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Summary

Georgije Nedeljkov, Berlin

From the family doctor to the medical centre

Problems of organization in the case of isolated doctors and of group practice

(Pages 77–87)

In our age the family doctor coming to the patient's home to treat him or examine him is an outmoded tradition, an anachronism. The great house of the well-to-do citizen with its many rooms and servants practically no longer exists. In country villages the "country doctor", to be sure, still makes his rounds; in metropolitan areas, however, the doctor goes to a patient's home only in cases of grave emergency. Nevertheless, the doctor who is called in on an emergency case is often not the family doctor. If we have a normal case – in the country as in the city – that is, if the patient can walk, the first encounter between the doctor and the patient takes place at the doctor's. The result is, then, that the place of primary treatment is the general or specialized consulting-room, an institution of private medical service.
The architect responsible for building and installing a private medical consulting-facility has only the vaguest information about the doctor's work and has little experience of out-patient clinics. On the other hand, in the building of a hospital, the architect has at his disposal a considerable number of detailed studies and systematic plans. That is why it is generally thought that the independent isolated consulting-facility will tend to disappear in the future, contrary to the hospital, whose specialization, concentration and coordination are continually expanding.
It is nevertheless a fact that the general practitioner, whom we often think of as working all alone and independently, has for some time now been functioning as a member of a team. However, this team remains invisible from the outside. It includes the hospital, which relieves the doctor of "difficult" cases, the specialist, to whom he sends complicated cases, as well as laboratories and diagnostic institutes, which assist in verifying the medical examination.
There has, however, for some time now been a tendency in Central Europe for isolated practitioners to concentrate their efforts. The reasons for this are less medical than economic and social. What we have here is the repetition of a phenomenon observable in the United States two decades ago. In West Germany this trend in represented by "physicians' centres", where several specialists are installed in order to work together as a team.

Erwin Heinle and Robert Wischer, Stuttgart

District Hospital Leonberg

(Pages 88–93)

The hospital contains 446 beds, 35 of it are in reserve, which were used at present as dwellings for nurses. About 1000 sq. m. of the usable surface in the ground floor are available for the interior enlargement of the nursing and treatment sphere. The exterior enlargement is possible through the incorporation of existing houses and through new constructions, both in correspondence with the exterior traffic system in the ground floor and with the interior traffic system in the basement.
Inner medicine and röntgen (1st floor)
Surgery and anesthesia (2nd floor)
Women, throat-nose-ears, eyes (3rd floor)
The providing arrangements are in the 1st basement. They are made accessible from the exterior plain of traffic in the ground floor over a ramp within the providing building.
It is prefab with exception of the quiver foundations: the treatment building as a skeleton construction, the bedroom houses with supporting concrete walls. There was a prefab system with an axis of 4×8 m., a storey hight of 3.40 m., and thanks to the judgment of the presidency of government also in the sick-room a hight of 2.70 m. (with exception of operating- and röntgen-rooms), and a ceiling hight of 38 cm. so that the installation space was 32 cm.
Adjoining building are a house for nurses with nursing school (rebuilding of a former barrack), 2 multi-family houses and a subterranean garage with 112 places.

Michael Laird & Partners, Edinburgh

Astley Ainslie, Edenhall & Associated Hospitals

(Pages 94–96)

Main Contractor: Holland & Hannen & Cubitts, Ltd.
This children's convalescent pavilion is situated on a wooded south slope in the Grange district of Edinburgh. It is a good example of technical functions taking priority over merely formal design. There is a 20-bed ward unit on both the first and second floors extending over covered and enclosed play areas on the ground floor level. There are treatment wings to the north and a large solarium at roof level. The wards are composed of 4-bed units which are easily divisible. There is clear visibility from the nurses' stations.
Structurally the building is of pre-cast concrete with granite facing. There are H-section columns on the periphery, and twin beams run transversely and form ducts for installations and lines. There is direct service to bed-head units via these ducts. This keeps disruption of nursing procedure to an absolute minimum.
There are double-glazed sliding-pane sashless windows throughout, with semi-translucent sun blinds on south elevation. The pavilion is sited a short distance from the hospital school and linked directly by path, this obviating the crossing of any roadway.

John Holt, Edinburgh

Geriatric Wards, Cameron Hospital

(Pages 97–100)

The single-storey ward unit is in two 15-bed components separated by a central service core. The spatial arrangement is highly economical. Staff has access to all patients via a short corridor linking stations. The ward kitchen is adjoined by the day-room, which can be subdivided by a folding screen.
The ceiling in the open bed areas has timber lining or sheet asbestos planking, and the areas are divided into 6-bed bays in an attempt to achieve a less clinical atmosphere. The windows help to reduce the scale of the rooms. Daylight is provided in the service rooms via skylights, but ventilation is mechanical. Heating is furnished by low pressure hot water radiators sited peripherally, along with a filtered warm air supply in the main circulation areas. Asbestos acoustic tiles house ceiling ducts for the supply and exhaust systems.
Space in all four ward units was released for additional day space for patients by the inclusion of central occupational and physiotherapy departments in the second development. The suite faces south and has sliding doors and a ramp with access to a paved area and lawn.
A major design factor was the achievement of a completely harmonious environment. There are garden courtyards which break up the mass of the building complex. There are different types of planting. Roadways and parking facilities have been re-arranged and extended under the later development to give a better traffic flow.
Prefabrication was considered and then rejected in favour of supporting brickwork carrying open web nailable steel joists and a light-weight roof deck of woodwool slabs and roofing felt. Cedar boarding and asbestos-cement panels are used for the cladding. The windows are fitted for Venetian blinds and are wood-framed, with steel top-hung projecting ventilators. Ventilation is effected at ceiling level by a continuous range of adjustable glass louvres.
The floors are covered with vinyl sheeting and tiles, except in the core, where ceramic tile was selected.
The colour scheme is generally muted, most of the materials being left in their natural shades.

