

THE HISTORIC COMPLEX OF THE UNIVERSITY HOSPITALS AND THE 2ND SURGERY CLINIC IN THE URBAN SPACE OF CONTEMPORARY KRAKÓW

Abstract

Health architecture, which has been shaped at the intersection of many disciplines (both historically and currently), should predominantly serve a suffering human being. It should also facilitate the reconstruction of relations, ones weakened by illness, with the healthy world. Former and contemporary hospitals are completely different institutions. The humanisation process in hospitals has permanently changed the way we look at them, not only as “healing machinery”, but as an integral part of an urban architecture. Today’s architects and urban planners face new challenges. Globalization has transformed the process of creating architecture, allowing its authors more flexibility. This resulted in a decrease in functional and aesthetic rigor and made the experienced hospital facility in the city space. The development of medicine causes the evolution of views on the methods of treatment, which results in changes of the entire functional and special programs of these buildings; over the years, they have been involved in creating social awareness and the identity of the places where they were built. The question is still relevant today: What should be done for historic health architecture to meet the requirements of modern treatment, and what will be the future of historic hospitals in the urban space of a contemporary city?

Keywords: historic hospital architecture, surgery clinic, contemporary city

1. Introduction

The University Hospital in the Urban Space of Contemporary Kraków

Cities should be built so as to give protection to inhabitants and at the same time made them happy.

Aristotle

Every single existing historic hospital shows the achievements of past generations, and their knowledge and skills. Besides necessary references, contemporary patterns, and norms, it also contains an everlasting inscription of the architect’s original vision, and his notions about future. The result of his endeavor is a durable product which may remain in the urban space, even through the generations – regardless of modifications applied, or the change of usage patterns. Can hospitals, which were built a hundred years ago, be, in a sense, an answer to the challenge of modern medicine and the needs of contemporary patients?

A very interesting example of such health architecture is the University Hospital in Wesola District¹ in Kraków; it is one of the largest hospitals in Poland, with over 200 years of history of operation. The historic complex of research hospitals consists of 32 departments and 60 outpatient clinics, covering practically all medical specialties.²

Most of them were built in the second half of the 19th century and the beginning of 20th century among garden areas and lush street greenery (Fig. 1). From the very beginning, they mirrored the epoch in which they were erected – technological achievements, aesthetic views on the way hospital architecture was shaped. They were designed by the most distinguished architects of the time: Feliks Księgarski, Tadeusz Stryjeński, Filip Pokutyński, Tomasz Pryliński, Karol Zaremba, and Józef Sare.³ In their long history, they underwent many changes, gradually enlarging their structure and the scope of their activity. Still, we can see here clear space composition and beautiful forms of architectural details. All these historic buildings constitute one of the most interesting architectural and urban complexes located in the centre of the city (Fig. 2).⁴

The present shape of the University Hospital in Kraków is the result of some changes it underwent in the 1990s. The hospital was established as a complex of clinics, which includes almost all research hospitals in Kraków (with the exception of a few working on the basis of the city’s hospitals), several hospital departments, and dozens of outpatient clinics. It was created on the site of The State Clinical Hospital in Kraków.⁵

³ More broadly discussed [in:] J. Purchla, *Jak powstał nowoczesny Kraków*, Kraków 1990.

⁴ Also in: E. Waszczyszyn, *Future of historic hospital in contemporary city. Preservations problem. Prospects of development*, [in:] S.M. Alonso-Munoyerro, A.R. Marquez de la Plata, P.A. Cruz Franco (Eds.), *Nuevos Usos En Monumentos*, Vol. 3, Madrid 2013; E. Waszczyszyn, *Szpital w sercu miasta*, [in:] *Serce miasta*, Czasopismo Techniczne, Zeszyt Architektura (4), Vol. 9, Kraków 2008.

⁵ The State Clinical Hospital in Kraków was established in January 1950 by the order of Ministry of Health; it was subordinated to University of Medicine in Kraków – just separated from Jagiellonian University. See also: J. Białoń, J. Grochowski, *Akademia Medyczna w Krakowie w latach 1950–1963*,

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¹ The name of this part of Kraków is slowly going out of use, as it is being forgotten (even by locals); yet it is worth remembering. Today, Wesola (former District No VI) is a part of Grzegórzki District No. II. See also H. Świechowska, *Przedmieście Wesola*, [in:] *Studia nad przedmieściami Krakowa*, Kraków 1938.

