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Hospital Architecture and Modernization Processes in Lithuania in the 1930s

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Abstract

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1.01 Original scientific article

This article analyses the development of Lithuania's hospital infrastructure and network during the 1930s. The focus is on the factors that drove the increased rate of hospital construction, the overall architectural modernization, and the influence and the adaptation of western European ideas of hospital modernization to the local context. The study shows that in the 1930s, under the influence of hospital modernization concepts, a typology of such buildings was formed in Lithuania. This typology was characterized by a compact and multifunctional layout; simplified but modern architectural forms; and the integration of advanced medical and engineering systems. This was shaped by the prevailing view at the time that hospital architecture was one of the key components of healthcare system progress and therefore had to correspond closely to its purpose. Accordingly, special attention was also paid to ensuring hygienic, well-ventilated, and efficiently laid-out spaces adapted to the needs of patients and medical staff. As a result, the modernization of Lithuanian hospital architecture in the 1930s demonstrates a close relationship between architecture and the changing requirements of the healthcare system.

Keywords: hospital architecture, Lithuanian architecture, hospitals, 1930s architecture, Lithuania, interwar architecture, healthcare architecture

Izvleček

Arhitektura bolnišnic in procesi modernizacije v Litvi v tridesetih letih 20. stoletja

1.01 Izvirni znanstveni članek

V članku je analiziran razvoj litovske bolnišnične infrastrukture in mreže v tridesetih letih 20. stoletja. Poudarek je na dejavnikih, ki so spodbudili pospešeno gradnjo bolnišnic, splošno arhitekturno modernizacijo ter vpliv in prilagajanje zahodnoevropskih idej o modernizaciji bolnišnic lokalnemu kontekstu. Študija kaže, da se je v tridesetih letih prejšnjega stoletja pod vplivom konceptov modernizacije bolnišnic v Litvi oblikovala tipologija takšnih stavb. Zanje so bili značilni kompaktna in večnamenska tlorisna ureditev, poenostavljene, a sodobne arhitekturne oblike ter vključevanje naprednih medicinskih in inženirskih sistemov. To je oblikovalo takrat prevladujoče mnenje, da je bolnišnična arhitektura ena ključnih sestavin napredka zdravstvenega sistema in da mora zato povsem ustrezati svojemu namenu. V skladu s tem je bila posebna pozornost namenjena tudi zagotavljanju higienskih, dobro prezračenih in učinkovito razporejenih prostorov, prilagojenih potrebam bolnikov in zdravstvenega osebja. Posledično modernizacija litovske bolnišnične arhitekture v tridesetih letih 20. stoletja kaže na tesno povezavo med arhitekturo in spreminjajočimi se zahtevami zdravstvenega sistema.

Ključne besede: bolnišnična arhitektura, litovska arhitektura, bolnišnice, arhitektura tridesetih let 20. stoletja, Litva, medvojna arhitektura, arhitektura zdravstvenih ustanov

Introduction

At the end of the second decade of the twentieth century, when Lithuania became an independent state, public healthcare emerged as one of the key concerns in building a modern state. The aim was to increase the accessibility of healthcare services in the country, and, to achieve this, it was necessary to have a network of modern hospitals. However, at that time, the network of such institutions was limited, consisting of about twenty hospitals with approximately 1,300 beds.[1] Most hospitals were housed in unsuitable buildings, often wooden barracks, because only a few special facilities for healthcare institutions had been built during the Tsarist period. Consequently, hospitals were often "fifty to ninety kilometres or more apart and therefore difficult to reach for some citizens."[2] This situation was further exacerbated by the post-war context, when many people suffered from chronic and infectious diseases that had gone untreated for long periods, placing an additional burden on the already limited healthcare system. Therefore, as the national press stressed at the time, "all state and municipal hospitals are so cramped that they cannot accommodate even those in need of urgent care. Their space is so limited that they already house more than double the intended number of patients."[3]

To address this problem, in the early 1920s the need for new hospital buildings was acknowledged, and ambitious plans were proposed, such as building "twenty-five county hospitals with one hundred beds each and forty rural hospitals with twenty-five beds each, amounting to 3,500 beds in total".[4] However, due to limited financial resources, such ambitions were not realized at the time, and "the construction of new hospitals was an exception."[5] Therefore, during the 1920s, only a few unremarkable hospital buildings were built, the construction of which was primarily driven by practical necessity, rather than the desire to create modern healthcare architecture.

Consequently, even into the early 1930s hospitals continued to operate in unsuitable premises. This, for instance, was particularly evident at the State Hospital in Kaunas, the temporary capital of Lithuania at the time. One contemporary source noted that within the hospital the principles of hygiene, functional zoning, and even basic cleanliness were ignored:

> *Dark, gloomy corridors. Kitchen fumes waft down the corridors. /…/ No ventilators can ventilate the stale old floors and walls of such an old building. The wards are extremely cramped. /…/ Patients simply suffer from bad air. Medical staff get nervous and tired. As a result, mistakes and unpleasant surprises are sometimes inevitable. /…/ This leads to distrust of the hospital; people are afraid of it. Things are not much better in the provinces.*[6]

Such assessments demonstrate that by the early 1930s the need for new, modern hospital buildings had become urgent in Lithuania, prompting their construction on a larger scale.

The need for modern hospitals of the time was also relevant abroad. The development of hospital architecture in western countries was intricately linked to rapidly changing medical practice and

1 "Sveikatos reikalai."

2 "Sveikatos reikalai."

3 Lietuvos centrinis valstybės archyvas (LCVA), fond 380, series 1, file 616, item 27.

4 "Sveikatos reikalai."

5 Petrulis, "Architektūriniai miestų," 293.

6 "Kada turėsime geras."

technical construction capabilities. At that time, hospital modernization meant not only the construction of new buildings, but also a fundamental reorganization of internal spaces and layouts following the evolving needs of treatment and diagnosis of various diseases.[7]

Along with functional changes, the architectural expression of hospitals also evolved. The exterior of hospital buildings began to be modernized, focusing on functionality and simplicity. Therefore, "from the mid-1920s, architects designed hospitals that not only played a significant role in the treatment and comfort of patients but also embodied in their aesthetics the ideas and look of hygiene, efficiency and functionalism."[8] No less important was the selection of a plot for the construction of a hospital, for it to be spacious enough for future expansion, located further away from main streets, and abundantly planted with greenery to shield against noise, dust, and wind.[9] The application of these principles at that time influenced the changing architecture of such buildings: "The buildings were a reflection of the functional needs of the hospital, oriented to catch the sun and work with the topography, their aesthetic reflecting the desire for clean and efficient spaces focused on patient needs."[10]

In the 1930s, developments in hospital modernization abroad were accessible in Lithuania; for example, through foreign literature.[11] In addition, the country's medicine, architecture, and engineering specialists visited exhibitions abroad dedicated to the contemporary achievements of healthcare modernization.[12] Thus, a prevailing view began to form in the country that, before designing and constructing a new hospital building, "it is necessary to consider every detail, consider the capacity of the hospital, select a suitable plot for it, and plan the general arrangement and layout of the hospital."[13]

The modernization of hospitals as a public building type in Lithuania was one of the key factors that determined the development of these institutions in the 1930s. This article examines this process by analysing the context of the modernization of Lithuanian hospital architecture during this decade. The article presents the main aspects of this development: the shifting ideals in hospital architecture and changes in building plans and internal spaces, determined by the need for functionality. The general development of interwar Lithuanian hospital architecture has been examined in the author's previous study.[14] Building upon those findings, the present article focuses specifically on the modernization of hospital architecture during the 1930s, analysing the context of the construction and necessity of this type of building, changing architectural ideals, planning principles, and functional solutions.

7 Kisacky, *Rise of the Modern Hospital*, 242.

8 Willis et al., *Architecture and the Modern Hospital*, 214.

9 Willis et al., *Architecture and the Modern Hospital*, 197.

10 Willis et al., *Architecture and the Modern Hospital*, 169.

11 "Ligoninių statybos," 30.

12 Laurinavičius, "Iš tarptautinės 1930."

13 Tallat–Kelpša, "Ligoninės statyba," 5: 26.

14 Vilkončius, "Evolution of Public."

The context of hospital construction in Lithuania in the 1930s

The 1930s in Lithuania marked a consistent stage in the formation of healthcare infrastructure, when the construction of hospitals became a purposeful planning process of the state, municipalities, and charity organizations. Principles of hospital network development were articulated that sought not only to expand the number of medical institutions but also to enhance their technical and functional quality through the construction of new buildings. For example, in 1931, there were sixty-three hospitals in Lithuania, which had a total of about three thousand beds.[15] By the end of the decade, in 1938, the country had seventy-one hospitals with more than four thousand beds.[16]

The increase in the number of hospitals was perceived as one of the indicators of the progress of the country's healthcare system. As contemporaries noted, "it is difficult to compare what the network of hospitals and medical personnel was like in the first years of independence. Every county now has a municipal hospital, which provides medical care accessible to everyone. There are also private hospitals in cities. Municipal hospitals are constantly being improved and expanded, and new ones are being built."[17]

Most new buildings were built for municipal hospitals, which were among the largest in Lithuania, with bed capacities ranging from around twenty-five to one hundred or more. With more resources being invested in the construction of these structures, one or more new buildings for municipal hospitals were built every year. Thus, from 1930 to 1938, twelve municipal hospital buildings were built or were expanded in the country's largest cities and provincial towns. These buildings had more than eight hundred beds in total. In addition, by the summer of 1940, when Lithuania lost its independence and was occupied by the Soviet Union, the construction of seven more new hospitals had begun or was planned to begin in several other cities and towns.[18] Thus, during the 1930s, the majority of the twenty-three Lithuanian county municipalities of that time had started construction of new hospital buildings.[19] As discussed in the author's previous study of interwar Lithuanian hospital architecture, the 1930s witnessed the most intensive phase of municipal hospital construction, which forms the broader context for the present analysis.[20]

In addition to municipalities, new hospital buildings were built by the Lithuanian Red Cross Society and by Jewish and Catholic charity organizations. Construction also began on the largest healthcare facility in Lithuania at that time, the Kaunas Clinics complex, which was to house around seven hundred patients. Moreover, small private hospital buildings were built in larger cities as well.[21] The intensive construction of new hospital buildings of varying sizes and capacities reflected the emergence of ideas in the early 1930s that sought to set up a uniform network of modern hospitals across Lithuania.[22]

15 *Lietuvos statistikos metraštis*, 4: 76.

