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## H: Hospital-as-City – The Healthcare Architecture of Herzog & de Meuron

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“H” stands for hospital. A rectilinear sign, pointing at once in four directions, it indicates a kind of systematic, non-hierarchical accessibility. The modern institution of the hospital calls a truce on race, gender, and social class. It brackets most human lives at both ends, whatever their circumstances. In it, the membranes between individual and society, between the body and the body politic, thin out.

“H” embodies clinical efficiency. The institution of the hospital involves strict routines that depersonalize individuals, confining them to a hierarchy of doctors, staff, patients, and visitors. Like the institutions of the army, prison, or monastery, the hospital diminishes the external components that make up one’s identity. Family, despite all efforts, becomes remote; property, beyond a point, demonstrably irrelevant. At the same time, the temporary release from one’s own obligations and the suspension of everyday life, however dramatic, allow space for reflection, for reckoning with oneself. A different set of codes takes over. The long corridors smelling of antiseptic, the relentlessly single beds, the ubiquity of white uniforms instill a universality amongst hospitals as much as a distinct barrier between those inside and outside of them.

On the outside, however, hospitals differ greatly. Once stripped of iconographic pointers such as ambulances and signage, hospitals become vaguely, anonymously institutional, replicating other Western architectural types – from the convent and the palace to the penitentiary, the garden pavilion, the office building, and the mall. Each of these types’ geographical, political, and social environments imply a different kind of engagement with the public realm. There is no clear correspondence between hospitals’ appearance and their use – which only becomes unambiguous once we are inside. As a result, their variegated architectures embody a set of shape-shifting perspectives upon the role of healthcare in public life. Their external appearance and attitude towards their surroundings betray not only their actual age but also the predominant ideologies regarding public health at the time of their design.

Herzog & de Meuron’s hospital projects represent the latest development of an architectural genre that has been recently stagnating. In the last few decades, the design of healthcare facilities has become encumbered by programmatic complexity, onerous building standards, high liability, and intense commodification. The result is that nowadays hospitals are, almost exclusively, the product of corporate expertise. <sup>1</sup> So, when healthcare

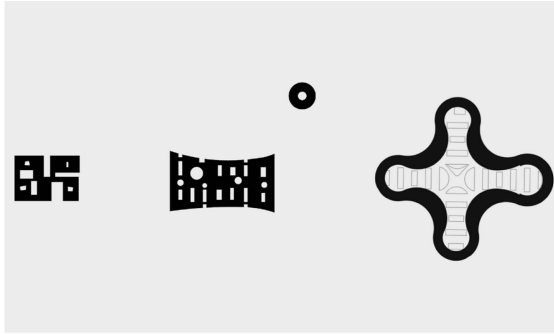
<sup>1</sup> Annmarie Adams, “Decoding Modern Hospitals: An Architectural History,” in “Design for Health: Sustainable Approaches to Therapeutic Architecture,” special issue, *Architectural Design* 87, no. 2 (March/April 2017), 16–23, here 18.



architectural historian Annmarie Adams hailed the new projects of Herzog & de Meuron as a “recoding” of the modern hospital, she recognized that hospital innovation was coming from outside the narrow specialization of healthcare design – and from an unexpected direction. <sup>2</sup>

<sup>2</sup> Adams, “Decoding Modern Hospitals,” 23.

The forays into the healthcare domain by Herzog & de Meuron, a global, Pritzker-Prize winning practice mainly associated with landmark large-scale cultural venues, such as the Tate Modern in London (1994–2016) and the Elbphilharmonie in Hamburg (2001–2016), might come as a surprise. Still, Herzog



& de Meuron’s claims upon this restricted market are fully consistent with the strategies that have historically propelled their development. Their projects question conventions and typological norms, their success leading, eventually, to the for-

**Fig.1** Scale comparison between the plans of (left to right) REHAB Basel, the Kinderspital (the Children’s Hospital) in Zurich, and Nyt Hospital Nordsjælland in Hillerød. Source: Herzog & de Meuron Architekten

mation of new conventions and new norms. Considering architecture’s reorientation towards issues of societal, urban, and, ever more explicitly, biopolitical relevance, Herzog & de Meuron’s new healthcare projects signal a shift in the mainstream architecture of hospitals. Their “recoding” of the hospital occurs through a multi-layered engagement with its parallel histories: the history of the hospital as a building type, its architectural history as a genealogy of notable projects mixing utopia and pragmatism, and, finally, the history of urban planning, itself profoundly shaped by the projection of healthcare concerns upon the public and private spaces of the city. In the case of Herzog & de Meuron buildings, these interpenetrating histories are accompanied by the self-referential, consistent history of their own portfolio. Over four decades of activity, the office has constructed its own culture in which projects, details, and strategies inform each other as part of a collective research in the formal, material, programmatic, and symbolic qualities of architecture.

