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## *Sensible Hospital*

*On the competition for the extension project of the National Parturient Clinic in Poznań<sup>1</sup>*

*Feeding shall be effected with the use of a kitchen whose location should not impede the provision of meals to the patients, and should not be too far from them; on the other hand, the odors from the kitchen should not bother the patients, and above all the delivery of kitchen supplies, should not disturb the patients and prevent the garden from getting untidy [7, p. 363]*

There were many architectural design competitions in the interwar times. They usually referred to the biggest and most prestigious construction undertakings; residential projects, ministerial buildings, offices and institutions, urban planning initiations and churches. Although very often the winning projects were not implemented, their publishing with comments in the professional press was a significant element in the discussion on the shape of the 'new' Polish architecture. In the scope of hospital building the competitions which were announced were often closed competitions; the invitation itself to participate in the competition was in fact an appreciation of the architect's achievements and his position in the professional community.

Three closed competitions for the design of hospital buildings were announced at that time in the Poznań Province. In 1927, competitions were announced for the design of a hospital in Bydgoszcz and a plan of extension of the National Parturient Clinic in Poznań. In 1938, another competition was held for the design of the Neurological and Psychiatric Clinic in Poznań. Although the competition boards managed to select in their opinion the most appropriate proposals, the projects were not executed in full in any of the three cases. The only hospital which was completed within 10 years was the hospital in Bydgoszcz designed by Jadwiga Dobrzyńska and Zygmunt Łoboda<sup>2</sup> (Fig. 1). The

Parturient Clinic in Poznań was extended according to the design by Marian Pospieszalski only in the second half of the 1930s and still to a very limited extent (Fig. 2). The last of the planned buildings – the Neurological and Psychiatric Clinic, also according to the design by Pospieszalski, was never built due to the war.

The common elements of the three planned buildings of the hospitals in Greater Poland were determined by the ideas which were supposed to be embodied in the competition designs. They included the postulates of then applicable principles expressed in the professional literature regarding hospital buildings. In general their essence is expressed in the introductory quotation from the conditions of the competition for the extension of the National Parturi-



Fig. 1. Jadwiga Dobrzyńska, Zygmunt Łoboda, City Hospital in Bydgoszcz, 1928 (photo: A. Paradowska)

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<sup>1</sup> Also other names were interchangeably used: Clinic for Women, Maternity Clinic, Gynecology and Maternity Unit. So far the issue of the competition for the extension of the Poznań Clinic has not been written about in greater detail in the literature on the subject. This subject has been brought up recently only by Hanna Brendel in her article regarding Poznań hospitals from the turn of the 19<sup>th</sup> and 20<sup>th</sup> centuries [5].

<sup>2</sup> In the Public Archives in Bydgoszcz there is a detailed design of the hospital (File no. 204, 857) signed by architect Raczkowski (Building Adviser for the City of Bydgoszcz), created most likely on the basis of the winning design of the architects.



Fig. 2. View of the Clinic at present from the corner of Polna and Bukowska Street. Wing designed by Marian Pospieszalski built in the years 1933–1939 from Bukowska Street encompassing four window axes from the right; annexed to the section designed by F. Teubner which was built in the years 1912–1913 (photo: A Paradowska)

The competition for the extension of the National Parturient Clinic in Poznań was an initiative of the District Governor Office (local government office in the Province) which was in charge of most public buildings, including hospitals on the territory of the whole Province. The conflict which preceded the official announcement of the competition testifies to the great significance of the future construction for the architectural community in Poznań. The planned extension was a large scale commission and an unusually prestigious investment. The official pragmatics indicated that the Building Department at the District Governor Office was in charge of the design, however, the exceptional character of the project ignited interest of the community at the same time.

Architect Marian Pospieszalski<sup>3</sup>, as Head of the Building Department at the District Governor Office, supervised and modernized the buildings which were under his control due to his work duties. Consequently, it was within his competence to extend the Parturient Clinic. Already in the first half of 1926 Pospieszalski began to prepare plans according to the guidelines presented by Professor Bolesław Kowalski who was the Clinic Director at that time [2]. It turned out, however, that the project interested also Adam Ballenstedt, an influential architect who had his own highly renowned studio in Poznań. Commissioning the project contrary to established rules without reference to the Building Department was supported by Vice-Governor Julian Hubert<sup>4</sup>. As a result, Marian Pospieszalski, fearing that Ballenstedt would get the commission, suggested a closed architectural competition, which would give the possibility of a more objective evaluation of the designs exposed to public confrontation.

<sup>3</sup> M. Pospieszalski (1876–1952) – graduate of the University of Technology in Berlin-Charlottenburg. In the interwar time author of numerous projects in Poznań and Greater Poland, including: dairy and milk school in Września, Social Insurance Institution sanatorium in Inowrocław, Prostheses Factory in Poznań, residential houses and villas.

<sup>4</sup> In the 1930s, Ballenstedt designed a villa at Ostroroga Street no. 1 for Julian Hubert.

ent Clinic at Polna Street in Poznań. The competition which was discussed in detail in the “Architektura i Budownictwo” (“Architecture and Building”) magazine became famous not only in the area of Greater Poland but in the whole country.

The history of the competition for the extension of the hospital in Poznań and the submitted projects should be viewed first of all in reference to the international architectural solutions of Polish hospitals and stylistic trends of the times. The most important problem of this seemingly obvious context was the coexistence of modern functional solutions, taking into account the patients’ comfort, and the exterior of the building. The subject of this paper is primarily the competition proposals and preserved documents. The constant changes of the functions of the hospital interiors, which are inherent to their nature, prevented the complete inclusion of the fragment of the remodeling which was implemented in the scope of the analysis.

### *History of the competition*

Pospieszalski already had experience in designing hospitals and sanatoria. As an assistant at the University of Technology in Charlottenburg he participated in the modernization of Berlin Charité Hospital. While performing his regular duties he also modernized the hospital buildings under the control of the District Governor Office<sup>5</sup>.