16 *Lietuvos statistikos metraštis*, 11: 59.

17 "Lietuvos sveikatingumas."

18 Sniegulis, "Savivaldybių ligoninių statyba," 1938: 6.

19 "Kur statomos savivaldybių."

20 Vilkončius, "Evolution of Public," 156.

21 Brazaitis, "Ligoninės."

22 Skučas, "Plėskime ligonines," 18.

However, despite intensive construction, Lithuania at that time still significantly lagged behind the other Baltic countries, Latvia and Estonia, in terms of hospital bed numbers. For example, by the end of the 1930s, Latvian hospitals had about twenty thousand beds, and Estonian hospitals had approximately ten thousand.[23] This situation reflected Lithuania's long-term approach to hospital construction and expansion, which was planned to be completed only by the end of the 1940s, with a projected total of around thirteen thousand beds.[24]

According to recommendations formulated by Lithuanian medical professionals at the time, new municipal hospitals were to be planned in relation to the population of a specific city or county, with a ratio of no fewer than one hospital bed per one thousand to 1,500 inhabitants.[25] Therefore, small counties with up to one hundred thousand inhabitants needed hospitals with about forty to fifty beds.[26] Meanwhile, in counties with one hundred thousand inhabitants and more, it was recommended to have hospitals with one hundred or more beds. On this basis, municipalities were advised to avoid constructing buildings with fewer than forty beds, arguing that such hospitals "are costly and, after a short period of time, inevitably require expansion or the construction of new buildings."[27] However, the practical implementation of these recommendations was not legally binding.[28] Consequently, the number of beds and the functional capacity of hospital buildings often depended on the financial capabilities of their builders. This resulted in the construction of small to medium-sized hospitals, particularly in provincial municipalities, with capacities of twenty-five to fifty beds, which soon proved to be insufficient and required expansion. For example, a hospital building completed in 1938 in Šakiai was soon described by contemporaries to be "very cramped because only thirty beds were provided for patients, whereas sixty of them are currently treated here".[29] In Lithuania at that time there were other similar cases in which newly completed hospital buildings were unable to accommodate patient numbers almost immediately after opening.[30] Such problems were avoided only in larger hospitals with sixty or more beds. In the early 1930s, the larger buildings were constructed in the country's major cities and towns, and from the mid-1930s onward they increasingly began to appear in provincial towns as well.

At that time, the design of hospital buildings in Lithuania was not explicitly distinguished as a specialized field of architectural practice. Most healthcare institutions were designed by local architects and civil engineers employed in the construction departments of county and city municipalities. These departments were mainly staffed by young specialists that had completed their studies at Lithuanian or foreign schools in the 1920s and early 1930s. They were well acquainted with the latest architectural trends of the time and functional requirements of buildings. Because municipal architects and engineers also designed other public buildings, such as administrative, cultural, or educational facilities, which were all constructed by the municipalities, the design of

[23] "Kaip bus tvarkomi."

[24] "Apskričių ir sveikatos."

[25] Tallat–Kelpša, "Dėl str.," 14.

[26] Tallat–Kelpša, "Nauja Tauragės," 22.

[27] Sniegulis, "Savivaldybių ligoninių statyba," 1937: 374.

[28] "Ligoninių įstatymas."

[29] "Šakiai."

[30] "Antros ligoninės reikalas."

hospital buildings constituted only one aspect of their professional activities.[31] The only exception was the Lithuanian Red Cross Society, which at the time maintained a dedicated construction department within its organizational structure. The architects employed there were solely responsible for designing the society's healthcare facilities.[32]

During the 1930s, it became an established practice in the country to send specialists responsible for the design of large and technically complex buildings on official trips abroad prior to construction to examine foreign examples and gain the needed experience. This practice was also applied in the case of hospital design because at the beginning of that decade the limited extent of hospital construction meant that Lithuanian architects and engineers were described as "not yet having demonstrated sufficient expertise in hospital design".[33] Consequently, through the course of the 1930s, several delegations of the country's architects and engineers travelled to Germany, where they examined the latest hospital buildings.[34] During one such visit, for example, the latest healthcare facilities in Dresden were studied, which had been designed by the architect Paul Wolf.[35] Hospital architecture was also studied in Scandinavian countries, particularly in Sweden, which was visited in the mid-1930s by the architect Vytautas Landsbergis–Žemkalnis, who at the time was working for the Lithuanian Red Cross Society. During this visit, he met with the architect Gustaf Birch–Lindgren and toured several healthcare facilities designed by him.[36] International exhibitions related to health protection were also visited, such as the Dresden Hygiene Expo, where, among other exhibits, the latest models of healthcare facilities were presented, which Lithuanian architectural specialists later described as having broadened their "horizons in the world of construction and technology in general".[37]

Familiarity with contemporary foreign hospital architecture was also developed at a theoretical level. Specialists in municipal construction departments were supplied with the latest foreign, primarily German, architectural journals, such as *Der Baumeister*, *Die Bautechnik*, and *Moderne Bauformen*.[38] In hospital design, they also had access to specialized Belgian, English, French, and German literature, including books and periodicals such as *Nosokomeio*, which provided extensive material on European hospital architecture.[39] The knowledge acquired in this way had a significant influence on the professional outlook of Lithuanian architects and engineers, encouraging the adoption and application of advanced hospital design principles in local practice. Moreover, the dissemination of modern hospital architecture occurred not only through the transfer of foreign experience, but also at the local level because hospital buildings designed in one part of Lithuania often served as references for similar projects in other municipalities.[40]

31 Novickis, "Techniškojo personalo klausimas," 27.

32 LCVA, fond 1734, series 1, file 355, item 1.

33 LCVA, fond 862, series 1, file 2649, item 98.

34 LCVA, fond 862, series 1, file 2649, item 13.

35 LCVA, fond 377, series 8, file 136, item 70.

36 Landsbergis–Žemkalnis, *Iš atminties ekrano*, 258–59.

37 Kauno regioninis valstybės archyvas (KRVA), fond 110, series 2, file 319, item 4.

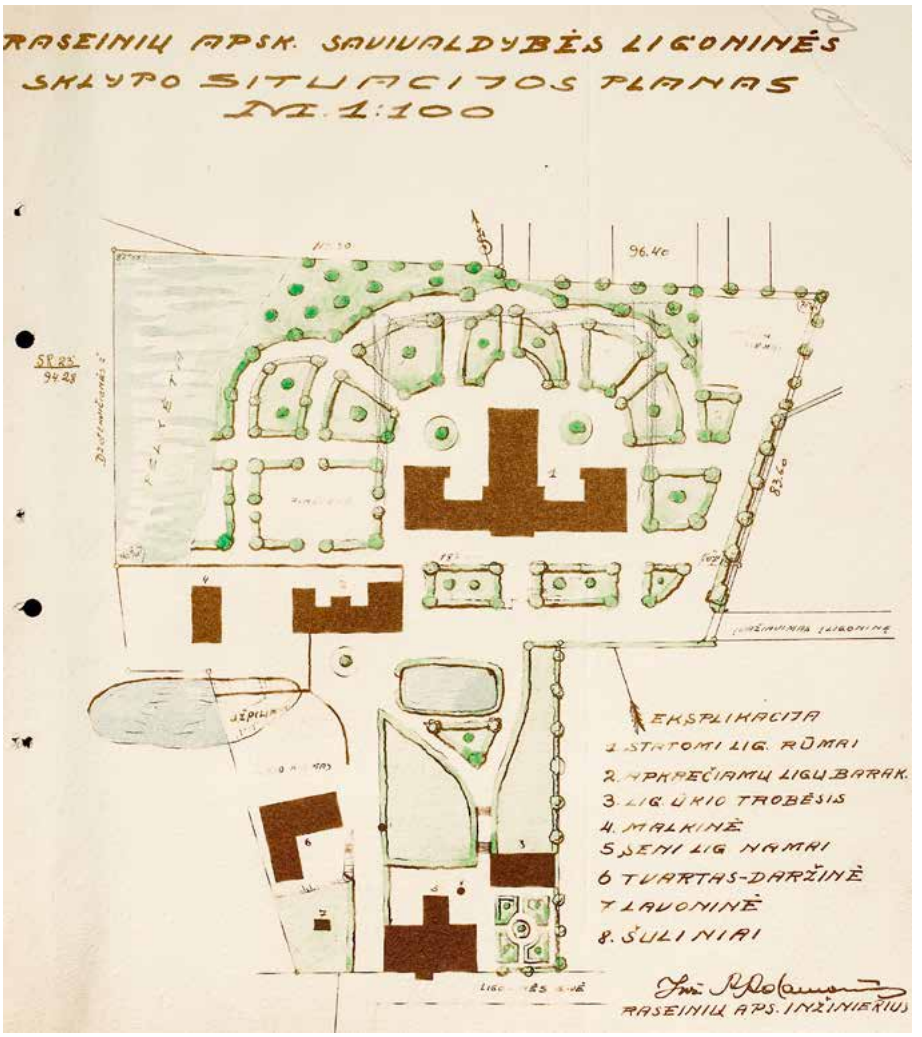
38 Vilniaus regioninis valstybės archyvas (VRVA), fond 1171, series 1, file 25, item 96.