² Szpital Uniwersytecki w Krakowie, (online) homepage: <http://www-legacy.su.krakow.pl> (date of access: 2014-12-10).

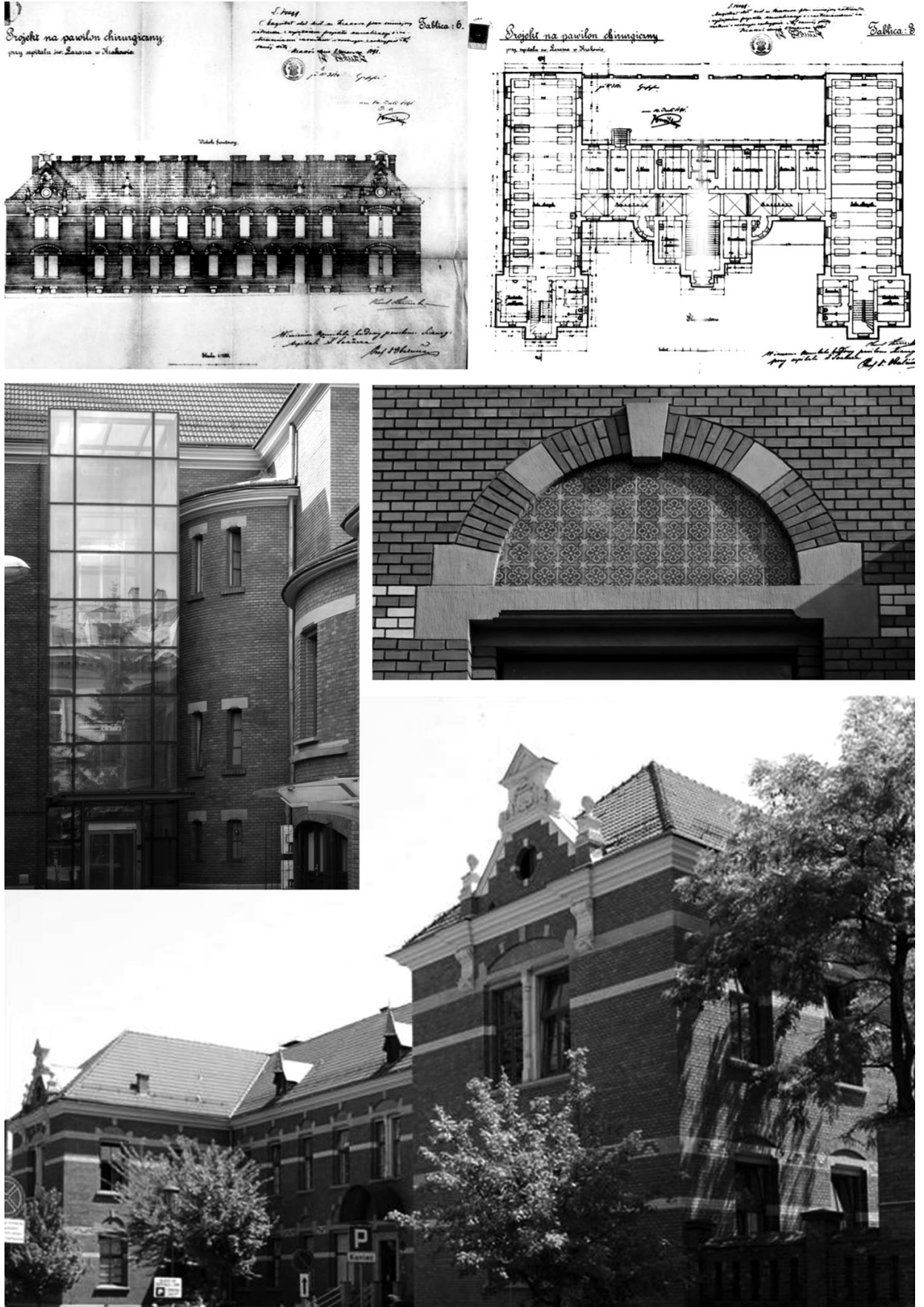


Fig. 2. The II Surgery Clinic of University Hospital in Kraków: The archival project of the front elevation and the first floor. The present estate of the front elevation and the detail of the window. Today it is the seat of the Department of General, Vascular, and Endoscopic Surgery, Emergency Medicine, and Multi-organ Injuries. Photos by the author

