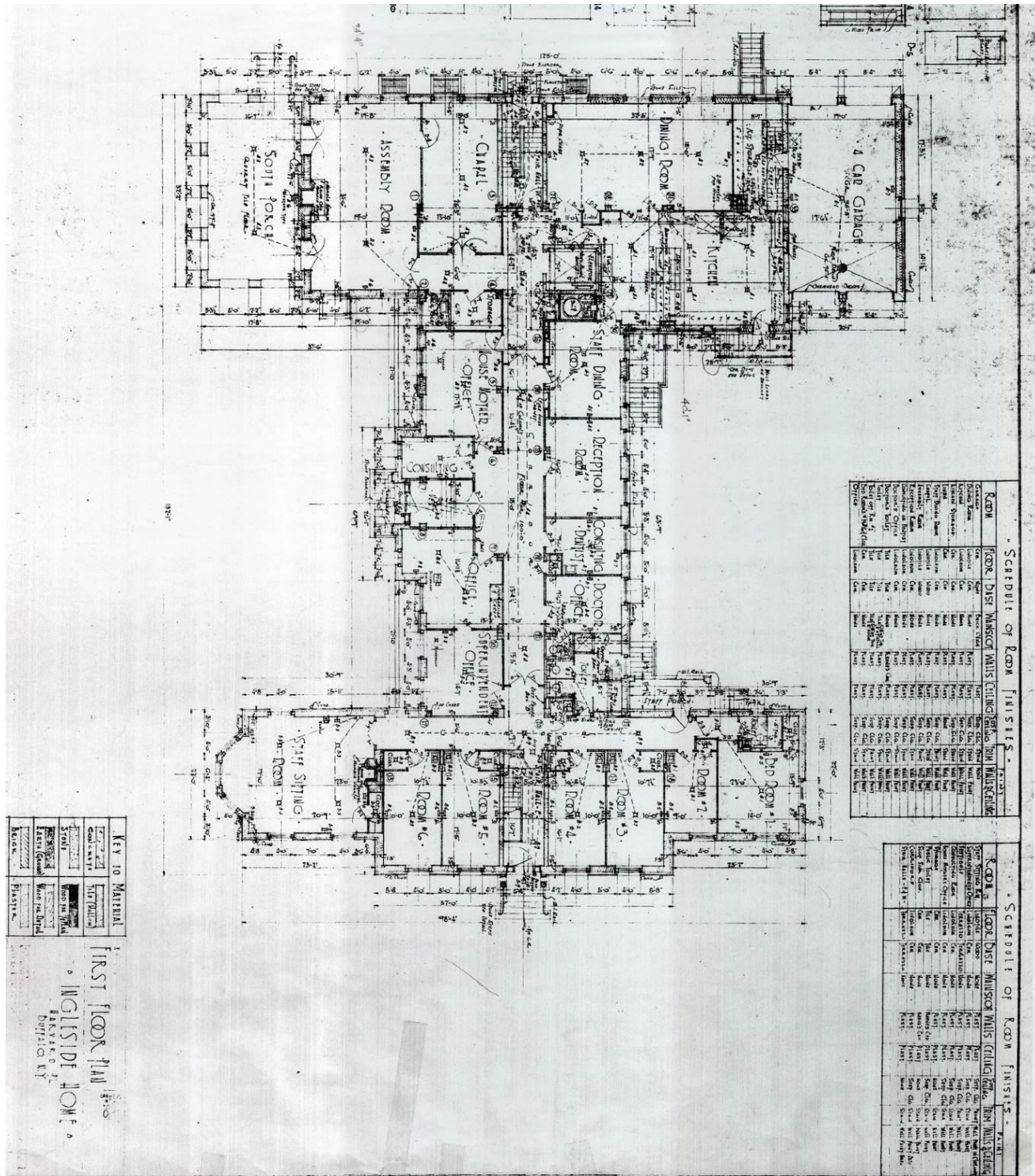


Figure 6. Frederick C. Backus, plans for 70 Harvard Place, 1929. First floor.