39 LCVA, fond 1264, series 1, file 568, item 96–97.

40 LCVA, fond 1567, series 3, file 582, item 288.

Hospital site selection in the urban context

At the beginning of the twentieth century, great attention was paid to the choice of the site and the assessment of urban conditions in the construction of hospitals, perceiving the environment as an important part of the treatment process. It was emphasized that a suitable site can have a significant impact not only on sanitary conditions, but also on the well-being and psychological state of patients. For this reason, it was recommended that hospitals be designed on sufficiently large, well-accessible, and landscaped sites, separated from the intensive movement of the city.[41] Attention began to be paid to the orientation of buildings on the site and their distances from each other to ensure natural insolation and protection from adverse environmental factors. This principle was considered to have a positive effect on health because when "sunlight was proven to be germicidal, solar orientation and awareness became a critical aspect of the design of any hospital building of any type".[42]



1. Site plan of Raseiniai County Hospital in the 1930s (Central State Archives of Lithuania)

41 Brunfaut, "Principes de l'architecture," 390–91.

42 Kisacky, *Rise of the Modern Hospital*, 181.

Similar provisions, based on the example of foreign countries, were formulated in Lithuania at that time. Here, specific requirements were imposed on hospital plots regarding their location in the urban structure, position on the plot, and protection from adverse environmental factors, arguing that "the plot of land must be further from the city centre, traffic noise; it is important that the characteristics of the plot allow for the orientation of patient rooms toward the south. /…/ The hospital needs sunlight."[43] The size of the plot was associated with the hospital's capacity. The provision was that one patient should have about one hundred to two hundred square metres of plot area; therefore, for example, a land area of about one hectare was recommended for a fifty-bed hospital, and about two hectares for a hundred-bed hospital.[44]

Consequently, in the 1930s in Lithuania, when constructing new hospital buildings, sites for them were usually selected in less urbanized parts of cities and towns. As demonstrated in the author's previous study of interwar Lithuanian hospital architecture, careful site selection formed one of the fundamental principles of hospital modernization during this period.[45] On such sites, the main hospital buildings were usually oriented along a north–south axis, with the main facades facing south, southwest, or southeast. This made it possible to make maximum use of natural sunlight and heat, to improve the lighting of the patient wards, treatment rooms, and public areas, and to ensure conditions for natural ventilation. Green and recreational areas were also often formed on the sites: parks, gardens, and walking paths, which were an integral part of the hospital environment and had a positive effect on the psychological state of patients, creating conditions for relaxation and more rapid convalescence (fig. 1).

Changing stylistic ideals in hospital architecture

An equally important indicator of the progress of Lithuanian hospitals was their architectural expression. This development was shaped both by broader stylistic changes in the country's architecture, which created the conditions for the emergence of a new architectural language oriented toward a European character, and by a changing perception of hospital architecture itself.[46]

Theoretical texts on hospital modernization published in Lithuania during the 1930s emphasized that the architecture of a modern hospital should be based on logic, a simple volumetric structure, and the rejection of excessive decorativeness, conceiving the building as a structure serving the treatment process.[47] At the same time, it was argued that the external architectural form could also contribute to healing: the aesthetically harmonious appearance of a simple-looking building was thought to have a positive effect on patients' emotional state. As one contemporary source noted, "the building itself, with its clean aesthetic lines, beautiful, cozy, harmonious appearance /…/, should have a calming effect on the patient's mood."[48] It was further emphasized that hospital buildings should incorporate large windows and open spaces to ensure well-lit interiors.[49] These principles

43 Tallat–Kelpša, "Ko nereikia pamiršti."

44 Tallat–Kelpša, "Ko nereikia pamiršti."

45 Vilkončius, "Evolution of Public," 157.

46 Petrulis, "Modernizacija, kaip europietiškos," 89.

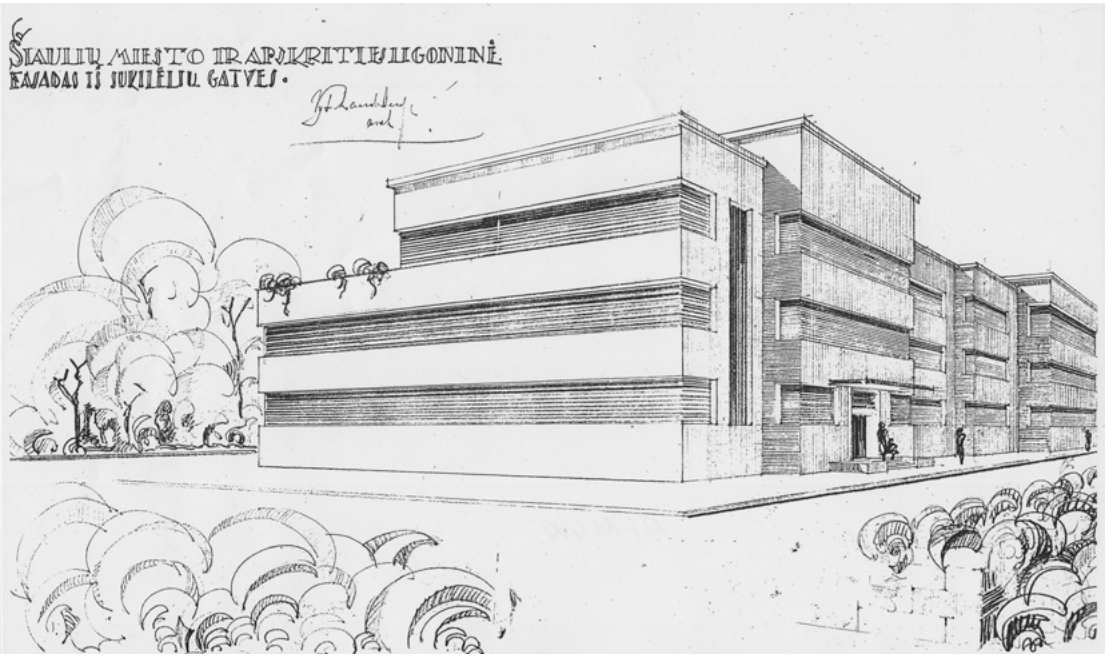
47 Tallat–Kelpša, "Ligoninės statyba," 5.

48 Tallat–Kelpša, "Ligoninės statyba," 5: 27.

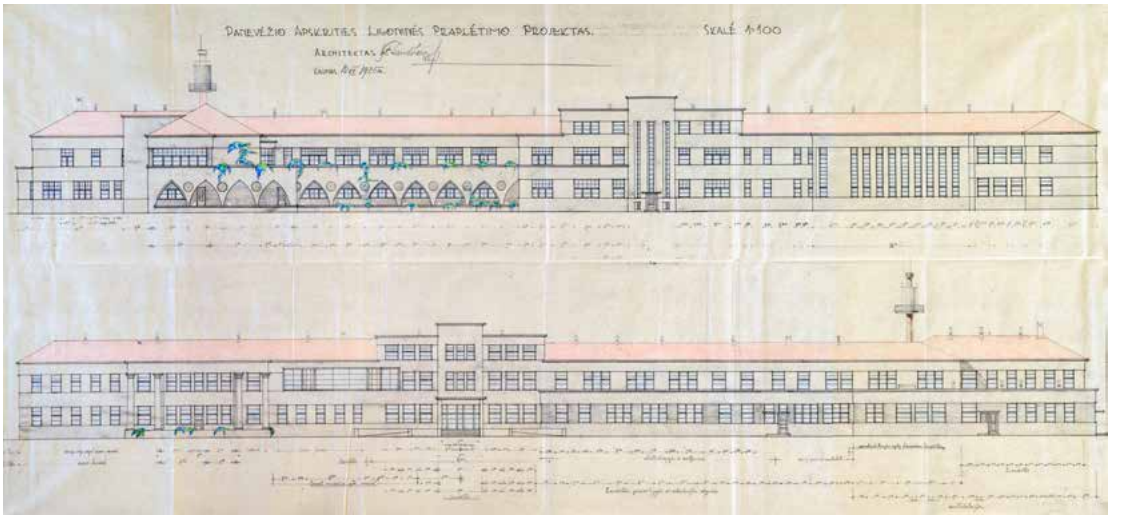
49 Laurinavičius, "Iš tarptautinės 1930," 122–23.

were already either attempted or partially realized in the architecture of several Lithuanian hospitals in the early 1930s.

For example, in 1931, when it was decided to build a new 120-bed city and county hospital in Šiauliai, one of the largest cities in Lithuania at that time, several projects were prepared for the building. Among them were distinctly modern ones, reflecting the influence of modernism that had already taken hold in Europe at that time and was still emerging in Lithuania. For instance, in one of the proposed projects, the building was designed with an elongated rectangular shape and terraced volume (fig. 2). The design emphasized modern building methods and functionality. Namely, its



2. Unrealized project for Šiauliai City and County Hospital, by the architect Vytautas Landsbergis–Žemkalnis, 1931 (Vilnius Regional State Archives)



3. Unrealized expansion project for Panevėžys County Hospital, by Vytautas Landsbergis–Žemkalnis, 1934 (Central State Archives of Lithuania)

architect, Vytautas Landsbergis–Žemkalnis, suggested using a reinforced concrete framing structure (for the first time in Lithuanian hospital architecture).[50] Such a structure would have allowed for continuous ribboned windows to run along the entire length of the building's main façade, where the patient wards were planned. Open spaces, including terraces intended for therapeutic use and recreation, were also incorporated into the design. However, the project was regarded as overly progressive and expensive, and it did not progress beyond the design stage. A similar, although larger, project prepared in 1934 for Panevėžys County Hospital likewise remained unbuilt for the same reasons (fig. 3).[51]

Gradually, modern-looking hospital projects began to be implemented in practice. A typical example of this is the hundred-bed Lithuanian Red Cross Society's hospital built in 1933 in Klaipėda (fig. 4), which illustrates the shift in Lithuanian hospital architecture during the early 1930s. The building was designed by Romanas Steikūnas, who was the principal designer of the society's health-care facilities in Lithuania from the late 1920s to the early 1930s.[52]

The Klaipėda hospital building was characterized by a simple-looking horizontal volume, divided by wide and rhythmically arranged rectangular windows. The building's modern expression was also emphasized by open spaces, loggias, and a flat roof of part of the volume, synonymous with the modernist style. These elements were functionally based: they allowed for more light to enter the interior and enhanced the healing environment. Such an approach contributed to the emergence of a new hospital type in Lithuania: a modern, hygienic, well-lit, and logically organized medical institution, in which architecture was a component of its functionality. The Klaipėda hospital was regarded as one of the most advanced healthcare facilities constructed in the country at that time.[53] Moreover, its design subsequently served as a reference for smaller, yet externally similar, sixty-bed municipal hospitals built in Alytus and Kėdainiai (fig. 5).[54]

However, other hospital buildings constructed in the early 1930s were more restrained in their architectural expression, which relied on the simplification of historical architectural forms. This approach was particularly characteristic of buildings built for smaller provincial hospitals; for instance, in Tauragė and Zarasai. Their otherwise simple façades were articulated with tall pilasters placed between wide windows, and the main entrances were accentuated by stepped pediments (fig. 6). A similar aesthetic approach was applied in the reconstruction of hospitals originally built during the 1900s, for which new extensions were designed to visually align with the older parts of the buildings.[55] These, however, were more exceptional examples.