erected during the period between both world wars (with the features of the original style); and all those buildings constructed after World War II, which show important architectural and landscape values (Fig. 1, 2).

A very interesting example of the university hospitals is the II Surgery Clinic in Kraków, which was founded in 1893. Before the clinic began operating in the new building, like other departments of clinical medicine, it had many problems with suitable accommodation.

During their early years of existence, Kraków clinics frequently adapted already existing buildings to meet their needs, e.g. ones formerly belonging to monasteries. The units of elementary disciplines (in their state from the mid-19th century), were also located in cramped structures scattered all over the city. Therefore, running classes and scientific work were difficult. Complex research, in which the representatives of both elementary disciplines and clinical sciences should participate, was practically impossible.

The situation improved significantly with the advent of Galician Autonomy. In the 1860s, the development process of Kraków began, which made the city an important cultural, scientific, and political centre for all the partitioned Polish territories.⁹ The Jagiellonian University, and its Collegium Medicum, also flourished. The number of departments and units increased significantly, and providing them with appropriate accommodation became a major problem. The process of practical teaching of university students was supported by the clinical base, offered mainly by the Hospital of St. Lazarus (since 1788) at 19 Kopernika Street, and the Medical Clinic (since 1827) at 7 Kopernika Street. Teaching of clinical medicine encompassed such fields as internal diseases, surgery, eye diseases, obstetrics, pediatrics, and skin diseases. Nevertheless, inadequate space, very modest equipment (in particular units and clinics), and Collegium Medicum's constant financial problems did not hinder the progress of medical sciences.

In the 1870s, based on the efforts of the Hospitals of the Holy Spirit and St. Lazarus's management team, the decision concerning their further extension in the area of the former Wesoła suburb was finally made. Building new clinics was planned along Kopernika Street, which was lined with fields and meadows, and later, imposing gardens, monastic complexes, numerous mansions, and manor houses. Among them, in the years 1888–1889, the I Surgical Clinic at 40 Kopernika Street was built. The project, in the neo-Renaissance style, was designed by engineer Józef Sare in cooperation with Stanisław A. Ciechanowski.¹⁰

At the end of the 19th century, the accommodation base for the surgical department developed further. It eventually acquired its second seat at 21 Kopernika Street, due to the efforts of its managing director, Professor Alfred

Obaliński.¹¹ The new pavilion, completed in 1893, was a part of the Hospital of St. Lazarus, and concurrently served as a didactic base for the Collegium Medicum of the Jagiellonian University. In time it became the seat of its II Surgery Clinic.¹² The architectural project was performed in an eclectic style by Karol Zaremba.¹³ The whole investment, together with the equipment, cost over 125 thousand Polish zloty (zł) and was designed for approximately 100 patients. Works started in the spring of 1892, and terminated after about 14 months, in the summer 1893. The opening ceremony was held in autumn, on October 8, 1893.¹⁴

The surgical pavilion was built on the plan of an elongated rectangle, its front facing Kopernika Street. At the front and the back, two side wings (protruding sharply north and south) were located, as well as the central risalit with the main stairwell. The hospital maintained the function similar to the previously built I Surgical Clinic at 40 Kopernika Street. In accordance with the ruling tendencies, the administrative-didactic section could be found adjacent to the lecture hall and two small operating rooms, on the ground floor. On both storeys of the hospital building, there were four rooms with about 25 beds in each. There were also well-equipped workrooms and clinical laboratories.¹⁵ Similar solutions of shaping hospital space were used in designs of other European hospitals, e.g. in the Internal Diseases Clinic of the University in Halle (1881–1883), which was designed by Tiedemann; or in the Catholic Hospital of St. Hedwig in Spandau District in Berlin (1846), designed by Vincenza Statz.¹⁶ The whole internal device was characterized by the greatest simplicity, but everything was done to ensure a good quality of materials and workmanship.