How these projects talk to each other is apparent in Herzog & de Meuron’s healthcare projects, two of which are currently approaching completion in Switzerland and Denmark. Both the commissions for Zurich’s Kinderspital (the Children’s Hospital), and the New North Zealand Hospital in Hillerød (NHN), Denmark, were awarded in competitions in 2011 to 2012 and 2013 to 2015, respectively. While responding to specific briefs that impart strong characteristics, the two hospitals share a number of spatial and material strategies. Furthermore, both stem from the earlier, radical prototype of the REHAB Rehabilitation Centre for Spinal Cord

and Brain Injuries in Basel, Switzerland, won in competition in 1998 and completed in 2002. <sup>fig.1</sup> Their discussion here, together and apart, proposes a multifaceted understanding of emerging notions of healthcare in Herzog & de Meuron's architecture.

### A Shared Language

In a recent lecture at the Institute for the History and Theory of Architecture (gta) at ETH Zurich, Christine Binswanger, Herzog & de Meuron's Senior Partner in charge of the Kinderspital project, elaborated upon the practice's notion of healthcare by borrowing two terms from competitive ice skating. <sup>3</sup> One was *Pflicht* (compulsory exercise), understood as the standard routines used to demonstrate the technical level of performers. The second was *Kür* (free skating), the freestyle component of the dance, characterized by creativity and flair. With these terms, Binswanger distinguished between the performative benchmarks that a building is obliged to fulfill and the added quality of holistic environments for care. <sup>4</sup> The former ensured the planning of the hospital according to norms of flexibility, functionality, rationality, and modularity — values fulfilled by any working hospital and solidly grasped by corporate design expertise. The latter freestyle component is both more compelling and difficult to define. What distinguishes the Herzog & de Meuron hospitals from the standard offerings is a question of atmosphere and approach. In concrete terms, these result from the direct connection to nature, the introduction of daylight and architectural signposting to allow intuitive wayfinding, and the tactile, domestic materiality of timber claddings inside and out. Through the adoption of these elements, Herzog & de Meuron hospitals are positioned as more than *machines à guerir*, providing a more integrated notion of care than the curative technologies of medical science.

For over a century, the existing Children's Hospital in Zurich has operated from the central, leafy neighborhood of Hottingen. The residential location has rendered the hospital perplexingly hard to access, causing worried parents to ask passers-by for directions, and ambulances to negotiate their way through quiet, narrow streets. Hence the move to Zurich-Lengg, to an established yet dispersed healthcare campus on the city outskirts, with various clinics and outpatient buildings separated by swathes of countryside. Allowing for much-needed modernization, expansion, and access improvement, the new pediatrics ensemble consists of two complementary buildings: the acute hospital — a ground-hugging, horizontal volume — and a laboratory and teaching building housed nearby in a white cylindrical tower. In an otherwise indifferent, low-density suburban context, the new acute hospital

<sup>3</sup> Christine Binswanger, *gta Invites: Healthcare*, May 5, 2020, <https://youtu.be/pgz3MxrscfY> (accessed December 31, 2020).

<sup>4</sup> Binswanger, *gta Invites*.



faces the imposing Psychiatric University Clinic Burghölzli of 1869, designed by Johann Caspar Wolf. This notable neighbor is acknowledged in the main entrance elevation of the hospital, gently curved to facilitate access and emphasize encounters across an open public space, akin to an urban proscenium. <sup>fig.2</sup> In contrast to the severe, neoclassical, stone-clad Burghölzli Clinic, visitors access the Children's Hospital through a long, concave screen of continuous verandas veiled by generously spaced timber elements and vegetation.

Placed along a public transport route, the laboratory building signposts the way to the hospital. On a compact round footprint, the laboratory rises seven floors above ground and one under, an ivory tower delivered in an elegant, non-committal modernist idiom. This research and teaching venue borrows from the paramedical appearance of a 1930s sanatorium, with continuous



circular balconies around the perimeter. Opening outwards toward the collective terraces, the laboratories and perimetral offices are organized inward around a central, skylit atrium. The sunken ground floor, open

**Fig.2** Herzog & de Meuron, Kinderspital (University Children's Hospital), Zurich, Switzerland (planned completion 2022). Visualization of entrance facade  
Source: Herzog & de Meuron Architekten

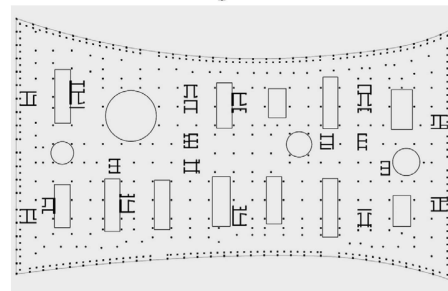
to the public and to views of the landscape, is conceived as an agora of semi-circular amphitheaters that can be used formally or informally, separately or together.