During the 1930s, as discussed in the author's previous research, historical forms and elements in hospital architecture gradually gave way to the pursuit of stylistic modernity.[56] A typical example of this was the design projects of a small hospital in Šakiai County. The first project of the building, prepared in 1933 by the municipal engineer Alfredas Aleksandravičius, was characterized by aesthetics typical of historicism. However, when the project was sent to the State Construction Inspection for

50 LCVA, fond 862, series 1, file 2649, item 79.

51 "Perbrangus projektas."

52 "Plečiamas Lietuvoje ligoninių."

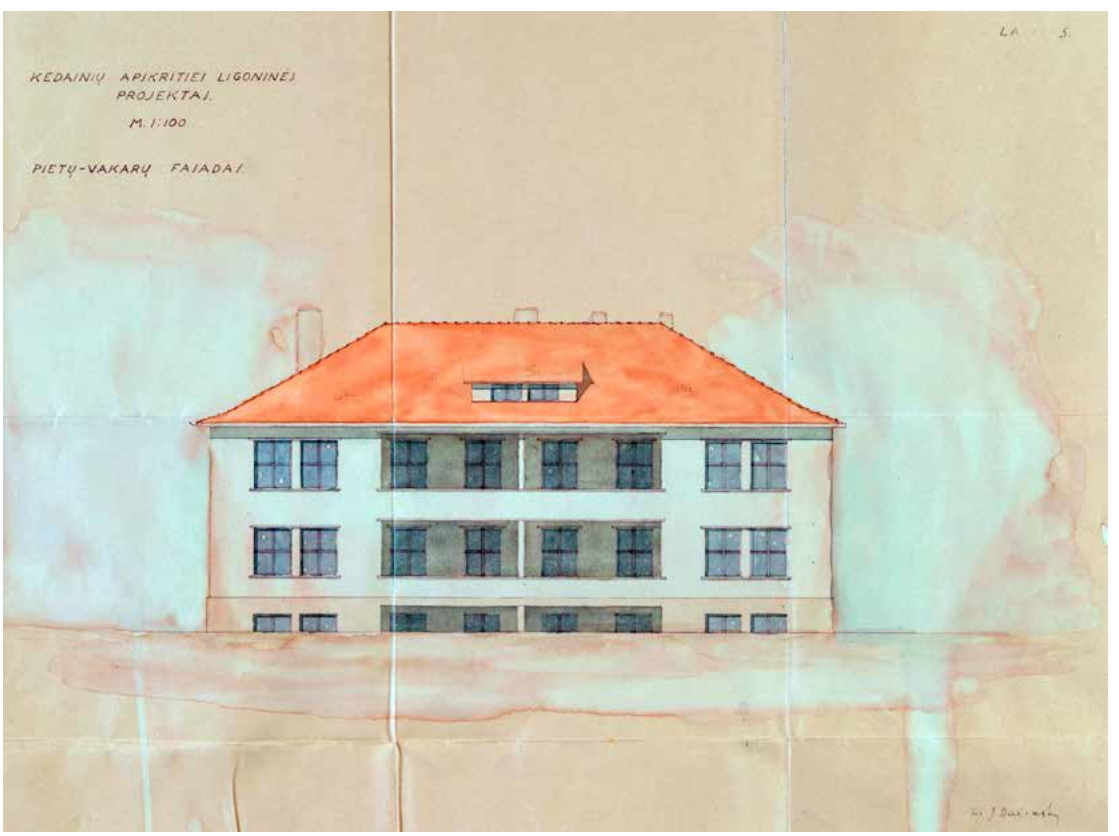
53 "Atidaryta Raudonojo kryžiaus."

54 LCVA, fond 1567, series 3, file 582, item 288.

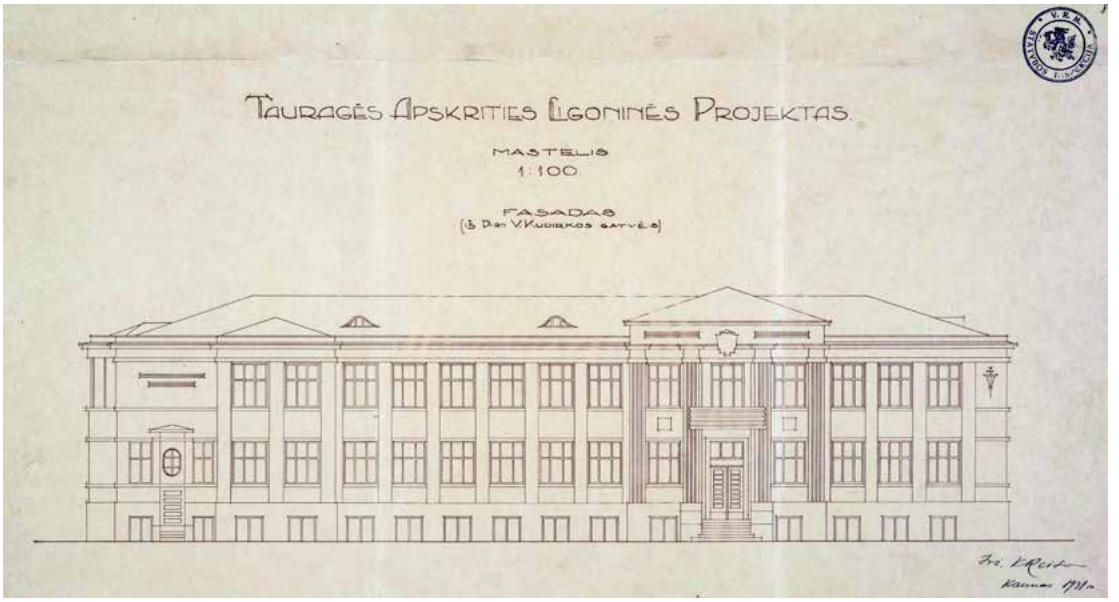
55 LCVA, fond 1622, series 4, file 171, item 3.

56 Vilkončius, "Evolution of Public," 156–57.

4. Southeast façade of the Lithuanian Red Cross Society's hospital in Klaipėda, photographed in the 1930s, by the engineer and architect Romanas Steikūnas, 1932 (author's personal collection)



5. Southwest façade of Kėdainiai County Hospital, by the civil engineer Juozas Dačinskas, 1935 (Central State Archives of Lithuania)



6. Main façade of Tauragė County Hospital, by the engineer and architect Karolis Reisonas, 1931 (Central State Archives of Lithuania)

approval, it was rejected, and in 1934 it was redesigned by one of its architects, Nikolajus Mačiulskis.[57] The new project was characterized by a more modern-looking and simplified architectural character. Light-coloured wall surfaces, wide regularly spaced windows, restrained façade articulation, and a simple volumetric composition reflected the influence of contemporary architectural ideas. The auxiliary building constructed alongside the hospital shared a similar aesthetic (Fig. 7).

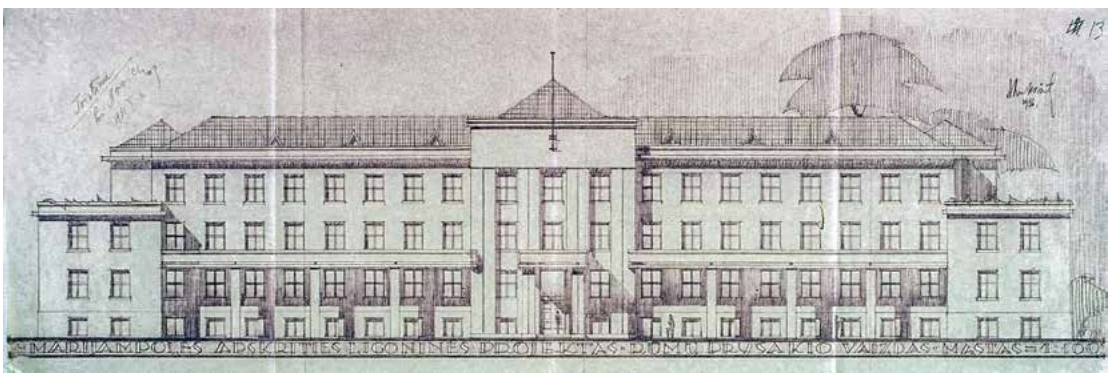
In the second half of the 1930s, as increasing resources were distributed to construction and expansion, hospital buildings became larger in scale and were increasingly designed to accommodate one hundred or more patients. Such buildings, as previously established, were constructed not only in the country's temporary capital, Kaunas, but also in smaller towns such as Marijampolė, Raseiniai, and Šiauliai.[58] Like earlier examples, these buildings were built of brick; however, reinforced concrete also began to be used, particularly in floor structures, a practice that had previously been uncommon in the country's hospitals.