The official resolution on the competition was adopted by the Province Department on January 26, 1927. The official bulletin of the District Governor Office [9, p. 37] says that the group of architects invited to the competition included Adam Ballenstedt, Stefan Cybichowski and Marian Andrzejewski from Poznań as well as Witold Minkiewicz from Lvov and Czesław Przybylski from Warsaw<sup>6</sup> and *the*

<sup>5</sup> They included: Psychiatric Compound in Kościan, Gniezno and Owińska as well as sanatoria in Kowanówko and Smukała. Later he was the author of the project of psychiatric clinic at Poznań Citadel which was not executed (1<sup>st</sup> place in the closed competition), Prostheses Factory at Przemysłowa Street in Poznań, sanatorium in Inowrocław.

<sup>6</sup> A. Ballenstedt (1880–1942) – student of the University of Technology in Berlin-Charlottenburg, completed studies in Karlsruhe, in the years 1919–1932 member of the District Governor Office Council. Author of a number of buildings in Poznań such as Ursuline Boarding Junior High School at Niepodległości Avenue, Poznań Electric Railroad compound of houses at Słowacki, Rej and Kochanowski Streets, building of the University of Economics at Niepodległości Avenue.

S. Cybichowski (1881–1940) – graduate of the University of Technology in Berlin-Charlottenburg; his major projects for Poznań included: extensions of the Fair Grounds, Trade School at Śniadeckich Street, Dominicans Monastery at Libelta Street and numerous churches in Poland.

M. Andrzejewski (1882–1962) – graduate of the University of Technology in Berlin-Charlottenburg; designed a number of churches and industrial buildings in Greater Poland; in Poznań he was the author of the Social Insurance Institution building and the H. Cegielski company administration building.

W. Minkiewicz (1880–1961) – professor in the Faculty of Architecture at the University of Technology in Lvov; e.g. author of extension of the University of Technology in Lvov and convalescent home in Krynica.

Cz. Przybylski (1880–1936) – graduate of the University of Technology in Warsaw; in Warsaw he designed e.g. the Polish Theater, Ministry of Military Affairs, Railroad Station.

senior national adviser Marian Pospieszalski, building officer at the District Governor Office whose design was also subject to evaluation by the competition jury, was allowed to participate in the competition as a unofficial competitor [9]. In fact then the architect did participate in the competition but he was in a privileged position due to the fact that his project had been prepared earlier.

The design submission deadline with coded names was set as April 1, 1927. The Province Department elected a college of seven judges including District Governor (or possibly his Deputy)<sup>7</sup>, Clinic Director – Professor Bolesław Kowalski (or “consultant of the clinic”), architects from Poznań: consultant Kazimierz Ruciński, consultant Roger Sławski and from Warsaw: Professor Karol Jankowski, Professor Trzciniński and the President of Bydgoszcz Doctor Bernard Śliwiński. Optionally, architect Tadeusz Tołwiński from Warsaw was appointed as an alternate to one of the members of the competition board (with the exception of the first two). The members of the competition college primarily included renowned architects<sup>8</sup> and representatives of all relevant parties, the District Governor Office and the clinic itself.

The future designs were given specific requirements provided in the competition regulations. The basic requirement was the extension of the hospital by 150 beds with necessary utility rooms, medical treatment and operating rooms. The previous 200 beds were completely insufficient. Additionally, it was necessary to include teaching rooms in the new building of the clinic whose

lack had been painfully evident. Furthermore, because of the small area of operating and treatment rooms in the old crowded building it was impossible for the medical students to watch the performance of the procedures. Although theoretically the hospital was supposed to be extended by the number of beds lower than the existing number, in fact the new part, due to the existence of a lot



Fig. 3. Marian Pospieszalski, clinic extension project, aerial view, 1927 [7, p. 363]

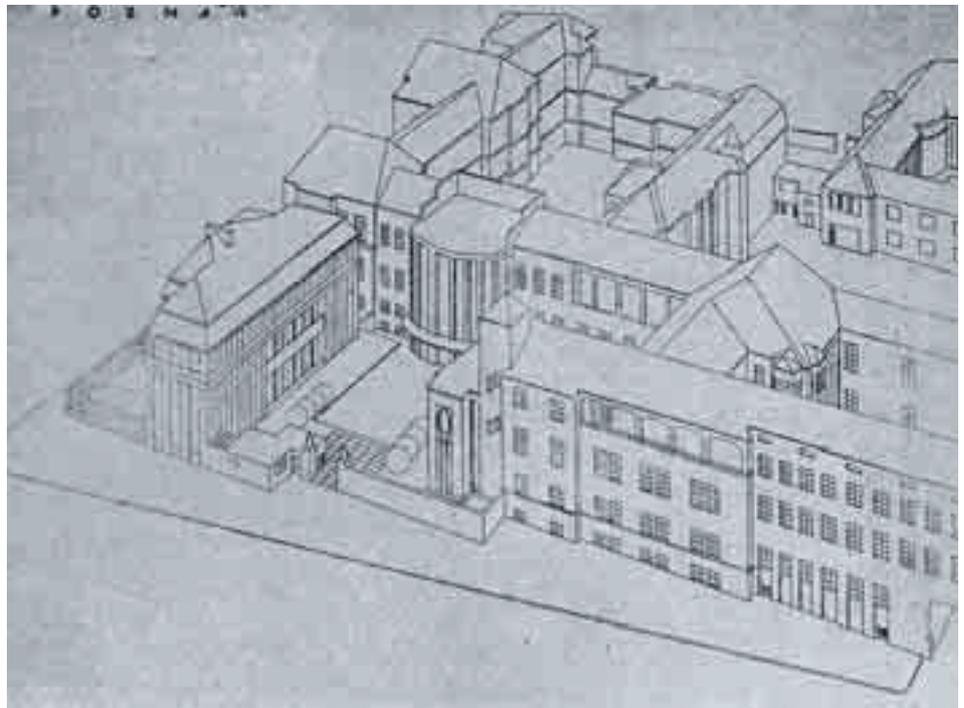


Fig. 4. Czesław Przybylski, clinic extension project, aerial view, 1927 [7, p. 368]

<sup>7</sup> Ludwlg Begale took the position of District Governor in 1923.