The unified volume of the pediatric hospital rises three stories above ground, but the recessed structure of the top floor makes it seem more like two (with two underground additional floors for services and parking). On the top floor, the wards, consisting of one- or two-bed rooms, are arranged in rows around the perimeter. Each room has its own pitched roof and strongly projecting eaves that give the impression of a row of small houses or holiday cabins, incongruously and humorously raised atop the horizontal building. The hospital reassures visitors of all ages with its carefully crafted informal appearance. Its emphasis on domestic scale and the variety built into the curved facade put incoming patients and visitors at ease, acting as a foil to the program within.

Behind this casually trimmed, green, almost recreational appearance are grouped fifty state-of-the-art departments with two hundred beds. As a functional apparatus, the hospital is impeccably organized. The main prerogative of its planning is flexibility, with fifty-six functional units that can be rearranged, combined, or strictly compartmentalized as the need arises. Fixed and structural elements are kept to a minimum. The concrete columns,

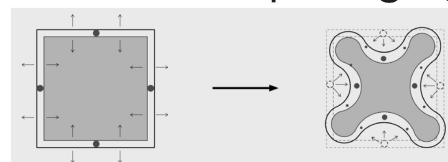
**Fig. 3** Herzog & de Meuron, Kinderspital (University Children's Hospital), Zurich, Switzerland (planned completion 2022): plan showing fixed elements of cores, columns, courtyards and facades  
Source: Herzog & de Meuron Architekten

service and vertical circulation shafts, and glazed lightwells around planted courtyards and lightwells are the only fixed components of the system. **fig. 3** The rest can be moved around and replanned as demanded by evolving medical expertise. The principal components of the brief – outpatient clinics on the ground floor, offices and treatment areas on the first floor, and bed wards around the perimeter of the top floor – are spread out around a central spine circulation. On each floor, this public circulation expands and contracts along a succession of four circular glazed courtyards, of different sizes and characters, which facilitate wayfinding.



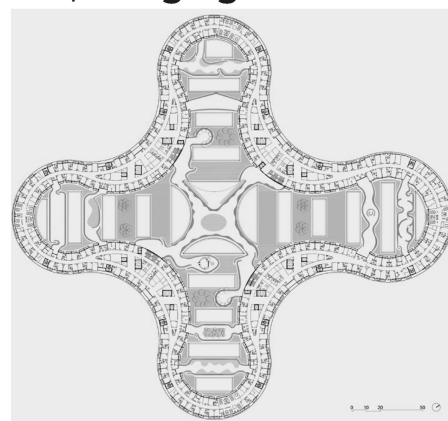
**Fig. 4** Herzog & de Meuron, Nyt Hospital Nordsjælland, Hillerød, Denmark: diagram showing the origin of formal concept  
Source: Herzog & de Meuron Architekten

While the larger scale, greater complexity, and rural location of the Nyt Hospital Nordsjælland in Hillerød demanded a different approach, both projects are bound to the initial premise of the hospital as a mat-like, horizontally expanded system, humanized and revitalized by views towards nature and the manipulation of daylight. The Nyt Hospital Nordsjælland is located in a flat natural landscape, forty kilometers northwest of Copenhagen, in the lowland countryside. Lacking a built context – the hospital is itself intended as a catalyst for urbanization – the plan is based on the ideal diagram of a square *hortus conclusus*. Its dimensions, around 300 meters across, resulted from the decision that each single-bed room should have its own view towards landscape, be it oriented to the outside or to the internal garden. The midpoints of the imaginary square, where the vertical circulation nodes were located, were then squeezed together, bringing them within operational distance of each other. **fig. 4**



**Fig. 5** Herzog & de Meuron, Nyt Hospital Nordsjælland, Hillerød, Denmark: plan of level two, showing wards and raised inner garden  
Source: Herzog & de Meuron Architekten

This deliberate deformation resulted in the fluid, four-leaf-clover shape of the plan, enclosing at its center a large garden raised one level above entry. The top two floors, housing the wards, are built on top of this garden level. **fig. 5** They consist of a continuous perimeter of patient rooms and service stations, a serpentine figure varying between approximately 20 and 40 meters in depth. This two-story residential superstructure houses over 450 beds in individual rooms, all with landscape views. Lit from the sides or from above via light wells, the two floors under this garden level are filled in with a complex built fabric. The plan can be read





as a field of fixed structural elements, articulated by an irregular grid of square and rectangular light wells which define two main axes. This grounded substructure comprises three levels: an entirely subterranean service floor; an intermediate lower level housing the intensive care, emergency, surgery and diagnostic rooms (with an additional hundred beds); and above them, at ground level, a main entrance offering access to various therapy departments, outpatient clinics, and the canteen.