Compared to earlier hospitals, the external composition of these buildings changed slightly because the facades were mostly designed symmetrically with the main centrally positioned entrances emphasizing central axes, as can be seen in the project for Marijampolė County Hospital, which was designed by Adolfas Lukošaitis (fig. 8). Such an approach did not demonstrate a return to historical monumentality, but rather an expression of internal organization because the central parts of the buildings often performed the function of separating flows and connecting different wings. These hospital designs retained a clear and logical architectural structure, emphasized horizontality through rhythmically arranged rows of narrow vertical or wide horizontal windows, and they employed restrained, almost utilitarian façade treatments (fig. 9). Aesthetic modernity and functionality were further enhanced by long balconies extending along the main or rear facades – an

[57] LCVA, fond 1622, series 4, file 325, item 2.

[58] Vilkončius, "Evolution of Public," 154.

7. Šakiai County Hospital on the left, by the engineer and architect Nikolajus Mačiulskis, 1934, and the auxiliary building on the right, by the civil technician Vincas Puskunigis, 1935, photographed in the 1950s (author's personal collection)



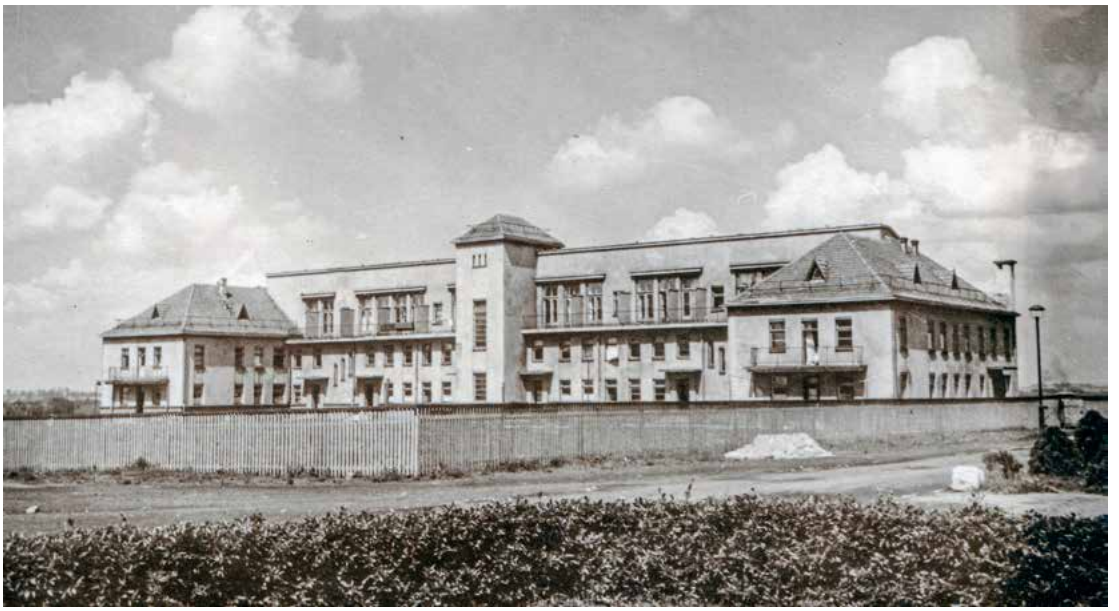
8. Main façade of Marijampolė County Hospital, by the civil engineer Adolfas Lukošaitis, 1936 (Central State Archives of Lithuania)

element previously identified in the author's earlier research as characteristic of most large Lithuanian hospital buildings of the late 1930s.[59] A representative example is the Lithuanian Red Cross Society's hospital in Šiauliai, designed by Vytautas Landsbergis–Žemkalnis; this was the second design proposal prepared by the architect for this building (fig. 10). Overall, projecting balconies contributed to the buildings' simple and functional appearance and reflected international standards in hospital architecture, where, along with loggias and terraces, they became "a defining element of the progressive aesthetics of the modern hospital".[60] They were also important for patients' well-being because they could be used for "sunbathing and general relaxation".[61]

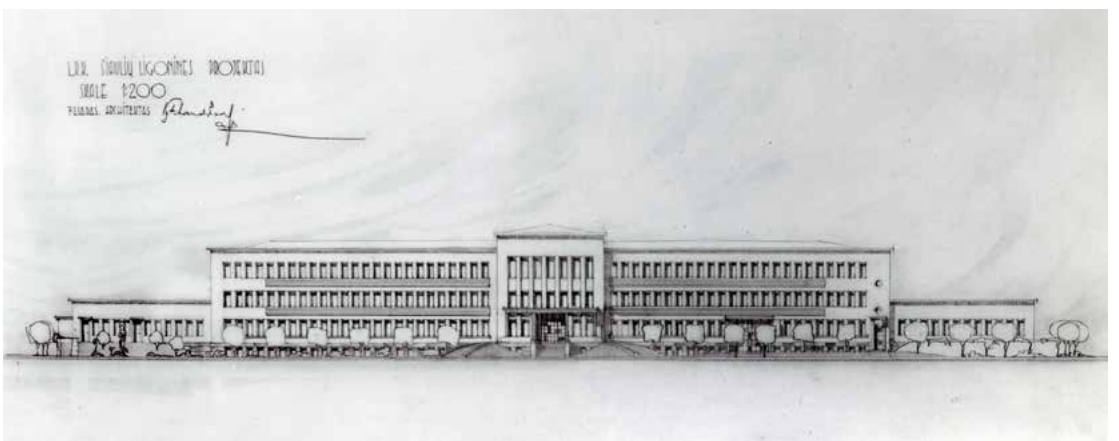
[59] Vilkončius, "Evolution of Public," 162.

[60] Willis et al., *Architecture and the Modern Hospital*, 178.

[61] Dačinskas, "Nauja Kėdainių apskrities," 378.



9. Building of the Department of Infectious Diseases of the Kaunas Clinics complex by the architect Urbain Cassan et al., 1937, photographed in the 1940s (author's personal collection)



10. Main façade of the Lithuanian Red Cross Society's hospital in Šiauliai, by Vytautas Landsbergis–Žemkalnis, 1938 (Lithuanian Archives of Literature and Art)

The layout and functional convenience of hospital buildings

In the first half of the twentieth century, as the concept of a modern hospital was taking shape in Europe, its design began to be based on clear functional and hygienic principles. The orientation of patient wards, natural insolation, and logical grouping of rooms, separating the principal areas from auxiliary ones, were of fundamental importance. Hospital planning aimed to standardize the principles of internal layout, limit the size of wards, and ensure the efficient operation of internal functions and the circulation of flows.[62]

[62] Brunfaut, "Hôpitaux modernes."

These principles led to significant changes in hospital building plans. Architects gradually moved away from the pavilion system that had developed in the nineteenth century, in which individual functions were distributed across separate one- or two-storey buildings. Instead, hospitals increasingly took the form of large, autonomous buildings in which most functions were concentrated within a single volume. Such buildings adopted a variety of layouts – *L*-, *T*-, *Y*-, *X*-shaped, or irregular – and were compactly organized to improve internal efficiency.[63] At the same time, advances in medicine and the emergence of new treatment methods expanded the range of functions accommodated within hospitals: "On one site, there might be hospital beds, operating theatres, radiology and pathology departments, hospital records, laboratories, and teaching and research spaces. The hospital had become not only a place for healing, but also a scientific institution. These diagnostic and therapeutic spaces and techniques were markers of the expanded role of the hospital."[64] In addition, the importance of technical systems – modern treatment devices, heating, ventilation, plumbing, and electricity – had also increased. The internal modernization of hospitals proceeded in parallel with general architectural developments of the early twentieth century, which emphasized the close relationship between architecture and technological progress, arguing that "the practical factors of architecture – with the exception of its purpose – are all subject to the progress of our technical development."[65]

These internationally established principles of hospital planning and functional organization were also relevant in the Lithuanian context to improve the condition of the country's hospitals. Through the course of the 1930s, the hospital in the country began to be understood as a complex institution because contemporaries emphasized that "a hospital is at the same time a residential building, a hotel, a school, and a research, advisory, treatment, and examination institution."[66] Therefore, the hospital increasingly began to be perceived as a functional, logically organized space that directly affected the treatment process and the patient's well-being. Professional discourse further emphasized that hospitals should be designed "not only to look good, but also to meet all requirements specific to hospital buildings".[67]

Architectural solutions in hospital buildings thus began to be associated with hygiene, technical, and psychological criteria. Considerable attention was devoted to logical internal planning and functional zoning, appropriate ward sizes, access to natural light and ventilation, the orientation of rooms, and the quality of internal fittings. These principles were emphasized as directly affecting hospital efficiency, patient mood, emotional state, and recovery. On this basis, an ideal of the modern hospital emerged in which architecture, technology, and medicine were expected to operate as a single system.[68]

One of the earliest hospital buildings in Lithuania to implement such advanced internal solutions was the sixty-bed Tauragė County Hospital, built in 1932.[69] Economic and logical considerations determined that a compact *L*-shaped plan with a convenient two-sided corridor system was applied to the building (fig. 11). All hospital functions – including the reception desk, X-ray and

