



## **Helsinki hospitals at the beginning of the 20th century**

Maarit Henttonen, Lic. Phil., Curator, Helsinki City Museum

Hospital buildings are an important part of the national heritage and constitute important civic environments. As public buildings, the hospitals in Helsinki reflect Finland's development from a Swedish province and a Grand Duchy of Russia to an independent welfare state. I will first provide a brief overview of the state of healthcare in Finland at this time and then move on to a discussion of Helsinki hospitals built in the early 20<sup>th</sup> century.

### **The first hospitals and university hospitals in Finland**

Records suggest that dispensaries had existed in Finland already in the 14<sup>th</sup> century although it was only in the mid-18<sup>th</sup> century, with the introduction of provincial hospitals, that hospitals as we understand them today first began to emerge. When sovereignty over Finland was transferred from Sweden to Russia in 1809, healthcare continued to be provided in accordance with the principles established during the years of Swedish rule. The naming of Helsinki as the country's capital in 1812 and the moving of the university from Turku to Helsinki in 1828 gave a huge boost to healthcare provision and healthcare construction in the city. The German-born architect Carl Ludvig Engel (1778-1840), together with the A E Staubert, a hospital architecture specialist from St Petersburg, designed the university's Clinical Institute building, which was joined some decades later by the New Clinic, designed by E B Lohrmann (1803-1870).

Thanks to the city's university hospitals, by the early 20<sup>th</sup> century, Helsinki was enjoying good healthcare provision. The rise of modern medicine meant that there was increasing demand for research and treatment facilities as well as university places for the ever-rising numbers of medical students. The University of Helsinki Medical Faculty mooted the idea of new hospitals and in 1909 a rocky, forested site was acquired for the purpose by decree of Emperor Nicholas II. Finland's first medical architect Magnus Schjerfbeck (1860-1933) drew a plan for the area based on the pavilion hospital concept. In addition to the hospital buildings, the building project comprised non-clinical teaching facilities and staff quarters. The pavilion design harks back to the 19<sup>th</sup> century. It continued to prevail in Finland into the 1910s despite the miasma theory that led to its popularity already having been disproved. Key to the pavilion design was the separation of the different clinical functions and the division of patients into separate pavilions on the basis of pathology. The pavilion plan also made it possible to introduce features that ensured plenty of light and sufficient ventilation in all patient areas. The parkland setting was another key part of the design as the greenery was considered to enhance the patients' physical and mental state and, thus, to aid recovery.

The entire Meilahti Hospital complex was due to be completed in seven years. However, only the administrative building and the heating centre were finished before the start of the civil war in 1918 brought construction to a halt. Stylistically, both buildings are influenced by the rational Art Nouveau movement that had gained momentum towards the end of the first decade of the 20<sup>th</sup> century. Today, they form the oldest building stock at Meilahti Hospital, a nationally significant healthcare complex constructed over a number of decades.

### **Private hospitals**

At the turn of the 20<sup>th</sup> century, several private hospitals were established in Helsinki. Scientific medicine had been undergoing rapid development and increasing specialisation since the end of the 19<sup>th</sup> century. Hospitals were no longer seen as charitable institutions and death's waiting rooms and patients were increasingly seeking hospital treatment. Doctors responded to the growth in demand for beds by establishing their own hospitals. They also had a financial motive; universities were producing growing numbers of doctors but public hospitals were failing to provide sufficient employment opportunities for them.

Eira Hospital, named after Eir, the Norse goddess of healing, was one such private hospital. It was founded by a group of Swedish-Finnish doctors across a variety of specialisms who wanted to create a comfortable high-quality hospital for private patients. From this group, Wilhelm Zilliacus and Eino Sandelin were dispatched to Copenhagen in search of a suitable model for the new facility. After they returned empty-handed, the architect Lars Sonck (1870-1956) was commissioned to design the hospital. Sonck visited German hospitals but his search too proved unsuccessful.

All of Sonck's designs were conceived as integrated works of art. He wanted to construct complete entities starting with the land use plan through to the smallest interior design detail. Already at the end of the 19<sup>th</sup> century he had put forward a proposal for the area west of the Eira Hospital to be converted into a new neighbourhood made up of detached, single-family homes. In 1905, Sonck with his colleagues Bertel Jung and Armas Lindgren established a land use plan for the site. The city administration did not immediately endorse the plan but, following some amendments, did finally approve it in 1908. The area was developed in the course of the 1910s, initially in the spirit of Art Nouveau and later in the neo-classical style. The area takes its name from the hospital.