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Ingleside Home
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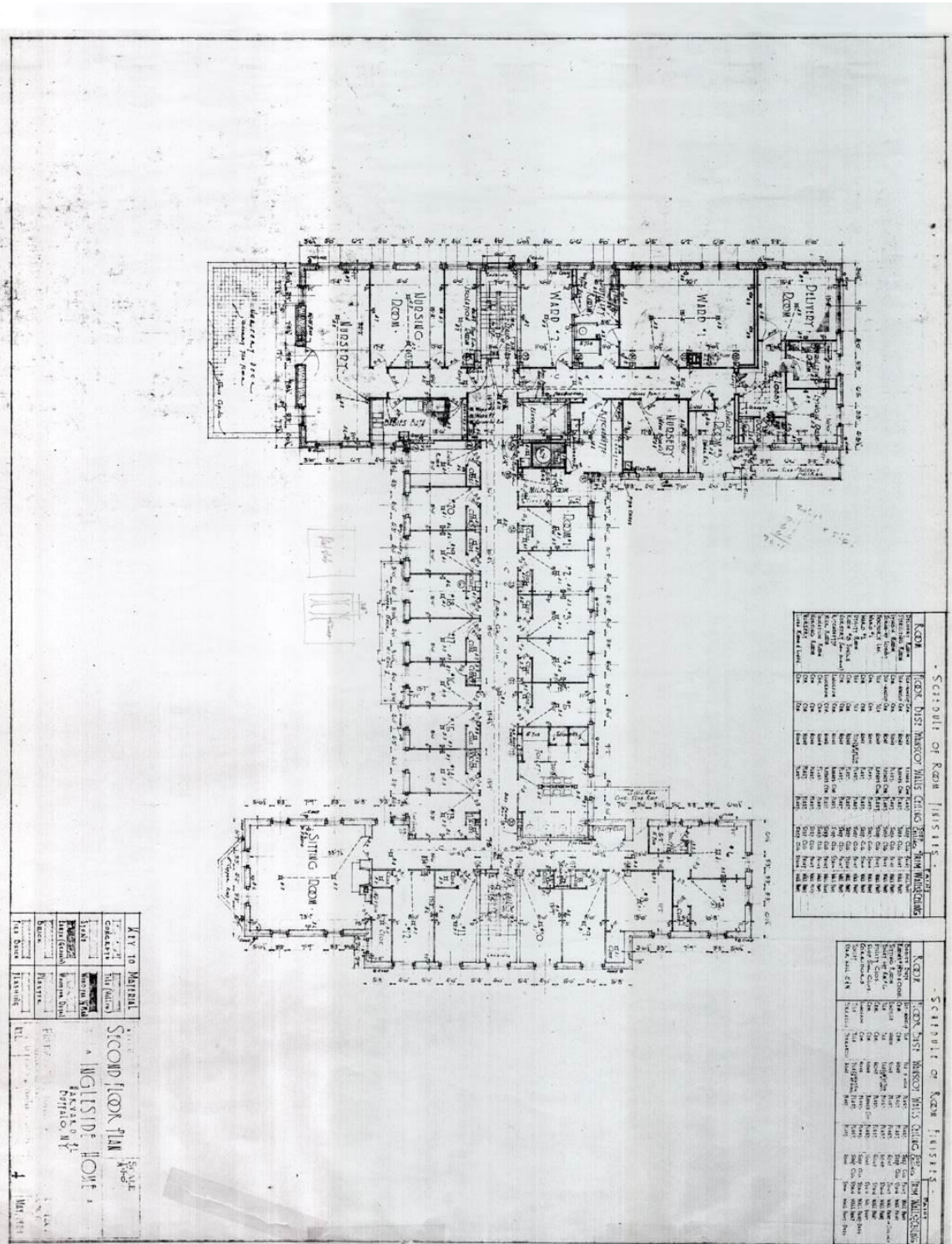


Figure 7. Frederick C. Backus, plans for 70 Harvard Place, 1929. Second floor.

