

ARCHITECTURAL DESIGN AND
SOCIAL HISTORY HERITAGE AND
HISTORY OF URBAN FORMS

Session 9

Old symbols, new meanings: Urban redevelopment project for the former San Salvi Psychiatric Hospital of Florence

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Abstract

In Europe, the closure of psychiatric hospitals, starting in the late 20th century, raised the problem of the architectural and urban redevelopment of the areas of former psychiatric hospitals, places of great historical and architectural value both for their morphological and symbolic features.

In many parts of Europe, these areas have undergone major transformations, and demolitions and rebuilding have allowed them to be integrated in function and morphology in the city's overall urban form. Often the consequence of these projects has been the loss of the historical memory that these places had once held.

This urban redevelopment project of the former San Salvi psychiatric hospital in Florence by a research group of the Department of Architectural Design of the University of Florence recognizes the former Florentine hospital as "integrated cultural heritage," made up of tangible and intangible assets. This is why redeveloping the former asylum area should mean more than recovering, demolishing, building, and establishing a new functional program. It should also give a new meaning to this microcosm, a place that for centuries embodied isolation and exclusion from community life. The new meaning should reflect our historical, cultural, and social development but without forgetting the past. .

1. From theory to project

Francesca Privitera

1.1 Methodology

The urban redevelopment project of the former psychiatric complex of San Salvi in Florence is the fruit of an agreement between the Department of Architecture of the University of Florence and the Local Health Authority of Florence.

Key to the project's development was close dialogue between the research group, the owners of the former San Salvi psychiatric hospital — the Local Health Authority, the Municipality of Florence, the Metropolitan City — and public institutions. Urban Planning and Superintendence of Archeology, Fine Arts, and Landscape.

Throughout the process of developing the project proposal, this close communication made it possible to always weave the theoretical level of academic research and the practical level of planning.

The proposal started from studying psychiatric hospitals from a historical-architectural, social, and symbolic perspective. It asks what heritage was left by these places both in terms of architecture and in terms of cultural heritage, and what former asylum areas can and should represent in the contemporary world.

The research then collected and critically analyzed redevelopment projects of European and Italian former psychiatric hospital complexes in order to identify the qualities and limitations of the most common strategies.

We then focused our research on the case study of the San Salvi psychiatric hospital of Florence. We reconstructed its morphological changes including those in relationship to the city's overall urban form. The next step was analyzing the current conditions of the former psychiatric hospital in terms of architecture, urban planning, and conservation of its heritage of its buildings and open spaces. We then observed the relationship between this place and the community in terms of use, both the "official" use of the functions in the former hospital buildings and the "spontaneous" use by individual "reappropriating" the place.

The results of this research came together in a project proposal.

1.2 Analysis of the general features of psychiatric hospitals: Typology and heterotopia

The first psychiatric hospitals were built in Italy in the mid 1850s, informed by changes in the psychiatric discipline. The concept grew in this period of architecture and medicine being closely linked, and the architectural project and therapeutic project were inseparable.

Modern psychiatric hospital complexes, wherever located, have specific morphological and architectural principles linked both to the place and the clinical thinking of their directors. Along with the architects, directors helped define architectural projects in their functional, distributive, and compositional complexity. Still, psychiatric hospital often share some common type traits. These complexes were usually built in non-urban areas according to urbanistic principles, planned as if they were full-fledged cities, but ones isolated by a boundary wall. The wall enclosed the actual hospital core — including administration, a chapel, patient quarters, divided by gender and type of illness — plus a large area of land for agricultural use where the hospital patients worked, as well as all the structures needed to make the asylum complex completely self-sufficient and independent from the city.

The hospital was a full-fledged psychiatric “citadel,” which simulated a community, but one that was restricted and clinically controlled, isolated from real life, like a “heterotopy,” straddling reality and fiction, freedom and prison, care and abandonment, presence and forgetting.

1.3 Some case studies of redevelopment projects of psychiatric hospital complexes in Italy and Europe

In Italy in 1980, Law 180/1978 came into force, known as the Basaglia Law, which closed the psychiatric hospitals, which had become more places of detention than of treatment, and simultaneously made visible for the first time the terrible living conditions of the patients and the ineffectiveness of psychiatric hospitals from a medical, ethical, and moral point of view. This was the start of a slow process of dismantling these great hospital complexes, which cannot be considered fully completed to this day. Many former psychiatric areas in Italy are still awaiting urban uses and have been left to progressively decay with political, economic, urban planning, and legislative causes. An emblematic example is the former Leonardo Bianchi psychiatric hospital in Naples. In other cases, the former psychiatric hospitals were dramatically transformed and their past completely erased, such as in San Clemente in Venice, now a luxury hotel. Others were completely demolished, such as the former psychiatric hospital of Reggio Calabria. Alongside these cases, there are few models of excellence, such as the restoration of the former San Giovanni psychiatric hospital in Trieste, now a park integrated with the city, and the former Paolo Pini hospital in Milan, which connects functions of health care with art workshops and a museum.