The Eira Hospital drawings were completed in 1904. In response to the client's request, Sonck rejected the traditional hospital layout involving a symmetrical ward design in favour of a homely and comfortable yet hygienic hospital milieu. Long corridors gave way to cosy waiting areas. The results were markedly different from conventional hospital design. The interlinking of the different areas was made possible by the fact that the hospital did not offer treatment for infectious diseases and therefore had no need for isolation facilities. Richly decorated interiors were also employed to banish a sterile hospital atmosphere. The inlaid ornaments in the corridor derive their motifs and colours from Finnish nature. Sonck even went as far as to identify rooms with flowers instead of numbers in a bid to do away with an overtly institutionalised feel.

The Eira Hospital spatial design, built over a number of levels partly due to its rocky site, soon proved problematic. An open staircase connected the floors with the wings built at half-floor levels. Later admitted to Eira as a patient, Sonck is said to have refused to leave his room, fearing that the nurses might challenge him on why he had built such an impractical hospital.

The exterior of the hospital calls to mind a castle-style residence. Finished in a light-coloured render and with contrasting red tiled roof and grey granite base, the elegance of the building with its high ceilings, rounded towers and bay windows, rich detailing and interesting choice of materials shows how Sonck had come to master the period's new style that combined international Art Nouveau with Finnish national romantic influences. Many contemporaries considered the design "bold". The hospital soon proved too small and was extended into the adjacent land. A private hospital continues to operate in the building to this day.

Another beautiful and interesting design from the Art Nouveau era is Selim A Lindqvist's (1867-1939) Hospital Ensi, now Villa Ensi, built in 1912 close to the Eira Hospital. Ensi, the daughter of business magnate Uno Staudinger and his wife Johanna was born at a maternity hospital established by two nurses that operated in a flat located in an ordinary residential building. Inspired by the birth of his daughter, Staudinger commissioned the building of a modern, private maternity hospital. Finland's first maternity hospital had been established in the early 19<sup>th</sup> century and, from the latter half of the century, all public hospitals had been required to have a maternity ward. These early services were designed for unmarried and poor women, however. The rapid development of scientific medicine led to a shift in the public's perception of hospitals and giving birth in a hospital setting became a viable option, also for the upper classes. It should be noted, however, that at the beginning of the 20<sup>th</sup> century, just 4 per cent of all deliveries took place in hospital.

Hospital Ensi represented a different school of Art Nouveau from Sonck's Eira. Selim A Lindqvist was never into the Finnish national romantic architecture and it seems that the Belgian/French style of architecture was more suited to his structural approach. Indeed, Selim A Lindqvist is credited as the leading master in the use of reinforced concrete structures and the structural approach to architecture at the turn of the century. The layout of Hospital Ensi resembles a ship, later held by modernists as a symbol for the modern age. Particularly worthy of note is the floor plan, which, unusually for the early 1900s, is built around a central corridor. Hospitals of the time were more commonly built around a side corridor with large wards. The patient rooms at Hospital Ensi were mainly small, in part due to the fact that it was built as a private hospital. The central corridor system enabled a rational design approach with all patient rooms at Hospital Ensi offering south-facing sea views. Treatment rooms and bathing areas were located to the north of the building. Lindqvist's rational approach is also reflected in his use of concrete in favour of the traditional brick.

### **Maria Hospital, local authority healthcare in Helsinki**

The presence of private and university hospitals contributed to the slow development of public health services in the Helsinki area. After the completion of the Eira Hospital, Lars Sonck was hired to design the extension of the city's local authority-run hospital. Originally established as an infectious disease

hospital in the 1880s, it had been extended in the 1890s and named Maria Hospital after Maria Feodorovna, the Empress of Russia.

The Maria Hospital site is long and narrow. It was originally chosen because it was judged to offer health benefits and was located in an area of town that would offer convenient access for the poor. In addition, it was considered remote enough for the treatment of infectious diseases. However, the narrow site soon proved both difficult to build on and insufficient in size. Interestingly, the re-location debate continues to this day.

The pavilion system was used as the basis for the site lay out. Over the years, several buildings by different architects have been added. By the beginning of the 20<sup>th</sup> century, a series of detached, mainly wooden, pavilions had been built along the site's southern perimeter. The in-patient building by Onni Törnqvist from 1902 is still an example of architectural historicism but the next extension, finished some years later, is already very much in the Art Nouveau idiom.

In accordance with the area's land use plan, the new hospital building by Lars Sonck was placed in the north-east, with the administrative building situated in the north. The hospital building ended up larger than originally planned leading to a rather cramped layout. At the same time, the detached pavilions were abandoned and the administrative building was linked to the pavilion completed in 1902 and the new hospital building. In addition, a walkway was erected to connect the new hospital building with the brick pavilion completed in 1894.