The external architecture also corresponded with the same trends: the smooth surface of the walls made of red-brick cladding with modest use of yellow bricks; the horizontal lines of stone plinths; the window and door portals made of sandstone and topped with a painterly decoration on the front elevation; and the roof covered with two-color tiles from Niepołomice.¹⁷ All these elements contributed to the creation of a unique architecture in an eclectic style.

¹¹ *Ibidem*; J. Rostański, *Kraków pod względem lekarsko-przyrodniczym*, Kraków 1900, p. 87; L. Wachholz, *Szpitala Krakowskie 1220–1920*, vol. 2, Kraków 1924, pp. 58–59; J. Purchla, *Jak powstał nowoczesny Kraków*, Kraków 1990, p. 131; A. Obaliński (Ed.): *Pamiętnik oddziału chirurgicznego Szpitala Św. Łazarza w Krakowie*, Kraków 1893, p. 20.

¹² *Ibidem*. Today is the seat of The Department of General, Vascular and Endoscopes Surgery, Emergency Medicine and Multi-organ Injuries.

¹³ *Ibidem*, Kraków architect and conservator of the Hospital of St. Lazarus.

¹⁴ A. Obaliński (Ed.): *Pamiętnik oddziału chirurgicznego Szpitala Św. Łazarza w Krakowie*, Kraków 1893, pp. 25–26; B. Gospodarek, *By nieść pomoc i ulgę cierpiącym*, Czas, Kraków 1993.

¹⁵ A. Obaliński (Ed.), *op. cit.* pp. 25–26.

¹⁶ See in: E. Brinkschulte, T. Knuth (Hrsg.), *Das medizinische Berlin – Ein Stadtführer durch 300 Jahre Geschichte*, Berlin 2010.

¹⁷ A. Obaliński (Ed.): *Pamiętnik oddziału chirurgicznego*, *op. cit.*, pp. 25–26.

⁹ More broadly discussed in: J. Purchla, *Jak powstał nowoczesny Kraków*, Kraków 1990.

¹⁰ J. Bogusz, *Dzieje krakowskiej chirurgii (Wydział Lekarski Uniwersytetu Jagiellońskiego i Akademii Medycznej)*, [in:] *Sześćsetlecie...*, *op. cit.*, pp. 262–265.

The edifice of the hospital was also an example of using the so called ‘pavilion system’, very popular throughout Europe at that time. In comparison with previously designed hospitals built in a compact way, this system was more progressive and seemed to offer better protection against mass infection in the hospital. It was also applied when building the other 19th century clinics of Collegium Medicum in Wesola. New achievements in the field of medical technology and building technique seem to have been very eagerly used by Polish architects of the time.¹⁸

During its long history, the hospital building was expanded and rebuilt. In 1912, new operating and sterilization rooms were added. After a year, the Deckert Barracks, designed for sick children requiring surgical assistance, also was built.¹⁹ The interior of the clinic was modernized many times and adapted to the state of a contemporary hospital. Later, in order to improve the vertical transport in the building, an elevator was built outside. It is a lightweight construction of steel and glass, which does not destroy the order of the rear facade. Due to all the preservation and restoration work undertaken at the clinic, the continuous process of treating the sick and tutoring trainee doctors was already taking place in those historic building for over one hundred years.

The decision to maintain the specific nature of the discussed territorial unit of the city of Kraków – with its historic hospital buildings and ownership dividing lines – requires keeping of all the links and relationships between the hospital complex and other neighboring objects (like monastic, court and residential buildings). However, it’s important to emphasize here that there should be the possibility (and urgent necessity in some cases) to undertake some works in the area. This includes such tasks as removing the ruined outbuildings, numerous temporary constructions (sheds, barracks, etc.), and restoring green areas.