In Europe as well, there have been a variety of redevelopment strategies, but in all the examples considered, demolishing the original boundary wall emerged as necessary to integrate the areas with the city and local area. Demolition also took on a major symbolic value. This was the true, for instance, of the Asile de Bron, a former psychiatric hospital in Lyon, France, in which turning the complex into a modern hospital center was not an obstacle to preserving the memory of the former hospital both in its architectural heritage, by restoring and recovering parts of it, and through the archival cataloging of the former hospital’s documents. In other instances, former psychiatric hospitals were adapted to residential uses, turning the entire area into a residential neighborhood part of the overall urban form, such as the Oxford County Lunatic Asylum.

1.4 Florentine case study: the San Salvi Psychiatric Hospital, origins and current state

The San Salvi Psychiatric Hospital, designed by the architect Giacomo Roster and directed by the doctor Vincenzo Chiarugi, opened 1890 in accord with the day’s cutting-edge architectural and therapeutic principles. Roster conceived it as an autonomous city, surrounded by green space and isolated from the city center.

Its architecture and open spaces are inseparable, conceived with a landscape perspective. The buildings include a partially enclosed garden for gathering; an elliptical tree-lined avenue — about 1 km long — surrounding the main hospital core and serving as a distributional ring and a walking path; further away is the agricultural land where patients worked. The entire area is bound by a boundary wall that protected it, but,

more importantly, isolated and hid the psychiatric complex and its questionable treatment practices.

The San Salvi Psychiatric Hospital, originally in an area far from the city center, is now simultaneously included within and kept outside of Florence's urban expansion. It has remained untouched by the city's overall development, in effect, constituting a break in the contemporary urban continuum, an island marred by abandonment and decay.

From its foundation to the present, extraneous buildings have been added to the original layout, following no pre-determined design, for the purpose of adapting the asylum complex to the constantly changing functional needs, first tied to psychiatric treatment and later to temporary needs.

The expansions and buildings completed before the Basaglia Law went into effect follow its original symmetrical layout, whereas the more recent ones follow no pre-established design. Despite the recent additions of structures, the architectural whole has maintained its original features over time; we can still clearly see the original symmetrical layout of detached buildings connected by covered paths surrounded by green space, the elliptical tree-lined avenue, and the boundary wall.

On the other hand, the connection between architecture and open spaces that defined Roster's project has been severely compromised. The green spaces have lost their original identity and have been left to neglect and decay.

The buildings of the former psychiatric hospital are now used for disparate uses. Most of the buildings contain functions related to health care, such as administrative offices, medical clinics, and assisted living facilities. The former hospital area also contains an elementary school, the Department of Psychology of the University of Florence, a student residence, an abandoned movie theater, and warehouses, some abandoned and some illegally occupied.

Traffic within the area is limited by the elliptical tree-lined avenue surrounding the main hospital core, which is completely disconnected from the urban traffic system.



Figure 1 S. Salvi Psychiatric Hospital, urban configuration in Florence, in 1890 and present-day.

1.5 Analysis of factors that have prevented the San Salvi area from integrating with the city

There were many factors of varied nature that have prevented the San Salvi area from being integrated into the city in both urbanistic and functional terms. Prime among these is undoubtedly the presence of material boundaries and limits that prevent physical, visual, and perceptual connections with the urban surroundings.

These consist of the boundary wall of the psychiatric area which is still extant the north, west, and south and that cannot be demolished because it is protected by a regulatory landscape constraint. The railway line along the southern edge of the area and a school to the north, which is also bound, prevents any possible crossing or connection between San Salvi and the city.

Additional obstacles to the former asylum complex's urban integration have to do with access difficulty. There is only a single road accessing an area of about 90,000 sq.m. There is also no internal road network or system connecting the area and the city.

The total non-existence of internal traffic systems — vehicle, pedestrian, or cycling — limits the use of this area by citizens with the result that large areas are little used, inevitably leading to growing decay.