Thanks to the undulating topography, both the main entrance and raised garden levels retain a feeling of connection to the ground. Two different landscaping schemes—for the forest park at the approach to the hospital and the raised garden—distinguish the two spatial conditions. The curving facades draw up their own horizon. Windows and balconies are placed



**Fig.6** Herzog & de Meuron, Nyt Hospital Nordsjælland, Hillerød, Denmark (planned completion 2024): visualization of raised inner courtyard  
Source: Herzog & de Meuron Architekten

behind a loose, yet visually unifying, screen of timber elements. Viewed from the internal garden, the meandering ward wings



**Fig.7** Herzog & de Meuron, Nyt Hospital Nordsjælland, Hillerød, Denmark (planned completion 2024): visualization of central lobby area  
Source: Herzog & de Meuron Architekten

recede and protrude to appear rather as separate, manageably scaled pavilions. **fig.6** The primacy of this inner garden is based on research linking faster healing to access to natural environments, and recovering patients are actively encouraged to spend time outside. The extensive glazed circulations, with views to gardens on one or both sides, build up experiential parallels with the Louisiana Museum of Modern Art in Humlebaek, a popular destination on the coast, 20 kilometers to the east. **fig.7**

## Recoding the Hospital

How these projects “recode” the modern hospital becomes apparent from their critique of mainstream healthcare architecture. The architects observed that “the conventional layout of hospital buildings ... may give patients the impression that they are being shifted back and forth between departments that are separate and distinct and do not work together.”<sup>5</sup> In contrast, the large horizontal shape of the Children’s Hospital seeks to highlight “the holistic nature of the building”—and, by implication, of care.<sup>6</sup> Rather than responding to the shape of the building plot, the volume was the result of a deliberate decision to maximize the building footprint and keep it low, unimposing, and casual, while

<sup>5</sup> “377 Kinderspital Zürich, Herzog & de Meuron,” <https://www.herzogdemeuron.com/index/focus/940-focus-hospitals/hospitals.html> (accessed December 31, 2020).

<sup>6</sup> “377 Kinderspital Zürich, Herzog & de Meuron.”



keeping it volumetrically unified. A similar principle was applied at the hospital in Hillerød, whose horizontality and curved forms were considered as an addition to the natural landscape. The architects have argued that “a horizontal building is an appropriate building typology for a hospital, because this fosters exchange: across the various departments, the employees work on a shared goal: the healing of the ailing human being.” <sup>7</sup>

In the history of hospitals as a type, this overall aim has often been overshadowed by the priority of procedural efficiency. From the ritual space of medieval cross-ward hospices, in which altars were placed at each junction so that all inmates could hear Mass, the modern hospital emerged through a process of secularization and rationalization. <sup>8</sup> During the Enlightenment, the hospital was re-imagined as what Sven-Olov Wallenstein calls “a biopolitical machine,” <sup>9</sup> articulated through principles of isolation (of germs and contagious bodies) and flow (of air, views, and medical staff). Whether as a circular panopticon (Belleville Hospital, Antoine Petit, 1774) or as a system of modular pavilions (as prototyped by Bernard Poyet in 1788), modern hospitals envisaged treatment through means of control and surveillance, assuming the full

<sup>7</sup> “416 New North Zealand Hospital, Herzog & de Meuron,” <https://www.herzogdemeuron.com/index/focus/940-focus-hospitals/texts.html> (accessed December 31, 2020).

<sup>8</sup> MASS Design Group, “Afflicted Form: A History of the Hospital,” in “Well, Well, Well,” special issue, *Harvard Design Magazine* 40 (Spring/Summer 2015), 168–176, here 171.

<sup>9</sup> Sven-Olov Wallenstein, *Biopolitics and the Emergence of Modern Architecture* (New York: Princeton Architectural Press, 2008), 39.

**fig. 8** St. Thomas' Hospital by Henry Currey, Lambeth, with Westminster in the background, plan and scale beneath. Wood engraver: Thomas Sulman/Source: *London Illustrated News*, June 24, 1871, 616–17; Wellcome Trust Collection



<sup>10</sup> See Michel Foucault et al., eds., *Les Machines à guérir: aux origines de l'hôpital moderne* (Brussels: Pierre Mardaga, 1979), 32.