63 Zarhy, *Health Facilities in Israel*, 28–29.

64 Willis et al., *Architecture and the Modern Hospital*, 128.

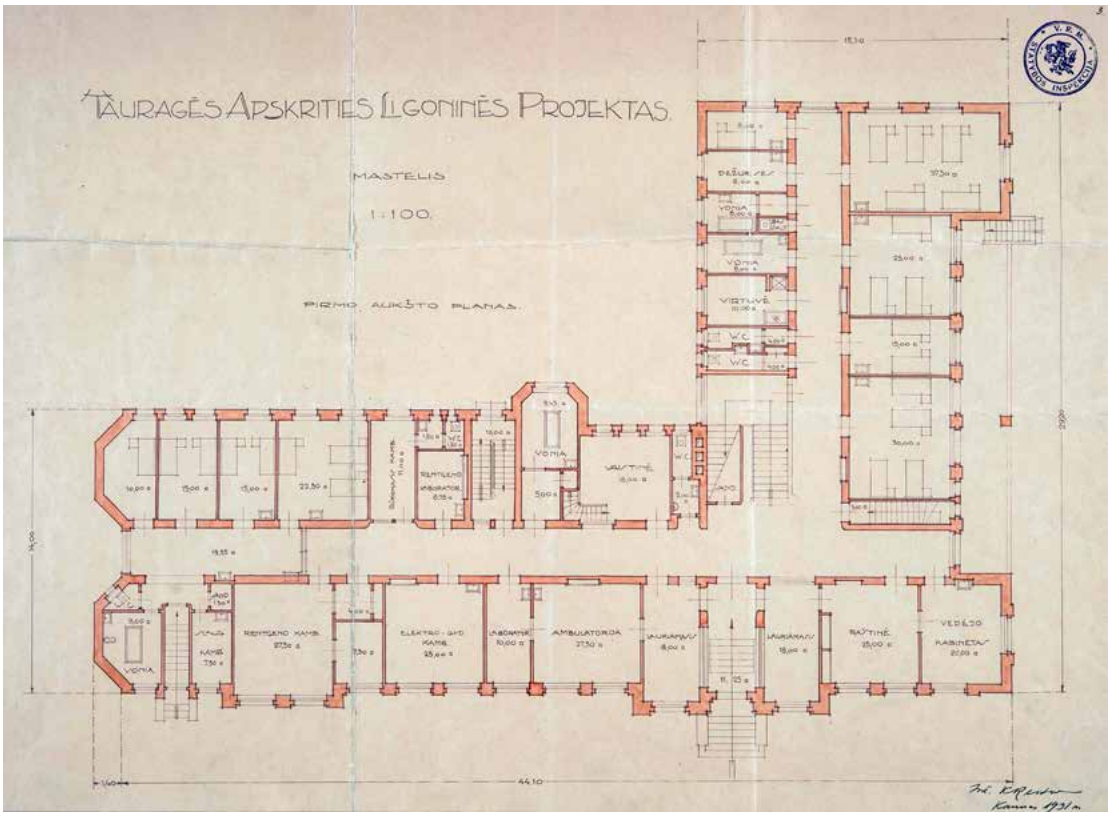
65 Oud, *Dutch Architecture: Bauhausbücher 10*, 50.

66 Tallat–Kelpša, "Ligoninės statyba," 5: 27.

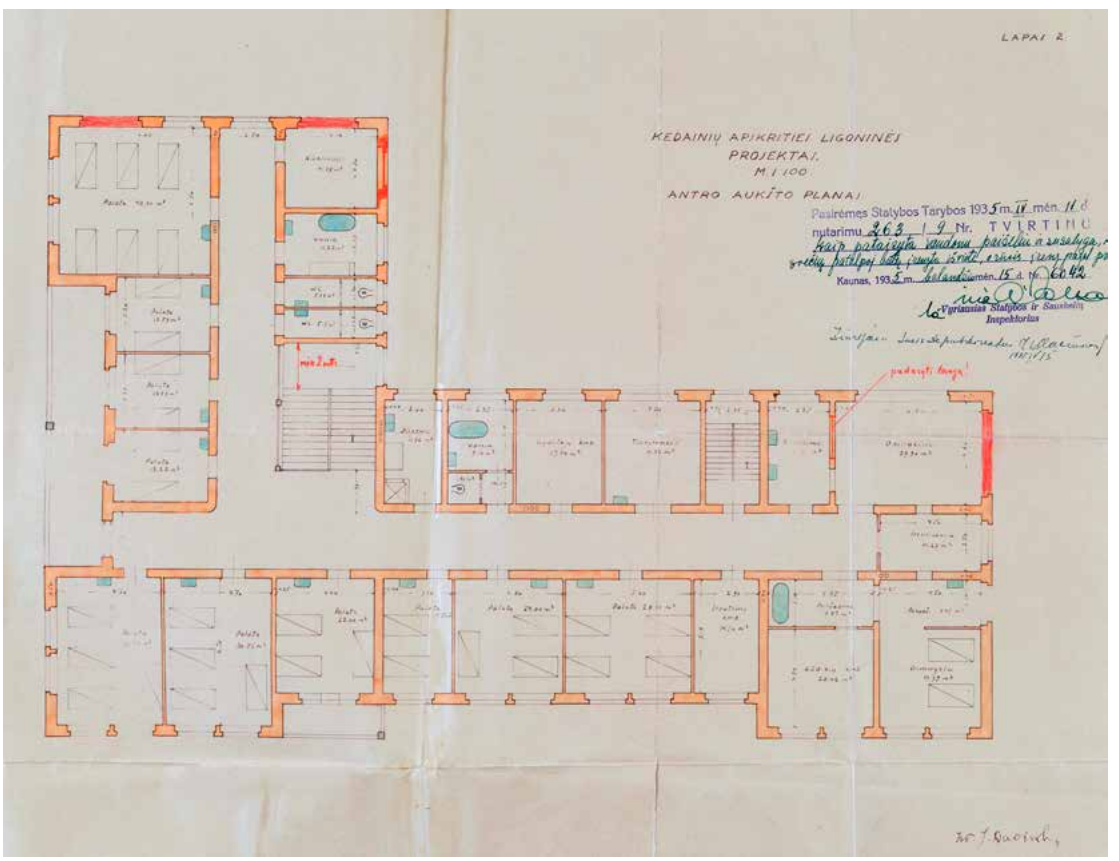
67 Tallat–Kelpša, "Ligoninės statyba," 5: 27.

68 Tallat–Kelpša, "Ligoninės statyba," 6.

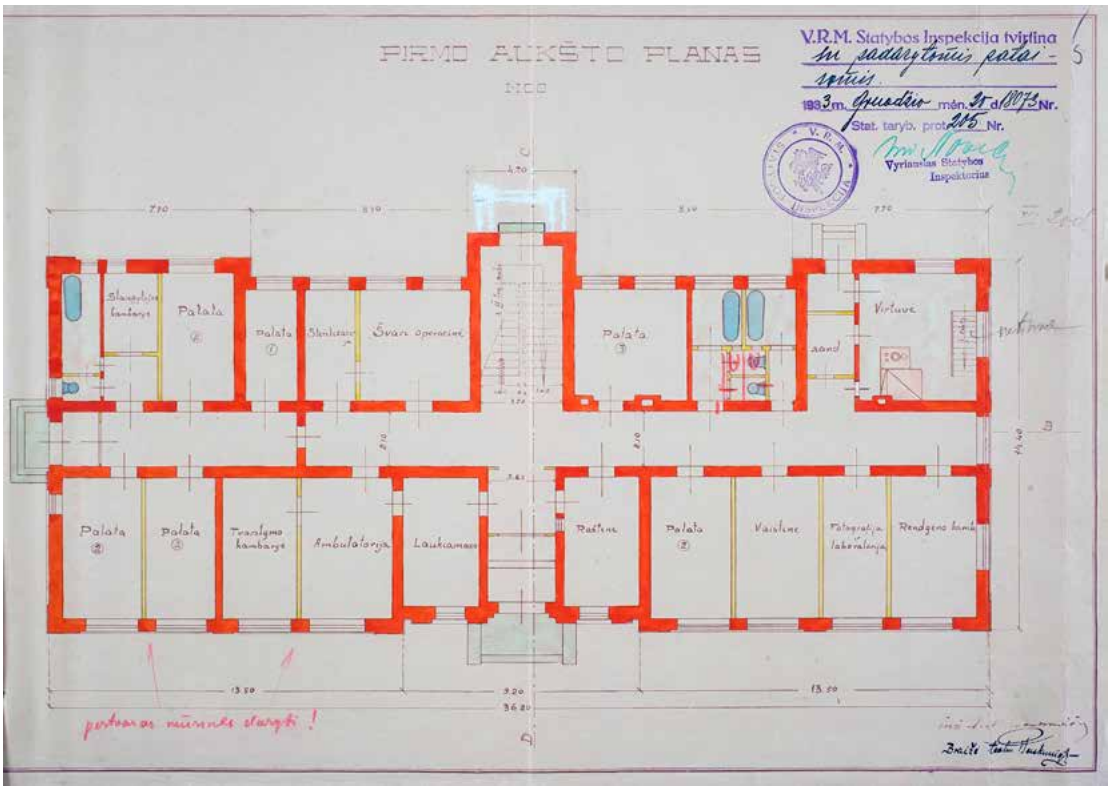
69 Vilkončius, "Evolution of Public," 157.



11. Ground-floor plan of Tauragė County Hospital, by Karolis Reisonas, 1931 (Central State Archives of Lithuania)



12. First-floor plan of Kėdainiai County Hospital, by Juozas Dačinskas, 1935 (Central State Archives of Lithuania)



13. Ground-floor plan of Šakiai County Hospital, by Alfredas Aleksandravičius, 1933 (Central State Archives of Lithuania)

operating rooms, patient wards, isolation units, kitchen, laundry, morgue, and storage areas – were accommodated within a single building. Auxiliary spaces were placed in the basement, general and outpatient facilities on the ground floor, and long-term treatment areas, including patient and maternity wards, and operating rooms on the first floor. The hospital was equipped with central heating, plumbing, sewage, and ventilation systems, features that were still relatively uncommon in Lithuanian hospitals. To prevent the spread of diseases and improve patient well-being, wards were limited to a maximum of six beds and, due to the building's north–south orientation, were placed toward the south for better insolation. Nevertheless, patient rooms remained small, with approximately six square metres allocated per bed.[70]

The spatial organization and technical solutions implemented in the Tauragė hospital influenced later county hospital buildings in smaller Lithuanian towns. In the second half of the 1930s, *L*-shaped plans were adopted for buildings of comparable size built in the towns of Alytus and Kėdainiai (fig. 12), as well as smaller ones, such as in the provincial towns of Lazdijai and Švėkšna.[71] Following the example of the Tauragė hospital, all functions in these buildings were also housed within a single volume and organized vertically by floors and horizontally by wings, reflecting the prevailing view that separating departments into individual buildings was economically inefficient.[72] Compactly planned layouts improved operational efficiency and allowed greater attention to patient comfort.