The green space, though extensive in area and high quality with centuries-old trees, does not have a true clear identity and lacks in services for the public, such as areas for children, leisure, and gathering. The result is that though San Salvi is Florence’s second largest green space in terms of area, it fails to actually attract community life.

The buildings in the area are mainly for administrative and school functions, which means that the area is only used around those buildings and for a limited time period in the day, leaving a lot of opportunities for improper use in the evenings and nights.

In addition, there being different owners and a fragmented distribution of property ownership has made it particularly difficult to manage, maintain, and implement redevelopment proposals over the years, despite the community’s many requests to the public administration to address the decay of this area so full of urban and social potential.

1.6 The project’s theoretical foundations

This redevelopment project’s theoretical foundations are grounded in recognizing the former hospital as “integrated cultural heritage,” meaning that it consists of both tangible and intangible assets. Redeveloping the former San Salvi psychiatric hospital means much more than recovering, conserving, demolishing, building, and establishing a new functional program. It means giving this microcosm new meaning that reflects our historical, cultural and social development. For centuries, this place had been a symbol of depriving individuals of rights and excluding from the society’s life those who were “different.”

The former area of the San Salvi asylum, which includes the original buildings and new architectural works planned in the redevelopment project, must meet contemporary demands for innovation through functions, forms, and new meanings that differ from the original ones.

The proposed project also seeks to maintain a close connection with this place’s historical memory, in the firm belief that it should be protected so as not to forget precisely what society once wanted to hide and forget.

The project re-establishes the meaning of this place starting from two theoretical principles. The first is that the boundary wall, a symbol of marginalization for centuries, is now turned into the basis of the asylum area’s “re-semanticization.” The second principle is that the design of the open space and community are inextricably linked.

In this way, the same symbol acquires a new meaning. A form of exclusion, the wall that excludes and separates, now becomes a form of inclusion, a permeable filter that brings people and places symbolically and physically into relationship.

The boundary wall, which cannot be demolished because it is protected by a regulatory constraint by the Superintendency of Architecture, Fine Arts, and Landscape, becomes the foundation element of an urban park for the community. Here, physical, functional, and symbolic connections mix with the urban surroundings.

The elliptical tree-lined avenue that surrounds the main hospital core becomes a cycling and pedestrian ring path. The urban park stretches along its perimeter in a radial system with a succession of public spaces for leisure, sport, gathering, and culture.

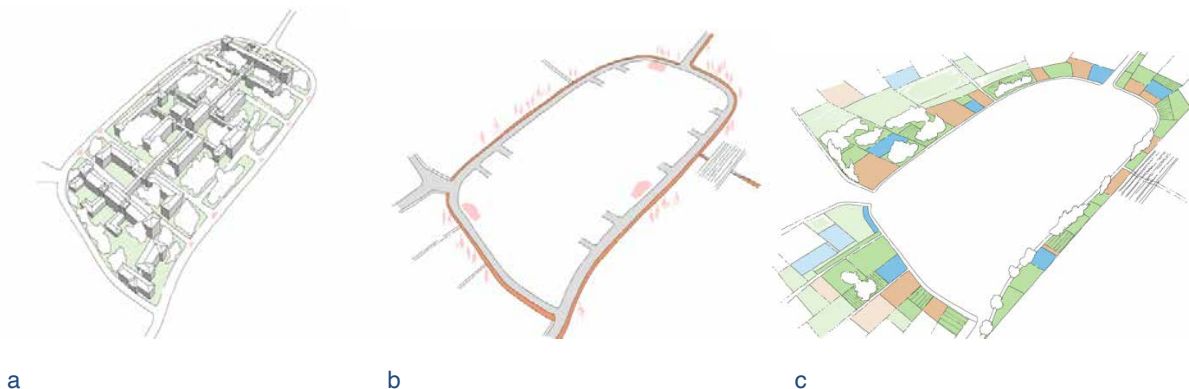


Figure 2. Project concept a. Restoration of the original architectural form b. Elliptical tree-lined pedestrian path c. Radial urban park.

The boundary wall and the elliptical shape of the tree-lined avenue give order to the park's design and guide the urban layout of new residences facing the park. The residences define an area of transition and joining between separate urban systems, specifically the former hospital's detached buildings surrounded by green space, the disorderly urban expansion, and the established urban fabric. The project also intends to return the main hospital core to its original form as far as possible by demolishing buildings built without any logic and lacking architectural quality. This would also in part re-establish the original balance between architecture and green space. This will allow the open spaces to gain an indissoluble connection with the architecture and community life. Providing a new traffic system that supplements the one inside the area of the former psychiatric hospital and connects with the urban road network creates a completely new physical connection between San Salvi and the city, making it easily accessible to the public.