<sup>8</sup> The group of architects included: K. Ruciński (1873–1945) Director of the Land Building Department at the municipality office and its studio, R. Sławski (1871–1963) Head of the Building Department at Province Office, after retiring in 1927 director of works at Poznań Fair

Grounds, Professor K. Jankowski (1868–1928) and Professor T. Tołwiński (1887–1951) – lecturers at the University of Technology in Warsaw and architect-constructor G. Trzciniński. B. Śliwiński (1883–1941) a lawyer who since 1922 held the position of President of Bydgoszcz.

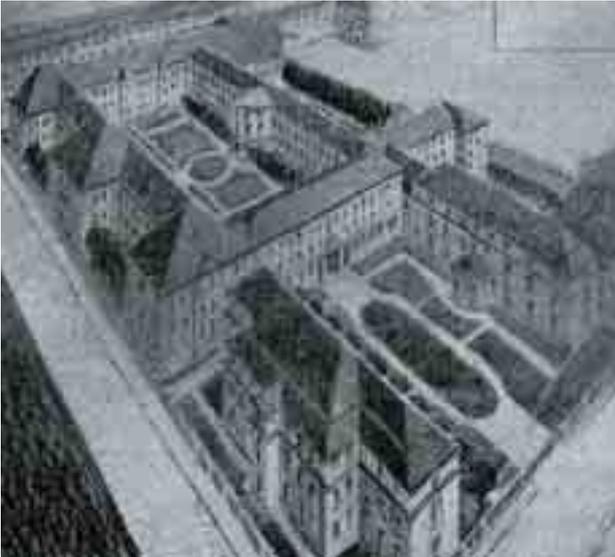


Fig. 5. Adam Ballenstedt, clinic extension project, aerial view, 1927 [7, p. 373]

of auxiliary facilities, had to occupy a greater area than the area of the existing buildings. This relation was clearly visible in the submitted drawings where the bold lines indicate old and new wings.

The most important condition, however, was the issue of adjustment to the needs of modern medical treatment and taking into account the comfort of the patients which was clearly emphasized in the competition regulations. The layout of the utility rooms as well as the classrooms for medical students was supposed to be organized in a possibly least disturbing way for the patients and the treatment process. The location of the apartments for the personnel necessary in the new building was according to the competition regulations of secondary significance. Their *location was to prevent their indirect proximity to the parturients in*

*the clinic* [7, p. 364], meaning the distance between the patients and the doctor or nurse should not be too big.

According to the competition requirements the extension was to occupy the large plot of land behind the existing building between Bukowska and Jackowski Streets adjoining the residential houses at those streets<sup>9</sup>.

*The competition jury evaluated the designs by awarding points and each of the designs was evaluated in respect to the following: 1) medical aspect, 2) economic aspect, 3) location, 4) layout and program, 5) architecture* [7, p. 368]

The results of the competition were announced on April 10 and 11, 1927. The competition college decided that Marian Pospieszalski would be awarded the first prize (Fig. 3). The design by Czesław Przybylski (Fig. 4) was awarded the second prize, stressing how hard it must have been to overcome the difficulty connected with the fact of not being a local architect. The third prize went to Adam Ballenstedt (Fig. 5). The next places in accordance with the number of collected points were taken by the following projects: Witold Minkiewicz, Stefan Cybichowski and Marian Andrzejewski [9, p. 37].

The jury considered the 'official' project by Marian Pospieszalski ready for detailed preparation, after taking a few reservations into consideration. Most likely the competition board found that the main advantage of the architect's proposal was that it most closely met the specific requirements of the competition which had already been known to the architect from the letters of the Clinic Director – Professor Kowalski. Indeed, the first criterion of the evaluation of the submitted works was the "medical aspect".

<sup>9</sup> The area of the plot was cir. 19,000 m<sup>2</sup> (1.9 ha). A part of that area was still to be purchased from Mr. Wollheim. There was a house with a garden located on that land; letter of Professor Kowalski to Marian Pospieszalski, [2].

### **Functional Solutions**

The proposal of Marian Pospieszalski included a huge building with two internal courtyards and one external courtyard from Bukowska Street. Both the shape and style of the newly designed wings of the clinic were adjusted to the already existing buildings.

For aesthetic reasons the facade from Bukowska Street served as the main façade (Fig. 6). The main

entrance was located, however, in the old part between the buildings because of the functionality of the new clinic (Fig. 7) and because according to the competition requirements the utility rooms (kitchens and laundry rooms) were separated from the space for treating patients (operating rooms, labor wards). The architect himself explained this solution: *The middle of the tra-*

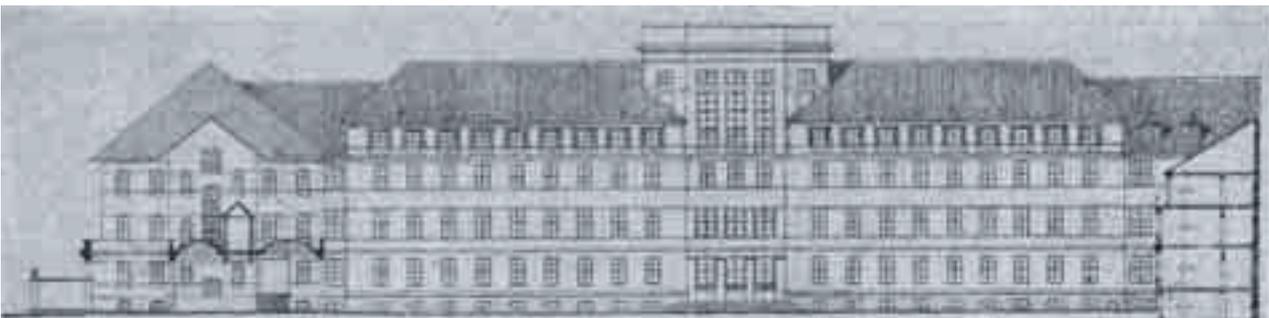


Fig. 6. Marian Pospieszalski, clinic extension project, view from Bukowska Street, 1927 [7, p. 365]