<sup>11</sup> Blandine Barret-Kriegel, “L’hôpital comme équipement,” in Foucault et al., *Les Machines à guérir*, 19–30.

compliance of sick bodies. <sup>10</sup> Gradually, hospitals morphed into complex systems of care and management, incorporating and giving form to the technological and scientific discoveries of their own time. <sup>11</sup> The pavilion type, characterized by the distribution of volumetrically distinct, ventilated wards extending perpendicularly from a common circulation spine, **fig. 8** found its natural

successor in the twentieth-century mat-hospitals.<sup>12</sup> As pointed out by global design collective MASS, mat-hospitals were predicated on the assumption that “to design a hospital is to design a system.”<sup>13</sup> As a container of increasingly sophisticated medical expertise and equipment, the hospital’s inner workings became more opaque, calling for a collective trust in its healing powers centered around “heroic” doctors. Consequently, the popular image of the mid-century hospital became based on the “growing cultural perception of medicine as a miraculous system, capable of curing previously intractable health problems.”<sup>14</sup> Paradoxically, processes of scientific rationalization and specialization caused hospitals to demand leaps of faith that recalled those required by the pagan and Christian institutions that lay at their origins. Consistent with this imagery was the suspension of individual agency imposed by the hospital. Within the hospital, individual patients became passive (believing) bodies, and their history became exclusively a medical one.

If, in the postwar decades, the hospital’s image shifted from an instrumental healing machine to an efficiently run business, it changed again in the 1980s with the prevailing theory of “patient-centered care,” which demanded a less institutional public image and emphasized accessibility. This doctrine was itself propelled through the convergence of two factors: on the one hand a competitive healthcare industry, compelled to regard the patient as a consumer; on the other, the influence of evidence-based research focused on the healing properties of architecture, as exemplified by Roger S. Ulrich’s 1984 article, transparently titled “View through a Window May Influence Recovery from Surgery.”<sup>15</sup> The combination of experiential, environmental, and market considerations explains the emergence of “mall hospitals” organized around multi-level, naturally lit atria, hiding illness and institutionalized care beneath the veneers of commerce, leisure, and spectacle.<sup>16</sup> Their technical counterpoint was the development of interstitial floors, in which equipment and mechanical systems were concentrated out of sight. Like commercial precincts and large office complexes, mall hospitals reserved their spectacle for the interior, while projecting a relative indifference towards the surrounding public realm.

Even this briefest overview presents the history of hospital typologies as one of accretion rather than selective evolution. Various configurations overlap, submerge, and reoccur in accordance with predominant trends and organizational diagrams, technical developments, and biopolitical agendas. While defining its unmistakable institutional interiors, the hospital has failed to develop an external appearance exclusively of its own. Depending on context,

<sup>12</sup> For natural ventilation principles in the planning of the pavilion hospital, see Annmarie Adams, “Architecture That Breathes,” in “Well, Well, Well,” 14–19.

<sup>13</sup> MASS Design Group, “Afflicted Form,” 174.

<sup>14</sup> MASS Design Group, “Afflicted Form,” 173. See also Adams, “Decoding Modern Hospitals,” 18.

<sup>15</sup> R. S. Ulrich, “View through a Window May Influence Recovery from Surgery,” *Science*, April 27, 1984, 420–21, <https://doi.org/10.1126/science.6143402> (accessed January 2, 2021).

<sup>16</sup> Adams, “Decoding Modern Hospitals,” 19.



hospitals have consistently borrowed from other building types: from military barracks and penitentiaries to palaces, parkland pavilions and office towers. In that respect, the urban remit of hospital design has remained open, as long as the interior conforms to organizational diagrams of increasing complexity. The importance of programmatic adjacencies has led to a cumulative image of the hospital based on the practical extrusion of functional diagrams.<sup>17</sup> In recent decades, increasingly challenged by evolving medical, constructional, and servicing systems, and subject to complex building and environmental standards, hospital

<sup>17</sup> Binswanger, *gta Invites*.

**Fig. 9** Herzog & de Meuron, Day Clinic Extension, REHAB Centre for Spinal Cord and Brain Injuries, Basel, Switzerland (1998–2002). Photographer: Katalin Deér/Source: Herzog & de Meuron Architekten



architecture has become the preserve of a restricted design expertise. Contemporary hospitals have become “introverted, offering relatively little to their urban contexts ... bogged down by complex standards and stymied by pressures to justify design decisions through evidence-based research.”<sup>18</sup> The rise of the hospital design has not been kind on the quality of the architecture, which has emphasized *Pflicht* at the expense of *Kür* – all compulsory routine with little scope for freestyle.

Against this wider context, Herzog & de Meuron’s recent healthcare projects set up an agenda of differentiation: they are primarily meant to “neither look nor feel like hospitals.”<sup>19</sup> On the one hand, they resist the institutional introversion of hospitals, the labyrinthine blind corridors of perplexing monotony, the unequivocal separation between the space of illness and the nominal normalcy of the outside. By contrast, the Children’s Hospital and Nytt Hospital do everything to obliterate this distinction. Openness towards external views and the carefully varied landscaping

<sup>18</sup> Adams, “Decoding Modern Hospitals,” 18.