What was once a "heterotopic space" now becomes an "urban space," which is one of movement, civil community, exchange, and dialogue. The former psychiatric hospital, which had been a place for depriving individuals of rights and their identity, now envisages instead a community that shares values, such as equality, plurality, and acceptance. The former hospital becomes a space of freedom and sociality, where we can realize the democratic principles that make the free flow of people, ideas, and initiatives possible.

The San Salvi area, which the people of Florence had once seen as a symbol of restricting individual freedom, becomes a place of new-found freedom and sociality, a symbol of possibility and the need in the contemporary world to break down barriers and boundaries, both physical and conceptual, through creative human action.

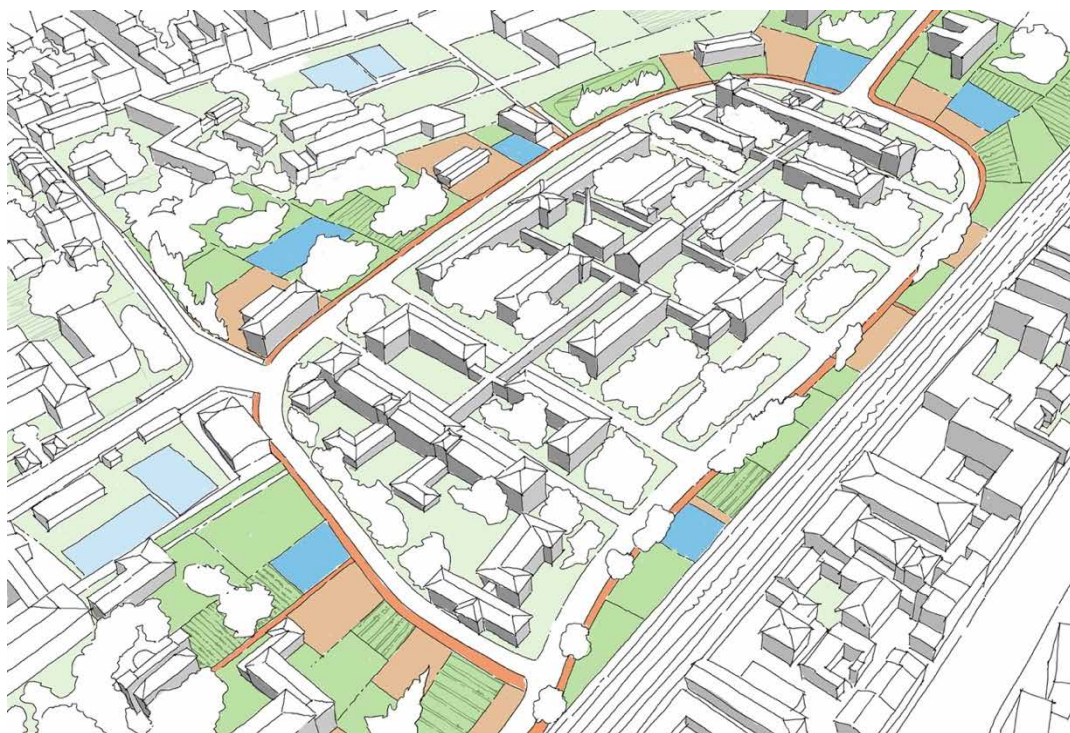


Figure 3 Overall view of the project

2. The project

Emiliano Romagnoli

The project reflects on issues that many cities share. These include the disorderly growth of urban cores in the last century, the resulting "loneliness" of buildings (Moneo, 1999), and the sensitive and controversial relationship between urban space and the society that inhabits it and explores the possibility of envisioning the city as less just a collection of buildings and structures and more as many overlapping relationship systems.

The complex has undergone many transformations and had different functional purposes, all in the area of

public health. The functional reversal, from a closed facility to one for the public did not have particular effects; the major urban mark dictated by its introverted urban layout, its edges and borders, and possibly the effect of a “collective memory” not particularly fond of a restrictive facilities, have colluded to lead to the complex appearing to this day as an “island” on Florence’s southeast outskirts.