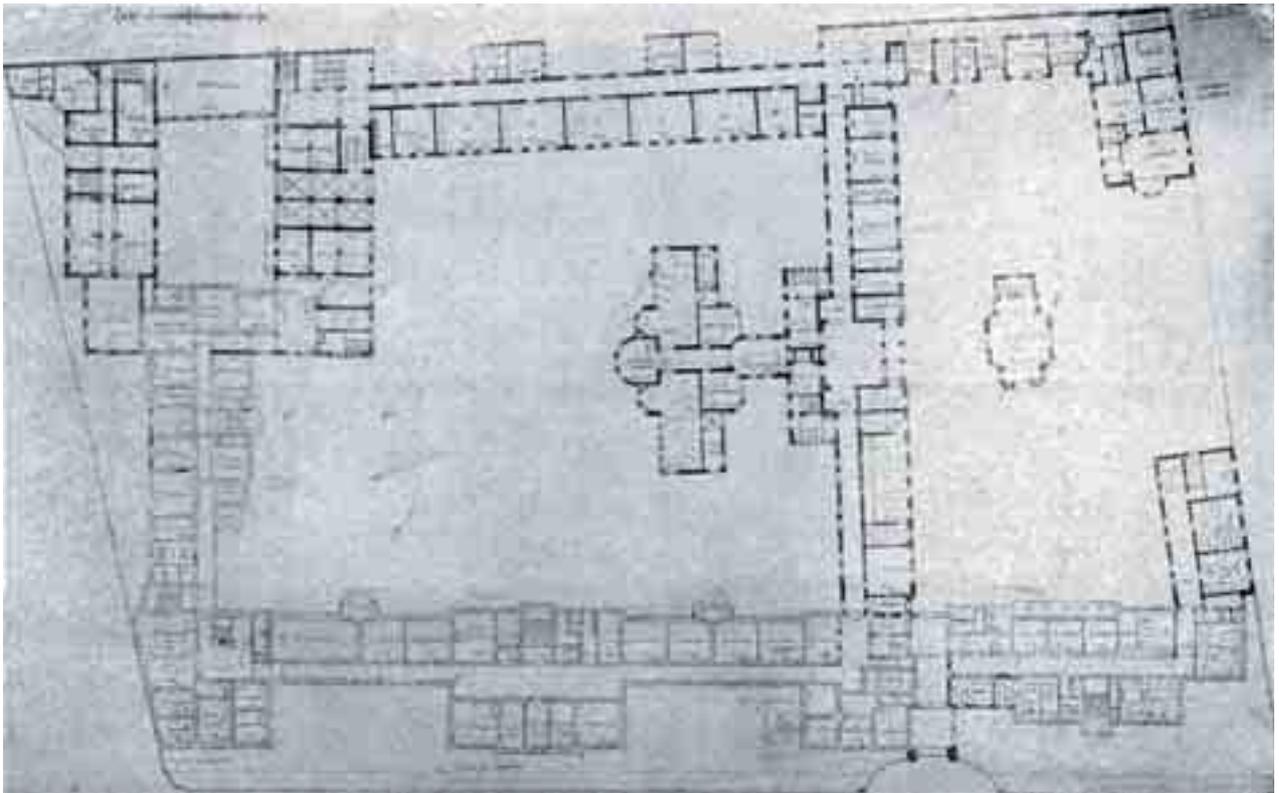


Fig. 7. Marian Pospieszalski, clinic extension project, view of the ground floor, 1927 [7, p. 365].

The plot of the hospital was surrounded by the following streets: from the north – Jackowski Street, from the south – Bukowska Street, from the west – Polna Street

verse building or rather the hall before the entrance to the operating building will be [...] in respect of internal traffic virtually dead and that's the way it should be. That's why it would be a mistake to concentrate the internal traffic in this place by creating an entrance there, though from the pure architectural point of view it may look reasonable. This is the reason why the main entrance to the clinic was designed between the two existing buildings because this is the very dispatching center for the public coming to the clinic for treatment from the outside. This is where in most cases the porter or administration will direct the public to specific wards [...] [7, p. 365].

Pospieszalski referred here to the layout of the hospital in Chemnitz where the entrance was designed between the building which serves treatment purposes and a septic building housing units with patients suffering from infectious diseases (Fig. 8) [10, p. 457].

The maternity unit was still to be located in the old wing from Polna Street, whereas the gynecology unit was planned in the new section parallel to that street. The old wing from Jackowski Street served primarily the utility purposes. On the other hand, the building at Bukowska Street had classrooms for medical students on the ground floor and most likely smaller rooms for the patients

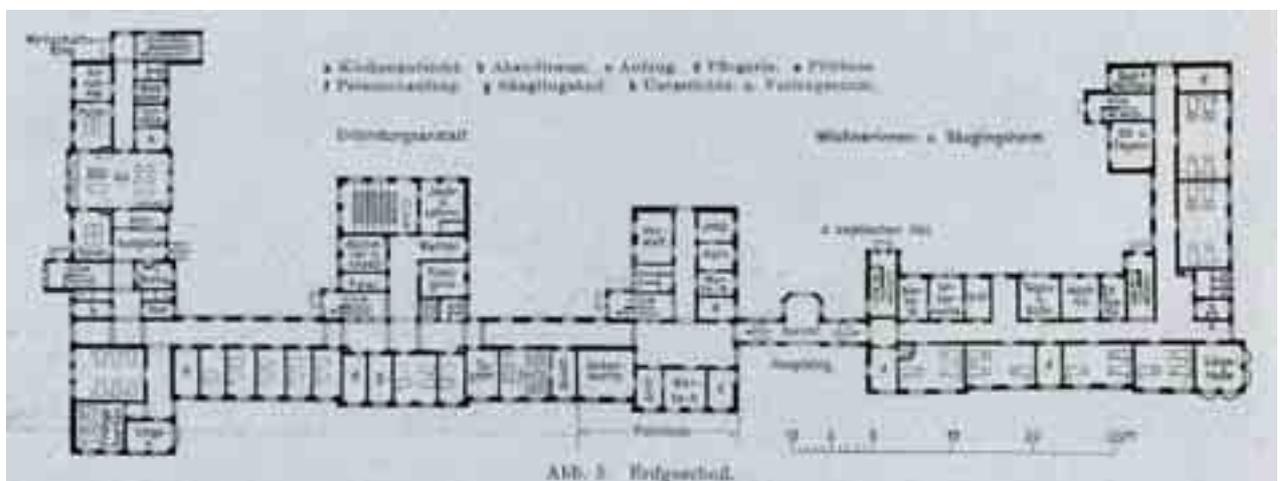


Fig. 8. Gynecology and Maternity Clinic in Chemnitz, view of the ground floor, 1918 [10, p. 458]