<sup>19</sup> Herzog & de Meuron, “New Hospital for UCSF,” July 7, 2020, <https://www.herzogdemeuron.com/index/news/2020/547-new-hospital-for-ucsf.html> (accessed October 20, 2020).

of internal courtyards bring in daylight, facilitate orientation, soothe, and distract. All procedures are intended to assist healing and alleviate alienation. By avoiding the formal replication of medical processes, as when the hospital becomes a volumetric extrusion of its functions, these buildings offer a coherent, unified set of experiences. fig. 9

In other words, Herzog & de Meuron “recode” the contemporary hospital — to continue using Adams’ notion — by critiquing the accretive nature of the hospital as diagram and by rethinking buildings where each department is formally articulated as a separate entity. While seemingly informed by the horizontal typology of the mat-hospital, the projects reject its fundamental premise of a serviced spatial matrix for potentially infinite expansion. Instead, Herzog & de Meuron’s hospitals trace definite, site-specific figures within fixed boundaries. By keeping immovable structural elements to a minimum, the plans allow for a redistributive logic of adjacencies within one unified, clearly defined figure. Their interiors can be inhabited, or hollowed out and reconfigured as required, around the fixed elements of the structure, perimeter, and lightwells. Instead of a system, the hospital is envisaged as an environment.

### A Semantic Family

This “recoding” is also, partly, an unintended consequence of — put bluntly — being Herzog & de Meuron buildings. Rather than referencing the history of modern hospitals, these projects are shaped by the culture of Herzog & de Meuron as an office, and conceived in relation to internal precedent. In particular, the Children’s Hospital and the Nyt Hospital Nordsjælland are built upon the conceptual, formal, and material strategies articulated for the practice’s earliest healthcare commission, the REHAB clinic in Basel, completed in 2002. <sup>20</sup> A clinic for neurorehabilitation and paraplegic care, REHAB caters to mid- and long-term recovery processes, assisting the patients’ acclimatization to their new condition. With patients staying an average of two months or, in some cases, up to eighteen months, REHAB straddles a fine line between medical clinic and transit house. <sup>21</sup> The day clinic pavilion recently added onto the roof terrace, where patients spend time between therapies, attests to the building’s domestic aspects. The delicate nature of the recovery process was also reflected in the 1998 competition brief, which demanded that REHAB should not look like a hospital. This condition set in motion Herzog & de Meuron’s long-term research into healing environments: research opposed to the stereotype of the hospital as “elevators and indoor corridors flanked by countless doors leading to rooms or

<sup>20</sup> “165 REHAB Basel, Centre for Spinal Cord and Brain Injuries, Herzog & de Meuron,” <https://www.herzogdemeuron.com/index/projects/complete-works/151-175/165-rehab-centre-for-spinal-cord-and-brain-injuries.html> (accessed November 23, 2020).

<sup>21</sup> Jason Frantzen, “416 New North Zealand Hospital,” 2018, <https://www.herzogdemeuron.com/index/focus/940-focus-hospitals/videos.html> (accessed November 23, 2020).



examination rooms, a waiting lounge at the end of the hall or next to the elevator." <sup>22</sup> The REHAB centre, in contrast, is a building on two levels, neatly aligned within a rectangular shape, in which courtyards of different shapes and characters were carved out as a way to guide fresh air and natural light within the deep plan. Individualized by their unique shape and landscaping, the courtyards also served as route-finding markers. The alternative presented by REHAB has been scaled up at the Children's Hospital and Hillerød, where courtyards structure the public routes, bring light into the deep plan, subliminally guide visitors, and mark the more public places such as reception desks and waiting areas. The three projects share a concern with emphasizing relations to, and connections between, interior and exterior. If conventional hospitals are introverted, these, by contrast, open views and offer access to their surroundings, encouraging patients to walk outside as part of the recovery process.

**Fig.10** Herzog & de Meuron, Kinderspital (University Children's Hospital), Zurich, Switzerland: ground floor plan highlighting the central circulation spine and main entrances  
Source: Herzog & de Meuron Architekten

Resistance to the machine aesthetic of early twenty-first century hospitals, and access to nature as an aspect of healing, are central to the projects' material strategy. By using timber—a lot of it—on the inside and outside of buildings, the architects defy the conventions of hospital architecture, deliberately undermining its institutional gravitas. Careful research has been put into injecting domestic references and scales into the design of hospital rooms, while for hygienic and maintenance reasons timber is only used in certain areas and with specific finishes. On the facades, the timber elements are spaced out to act as semi-open screens.



**Fig.11** Collage by Herzog & de Meuron showing pedestrian area in Niederdorf, Altstadt Zurich, equivalent to the central circulation spine of the Kinderspital  
Source: Herzog & de Meuron Architekten

In a further rebuke to the machine aesthetic, the detailing of columns and claddings invokes manual craft. The fine-grained texture of repetitive elements serves as a counterpoint to the continuous, expansive surfaces that result from their massing, and anchor the buildings in their natural, suburban locations.