There is not even an area road that could somewhat mediate the relationship between the complex and its immediate surroundings. On the northern edge of the area, a number of school buildings in late Rationalist style face away from the health facility, effectively creating a deep rift. A major railway line to the south, connecting Florence and Rome, cuts off any relationship. The east-west axis has more labile boundaries. Though old boundary wall remains to the west, acting as a barrier, this is where the main access to the area is located. In this area, turning some health facilities into public functions led to greater integration with the surrounding urban fabric. To the east, a public park with unclear boundaries edges the health complex. In architecture and compositional terms, it is a complex of detached buildings anchored to the east-west axis, symmetrical to the north-south central axis. The detached buildings have simple, rectangular volumes, often composed on likewise simple aggregations forming “C” or “L” blocks. The axes that give the composition structure are completed by a significant system of covered paths and connections on the ground level. Paths and buildings mark out circumscribed courtyards, which can be connected as needed by opening a system of gates. This system of courtyards and buildings placed at the intersection of the two axes is also the fulcrum of the entire composition, the place towards which all volumes seem to converge. Significantly, the “C” or “L” blocks also always turn their public faces towards the central space.

In this sense, the San Salvi complex continues to look inwards and finds its main points of reference in its courtyards. Its boundaries, its edges, are also those of the city of Florence, almost its “backside,” left-over spaces created by ill-planned expansion in which the uncertainty of roles has led to physical and social decay.

Additional elements can be found in the health facility. In San Salvi, we can clearly see the operation of sectioning and recomposing the architectural body, as was typical in the 19th-century and early Enlightenment, but here we see a degree of complexity not found in other architecture of its time. For example, sometimes the buildings and external paths merge and create hybrid spaces of arcades. The external paths do not have a connecting role but rather one of control and security, creating alternative routes on the first floor that do not always correspond to those on the ground floor. Though the external spaces are clearly identified as courtyards and semi-courtyards in formal terms, their system of connections can make their use more varied and mixed. These are the details that speak to the great care taken in defining all of these boundary spaces between the inside and outside of the buildings. One factor contributing to this degree of complexity may have been the influence of another discipline, psychiatry. At any rate, this constant hybridization between inside and outside creates a complex system of spaces on several levels not seen anywhere else in the nearby surroundings. The city that grew around the complex is of the second post-war period, built on the basis of faded Rationalist principles, lacking any memory of the past and any true reflection on collective space. In this kind of city, squares are merely street intersections, and the streets merely traffic connections between two points. As such, though these two fragments of the city are in contact, they seem irreconcilable. This lack of communication between the parts may be a major reason why the limits and boundaries mentioned above are certainly more than only walls, physical boundaries, becoming cultural limits as well.

The project starts from this awareness and works specifically with the concept of boundary to give form to a new relationship space. More than only the built structures, there are the open spaces, informal ones that can be woven together as much as possible to establish a new system of relationships, which can join the built structures to restore a richness and complexity to the city.



Figure 1 View of the southern area

The project translated a number of factors into a system of places and paths that could go beyond the former hospital's borders in an attempt to mend the frayed urban fabric. These factors included the lack of significant spaces or systems of spaces for public use, the clear radiocentric orientation of the San Salvi complex, the deep, marked boundaries, the historical heritage regulatory constraint on it, and the desire of the owners to maintain the health functions within the circular road and to use the buildings outside of the ring for collateral public activities.

The intent is to create a new space of relationship with an informal air that can trigger a chain reaction of a full system of places able to redevelop the entire area. To these ends, the ring avenue that Roster planned around the San Salvi core becomes a multi-purpose route that can be opened to vehicle traffic to varying degrees. New openings and entrances are created in the boundary wall to make the area more permeable, following old routes that have fallen into disuse. The open spaces between the circular road and the boundaries of the health complex are reused for a number of activities in an organization following the lines set by the surrounding city, to re-establish contact with the ring route and the entire San Salvi complex.

The former core of San Salvi, ringed by the road and an area of diverse activities, becomes a new hub for the neighborhood. Its buildings, now partially abandoned, are restored to hold functions for the community (university buildings, student housing, primary and secondary schools, and assisted living facilities) to make the project's outside areas always full of life. The current connection between the circular road and the public traffic system, the only access to the San Salvi area, is downgraded in importance because it is too narrow and used only for the local market. Two new connections, to the north and the east, are opened to public traffic. The first connection revives a former walled entrance and the second one uses an old agricultural route that had served the area for centuries before it had changed its purpose. The cycling and pedestrian paths in the city's urban plan are brought inside the complex and connected through the circular road. There are multiple external spaces and activities planned for the area between the circular road and the border of the former psychiatric hospital, including:

1. Areas for car and bicycle parking planned close together to facilitate changing travel modes. The neighborhood and the area of San Salvi are near a highway exit, crossed every day by commuters, who could make use of the hub service and lighten city traffic.
2. Areas for sports activities, such as basketball, five-a-side soccer, and skateboarding, are spread over the entire perimeter.