Thomas Sieverts, Berlin

Medical services and town-planning

(Pages 101–106)

In the growth of town-planning since the Industrial Revolution, all the questions connected with medical services have played an important part. The deplorable sanitary condition of cities in the 19th century called forth reforms which, proceeding parallel to the rising standard of living, have brought about the disappearance of widespread epidemics.
The health of the general population has improved because of progress in therapy and the more hygienic environment. This fact should serve as a basic rule when it comes to thinking about medical services and town-planning.
The current situation is marked by lack of coordination among the different spheres of medicine and public health. It is to be noted that prevention falls within the sphere of the public authorities, but first treatment is the monopoly of independent physicians, who transfer more complicated or disagreeable cases to the hospitals. The service rendered, then, is completely isolated and autonomous.
The right place for a hospital complex is where the patients will suffer least social isolation. Medical care in the strict sense ought to be integrated within all the other elements that make up an urban planning scheme. Thus, among the tasks of town-planners, there is the need to integrate all medical and public health services in the functional systems of the city, just as is the case with the educational system.

Suter + Suter, Basel

Bruderholz Hospital – the second Cantonal Hospital of Basel-Country

(Pages 107–110)

Commencement of construction: spring 1969

When a hospital is being planned, the determining factor is the number of sick-beds to be made available. The Bruderholz complex is oa Cantonal Hospital. Its organization is based on that of the Basel University Hospital. The plan comprises departments of surgey, general medicine, gynecology, a maternity division and a pediatric division. The special sections, such as psychatry, urology, ophtalmology, etc. also have bed space.
The first stage comprises 440 beds for acute illnesses as well as 108 beds for chronic ailments. In its final stage, the hospital will include 1000 beds (650 for acute illnesses and 350 for chronic ailments). The Bruderholz Hospital will also serve as a clinic for students of the University of Basel.
The enormous costs of hospitalization necessitate an exact computation of the ratio of expenditures to income. Expenditures consist of service and investment charges, and income is represented by the optimal relation between these two elements. Account also has to be taken of the fact that the treatment areas are constantly expanding in proportion to wards.
A hospital must, above all, have a plan that is as flexible as possible. The following three factors have to be considered: 1. possibility of expansion of the existing departments, 2. possibility of adding new departments and 3. modification of the structure of the installations. The result of all this is that the departments least subject to future development ought to be situated in the centre of a building with few floors and extending out in all directions.
The optimum engagement of staff and concentration of technical installations entails a division of wards into intensive care, normal care and long-term care sections. The smallest normal care unit comprises 6 beds and corresponds to the work area of a given nurse. Two groups of care units with 12 beds constitute a station and, at the same time, the functional area of a physician. The servicing unit is 24 beds.

Special Event

Hermann Blomeier, Constance

The Biological Institute of Tübingen

(Pages 111–116)

The new buildings which have become necessary to the Institutes of the Faculties of Mathematics and Sciences of the University of Tübingen have broken with tradition thanks to a ministry of works which had the complex planned and realized by independent architects, contrary to the other buildings of the University, which were all built by the University administration.
To meet the needs of the Institute of Biology, it was necessary to create, first of all, a complex accommodating the five special institutes with their service facilities and research installations, and, secondly, classrooms, a library and a place for collections, thirdly, a second group of structures for the greenhouses connected with the botanical garden. It was necessary for this building to be accessible both from the laboratories and from the classrooms.
The new buildings are situated on a gently sloping terrain. Blomeier has arranged the lay-out of the different units in accordance with a clearly conceived plan covering this whole extensive area. The buildings are perfectly proportioned. The "research" and "teaching" sections occupy two different tracts. However, the bridge connecting them permits easy access to the labs and the lecture halls.
The research building, 4 stories high, is of reinforced concrete and has a canopy structure. This is the most economical way of constructing such scientific buildings. The labs and the other facilities housing research, directors, administration, the teaching off the assistants, etc. are situated in the canopy parts of the structure. The air-conditioning plant, the cooling system, incubation facilities, darkrooms and irradiation rooms as well as the photographic labs are located between the corridors, incorporated in the internal structure.
Power lines come in via installations shafts, from technical centrals situated on the ground floor. At roof level, there are 5 experimental greenhouses furnished with technical installations permitting, in particular, the programming and the simulation of different climates.
The classroom building is also of reinforced concrete. It is three stories high. It houses two lecture halls with seating capacities of 120 and 360, rooms for instruction, preparation and collection, as well as a library. The large auditorium runs up for two stories. To the east of the institute buildings, near the botanical garden, are the big greenhouses. Here the tropicarium is the most interesting part, because Blomeier has designed it by combining six hexagonal steel-and-glass units which soar up like a giant crystalline structure above the terraced garden.