The tactical use of courtyards, timber, planting, landscaping, and natural light are part of a more encompassing strategy to conceive the hospital as a city in miniature with streets, squares, and parks. The analogy itself is not new: the inevitably complex planning of any large hospital invites comparisons with urban fabric. <sup>23</sup> These architects take the metaphor to another level, working through its consequences in order to generate a family of new hospital environments. Urban imagery suffuses their project descriptions and presentations. The REHAB clinic was

<sup>23</sup> This comparison is explored at length in another essay in this collection, Annmarie Adams and David Theodore, "Separate and Together: The General Hospital and the Twentieth-Century City."



conceived as a “multifunctional, diversified building, almost like a small town with streets, plazas, gardens, public facilities, and more secluded residential quarters.”<sup>24</sup> Through a leap in scale, the plans of the Nytt Hospital Nordsjælland in bring the urban into play through the strict control exercised over internal routes of a hallucinatory complexity: “the hospital functions like a city. A network of internal public streets and service shortcuts link the most crucial functions.”<sup>25</sup> In a similar spirit, the Children’s Hospital “follows an urban grid with streets, intersections, and squares,” in which “the functions or departments correspond to neighborhoods,” and “every floor has a main street.”<sup>26</sup> This last statement has been applied *ad litteram* in its design. On each floor, the hospital’s front-of-house areas are planned along a circulation spine (referred to by the architects as a “main street”) that can be spatially compared to a 200-meter section of the Niederdorfstrasse, the main thoroughfare in Zurich’s medieval center, a relatively straight street opening into plazas. <sup>fig.10</sup> Not coincidentally, this location is near Zähringerplatz, where Zurich’s earliest hospital, the Predigerkloster, operated from the thirteenth to late nineteenth centuries. <sup>fig.11</sup>

Within Herzog & de Meuron’s overall oeuvre, the city-in-a-building metaphor has been repeatedly deployed, and by no means restricted to healthcare.<sup>28</sup> This analogy becomes manifest in the inversion, or at least demonstrative ambivalence, of interior and exterior conditions in projects with complex programs. The building-as-city has an interior constructed out of elements associated with exterior facades; streets are cajoled inside to become public interiors, and interior foyers are presented as the public space of a miniature city. This cross-strategy was first articulated for the earliest phase of the Tate Modern renovation (competition 1994–1995, completion 2000), where the wide ramp descending into the Turbine Hall became a grand, sloping urban forum. (Similarly to the mall hospitals, the Tate became the prototype of a mall-museum: simultaneously one of London’s most popular public interiors, a novel site for art experimentation, and a prototypical venue of cultural consumption.)<sup>29</sup> Another

<sup>24</sup> “165 REHAB Basel.”

<sup>25</sup> “416 New North Zealand Hospital.”

<sup>26</sup> “377 Kinderspital Zürich.”

<sup>27</sup> Lorenzo Käser, “Illustrierte Geschichte des Züricher Cantonsspitals und der medizinischen Poliklinik: Nebst medizinischen, topographischen und kulturellen Nebenwirkungen,” *Quartierverein Fluntern*, April 22, 2019, <http://www.zuerich-fluntern.ch/index.php?nav=92> (accessed November 23, 2020).

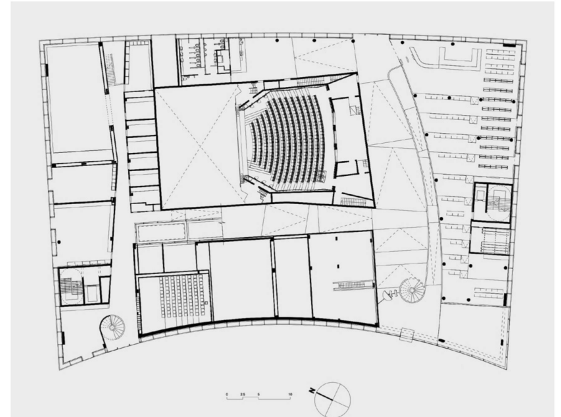
<sup>28</sup> The image of the city is fully assimilated in their work. Earlier in their career, Jacques Herzog and Pierre de Meuron described the “abrupt” urban transitions of their native Basel as their “home feeling.” Alejandro Zaera, “Continuities: Interview with Herzog & de Meuron,” *el croquis* 60 (1993), 6–23, here 13. In the wider context of the discourse on the city, Herzog & de Meuron have openly acknowledged this experiential condition of density and heterogeneity as having a bearing upon their approach.