In Wesola, there are extremely valuable hospital structures which, together with their surroundings, must be saved – arranged and kept in an appropriate manner, particularly, the university clinic buildings on Kopernika Street. Their facades must be preserved with no major changes, and their interiors should be modernized and adapted very carefully to reach the status of a 21st century hospital.

It is worth emphasizing that architectural preservation problems should be disregarded when university hospital modernization projects are being developed to the standards of a contemporary hospital. In certain places, it is also possible to erect new objects. However, they must be strictly subordinate to existing architectural and urban context, i.e. current building lines, and overall dimensions of neighboring, historic hospitals.

A part of the district lies in the landscape protection zone of the city of Kraków; this means that investors must obey special regulations (mostly concerning the size of new

objects – not more than about five storeys for example) – to have the new building inscribed in its environment. It seems necessary to keep the individual spatial layout and the homogenous functional identity of this unique, architectural complex of the university clinics in Kraków (Fig. 1, 2).

2.2. Street and Squares System

It seems obvious that the existing arrangement of streets and squares of the area should be preserved. In addition, their inner landscape should be arranged in line with the area’s values.

First of all, the streets and roads must be kept as they were arranged in the past. In order to reach this target, it would be good to consider the system a two-part one, consisting of external (municipal) and internal sub-systems. The municipal sub-system of the University Hospital area constitutes the base of both the city and the hospital transportation system (Kopernika Street is the best example here).²⁰ After the year 1945, some changes were introduced here (e.g. one-way traffic in the Strzelecka and Botaniczna Streets and in a part of Kopernika Street). These changes were aimed at decreasing transit traffic and increasing parking spaces. New roads must not be built here, within this rather small and historic region. The idea of a North-South speedway line next to the existing railway track, developed in the 1870s, was completely unacceptable. It was just another consequence of the attitude to overlap the historical street system with the new traffic grid. The project of widening Kotlarska Street and creating a two-way road with access to a new bridge over the Vistula river was well-grounded. However, some plans of rearranging Grzegórzecka Street raised concerns and reservations. All of these plans try to preserve this historical street and (at the first glance) slightly adjust its geometry, but most of them suggest building the second roadway. This will need the whole frontage to be demolished. In Kraków, these buildings are not perhaps of the highest value; but, in the case of Grzegórzki District, it will lose its important historical part. Furthermore, it is not certain whether the current projects can truly compensate these losses.

Śniadeckich Street, still closed for city traffic, requires special attention. It joins Kopernika and Grzegórzecka Streets, and goes through the inner area of the University Hospital. Also, much attention and care should be paid to Semperitowców and Gęsia Streets (being inside a former industrial area, like a part of Rzeźnicza Street). They

¹⁸ F. Tournelle, *Warunki budowlane szpitali. Rys historyczno-statystyczny szpitali i innych zakładów dobroczynnych w Królestwie Polskim*, Gazeta Lekarska, Warszawa 1872.

¹⁹ L. Wachholz, *Szpitalie krakowskie*, vol. 2, Kraków 1924, pp. 58-59.

²⁰ The present name of Kopernika Street was formally established in 1858. A possible reason was that it led to the Astronomy Observatory of Jagiellonian University. However, for a long time, its old name, Wesola, was used. That name originated from the suburb of Wesola, which was established in 1639. The street connected Kraków, through Mikołajska Gate, with Mogiła village, and with the road leading to Wiślica, Sandomierz, and Russia. It was later called Russian Road. In the Middle Ages, it was one of the main commercial routes in this land. The street probably had one more name in the past: Mikołajska (since the Mikołajska Gate was the nearest entrance to Kraków). See also: E. Supranowicz, *Nazwy ulic Krakowa*, vol. 2, Kraków 1955, p. 78.

should be marked either by buildings or some other means. Street surfaces should be left to specialists, but it seems obvious that a distinct division of the street into its roadway and pavement should be preserved everywhere.

From the point of view of urban planning, lighting and other elements of small architecture require major adjustments. Lighting should be linked to the functional nature of the streets, especially Kopernika Street, which should be well lit and released from intensive traffic (already introduced to one-way traffic). Also the monumental buildings of the University Hospital situated at the streets of Wesola require more intensive external illumination.