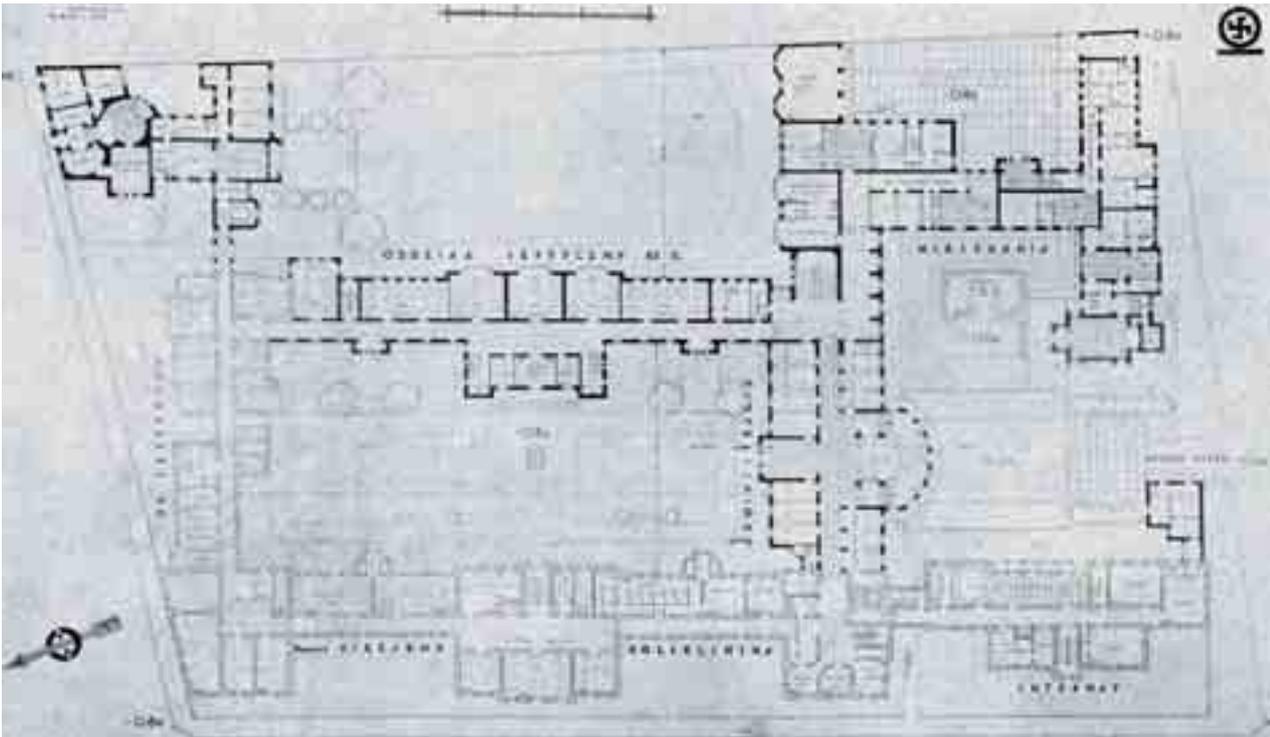


Fig. 9. Czesław Przybylski, clinic extension project, view of the ground floor, 1927 [7, p. 370]

upstairs. It had an annex adjoining it from the side of the internal courtyard with operating and labor rooms. Opposite on the topmost story there was a lecture room. Students were to be directed through the entrance from Polna Street and further through separate stairs from the courtyard or to enter directly from Bukowska Street. Such a solution guaranteed peace for the patients and did not disturb the purpose of the building which was first of all to comfort the patients.

Similarly, the architect located the kitchen and laundry facilities in the buildings around the courtyard at Jackowski Street. The meals prepared on the first floor which had most rooms for patients were to be transported with the use of elevators to the ground and second floors.

The planned hospital had apartments for medical personnel in pre-assigned locations: in the wings from Polna and Jackowski Streets, whereas the new ones were in the section with a small utility courtyard. The two-level apartment<sup>10</sup> for the Hospital Director had the most convenient location in the small wing closing the open courtyard. The direct proximity of the apartment and the workplace was anyway the usual practice in both hospitals and office buildings. Consequently, it was possible to reduce the number of rooms for medical personnel in the hospital and constant supervision of the patients.

While making the layout of the whole project, Pospieszalski took into account first of all the functionality and logical location of passageways primarily serving

the patients. Compared to the other projects Pospieszalski's proposal was least disturbing for the construction system of the existing buildings. At the same time it had significant advantages in respect of urban planning. The façade from Bukowska Street with a spacious courtyard created a stately landmark of the clinic. Previously the hospital was located practically on the outskirts of the city. Along with the growing expansion of the city districts to the west, Bukowska Street became more significant also because of the grandeur of the hospital building. The main perspective was framed by the wings of the old and new parts unified in the frontal view by smaller annexes closing the courtyard.

The other competition projects differed significantly from the winning work by Pospieszalski. According to the hierarchy established by the competition jury the second prize went to Czesław Przybylski. The proposal of the architect from Warsaw offered a very interesting solution to the problems imposed by the requirements. The main entrance was designed from Bukowska Street and it was also accessible from Polna Street through the passage under the connection of the first floor of the existing buildings<sup>11</sup>.

In his layout of the interiors Przybylski located the most important units: maternity and gynecology in the main quadrangle building around the enclosed courtyard respectively on the first and second floors (Fig. 9). The passageways were to run – unlike in Pospieszalski's design – on individual floors. The wings opening to Bukowska Street had apartments and a dormitory.

<sup>10</sup> The director's apartment was designed according to the formula applied by Pospieszalski in villas. Compare: [8].

<sup>11</sup> This passage was built during the remodeling in the years 1936–1939.

