

MODERN HOSPITALS.*

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(With Engravings.)

THE subject of hospitals is one well deserving the attention alike of students and practitioners of architecture, especially as an instance of special adaptation to a distinct purpose. As an exhibition of the complete subordination of a structure to its intended aim, a modern hospital is at least as valuable an example as any building that could be selected.

There are in addition, one or two collateral considerations which contribute to the value of a hospital as a subject of study. It is an eminently modern building. It holds out before its architect's eyes a penalty against ignorance and carelessness, and a premium for knowledge and skill of a graver character than almost any other work: human life is staked upon the issue of our efforts when we are planning hospitals. And this branch of architectural work is one in which the student can hardly fail to be at some time practically engaged, and which, therefore, he may well desire to study beforehand from personal motives. On each of these preliminary heads I will offer one or two observations.

In speaking of a hospital as an eminently perfect example of adaptation in arrangement to special ends, I revert to the subject which I had first thought of selecting for consideration, not so much because it is one specially overlooked or requiring to be, more than others, forced into notice, but because of its singular interest and value. But special adaptation seemed so wide a subject, and to require to so large an extent to be illustrated by example, that it appeared to be best to proceed at once to the consideration of some one capital example; so that the process of pointing out requirements, and how they are met, in one case, might serve to show pretty clearly how all buildings have to be considered by the thoughtful architect, at least as far as their requirements and his contrivances for meeting them go. As examples of æsthetic design, most modern hospitals still leave room for improvement.

The peculiarly modern character of hospitals is worthy of a moment's notice. While examples of many classes of structure suited to our modern ways, such as, for instance, houses, baths, theatres, and even places of worship, abound in the remains of classic times, I know of no Greek or Roman hospital. And if the public and gratuitous care of the sick poor be a feature of Christian times and manners, the appliances available, and the extent of relief afforded, are at the present day far in excess of those existing in any previous time: our medical skill and science are greater than those of the middle or early modern ages, and our public benevolence is more active, and has more claimants than ever before could have been relieved. Thus the simple and modest infirmary of a monastery is no example to us as to *scale*, and the vast establishments of the 16th and 17th centuries are not very valuable to us as specimens of arrangement and detail. We therefore, shall have to abandon the historic method. We are treating of a living and a modern art in considering the art of hospital building, and it will be to the most recent, rather than to the most venerable examples, that I shall have to direct attention as being the most approved. And I may here say that I have found the great range of the subject prevents my referring as fully as I should like to examples not the most recent or the most fashionable. There is much to state about them full of interest; but after going over the main features of a hospital on the modern pavilion plan, this paper will have been sufficiently extended, and therefore I have left buildings on a different plan almost entirely unnoticed.

Reverting to the stimulus afforded by the important interests at stake; the high, the justly high, value set on human life in the present day gives a startling importance to hospital arrangement. It is absolutely certain that if a hundred patients were treated in an ill-contrived hospital, and the same number were treated at the same time in a thoroughly good hospital, more, probably considerably more, would die in the bad building than in the good one; and of those who lived, a larger proportion would linger or recover slowly in the first than in the second.

I cannot give what would be a fair guess at relative numbers; but place them at the very lowest, and say that, by good plan-

ning, *one* life might be saved in each hundred, and one week's illness saved on the average to each patient, and you have an incentive beyond any other that I can imagine in importance and weight to our labour and study.

Imagine an architect at thirty rebuilding one hospital, only one, and so very small as only to receive, during a whole year one hundred patients—and consider if my figures were justified by the results of his care and skill, or the reverse—what a happy subject for recollection, what a rich possession it would be for him, if he lived to the age of seventy, to think of forty human lives saved, and four thousand weeks—or more than *seventy-five years*—of human suffering saved through his instrumentality, through his having thoroughly known and fully done his duty! What a heavy weight, on the other hand, it would be to know that, through carelessness, inattention, and ignorance, he had so failed in his hospital as to be responsible for this addition to man's misery—to know that this vast mass of preventable human suffering had been endured, this large number of saveable human lives had been lost, within his lifetime only, by his fault. Truly I know of no architectural work where the responsibility of the architect is more heavy than it is in this.

The responsibility—the solemn weight of which I have endeavoured to indicate—is likely, I may say sure to fall upon some at least, perhaps upon many, of those whom this paper will reach. Upon us or some of us the works of the latter half of this century will in part, perhaps in no small part, devolve. The works executed during the next twenty years will be not inconsiderably influenced by the healthy state and constant progress of the Architectural Association during the past ten years. Some of us will have to take the responsibility of future hospitals, small or large; others will have to assist in the planning of such buildings, many of us will have to do both. It is then well worth our while to prepare to some extent for such a possibility, to gain at least the rudiments of the necessary information, and to acquaint ourselves beforehand as to the books, and as to the best examples from the study of which we may complete our knowledge.

It will be well, if at the outset, we endeavour to form a distinct idea of what a hospital is expected to be, and to provide. We all know that it is a place where the sick and injured are taken for medical care, and beyond that, in some cases at least, our notions may be indefinite.

Now those who may have had the painful experience of having some member of their family lying sick with serious illness or accident, may recollect how much commotion and disturbance in the house was occasioned. The patient perhaps was moved to an unusual room for the sake of more air, or quiet, or a warmer aspect. Great trouble was taken to keep the house quiet; perhaps the young children were sent away altogether. Expedients were tried to keep the room aired; perhaps great difficulty was experienced with a hot bath or an air bed. Persons were sitting up with the invalid night and day, and there was much occupation out of the sick room, when the patient became able to take nourishment, in preparing supplies of light suitable food; or if it were an accident, there was constant occupation with poultices, dressings, bandages, and the like.

Now all these things make the difference between life and death in the case of a person suffering from illness, and care such I have described cannot be given in the houses or lodgings of the very poor; the resources of those of the middle classes who are able to live in roomy houses surrounded with much comfort are often overtaken at times with great sickness; and the poor cannot possibly supply all that is needed for grave sickness. It is, therefore, really essential that they should have somewhere to go. On the other hand it is equally essential that the place where the sick poor are received should be capable of affording them all these material things which I have described as being so needed by invalids—air, airy rooms, quiet, constant attendance, requisite food, medicines, appliances, &c.—and thus we begin to understand that our hospital is a complex institution, that it must provide not only room for the sick, but convenience for every imaginable thing they can want.

Again, among the greatest necessities of any unhappy invalid is good doctoring, and even the rich feel the expense heavy of professional fees in a case of serious or prolonged illness. The poor in an hospital receive gratuitously the advice of the foremost of our medical men, who not only attend

* Read before the Architectural Association, Session 1867-8.