[70] Tallat-Kelpša, "Nauja Tauragės," 22–23.

[71] Vilkončius, "Evolution of Public," 159–60.

[72] Dačinskas, "Nauja Kėdainių apskrities," 377.

In these later hospitals, wards had from two to four beds and were larger in size, ranging from thirteen to twenty-eight square metres. Their interiors were finished in light, warm colours intended to promote an "optimistic mood" among patients.[73] The technical equipment was also more advanced. For example, the hospital building in Alytus was designed to include an automatic telephone exchange, radios with headphones at each bed, washbasins in every ward, and a patient call-bell system.[74] For better internal mobility, one of the first elevators in the Lithuanian hospital building was installed here.

Small county hospital buildings with up to thirty beds – built, for example, in the provincial towns of Šakiai and Zarasai – had a simpler planned structure: elongated rectangular volumes, divided internally by a two-sided corridor (fig. 13). These buildings had more basic medical equipment: the main accents of their modernization were X-ray machines and quartz lamps, as well as the installation of basic amenities; namely, plumbing, heating, and electrical systems.[75]

More complex plan forms were applied to larger hospital buildings. For example, the Lithuanian Red Cross Hospital in Klaipėda had an *H*-shaped plan, which allowed for better separation of functional zones and at the same time ensured good insolation of the premises. Furthermore, the building's functionality was intricately linked to its technical infrastructure, which included modern operating theatres, a laboratory, one of the most advanced X-ray machines in Lithuania, and centralized kitchen and laundry facilities.[76] As noted in previous research, equipment manufactured in western Europe, was regarded as essential for effective medical treatment.[77] Such an equipment reinforced the perception of the modern hospital as both a purpose-built structure and a technologically advanced institution (fig. 14).

To modernize existing and future hospitals, in 1936 the Lithuanian government approved the Hospital Organization Rules. They established the principles of modern hospital operations and sought to standardize the internal organization of hospitals throughout the country. The document, for instance, regulated hygiene and sanitation requirements, minimum ward sizes (with one patient being allocated at least 7.5 square metres of area), mandatory ventilation and lighting of premises, patient isolation, and infection control procedures, as well as the functional separation of treatment, general, and auxiliary premises.[78]

Thus, in the second half of the 1930s, attitudes toward the modern functional organization of hospital buildings were established in Lithuania. It was increasingly recognized that effective hospital operation depended on the careful and high-quality equipping of diagnostic, treatment, and patient-care areas with the most advanced available technologies, many of which were foreign-made.[79] In addition, integrated telephone and radio systems, call bells, and elevators for peoples and supplies became standard features. The number of beds per ward remained comparable to earlier buildings, but updated standards increased the minimum floor area per bed to approximately eight square metres in later hospitals.

[73] Dačinskas, "Nauja Kėdainių apskrities," 378.

[74] "Ligoninės statyba sparčiai."

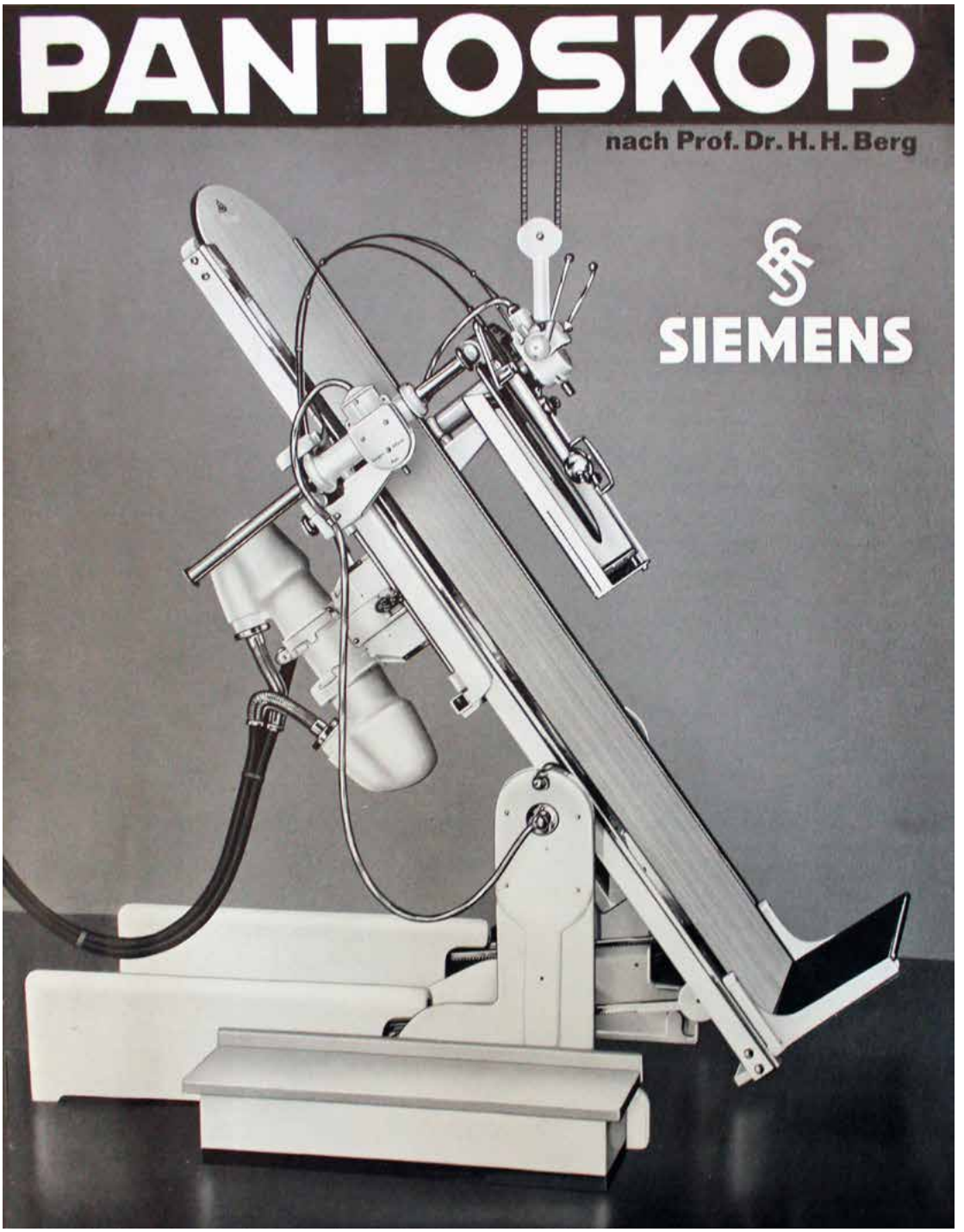
[75] "Kaip atrodys Šakių."

[76] "Atidaryta Raudonojo kryžiaus."

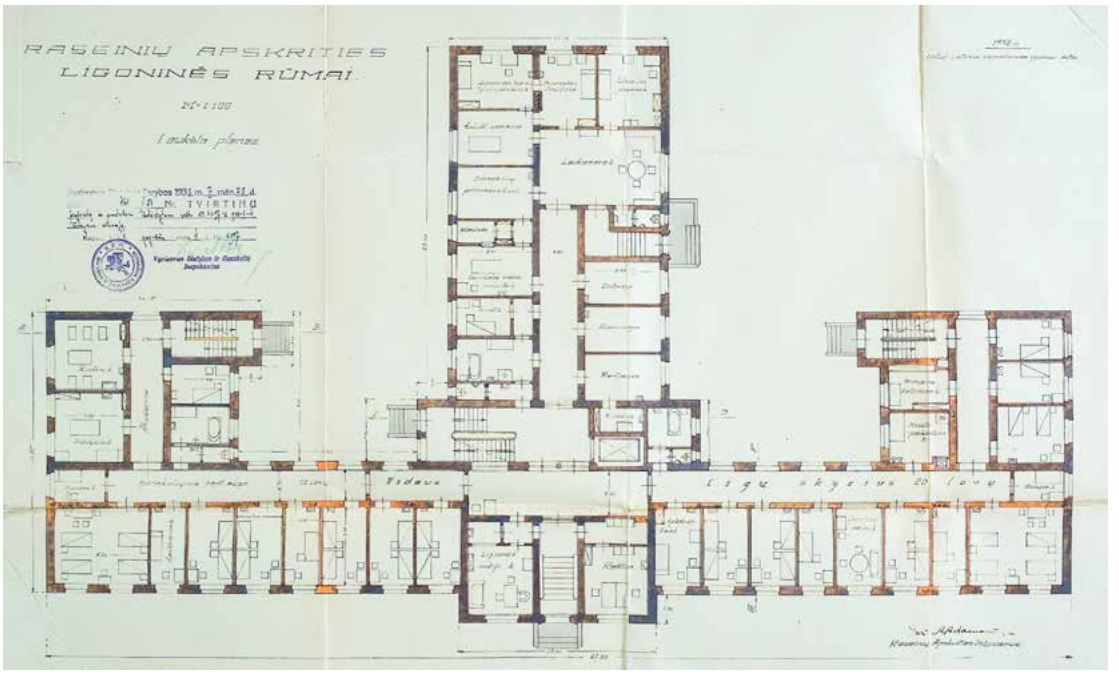
[77] Vilkončius, "Evolution of Public," 158.

