Summary

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Summary

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, which dates back to the period 1970–70, by the modernization 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-rise, with connecting elements kept as short as possible. The schedule of stages was as follows:

a) Hospital core:
- Building: 19 850 m²

Equipment: 14 674 800 m², 206 800 m²
- 9 000 800 m², 146 800 m²

- Storerooms, central laundry, linen issue, kitchen and serving, 2 000 meals.
- Practically no communications between sections, numerous forms of automation.

b) Operating block, 1st stage:
- Building: 43 000 m²

Equipment: 10 472 400 m², 244 800 m²
- 2 100 000 m², 49 800 m²

Comprises all the surgical services including facilities for students. At basement level, "Asklepitron" appurtenant to the internal therapy.

c) Hospitalization unit:
- Building: 14 800 m²

Equipment: 17 700 800 m², 365 800 m²
- 12 300 800 m², 85 800 m²

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 facade parapets are of washed concrete with interior insulation (heavy construction).

d) Operating block, 2nd stage:
- Building: 35 900 m²

Equipment: 12 650 352 m², 352 800 m²
- 9 100 000 m², 253 800 m²

- Extension of operating block stages and central laboratory.

e) The third stage will accommodate a teaching programme for the students, an institute of pathophysiology, various specialized clinics, a training school for laboratory technicians and an extension for 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, C. 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 individual buildings have already undergone the central location of the old hospitals and in most cases, the absence of other functional units are a hindrance for 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 structured complex comprises on the ground floor a large entrance lobby with vertical communications block, administration, X-ray, pharmacy, phototherapy rooms, 4 operating tracts with annexes. Beneath a first service base ment is located an emergency hospitalization unit with 95 beds. The hospitalization unit now comprises 580 beds and the required facilities: Lifts for patients, delivery rooms, surgeries and rooms for various services.

Applicaton of systematic hospital construction

Heinrich, Wieser and associates, Stutt- gart, in cooperation with Kreytenberg, Hanover.


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

(page 202–207)

Mounting needs for medical services, the improvement of medical service by means of practical training and research and the transformation of new hospital buildings have led to an increasingly marked differentiation among types of hospitals. The high-flexibility design, of which the future developments is also a factor in planning that is highly important. In the case of 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 Goettingen, the new Faculty of Medi cine was intended to accommodate 1400 students, which corresponded to 1200 beds. The material 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 x 14,40 meters. The partitions (walls for stairs and lifts and vertical installations shafts) serve as wind-bracing. The finishing materials are designed for a modular base of 1,20 x 1,20 meters recessed half width in relation to the structural grid. In the same way the whole complex is thus easily adaptable to novel functions, it has been given as neutral a design as possible.

Concentric plant

Charles Vandenhoffe
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 has a shape of a central core surrounded by several high-risers. In the central volume, there are situated the entrance, the out-patient service, the examination tracts and X-ray rooms. The two northwest high-risers accommodate the laboratories of research and pathology. The east highriser houses the pediatrics and gynecological divisions. The southeast part of the complex is designed for chronic patients. Finally, the two southeast high-risers accommodate the hospitalization as a supplementary educational training unit. The project is already on the point of realization and for the required facilities: Lifts for patients, delivery rooms, surgeries and rooms for various services.

Rehabilitation Center

James Baker & Peter Blake, New York Institute in Binghamton, N. Y.

(page 212–214)

The ground available was adjacent to the site of a large hospital. It consisted of building dating from the 19th and 20th centuries, in which the medical materials were stone, brick and shingles. The rehabilitation center was designed as an additional 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 institution. The centre of the institute was located on the edge of the hill, defining the topography of the site, which it was desired to preserve. The other building volumes are placed on the slopes of this hill 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 educatio nal or scientific institute by means of the articulation of the very animated facade. This has been achieved by inserting numerous garden strips within the building complex. The building is given an adaptable structure, the complex plus landscaping and equipment, which amounted to 2.5 million dollars, were reduced by 10% during exe cution.

Flash-back

Hospital or home for the sick?

Robert Landolt, Josef Schindler, Josef Engst, Lina Waid, Zürich
Weid Municipal Hospital, Zurich
(pages 215–218)

Introduction

In December 1963, 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, this was really a building, one that was really out of the ordinary? It must be said that at that time the Weid 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 seat-of-the-pants formulas at that time by the editors.

In this flash-back there is no question of roof construction or floor structure, but of looking at the internal structure of the hospital. In Zurich this is an exclusively issue owing to the completion this year of the Triemli Hospita l 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 whole prevail? And if the character of the milieu ought to contribute psychologically to their recovery?

Foreword

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 can be opened toward a neighboring 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 in hospitals of the style hospital represent only 20% of total cases, the 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 Radove
(pages 223–228)

The library in question is a rectangular building closed in on itself. The entrance is on the north side, a covered hall, which was also built by A. Jacobsen (1963). The building illuminated by means of interior courtyards and skylights. Divid ed asymmetrically by the entrance and rhythmically calculated by these interior courts, the volume accommodates the children's library and that for adults, with their respective reading rooms and card indexes.

The dominating feature of the building is the daylight court. Thanks to the interior courts, there are created rich lighting conditions. The windows of the adjoining rooms are illuminated 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 Joosdieke