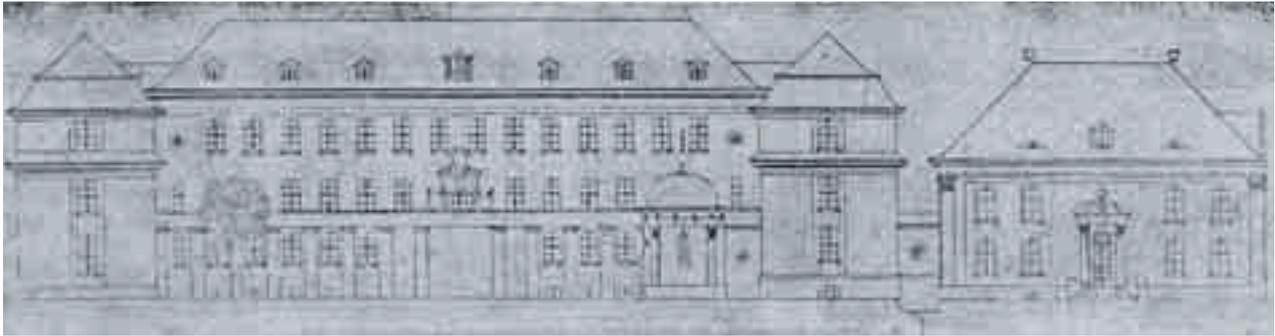


Fig. 10. Adam Ballenstedt, clinic extension project, view from Bukowska Street, 1927 [7, p. 373]

Przybylski offered a very practical solution of the functionality of the whole project, maintaining at the same time the necessary benefits. However, in comparison to Pospieszalski's proposal the rooms designed by him were able to accommodate a bigger number of patients. Another drawback of that design was the lack of freight elevators next to kitchens and laundry rooms.

Other competition designs presented quite varied solutions, however, they were all based on the same model of the courtyard. In respect of the general composition of the buildings the project by Adam Ballenstedt was closest to the works by Przybylski and Pospieszalski. The architect also planned a spacious courtyard from Bukowska Street. He was the only one, however, to offer a visually separate director villa with a connection leading to the clinic (Fig. 10). In the last two proposals by Witold Minkiewicz and Stefan Cybichowski two spacious courtyards were enclosed by a quadrangle of buildings. In their compositions they resembled to the largest degree the solutions applied in palace architecture with its 'grandiose' driveway leading to the main entrance.

It should be stressed that because of the quadrangular blueprints of the projects it was easy to 'conceal' the specialization of the hospital and the functions of its individual sections. Regardless of the image from the outside, however, what determined the layout of the rooms inside was the comfort of the patients and the efficient provision of healthcare by the medical personnel. Apart from the issue of the close location of utility rooms, procedure rooms, classrooms for medical students and the rooms for patients, their appropriate geographical orientation and the surrounding of the building was equally important. Similarly to the residential building the location of rooms on the south and west sides, where the sun exposure is optimal, was also important. The placement of the beds transversely to the windows gave enough walking space. After opening the window located on the room axis the patients were not exposed to drafts<sup>12</sup>. The number of patients per one room that was taken into account in most submitted projects was six, which fully met the then applicable standards. The introduction of single rooms for the patients with infectious diseases requiring isolation,

<sup>12</sup> Such a solution was offered in the project by Marian Pospieszalski.

which were not offered in the old building of the clinic, was an additional great advantage [2].

On the other hand, the isolation of the utility section was organized in a different way. In the submitted solutions the laundry rooms and kitchens were to be located in the basements (Przybylski, Minkiewicz, Cybichowski) or in separate utility wings (Pospieszalski, Ballenstedt). In most projects the transport of meals and the access route to the laundry room were to be facilitated by utility elevators. Furthermore, apart from the passenger elevators located already in the old section, new ones were designed in the new buildings too. In the projects by Pospieszalski and Cybichowski, the elevators were also designed next to operating rooms, consequently facilitating the transport of patients. The modern functional program of the hospital was completed with garages in the basements.

Regardless of the functional proposals formulated by the six submitted projects, they clearly presented the trends in the interwar international architecture. They regarded not only the issues connected with hospitals but also the basic postulates in the scope of residential building which were discussed in detail in the architectural community. The problem of the hospital at Polna Street became exceptionally significant especially in the context of Poznań which was developing very intensively after regaining independence.

On the one hand, the hospital for natural reasons is an exceptional example of 'architecture designed for temporary stay' and, on the other hand, it had to include the real apartments in its design. If other functions necessary in the hospital building are also taken into account – such as meals, sanitary issues and a chapel – the hospital has under one roof a number of typical areas of human activity in 'normal' environment<sup>13</sup>.

In the case of the Parturient Clinic in Poznań, in connection with the establishing of the Faculty of Medicine at the University, additionally the rooms for educating students as well as appropriate space for treatment and operating rooms for practical presentation of knowledge

<sup>13</sup> The Roman-Catholic chapel seems to suggest that the „Parturient Clinic” was designed first of all for Polish citizens though the documents which have been preserved do not contain any straightforward declarations in this respect. The protestant Deaconesses hospital located nearby provided medical care for the Germans, whereas the hospital at Wieniawskiego Street belonged to the Jewish community.

had to be designed. Combining those various functions logically in a limited space, taking into account the comfort of the patients, posed a huge challenge for the skills of the architect. As described in an article on Warsaw hospitals: *(and) indeed only those who studied longer and more thoroughly that intricately subtle and responsible profession, fulfilling all contemporary requirements of medical science can certify that meeting the various, frequently self-contradictory conditions is simply unachievable in respect of technology or economical aspects, not to mention the specific difficulties regarding the composition of hospital architecture* [4, p. 102]. No wonder then that the issue of the extension of the clinic in Poznań caused such great interest in the whole community of architects.

The very superficial analysis of the projects submitted for the competition allows for defining the principal issue that was left for resolution by the architects, namely the rationalization of treatment, consisting in taking into account the comfort of the patients in relation to therapy, utility aspect and education of medical students. The patients were not considered as objects but they were sorted into series, groups and placed within a certain structure of individual hospital units. Historically speaking, such an approach to the patient was the result of the 19<sup>th</sup> century processes of the development of medical knowledge and a new definition of a hospital. The form, on the other hand, was based on the models which had developed over the centuries. That is why all submitted works were based on a quadrangular plan which was popular in the hospital building tradition. Regardless of specialization of the hospital, the functions it served remained concealed behind its walls.