3. Small areas along the circular road will have gym equipment for gentle exercises particularly intended for seniors.
4. Areas for educational activities. The current track used for traffic safety education will be improved.
5. Fenced areas specifically for pets.
6. Recreational areas with equipment for both children and adults. Here as well, areas for children and adults are planned close together to encourage families to use the space.
7. Multifunctional paved areas are spread around the entire perimeter of the circular road, equipped with connections to underground utilities for use by street vendors and temporary stalls.

Though the circular road is mainly for travel purposes, it is conceived as a flexible space that can adapt to varying needs, including by setting it as a “30 km speed limit” zone.

However, physically reconnecting the routes, creating new spaces, and redeveloping the buildings’ functions may not be enough to make the place a new point of attraction. The project explores the difficult path to creating a sense of ownership and identification that powerfully connects a community to its public space, doing so through a number of small stratagems. For example, without completely losing its old features, new openings are made in the boundary wall so that the nearby houses can finally see the rediscovered public space. Small, spread-out parking areas are made to avoid creating barriers along the streets and to foster the relationships between the buildings and the outside areas. All of the old trees, clearly distinguishable by their size, are kept both for ethical reasons and to give it an identifying mark to its new spatiality.

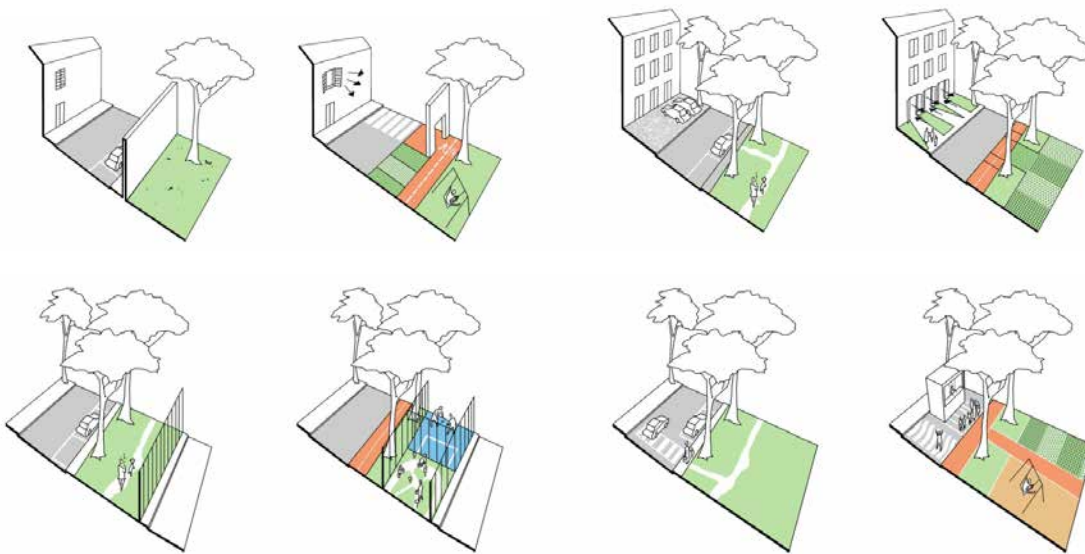


Figure 3 Design strategies for removing boundaries and redeveloping outdoor spaces; on the left, the current situation; on the right, the project plan

3. The crystal and the cloud Fabrizio Rossi Prodi

The layout of the former San Salvi Psychiatric Hospital in Florence is like a large crystal with a minute, organic structure. Over the centuries, it has rigidly maintained its individual diversity along with a degree of distance from the neighborhoods of the city that gradually approached it, encircled it, and then enveloped it. Its relationships to its surroundings have always been feeble or interrupted. Its hard boundaries, its disorienting spaces, its density, and its activities are too faint in their presence, making for an overall effect that is quite metaphysical, weighed down by the memory of its past, one that sparks compassion in all of us, even an immediate desire to forget that ends up inhibiting its ability to attract urban life.

The complex's elements, organization, and relationships make it part of a particular urban type, a specialized type with detached pavilions, created with different purposes and variations over the last three hundred years, based on the model of military quarters used to build the infrastructure of cities. In this sense, this complex adds a clear additional difficulty beyond the usual rigidity — or at least resistance — inherent to the scale and “urban type” — in how the infrastructure systems, as such, relate to their context, both in terms of scale and cross-system relationships, inexistent multi-functionality, impenetrability of its borders, and so forth. Of course, all of these conditions obstruct reabsorbing the infrastructure in the surrounding fabric.