Fences constitute a serious preservation problem since they often form the facade of the street (for example in Kopernika and Grzegorzeczka Streets). Historical fences must be preserved. Newer ones should be reconstructed or erected again in order to make them more attractive. All projects should consult with preservation authorities (Fig. 1).

2.3. Historical Ownership Division

This is another problem – maintaining the historical divisions of ownership and the layout of parcels. The preservation guidelines relate to the protection of such elements as: historical building lines, area of the squares, parks, gardens, etc., which define a unique urban space (Fig. 1).

2.4. Green Areas

Preservation of green areas – gardens, parks, street lawns, as well as other green places – is highly significant from the urban composition point of view.

Wesola District – formerly a recreational district of the city – has preserved quite a lot of green spaces, of which the Botanical Garden is the most valuable one. The area was once much more hydrated by old the Vistula River, and the Rudawa and Pradnik millstreams.²¹ Frequent flooding of the rivers caused the area to be moist, and full of ponds and wetlands, which had a significant influence on the evolving green areas. Other green areas are located within the boundaries of the city blocks; these are monastic or mansion gardens, as well as a few small gardens at the back of some hospital buildings. Small lawns in front of apartment buildings (inter alia at Bonerowska Street), and in front of mansion and University Hospital structures (at Kopernika Street) are often found in the discussed area.

Gardens located in former Jurydyki:²² Wesola and Lubicz, like the Shooters Garden, the Carmelite Convent Garden, the

one at St. Claus Church and the large hospital gardens (e.g. at the Internal Disease Clinic, 15 Kopernika Street) were of the highest historical value. They have also been included in the abovementioned preservation program and should be saved and protected. Some of them need new arrangement or reconstruction (e.g. the back gardens of the St. Lazarus Church and of the Psychiatric Clinic). It is necessary to maintain the gardens within the plots at the back of the buildings, especially where they will be possible to correct.

Earlier, specific vegetable gardens, typical for suburban districts of previous eras (e.g. at Żółkiewskiego Street) could be found in this area. There are also green spaces for sports belonging to The University School of Physical Education in Kraków (next to the University Hospital). A separate issue is the rich greenery of the 19th century avenues (e.g. Dietl Avenue), and the greenery accompanying smaller streets (e.g. Kopernika Street and Grzegorzeczka Street); they require protection and additions. Worth preserving is the individual nature of said solutions.

The most appropriate land development – with attention to the green areas of the University Hospital (i.a. between Kopernika Street and Grzegorzeczka Street) – can be a great chance to preserve the identity of Wesola District in the space of the contemporary City of Kraków (Fig. 1).

2.5. Panoramas and Silhouettes of the City

Preserving the silhouettes of Wesola and Grzegorzki Districts is part of the preservation program in the City of Kraków. Here, the towers of St. Lazarus Church were the oldest and most significant elements of the local panorama. Some time later, a new element – one of the most important in Kraków – appeared. It is the Jesuits Church tower. In Grzegorzki, some industry plants with their chimneys were built, too. In the second half of 20th century, the district panorama was enriched with a water tower located near the Vistula bank; the big office building called Naphtha-Carbon-Chemistry (acceptable in its size); and the slightly too-high chimney of the University Hospital heating plant at Śniadeckich Street. The silhouette of the district seen from the Vistula River has been devastated by a high-voltage line erected here.

It is suggested that the district panoramas and silhouettes should be preserved, and its negative elements (i.a. the chimney of an old kitchen and laundry at Kopernika Street, and the chimney of the heating plant at Śniadeckich Street) be removed.

Apart from these elements, there are a few other buildings there which – due to their height, location, or distinctive architectural forms – play a prevailing role in the panoramas of the district and the City of Kraków. They shape and create the nature of the streets and are considered as spatial culmination elements of the area. As such, they need a special protection, together with their nearest surroundings (Fig. 1).

from the municipal laws and rulers; instead it remained under the jurisdiction (hence the name) of the ecclesiastic or secular lord who founded and owned it.