The layout of individual rooms in the extended clinic resulted from the concept of segmentation and isolation within the social space. From today's perspective

some clear analogies appear between the postulates regarding the Parturient Clinic and the concepts formulated much later by Michel Foucault, described in *The Birth of the Clinic*. The idea of the competition was, however, much broader than that put forward by Foucault's definition of the "tertiary spatialization" of a disease understood as *all gestures by which, in a given society, a disease is circumscribed, medically invested, isolated, divided up into closed, privileged regions, or distributed throughout cure centers, arranged in the most favorable way* [6, p. 35]. It was not only about 'concealment' and isolation of the patients from the rest of the society but also about a much more complicated relation. As declared in the competition conditions within the broadest possible framework, the interior space was supposed to be designed in such a way that the rooms for the patients, apartments for medical personnel and utility rooms constituted units which possibly do not disturb their mutual functioning. At the same time it was very important to separate the 'parturients' which appear in the name of the clinic – that is women in labor – from the 'patients with infectious diseases.' Education of the students in a way applied on those basic functions was to be provided in separate rooms, only at times getting into the treatment sphere for necessary observations.

In the context of those complicated relations the visiting of the patients was no longer an issue. The specific character of the "Parturient Clinic" made the visits much less convenient than in hospitals with other specializations. It did not have broad corridors or halls which exist in hospitals nowadays. A disease and recovery of health were seen within the architectural constraints of a hospital in their purely 'material and visible' aspect – good sanitary conditions were supposed to enable the fastest possible return to normal existence.

### *Exterior formula*

The purely utilitarian functions of the submitted projects evidently outweighed their artistic aspects. In this context it is highly significant that the board considered the 'architectural aspects' – understood as an artistic and stylistic issue – as least important. The lack of specific requirements in this respect gave the competition participants a lot of freedom in shaping the exterior of the clinic. The designs of the competition buildings clearly demonstrated the differences between Polish communities of architects.

The problem of translation of the functional values of the project into the exterior language of architecture was precisely expressed by Władysław Borawski in the article referred to earlier on hospital building in Warsaw: *One should not forget that today's hospital in its general layout as well as in its individual buildings must take into account the aesthetic aspect and at the same time the simplicity and purposefulness of the interiors; it should be appealing, display a harmony of colors and appropriate lighting. All this, if applied in a*

*correct way, positively affects the attitude of the patients, apathy, provides a more friendly and trustworthy approach to the surrounding carrying out its hard work with greater satisfaction and internal comfort* [4, p. 102]<sup>14</sup>. According to the architect the characteristic features should not then indicate specific trends in style. However, the influence of the idea of colors affecting human mentality advocated by Bauhaus is clearly palpable in this respect. The functionality of a building is equally important as the psychological aspects. Consequently, though executed in a slightly different way by each of the architects, the unification of the old and new section of the Parturient Clinic buildings also alluded to those ideas.

<sup>14</sup> A similar opinion was also expressed by Marian Pospieszalski in his definition of designing: *To design means to search for the most simple and most effective spatial expression of a given building objective in both construction and functional as well as aesthetic aspects* (postwar notes of the architect).



Fig. 11. View of the Clinic at present from Polna Street. Visible connection between two oldest parts of the building (photo: A. Paradowska)



Fig. 12. M. Pospieszalski, residential house at Marcelińska Street in Poznań, 1928 (photo: A. Paradowska)

The differences between the project by Czesław Przybylski and the proposals by Pospieszalski and Ballenstedt were especially evident<sup>15</sup>. Their source was not only the authors' established styles but also – above all – their education. Przybylski, as a graduate of Warsaw University of Technology, used a more simplified language of forms than the architects from Poznań connected with the University of Technology in Charlottenburg. Although the work by Przybylski also falls within the then contemporary trends in German architecture, it proved very modern in reference to building in Poznań.

The concept on which Pospieszalski based his project had two ambivalent aspects: retrospective and prospective. On the one hand, in the most general outline it was adjusted to the oldest part of the clinic designed by Grüder (Fig. 11). By analogy the new wings were covered with double sloping roofs. One of the corners around the utility courtyard had a little tower (Fig. 3). On the other hand, a different picture was presented in the longest wing from Bukowska Street with a dormer reaching above the roof surface in the middle (Fig. 6). A slight elevation of the roof<sup>16</sup> on

both sides of the projection resembled the solution applied earlier by the architect in the block of residential houses at Przybyszewski, Marcelinska, Biała and Niecała Streets (Fig. 12).

The views of both façades of this wing cause one to come to surprising conclusions. The building with operating and labor rooms overlooking the main courtyard (Fig. 13) resembles a reduced version of the Palace of Art (Fig. 14), built in connection with the National Expo. The projection mentioned above (Fig. 6) in the project by Pospieszalski formally corresponds to the façade of the Government Palace<sup>17</sup> (Fig. 15). Due to the use of high windows on the axes, the projection of the hospital building, however, appeared much 'lighter' than the massive façade of the building at Grunwaldzka Street. Thus Pospieszalski made a clear reference to the tradition of architecture developing in Poznań at that time.

On the other hand, the project by Adam Ballenstedt demonstrated evidently 'German' features (Fig. 5, 10). This proposal corresponded to the newer one of the existing buildings – the wing designed in 1913 by Teubner at Polna Street (Fig. 2). The new façade from Bukowska



Fig. 13. Marian Pospieszalski, clinic extension project, view from the courtyard, 1927 [7, p. 364]

<sup>15</sup> What was published from projects by Stefan Cybichowski and Witold Minkiewicz were only general views of the buildings and not the detailed views of their façades.

<sup>16</sup> Preventing designing additional rooms in the attic.

<sup>17</sup> Both exhibition buildings were created in Poznań for the National Expo from 1920.



Fig. 14. Edward Madurowicz, Palace of Art, built from 1920 for the National Expo (at present Collegium Anatomicum). (photo: R.S. Ulatowski, Library of National Museum in Poznań)

Street completely maintained its style and composition. Its numerous Baroque-like elements belonged to the permanent repertoire of forms applied by the architect<sup>18</sup>.