Certain prejudices aggravate matters further. The first has to do with the amount of public space, which seems abundant here. We tend to think that where there is more public space, there is corresponding higher urban and landscape quality. But the opposite is true. Where there is little public space, it becomes precious, sought-after, utilized, and creates dense, multi-purpose central points. We can see the proof of this in the planned outskirts, often with high percentages of open or public spaces, that end up in decay in urban and social terms. San Salvi has an enormous amount of public space, which is effectively deserted and even considered rather dangerous by the locals. Moreover, in addition to the lack of points of attraction in the public space, its rigid boundaries that close the complex prevent easy, multiple access points and resulting social control of the spread-out spaces. A further aggravating factor in San Salvi is the limited presence of entrance doors to the buildings from the outside space of courtyards or gardens, which was likely because of the need to control the psychiatric patients who once lived in these buildings. This makes them not easily accessible and bound by high barriers that make it hard to encourage factors that lend public space quality, such as multi-scaling, the coexistence of different groups and ages, multi-functionality, multi-temporality, and so forth.

A second prejudice has to do with how entrances and roads affect this area. Though we usually assume that a limited number of accesses and paths discourage entry and resulting excessive traffic. But there are very few entrances to this area, not enough to generate an urban fabric that soaks up opportunities such as some residential neighborhoods, and the resulting quality of the urban space ends up quite low. Another deterrent to defining a road system has to do with the fear that it will trigger another type of aggression on the area with building up all free space, resulting in speculative building. Though excesses are certainly to be avoided, the goal here should not be ethical in relationship to the enrichment of the few, but ethical in terms of creating environmental and urban conditions that meet the needs of the people so that they can regain possession of this area and experience it positively.

Another issue has to do with conserving the memory of the complex's past as an admonition of past suffering and the desire for the asylum's experience to be ended once and for all, never to be repeated. The valid principle of passing on our history and identity should make us preserve existing values, though ones that should be challenged by the possibility of change and projecting our future “heritage.”

Urban transformation on similar project types in other parts of Italy and Europe have only rarely preserved the form of the existing urban body, completely keeping their existing volumes and spaces. More often, they have introduced different levels of permeability from the outside, or sometimes completely demolished the borders, creating varying levels of intensity in the urban fabric, and integrating new structures in the existing type. In many cases, this led to creating a new section of the city in which some parts or spaces remain as traces of spatial or volume elements of the former hospital, with its detached building type. They are placed in a dense setting of urban spaces, buildings, specialized hub elements, residential fabric, and so forth. Only a few cases involved complete demolition. Nonetheless, we cannot look to observed or documented cases to find a direct model to follow because each redevelopment and conversion project's level of impact was directly tied to political, cultural, and architectural conditions in the areas of focus.

Generally, the need emerges to find uses, institutions to attract, and central points, as well as a supporting urban fabric and system of outdoor spaces and activities, in addition to adequate road and traffic systems. It needs points of attraction and of solidification like all successful parts of a city.

A few strategies are proposed for the San Salvi complex based on both research and its current condition.

The first strategy involves increasing accesses as much as possible to reconnect the complex to the vibrant surrounding neighborhoods, attract people, regular users of its public spaces, as well as new residents, including in special residences, existing buildings, and some new structures. Here we follow the principle that the quality of places is a function of the presence of people. This means opening new entrances to the east as well as to the west and the north, multiplying opportunities for people to come in by car or on foot, whether to cross through the area or stay in it. A resulting issue is demolishing sections of the boundary though without forgetting that it's an important element of the place's memory.

Comparing the complex's urban fabric with that of standard residential neighborhoods, it becomes clear that the size of the mesh in the fabric is decidedly too large. Its excessive lengths are also a factor of potential urban decay, and should be decreased by creating new vehicle roads and pedestrian/cycling paths inside this area, which should be organized in smaller sizes, more in keeping with a regular neighborhood.