²¹ H. Świechowska, *Przedmieście Wesola*, [in:] *Studia nad przedmieściami Krakowa*, Kraków 1938, p. 126; K. Bąkowski, *Dawne kierunki rzek pod Krakowem*, Rocznik Krakowski, 1902, p. 162; K. Bąkowski, *Przewodnik po okolicach Krakowa*, Kraków 1909, pp. 54-55; More broadly discussed in: M. Tobiasz, *Historyczny rozwój sieci wodnej Krakowa i jej wpływ na urbanistykę miasta*, Zeszyty Naukowe Politechniki Krakowskiej, series Architektura Z. 2/6, Kraków 1958.

²² Jurydyka (plural: jurydyki; from Latin *jurisdiction*, *jurisdiction*) is a generic Polish term for a settlement right outside (less commonly an enclave within) a royal city, that was independent

2.6. Historically Formed Functions

In order to find the shortest synthesis of land use in the discussed area, the following descriptions of particular districts should be selected:

- the western part of Wesoła (behind the railway track)
 - residential and city service functions (the latter represented by several public institutions, including the Medical College of the Jagiellonian University),
- the eastern part of Wesoła – mostly health care functions (i.e. objects of the University Hospital) and historic garden areas (i.e. the Botanical Garden),
- the northern part of Wesoła – public utility and residential functions (i.e. objects of the University Hospital and several tenement houses),
- the southern part of Wesoła – earlier green areas, industrial areas, public utility and residential functions (i.e. objects of the University Hospital and the Medical College).

The functional and spatial arrangement of the University Hospital initially was created only along Kopernika Street, and later was expanded to Grzegórzecka Street. Extensive enlargement of the complex undertaken and completed in the second half of the 19th century and the beginning of the 20th century resulted in the spatial and functional shape of the area. Its northern part, located on both sides of Kopernika Street, has health care objects; its southern part was created with auxiliary and didactic buildings. New objects which supported this scheme were erected here after the Second World War. Unfortunately, they were built in a chaotic manner, being subordinated to transportation axes only.

In most cases, historically formed functional zones should be protected. Possible corrections might include freezing health care services in the region of Kopernika Street (while new hospital objects are being completed in Prokocim District); extension of green spaces in the Wesoła (particularly, the Botanic Garden); limited growth of functions associated with culture, tourism, commerce, catering, and handicraft in the region next to the Old Town of Kraków; and development of residential functions in all Grzegórzki District, together with a basic services (mostly commerce and handicraft) (Fig. 1).

2.7. Historical Names

To preserve historical names (so-called historical toponyms) both in urban planning practice and administration is undoubtedly a priority. Unfortunately, we sometimes have to face devastating decisions in this matter. The discussed area, together with its neighborhoods, also reaped a lack of esteem for historical and linguistic values in recent times (some street names were changed in 20th century, like e.g. Starowiślna Street, which was replaced by Bohaterów Stalingradu Street). Another example is historical toponym: Wesoła. The name is slowly going out of use (as it is being forgotten even by locals), yet it is worth remembering. An absolute protection of traditional names should be recommended, and fortunately, the majority of them already have returned to their rightful places (Fig. 1).

3. Summing up the Discussion

In Wesoła, a former recreational district of Kraków, we can find, on the one hand, valuable buildings mostly represented by the complex of the historic hospitals, and on the other hand, quite a lot of unstylish buildings, usually represented by technical and administrative infrastructure. The university clinics, concentrated in a small and restricted area, are protected under legislation, and special permission must be gained before any preservation works are undertaken.

Technical state, historical value, and architecture of stylish buildings of the University Hospital in Kraków (as well as conditions for the functioning of the complex as a whole), call for lots of architectural, city planning, and preservation works, that must be preceded, however, by detailed plans that identify opportunities of their realization. It is necessary to rescue existing streets and square systems with their historical names, as well as keeping historical ownership divisions. Conservation, reconstruction, or recomposition of parks, gardens and other green spaces are also highly important.

These buildings, which have been included in preservation programs, should be conserved and perhaps modernized or adapted to the requirements of a contemporary hospital. Those which are of a negative influence on the spatial composition of the area, or without artistic and historical value, should be rebuilt or removed. These actions should result in urban order and good arrangement of the area in its functional, technical, and architectural aspects. This will improve the terms and conditions of functioning in the complex of clinics which belong to the University Hospital in Kraków. Thus, it seems necessary to keep the historical function of this area, which created the present individual identity of the former district of Wesoła.