<sup>29</sup> The Tate Modern can be approached as an art venue, but it is inevitably a nexus for other modes of recreation, replete with shops, cafés, viewing platforms, and public meeting places. Like the mall hospitals, it can be inscribed into a wider tendency to blur the boundaries between functions and overlap them in the attempt to attract the greatest possible number of consumers into one place. This ambivalence was lamented in Herzog’s recent open “Letter from Basel” to David Chipperfield: “Tate Modern’s Turbine Hall was an innovation, inviting not only a different audience but also a new kind of art production and presentation that transcends the traditional format of an exhibition space. ... But it was also an ideal platform for the emergence of a dire development in art: its radical commercialization.” Jacques Herzog, Herzog & de Meuron, Letter from Basel, August 2020, originally published in *Domus* 1050 (October 2020), <https://www.herzogdemeuron.com/index/focus/letter-from-basel/letter-from-basel.html> (accessed January 2, 2021).

example of in-house cross-referencing becomes apparent in the formal and intellectual parallels between the Children's Hospital and the Laban Dance Centre in London (competition 1997, completion 2003). The hospital borrows from the ballet school both the shape of the plan and the concept of the building as a container of "cityscapes."<sup>30</sup>

Herzog & de Meuron refrain from explicitly drawing upon historical precedent, particularly when it is authored. But as T. S. Eliot wrote, "no poet, no artist of any art, has his complete meaning alone."<sup>31</sup> At their junction with the historical fabric of the city, the coherent inner trajectory of their buildings can no longer resist all external influences.

While the hallucinatory complexity of Herzog & de Meuron's plans collapses the systemic nature of hospital organograms, it also invites parallels with John Soane's additive works for the Bank of England (1790–1805), which completed a vast, deep urban block on the City of London's Threadneedle Street. Adding to a heterogeneous ensemble of buildings dating back to 1694, Soane unified them by means of a gigantic blind wall, which redefined the boundaries of the plot. Within the confines of this enclosure, he created a spatial chainmail of public and private offices,



**30** "160 Laban Dance Centre, Herzog & de Meuron," <https://www.herzogde-meuron.com/index/projects/complete-works/151-175/160-laban-dance-centre.html> (accessed November 23, 2020).

**Fig. 12** Herzog & de Meuron. Laban Dance Centre London, UK (1998–2003). Lower level plan with a topography of street-like ramps  
Source: Herzog & de Meuron

**31** T. S. Eliot, "Tradition and the Individual Talent" (1919), *Perspecta* 19 (1982), 36–42, here 37.

**Fig. 13** Joseph Michael Gandy, *A Bird's-eye View of the Bank of England*, watercolour, 1830  
Source: Sir John Soane's Museum, London



bank halls, libraries, and secret vaults. This enfilade, punctuated by courtyards, was lit by vertical shafts of natural light, brought into the depth of the plan by means of an elaborate roofscape of domes, raised lanterns, and Diocletian windows. Akin to a laboratory of architectural inventiveness, the bank's natural lighting



was intended to imbue even everyday business transactions with an aura of *"lumière mystérieuse,"* as noted by Nicholas Le Camus de Mézières.<sup>32</sup> The intention was to invoke a mood, to let arise in the beholder sensations and emotions that had little to do with the practical use of the building. A similar intention is contoured in the deep plans of Herzog & de Meuron's hospitals, similarly landlocked by immovable contours that nevertheless allow growth, change, densification, and diversification within their fixed perimeter. This is not to say that the connection proposed here was ever concrete, or that Soane's lost masterpiece acted as a conscious or a subliminal model to Herzog & de Meuron's current buildings. It is, rather, the accidental closeness of projects responding, more than two hundred years apart, to similarly restrictive circumstances with a combination of plan efficiency and impractical beauty.

<sup>32</sup> Nicholas Le Camus de Mézières, quoted in David Watkin, ed., *Sir John Soane: The Royal Academy Lectures* (Cambridge: Cambridge University Press, 2000), fn. 9, 176–198, here 184.

Within the general "building-as-city" paradigm, the "hospital-as-city" metaphor is particularly potent. The relation between wellbeing and architecture, between healthcare and the urban territory, has long shaped the discipline of planning buildings and cities. In the 1970s, Michel Foucault connected the emergence of the modern hospital during the eighteenth century with the medicalization of urban space in city planning. More recently, Beatriz Colomina has once again placed medicine at the center of architectural endeavor, hypothesizing bodily illness as "the engine of modern architecture."<sup>33</sup> What we witness in the projects described above is a different, but not entirely unrelated, phenomenon. It is a willingness – albeit lucidly located in the logics of global cultural currency – to inscribe hospital buildings simultaneously into medical protocol and architectural canon. The aim is to provide not only a building, a room, a bed, and specialized treatment for each ailing body, but also to stage and enhance the environment in which healing may occur. According to this ambition, the "H" no longer stands merely for "hospital", but rather, for a holistic understanding of care.

<sup>33</sup> Beatriz Colomina, *X-Ray Architecture* (Zurich: Lars Müller, 2019), 11.