Along all sides of its perimeter, the complex's area is also shaped by factors and conditions that reinforce its separation. To the north, it borders the back fences of the school area (which are opened on the opposite side), and it is closed to the south by a railway barrier. On both sides, it lacks depth, functional variation throughout its length, relationship and access, scale variation, and points of attraction, and these are formidable factors of urban decay that are difficult to overcome. The only way to do so is by introducing types of filters in relationship to their rigid infrastructure. It is, therefore, worth considering some smaller constructions to the north in the direction of the school lots, perhaps with some entrances to the school areas, to reconstruct a more varied urban face, equipped with a smaller scale to attenuate the encounter between the two pieces of infrastructure — that of the schools and that of the hospital complex — which inevitably engender urban and social decay. The task is more difficult to the south because there is little depth in the free area near the railway. The strategy is, nonetheless, similar. In addition to introducing a passageway to Via Aretina and its lively neighborhood, this area could be useful as a platform for a flow of diverse types of activity, flexible and able to be equipped freely. The approach is to use small scale and multi-functionality to create micro-centers to be gradually installed, distributed along the entire route along the railway (such as for eating, agriculture, fitness, theater, playgrounds and so forth).

The eastern edge is also closed by a number of parks, properties, and diverse uses. The limits are not actually clear, and their character is confusing. When the city's parts and elements, their names (i.e. identity) and borders cannot be interpreted clearly, urban decay usually spreads. We need to re-establish their presences, borders, purposes, and, ultimately, their names. Here, we need to reinforce the values that already affect the area by heightening its landscape quality, introducing or boosting some large isolated instances tied to vibrant, attractive functions, such as university facilities and some student residences (in order to generate mechanisms of social control in the day as well as the night). Creating a clear system of uses and places with their names and identities generally translates into building a spatial and urban map that is clear in its inhabitants and decisively improves urban quality. The type of spatiality suggested for this area of the complex — the eastern section — does not, of course, look to the closed, dense spatiality of tightly-packed diverse facades of traditional or 19th-century cities. It looks rather to the spatiality of the Modern movement with varied landscape types. Access routes should be introduced to the east as well that cross the entire complex to prevent the area from being marginal, cut off from the rest of the city.

The western boundary is more urban, already hybrid in some of its volume and spatial breaks and varied exchanges and openings. We need to patiently reconnect the spaces and structures here by introducing some openings in the boundary wall in order to reconnect a system of paths and places and set up a strong spatial framework with diverse functions of a comprehensively urban type or serving the surrounding neighborhoods.

The complex's core, its center, appears as the original main system of a hospital complex of detached buildings, though with some additions. It should, of course, be placed along the access routes coming from all sides of the area, which also facilitates control of all its sections. The central core itself, which is too large as a single block, could benefit from being broken into at least three parts by adding paths crossing it. This part of the complex — because of the urban and architectural types shaping it — is still suitable for service industries, not only those connected to the local health authority. It would be useful to partially introduce regular uses — not only during the day and for work — to generate presences at all times of day. The quality of a section of urban fabric is a function of the diversity of its inhabitants in terms of age, social groups, and their presence during the different times of day and night, the activities taking place in the common space, and the resulting movement of people.

Once the "hardware" of the transformation plan is established in terms of road networks, structures, spaces, intended uses, investments, and so forth, we will need to develop a map that is aware of open space (public, semi-public, or private). The mapping should include an organization of the space on multiple scales, including its main public/semipublic domains area by area, and a range of functions. In other words, it should have systems of services that are connected and flexible, elements of a platform to facilitate them, designing systems of movements that can run through them, urban furnishing (hardscape and softscape), urban art, connections with major services, green areas, training routes, and so forth.

Specifically, the mapping of the open space should concern the area along the perimeter ring of the central core. Here, the nature of the route must be completely transformed from an exclusively vehicle road with

parking lots and become a true backbone of the public space, conceived like a linear plaza, a central location with a flow of people, like an equipped platform for service systems that support its development and which can themselves help redevelop the historical complex.

Bibliography

C. Airoidi, 2013, *I complessi manicomiali in Italia tra Otto e Novecento*, Electa, Milan.

F. Corleone, (edited by) 2018, *Mai più manicomi*, Fondazione Michelucci Press, Fiesole.

A. D'Agostino, (edited by) 2017, *Rapporto sullo stato degli ospedali psichiatrici in Italia*, "Festival dell'architettura magazine," a. VIII, n.41.

D. Donghi, 1927, *La composizione architettonica, voce manicomi*, in Donghi D. (edited by), *Manuale dell'architetto*, UTET, Turin, 1927, Vol. II.

M. Foucault, 1967, *Des espaces autres*, (trad. ita. 1998, *Eterotopie*, in *Archivio Foucault*, Feltrinelli, Milan).

D. Lippi, 1996, *San Salvi storia di un manicomio*, Olschki, Florence.

R. Moneo, 1999, *La solitudine degli edifici ed altri scritti*, Einaudi, Turin.