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Ingleside Home
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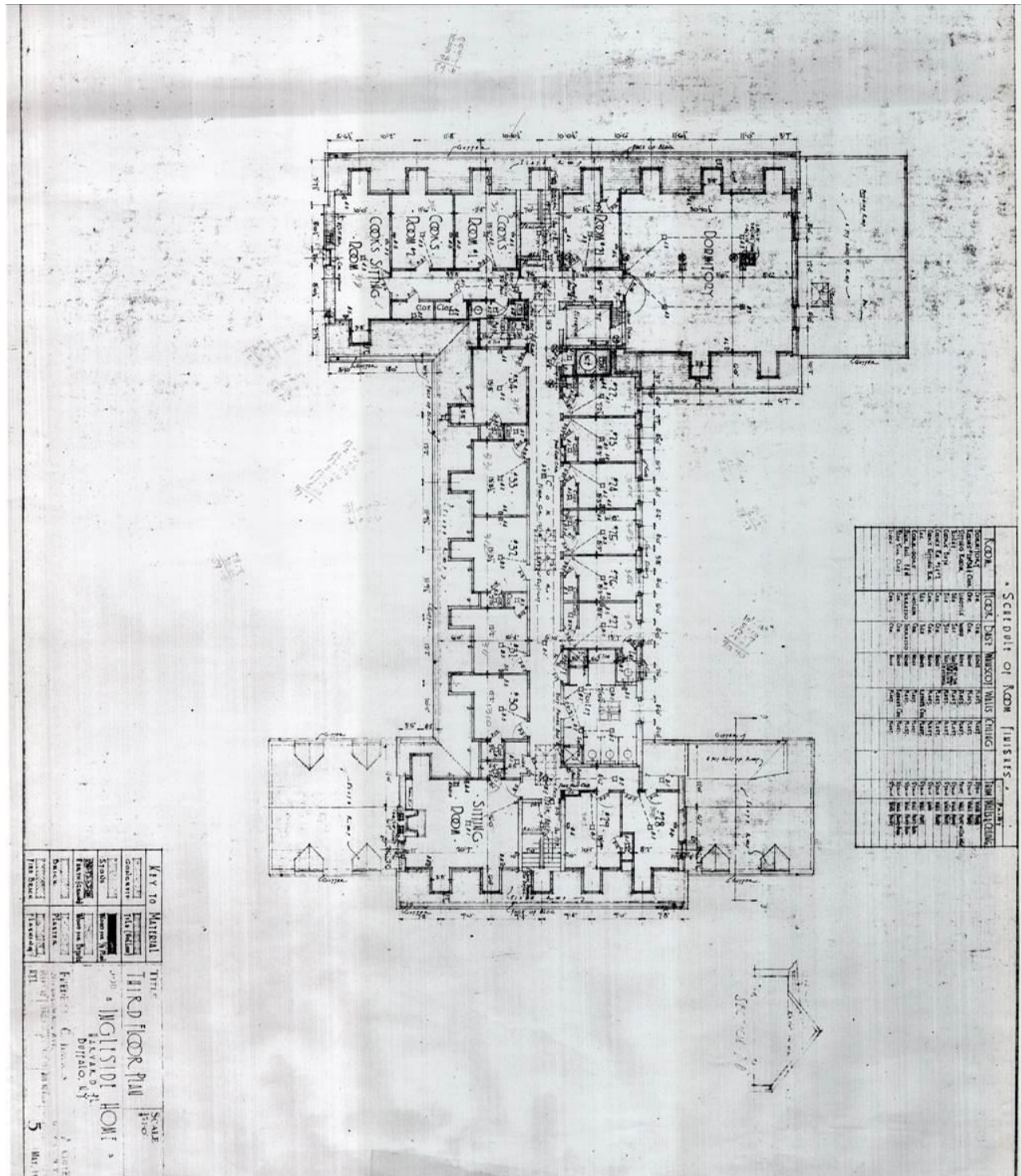


Figure 8. Frederick C. Backus, plans for 70 Harvard Place, 1929. Third floor.

