Summary

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Transformation and renovation of an 800-bed hospital

J. Itten + G. Brechbühl, Berne
R. Steiger + H. Fietz, Zurich
Associates: G. Wieser, C. Gerber, S. Naegeli

Insel Hospital, Berne

(pages 195–199)

The problem here was to replace in stages the old building tracts dating from the period 1870–90 by the modern installations of an 800-bed university hospital. It was required that during construction the functioning of the existing installations be jeopardized as little as possible.
The complex is located on an elevated site well protected from noise and easily accessible from the centre of the city 1 km away.
The architects endeavoured to concentrate a maximum of service functions at the bottom of the high-riser, with connecting elements kept as short as possible. The schedule of stages was as follows:

a) Supply complex:
Construction 1960–1964.
Building 19 850 m^3
Equipment
4 147 600 SFr. 209 SFr./m^3
2 900 000 SFr. 146 SFr./m^3
Storerooms, central laundry, linen issue, kitchen handling 2000 meals. Practically no communications intersections, numerous forms of automatic transport.

b) Operating block, Ist stage:
Construction 1960–1964.
Building 43 000 m^3
Equipment
10 472 400 SFr. 244 SFr./m^3
2 100 000 SFr. 49 SFr./m^3
Comprises all the surgical services including facilities for students. At basement level, "Asklepitron" apparatus for internal therapy.

c) Hospitalization unit:
Construction unit:
Construction from March 1966 to the end of 1971
Building 146 800 m^3
Equipment
53 700 000 SFr. 365 SFr./m^3
12 350 000 SFr. 85 SFr./m^3
Accommodates all the required medical and university services. Each floor contains 2 care units of 17 beds each and one unit of 22 beds. The entire structure is of reinforced concrete, the face parapets are of washed concrete with interior insulation (heavy construction).

d) Operating block, 2nd stage:
Construction from March 1966 to the end of 1971
Building 35 900 m^3
Equipment
12 650 000 SFr. 352 SFr./m^3
9 100 000 SFr. 253 SFr./m^3
Extension of the Ist-stage tracts and central laboratory.

e) The third stage will accommodate a teaching centre for the students, an institute of pathophysiology, various specialized clinics, a training school for laboratory technicians and an underground garage.

The main problem was to carry out the successive construction stages and to coordinate them with the demolition of the old installations, at the same time ending up with something architecturally harmonious.

Extension of a regional hospital

Itten + Brechbühl, Berne
Associates: G. Wieser, K. Gerber, S. Naegeli

Langenthal Hospital

(pages 200–201)

Currently existing hospital buildings date for the most part from the second half of the 19th and the beginning of the 20th century. Their dimensions and their equipment are no longer sufficient to meet present-day needs. However, the investments already undertaken, the central location of the old hospitals and, in most cases, the absence of other favourable sites are compelling the transformation or the extension of already existing hospital complexes.
Only the old hospitalization unit and the utility wing have been preserved and complemented by a new high-rise hospitalization tract and a treatment building as well as by a supplementary entrance for emergency cases. The rationalized and restructured complex comprises on the ground floor a large entrance lobby with vertical communications block, administration, X-ray, physiotherapy rooms, 4 operating tracts with annexes. Beneath a first service basement there is located an emergency hospitalization unit with 95 beds. The hospitalization unit now comprises 260 beds and the required facilities: Lifts for patients, delivery rooms, surgeries and rooms for various services.

Application of systematic methods in hospital construction.

Heinle, Wischer and associates, Stuttgart, in cooperation with Kreytenberg, Hanover.

Project Director: Schoeppe
Associates: Boesch, Böhme, Engst, Földesi, Lemberg, Moser, Rosner, Sagel, Schinlauer, Schmidt, Thyroff, d-team design.

Complex for medical examinations, treatments and research of the Faculty of Medicine of Göttingen.

(pages 202–207)

Mounting needs for medical services, the improvement of medical service by means of practical training and research and the foundation of new universities have led to an increasingly marked differentiation among types of hospitals. The functional flexibility called for by future developments is also a factor in planning that is highly important. In contrast to the ordinary type of hospital, the university clinic requires an especially high number of examination and research rooms plus the equipment needed for training.
Within the framework of the University of Göttingen, the new Faculty of Medicine was intended to accommodate 1400 students, which corresponded to 1920 beds. The total studies on the project and the building program yielded the following solution:

- Medical care complex with 3 hospitalization units
- Supply complex
- Examinations, treatment and theoretical research complex.

These 3 complexes are interconnected by means of automatic transport facilities. The rough structure is organized on a grid unit measuring 7,20×14,40 meters. The fixed points (wells for stairways and lifts and vertical installations shafts) serve as wind-bracing. The finishing elements are designed for a modular base of 1,20×1,20 meters recessed half-width in relation to the structural grid. Since the whole complex must be easily adaptable to novel functions, it has been given as neutral a design as possible.