However, the historic hospitals are faced with quite different challenges today than was the case 100 years ago; university authorities put forward the idea of building a new campus far from the centre of the old city. They chose the area near the children's hospital in Prokocim District. The plans and the idea behind them is not a new one. A draft project dates back to approximately 50 years ago. A chosen building site had a favourable terrain, sun exposure, and communication facilities with the rest of the city (combined with its suburban location). The conceptual project, a result of the organized contest in 1961, was provided by W. Wichman and A. Chlipalski.²³ The investment has never been brought into effect. Today, the idea returned and would have a chance of materializing. At the beginning of 2013, preparations were made for the land for new investment, which for a few years, ecologists protested against; they did not agree with the location of the new hospital. What was interesting was that the objection appeared after the purchase of the land by the Jagiellonian University, and after the preparation in 2010 of the project by the Architectural Office A. Tyczyński & J. Wojtas. As

²³ S. Porebowicz, *Budowa i rozbudowa akademii medycznych w Polsce*, Szpitalnictwo polskie, vol. 8 (5), Warszawa 1964, p. 199.

a result, creation of the modern hospital, with more than 900 beds, 24 operating rooms, and 92 intensive care stations has been put into question.

The opinions on the new project are divided. On the one hand, it appears that only new facilities will be provided with modern standards of treatment and medical education. On the other hand, the necessary funds for investments would have largely come from the sale of historic clinics and plots in Wesola, which will lose its hospital identity.

How do we not destroy the achievements of previous generations? This is not an easy task for current architects and urban planners. The humanization process of hospitals has permanently changed the way we look at them. We see them not only as a 'healing mechanism' but an integral part of urban architecture which has a great role to play – health care and the safety of its citizens.²⁴ These are very impressive buildings, but often do not comply with the needs of modern hospitals. We encounter similar problems in other Polish and European cities. Magnificent, 19th century historic hospital buildings exist in Wrocław, Warsaw, and Łódź. More than centennial hospitals operate in London, such as the Hospital of St. Thomas located in Lambeth District. Many historic hospitals function in Paris – like the Hôtel Dieu founded in 1231 and seriously reconstructed after a fire in the 19th century. Earlier, the architecture of the historic hospitals were more adapted to social demands;

²⁴ S. Porębowicz, *Problem humanizacji szpitali*, Szpitalnictwo Polskie, vol. 6 (1), Warszawa 1962, p. 118.

today it is more adapted to complicated standards and regulations. Hospitals not designed according to the latest functional requirements pose a threat to patient safety.²⁵ Therefore, not all of the historic healthcare facilities are preserved to this day in their original function.²⁶ The durability of its architecture does not provide the immutability of its usage patterns.

In the space of the city of Kraków, the historic complex of university clinics is like a living tissue – constantly evolving and transforming. On the one hand, the same buildings, streets, alleys, and squares can be still rediscovered. On the other hand, they determine the identity of the place – its public sphere – universal area, belonging to all of us.²⁷ The town needs locally distinctive places like this one. They are necessary for inhabitants and tourists alike. This individual context of the urban environment is for many reasons the best protection for the cultural heritage of the town. A valuable historic architecture should be accompanied by a valuable contemporary architecture. Harmony links the past with the present and promotes the sustainable development of the city; it allows for protecting the beauty of the Old Kraków for its current and future inhabitants.

²⁵ M. Czyński, *Antropologia ergonomiczna w projektowaniu architektury*, Przestrzeń i forma, vol. 1, 2005, pp. 93-104.

²⁶ See in: B. Mleczko, *Slużba Zdrowia. O 80 łózek ortopedyczno-urazowych mniej*, Gazeta Wyborcza, vol. 10, Warszawa 2001.

²⁷ A. Ziętek, *Oblicza Miasta*, Kultura-Enter. Miesięcznik Wymiany Idei, vol. 1, 08.2008.

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