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Ingleside Home
Name of Property
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SOILED BEDPAN AND URINAL CARE
BECOMES AS SIMPLE AS **1-2-3**



1
Foot-operated pedal quickly lowers cover for reception of bedpan or urinal. Cover closes silently against hydraulic cushion automatically emptying bedpan.



2
Foot-operated flush valve washes automatically for approximately 30 seconds with penetrative *air-entrained* cold water. Foot pedals provide against accidental flushing before cover is closed.

3
Forearm operates steam valve to disinfect bedpan or urinal. Release of handle automatically closes valve. *Operator's hand need never touch the Aeroflush Unit throughout the entire procedure.*

WALL MOUNTABLE
BUILT-IN and PEDESTAL
TYPES are available.

For Washing Only—The advantages of the "Aeroflush" technique are preserved in the Aeroflush Bedpan Washer where direct steam is not available for disinfection.

CONTINUOUS ODOR DISPOSAL
by aeration. This exclusive feature—found only on Aeroflush—insures that the unpleasant odors associated with bedpans are promptly carried off through vent stack.



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DESIGNERS AND MANUFACTURERS OF SURGICAL STERILIZERS, TABLES AND LIGHTS

Figure 9. Advertisement for Aeroflush machine, *The Journal of American Nursing* (1952), 23.



























BUSY DAY



UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

Requested Action:

Property Name:

Multiple Name:

State & County:

Date Received: 4/19/2018 Date of Pending List: 5/4/2018 Date of 16th Day: 5/21/2018 Date of 45th Day: 6/4/2018 Date of Weekly List: 5/25/2018

Reference number:

Nominator:

Reason For Review:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Appeal | <input checked="" type="checkbox"/> PDIL | <input type="checkbox"/> Text/Data Issue |
| <input type="checkbox"/> SHPO Request | <input type="checkbox"/> Landscape | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Waiver | <input type="checkbox"/> National | <input type="checkbox"/> Map/Boundary |
| <input type="checkbox"/> Resubmission | <input type="checkbox"/> Mobile Resource | <input type="checkbox"/> Period |
| <input type="checkbox"/> Other | <input type="checkbox"/> TCP | <input type="checkbox"/> Less than 50 years |
| | <input type="checkbox"/> CLG | |

Accept Return Reject 5/25/2018 Date

Abstract/Summary
Comments:

Recommendation/
Criteria

Reviewer Alexis Abernathy Discipline Historian

Telephone (202)354-2236 Date _____

DOCUMENTATION: see attached comments : No see attached SLR : No

If a nomination is returned to the nomination authority, the nomination is no longer under consideration by the National Park Service.



**Parks, Recreation
and Historic Preservation**

ANDREW M. CUOMO
Governor

ROSE HARVEY
Commissioner



15 April 2018

Alexis Abernathy
National Park Service
National Register of Historic Places

Mail Stop 7228

1849 C Street NW
Washington DC 20240

Re: National Register Nominations

Dear Ms. Abernathy:

I am pleased to submit the following eight nominations, all on disc, to be considered for listing by the Keeper of the National Register:

Edith B. Ford Memorial Library, Seneca County
Austerlitz Historic District, Columbia County
Spencertown Historic District, Columbia County
Ingleside Home, Erie County
Westminster House Club House, Erie County
Copeland Carriage House, Saratoga County
Tibbetts-Rumsey House, Tompkins County
Buffalo General Electric Complex, Erie County

In addition, I have also enclosed a request for a change to contributing status for 348 Ashland Avenue in the Elmwood Historic District (West), Erie County. Please feel free to call me at 518.268.2165 if you have any questions.

Sincerely:

Kathleen LaFrank
National Register Coordinator
New York State Historic Preservation Office