[78] "Ligoninių santvarkos taisyklės."

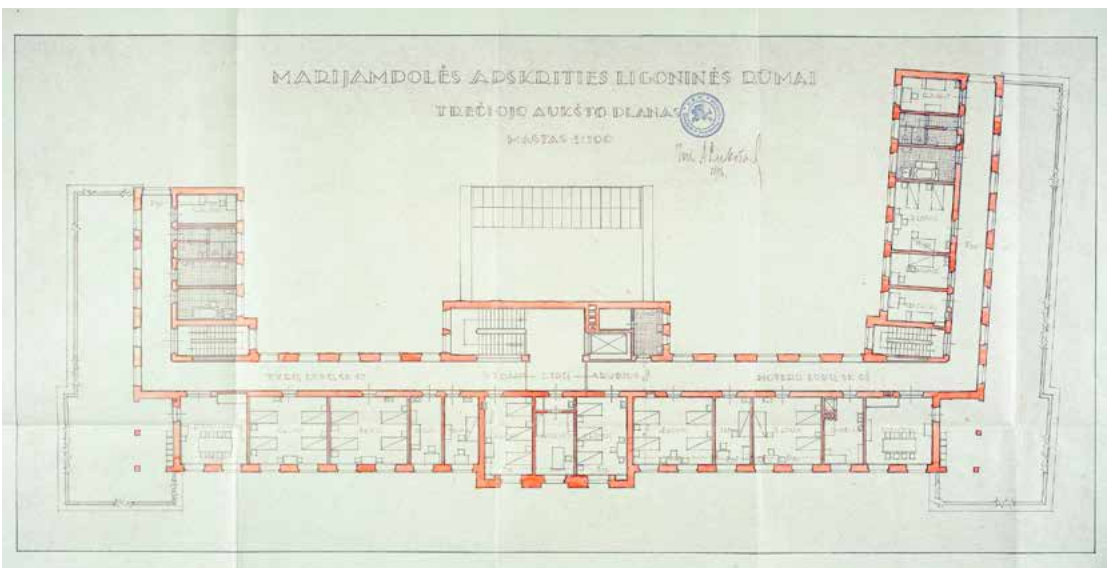
[79] Dačinskas, "Nauja Kėdainių apskrities," 378.



14. The installation of modern equipment, such as a foreign-made Siemens X-ray machine, was an important part of the modernization of Lithuanian hospitals in the 1930s (Central State Archives of Lithuania)



15. Ground-floor plan of Raseiniai County Hospital, by the civil engineer Antanas Adomonis, 1938 (Central State Archives of Lithuania)



16. Second-floor plan of Marijampolė County Hospital, by Adolfas Lukošaitis, 1936 (Central State Archives of Lithuania)

At the same time, the layout of the buildings changed. Facilities designed for around one hundred or more beds commonly adopted *E*- and *T*-shaped plans, as seen in the hospitals in Marijampolė, Mažeikiai, Raseiniai, and Šiauliai (figs. 15–16). Their larger volume made it possible to accommodate a broader range of medical functions, including separate departments for men and women, infectious and internal disease units, maternity wards, diagnostic and outpatient areas, and waiting rooms. Effective internal organization was necessary for such functional distinction. Thus, these buildings were designed with one-sided corridors, which allowed most treatment and public areas to receive direct sunlight. In addition, the buildings' planning compositions ensured clear functional zoning.

Different wings of the plans were assigned to house separate hospital functions and departments, maintaining their connection through a common corridor, staircases, and elevators. The one-sided corridor system also facilitated the movement of personnel, allowed for more logical organization of the flows of patients, visitors, and medical personnel, and reduced their mutual interactions.

In the case of complex medical institutions – most notably the Kaunas Clinics, construction of which began at the end of the decade – the accommodation of all required functions within a single low-rise building proved impractical. In other countries this was solved by starting to build multi-storey hospital buildings.[80] However, local conditions in Lithuania led to the use of a pavilion-based system for the clinics, which were designed by French architects in collaboration with Lithuanian engineers. The resulting complex consisted of functionally differentiated three- to five-storey buildings dedicated to radiology, laboratories, clinical departments, and administration. This arrangement allowed a logical organization of medical work while accommodating advanced technical infrastructure, including independent water supply, sewage, heating, and electricity systems, as well as modern diagnostic and laboratory equipment, all considered essential for effective treatment.[81]

Conclusions

In the 1930s in Lithuania, the concept of a modern hospital materialized in a purposeful process of modernization. During this period, hospitals began to be planned and designed as complex medical institutions whose spatial organization and architectural solutions directly affected treatment practices, patient comfort, and everyday operation. As a result, modernization involved more than the construction of new buildings; it also brought changes in hospital siting within the urban fabric, architectural form, and internal planning. Thus, by the middle of the decade, a characteristic hospital building type had emerged, which was defined by several commonly used features.

Most newly constructed hospitals were south-oriented two- or three-storey brick buildings, compact in form to accommodate modern medical functions. The planned structure of the buildings was based on the principles of logical functional zoning, hygiene, and efficient flow circulation. Hospital buildings were also characterized by moderate but modern architectural expression. This was reflected in the rejection of superfluous decorative elements, the use of lightly coloured facades, simple-looking volumes, horizontal banding, and an overall minimalist approach to the design, synonymous with the modernist style. The aesthetics of the buildings were complemented using functionally based large windows, elongated balconies, loggias, and terraces.

No less important to hospital modernization was the transformation of internal spaces and technical infrastructure. Smaller to medium-sized hospitals with thirty to sixty beds were designed with simple rectangular or *L*-shaped plans and double-sided corridors. The larger buildings could accommodate one hundred or more beds and adopted more complex *E*- and *T*-shaped layouts with one-sided corridors. The country's medical professionals widely emphasized that disease prevention and patients' psychological well-being required spacious yet small wards, typically accommodating from two to six beds and oriented toward the side receiving the most natural light. In addition, the approach was taken that a modern hospital must be equipped with advanced technical systems

[80] Cohen, *France: Modern Architectures*, 124.

[81] "Pastatai, į kuriuos kreipiama."

and medical equipment: central heating, plumbing, ventilation, electrical networks, elevators, X-ray machines, operating rooms, laboratories, and call-bell systems. All this was necessary for the hospital to be a comprehensively advanced medical institution, in which each composite element had a clear purpose: to contribute directly or indirectly to more effective disease prevention and treatment.

The data underlying this article will be shared on reasonable request by the corresponding author.

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Arhitektura bolnišnic in procesi modernizacije v Litvi v tridesetih letih 20. stoletja

Povzetek

V članku je analiziran razvoj litovske bolnišnične arhitekture v tridesetih letih 20. stoletja. V študiji je proučen in predstavljen okvir gradnje bolnišnic, vključno z modernizacijo zdravstvenega sistema, širitvijo bolnišnične mreže ter vlogo države, občin in javnih organizacij pri razvoju tega področja. Do začetka tridesetih let 20. stoletja so številne bolnišnice v državi delovale v neprimernih stavbah, ki pogosto niso izpolnjevale nujnih medicinskih in higienskih zahtev. Zato je bila arhitekturna modernizacija novih objektov percipirana kot nujen del napredka zdravstvenega sistema. V članku so obravnavana načela izbire lokacije bolnišnic in njihova povezava z urbanističnim kontekstom. Poudarjeno je, da so bile značilnosti parcele – zadostna površina, možnost usmeritve oddelkov proti jugu, dobro prezračevanje ter oddaljenost od mestnega hrupa in prometa – upoštevane kot bistvena higienska merila.

Hkrati so se začela spreminjati stališča in estetski ideali glede arhitekture bolnišničnih stavb, saj se je vpliv modernizma začel kazati v arhitekturi mnogih litovskih bolnišnic. Nove stavbe so zaznamovale minimalistična zunanja kompozicija, prevlada preprostih vodoravnih oblik, ritmično razporejene vrste širokih oken ter uporaba odprtih prostorov, kot so balkoni in lože, ki so postali standardni elementi. Te arhitekturne značilnosti niso temeljile le na estetskih idejah tridesetih let 20. stoletja, temveč tudi na funkcionalnih in higienskih zahtevah bolnišnic – zagotavljale so boljšo naravno osvetlitev, prezračevanje in povezavo bolnikov z zunanjim svetom. Hkrati so nekatere manjše pokrajinske bolnišnice ohranile zmernejši arhitekturni izraz, včasih pa so uporabljale modernizirane interpretacije zgodovinskih oblik. Modernizacija je tako potekala neenakomerno, odvisno od obsega, finančnih zmožnosti in lokalnega konteksta.

V članku je analizirana tudi načrtovana struktura bolnišnic in organizacija funkcionalnih območij. S povečanjem obsega stavb so se v njih začele koncentrirati različne zdravstvene funkcije: bolniški oddelki, oddelki za nalezljive bolezni, porodništvo, oddelki za interno medicino, diagnostični in ambulantni prostori. Na podlagi sodobnih zamisli o ureditvi moderne bolnišnice so si prizadevali ločiti različne funkcije, ki so jih te ustanove gostile, najpogosteje tako, da so jih umestili v različna krila. Zato se je poleg arhitekture tudi ustrezno urejena tlorisna razporeditev stavbe vse bolj dojemala kot del zdravstvenega procesa.

Če povzamemo, lahko rečemo, da je v tridesetih letih 20. stoletja bolnišnična arhitektura v Litvi postala pomemben del modernizacije zdravstvenega sistema. Gradnja bolnišnic in njihova arhitekturna podoba sta bili obravnavani kot pokazatelja napredka zdravstvenega sistema, sodobna, higienska in funkcionalno organizirana bolnišnična stavba pa je veljala za temeljni pogoj za učinkovito zdravstveno dejavnost in javno blaginjo.