Concentric plant

Charles Vandenhove
Associates:
B. Albert, M. Coenen, J. Séquaris, G. Hutschemackers, P. Remade, K. Klinkenberg, M. Verhagen, M. L. Deloiresse, S. Honings

Sart Tilman University Hospital, Liège

(pages 208–211)

This centralized out-patient complex comprises all medical services. It is located on a steeply sloping south-oriented site. The complex had to be realizable in stages and subsequently modifiable. It has the shape of a central volume surrounded by several high-risers. In the central volume, there are situated the entrance, the out-patient facilities, the examination tracts and X-ray rooms. The two northwest high-risers accommodate the laboratories (research and pathology). The east high-riser houses the pediatric and gynecological divisions. The southeast part of the complex is designed for chronic patients. Finally, the two southwest high-risers accommodate the hospitalization units. The total complex is planned on a module of 7,20×7,20 meters. Suspended ceiling elements house the technical installations at the points where they are necessary. They have been dispensed with in the tracts where more than 4 meters clearance was desired.

Rehabilitation Center

James Baker & Peter Blake, New York

Institute in Binghamton, N. Y.

(pages 212–214)

The ground available was adjacent to the site of a large hospital. It consisted of buildings dating from the 19th and 20th centuries, in which the dominant materials were stone, brick and shingles. The rehabilitation center was designed as an occupational training school for the patients. The new center had to be sited as close as possible to the already existing intensive care complex. For the architects the problem was to adapt to the terrain the relatively compact volumes of the installation. The centre of the institute was located on the edge of the hollow defining the topography of the site, which it was desired to preserve. The other building volumes are terraced on the slopes of this hollow and are interconnected by the ascending and descending terraces. All the departments of the complex are clearly accessible from the central hallway. The noisy tracts are distinctly separated from the quiet zones. The structure is of reinforced concrete, the exterior walls of brick. An attempt has been made to give this center the character of an educational or scientific institute by means of the articulation of the very animated façade; also, the same effect has been sought by integrating numerous garden strips within the building complex.
The estimated building costs, for the complex plus landscaping and equipment, which amounted to 2,5 million dollars, were reduced by 8% during execution.

Flash-back

Hospital or home for the sick?

Robert Landolt, Josef Schindler, Josef Schütz, Zurich
Waid Municipal Hospital, Zurich

(pages 215–218)

Introduction

In December 1953, this construction filled 16 pages of B+W, plus 8 pages in colour of plans and sections. The present editor, reduced as he is to abstracts and condensed information, can only grow pale with envy. It may be that in those days good projects were more rare than nowadays, and this was a justification for spreading over 24 pages. However, was this really such a good building, one that was really out of the ordinary? It must be said that at that time the Waid Hospital was the leading building enterprise in Zurich, nothing like it having been attempted for years. This no doubt accounts for the abundant attention devoted to it.
It would be useless to repeat the aesthetic criticisms formulated at that time by the editors.
In this flash-back there is no question of raising the issues of façade or roof structure, but of looking at the internal structure of the hospital. In Zurich this is a very timely issue owing to the completion this year of the Triemli Hospital whose conception is totally different. Moreover, every planner finds himself confronted by an excessively simple and overevaluated dilemma: Should the technical equipment and the communications network dominate the complex, or should the conception of the hospital as a place for curing sick people, where the character of the milieu ought to contribute psychologically to their recovery?
The administrator, M. Bächi, and the architects Landolt and Schindler took up these questions with our editor.

Forecast

Walter Mayer, Nuremberg

Cellular system for standard hospitalization

(pages 219–222)

The idea of organizing the standard hospitalization unit with the aid of individual cells is out of the ordinary and seems utopian. Individual cubicles that can be opened toward a neighbouring cubicle or toward a passageway replace the traditional single or multiple room. The advantages are obvious: Possibility of optimum adaptation in terms of the gravity of the illness and of the patient's personal wishes. The drawback appears to be the lack of relationship with the outside. The expenses involved appear, above all, to be utopian. However, if it is borne in mind that normal hospitalization costs in a traditional-style hospital represent only 20% of total costs, the plus value of such an installation seems, in the end, like a perfectly acceptable cost.

Special Feature

A new building by Arne Jacobsen

Central Library of Rødovre

(pages 223–228)

The library in question is a rectangular building closed in on itself. The entrance is situated on the axis of the town hall, which was also built by A. Jacobsen (cf B+W . . .).
The building is illuminated by meant of interior courtyards and skylights. Divided asymmetrically by the entrance and rhythmically articulated by these interior courts, the volume accommodates the children's library and that for adults, with their reading-rooms, offices and card indexes.
The distinguishing feature of the building is the daylight control. Thanks to the interior courts, there are created rich lighting contrasts, which Arne Jacobsen gets by means that are both rational and economical. These lighting effects are reinforced by the masonry of light-coloured brick and by the various greys of the parapets.

Jürgen Joedicke