The most daring work among all competition projects was the design of Czesław Przybylski (Fig. 4) based on a juxtaposition of buildings with different shapes and heights covered with flat as well as sloping roofs at different grades. The system of decorations was based on a relation between windows of different kinds and sizes and the simplified architectural details they were decorated with. Przybylski used the existing buildings, which varied among themselves, to create further contrasts in combining buildings and shapes. Paradoxically, such a solution gave his project an effect of coherent and distinctive architecture.

In the case of Poznań it was probably difficult for the representatives of its community to accept the proposal by Czesław Przybylski. Although theoretically the “architectural aspects” were considered by the jury least important, one can assume that the project by Marian Pospieszalski was easier to accept. In this respect the competition college must have taken into account the opinion of Roger Sławski who held the position of the Architectural Director of the National Expo and as such he was the author of a number of buildings which were erected. In the opinion of the jury in practice the aspect of style grew in significance among the similar courtyard solutions submitted to the competition. That is why the competition projects of the Clinic at Polna Street should be primarily evaluated in the local context of the then ‘new’ architecture in Poznań, including the National Expo, which represented a compromise between forms of building applied by the former partitioner and ‘modern’ Polish trends. Just like the project by Pospieszalski, on the one hand, it was adapted to the Wilhelmian historicism of the existing buildings, on the other hand, however, it demonstrated a totally new image of the city.

<sup>18</sup> Compare: e.g. Streetcar House at Słowackiego Street in Poznań.



Fig. 15. Edward Madurowicz, Roger Sławski, Government Palace, built from 1920 for the National Expo (at present Collegium Chemicum) (photo: A. Paradowska)

The question of the extension of the Clinic at Polna Street was an extremely important undertaking also in the context of Polish interwar hospitals. The extension and modernization of the hospital buildings that were preserved during the partitions was a very popular practice<sup>19</sup>. The cases when whole new buildings were erected were much less common. A similar to those in Poznań was the project of a rectangular courtyard building of the maternity hospital designed by Władysław Borawski that was under construction since 1929 in the Praga District in Warsaw (Fig. 16) [4, p. 114–115].

In the context of the whole country the competition projects of the “National Clinic for Women” also posed general problems of hospitals in their complexity as they combined under one roof the functions of academic education, creating new proposals for future clinical hospitals of other specializations too.

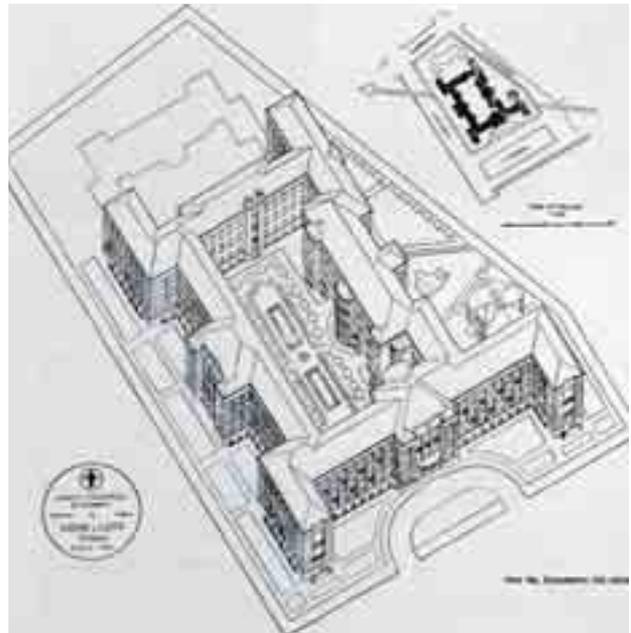


Fig. 16. Władysław Borawski, St. Elizabeth's Maternity Unit in the Praga District in Warsaw, aerial view, 1929 [4, p. 102]

<sup>19</sup> For instance St. Stanislaus, St. Lazarus and St. Baby Jesus hospital in Warsaw or extensions of the psychiatric hospitals in Gniezno and Owińska on the territory of Poznań Province.

## Epilogue

Due to the lack of funds the work on the extension of the Parturient Clinic in Poznań was in effect restricted only to the slight extension from Bukowska Street and modernization of the existing rooms. All construction work was carried out in the years 1933–1939 by Marian Pospieszalski.

The plan of the new wing was in fact a small fragment of the winning project by Pospieszalski. There is virtually no difference between the old building and the part that was extended from the outside. The only elements by which one can tell that this part of the building was built later are the omissions of recessed panels between windows on individual floors. Similarly to the original version, the wing from Bukowska Street was annexed at an angle smaller than 90 degrees to eliminate the irregularities of the plot.

In reply to the postulates formulated by the Clinic Director the architect designed the hospital kitchen and additional rooms as well as baths in the small wing from Bukowska Street [1]. The reduced extension of the hospital then took into account on the miniature scale the ideas of earlier competition projects.

In the same period Pospieszalski also modernized the operating room in the old building which due to insuffi-

cient ventilation in relation to the area did not meet the basic sanitary requirements any more [2]<sup>20</sup>. The architect applied here the most modern available solutions, thanks to which, although in the basic scope, the needs of the clinic in Poznań were addressed<sup>21</sup>.

The text quoted in the introduction providing the requirements of the competition for the extension of the Parturient Clinic includes all ideas of the projects that were designed at that time. Although the postulates of the patient-friendly architecture were not met in full in the case of Poznań, they in fact were an important voice in the discussion on the developing hospital architecture in the interwar times.

*Translated by Tadeusz Szalamacha*

<sup>20</sup> In his letter from August 16, 1926 Professor Kowalski among a number of the hospital needs emphasized the lack of ventilation of the operating room, as a result of which the fumes penetrating from the neighboring rooms for sterilization and washroom for doctors would condense from the ceiling during surgeries.

<sup>21</sup> Most probably at the same time Pospieszalski connected on the ground floor and second floor the two oldest buildings which had been previously connected on the first floor. This allowed for providing additional heating from the newly built boiler house in the yard annexed to the existing utility building [1].

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