In comparison with the cosiness of the Eira Hospital, Sonck gave the new buildings at Maria Hospital a considerably more rational and traditionally hospital-like look. The simple design of the Maria Hospital exteriors is partly due to financial considerations but is also attributable to the fact that, as this was a public hospital, the architect was not required to pay heed the paying customers' wishes in the way he had been with the earlier private hospital. However, it should also be noted that by the completion of the Maria Hospital in 1909, the popularity of the national romantic style was already on the wane. The light, airy and hygienic Nightingale-style wards in the public hospitals contrast starkly with the accommodation offered by private hospitals, more reminiscent of a private bedroom or luxury hotel room.

### **Nummela Sanatorium – fighting the “white plague”**

Consumption sanatoriums and asylums are another key feature of early 20<sup>th</sup> century hospital architecture. The sanatorium in Nummela is one of the first public sanatoriums in Finland. Robert Koch discovered the tubercle bacillus in 1882 and some years later, in 1889, a lively debate ensued at a meeting of the Finnish Medical Association on whether it would be “right and appropriate” for a tuberculosis sanatorium to be established in Finland.

The year 1903 saw the completion of the first purpose-built tuberculosis sanatoriums in Finland. The second of these was Nummela Sanatorium close to Helsinki. As was customary at the time, Magnus Schjerfbeck, an architect with the Public Buildings Board, had travelled to Germany, Switzerland, Austria, Denmark and Sweden to familiarise himself with the sanatorium architecture in these countries prior to starting work on his own designs.

Health benefits became a key consideration during the Nummela Sanatorium site selection process. The accepted practice was for sanatoriums to be located

away from the city centre as cities at the time were seen to harbour disease. Rural locations, preferably coniferous forests offering high levels of ozone were considered best. For the site to be right it also had to be sheltered from winds, be free from fog and offer plenty of clean air. Patient care centred on rest and leisurely walks. The site chosen for the sanatorium was located along a pine-covered sandy ridge flanked by a clear-watered lake. A railway line came to within a couple of kilometres of the sanatorium and the area was therefore seen to offer excellent transport links.

The Nummela Sanatorium comprised two actual sanatorium buildings: an Art Nouveau style stone pavilion and a wooden pavilion for poor patients. The pavilions shared a kitchen and dining area, which connected to the stone pavilion through a corridor and a conservatory. In addition to the patient pavilions, the area contained a chief physician's residence with an adjoining housekeeper's flat, staff quarters, an engine room and wash house, stables, a piggery and other outbuildings.

The wooden pavilion for the poor and the wood-built sleeping quarters in the stone pavilion have now been demolished although the three-storey, plaster-rendered Art Nouveau patient pavilion and other additional buildings still remain. The placing of the patient rooms along an east-west axis down a bright side corridor is typical of sanatorium architecture. This key spatial element is still retained. The building's design highlights the role played by light and air in the recovery process. The open-plan resting areas and patient rooms are all south-facing. The rooms were also fitted with large ventilation windows, in a style first developed at the end of the 19<sup>th</sup> century. The emphasis on hygiene is evident. Easy-to-clean materials were favoured for the interiors. Oil paint was used on almost all interior walls. The wooden floors were covered in linoleum, valued for its hygienic properties. Rounded corners made for easier cleaning.

The Sanatorium was later extended. During WW II, it operated as a military hospital and, in 1956, it was acquired by the City of Helsinki and converted into a mental health facility and renamed Røykkä Hospital. Røykkä was closed down in early 1997 and the buildings now await new occupants. Work is currently underway for a new land use plan for the area.

### **From public asylum to des-res**

My final example of hospitals in the Helsinki area is the Nikkilä mental health facility built by the City of Helsinki. This long-term patient hospital was opened in October 1914 in Sipoo, some 25km east of Helsinki. Following a fact-finding tour around Europe, the architect E A Kranck (1864-1936) drew up the plans for the hospital based on the pavilion ideal. The design idiom, where the administrative building is placed in the centre of the site, is more reminiscent of architectural historicism than the new and freer Art Nouveau movement and was probably intended to emphasise the building's high status in the area's internal hierarchy. The administrative building also represented the symbolic centre of the area and served as the end point for the road running through it. Given a more elaborate design than other buildings in the area, its features included a cupola-like tower at the gable end. Approximately ten outbuildings were erected to the south of the administrative building, with the men's and the women's pavilions located to the west. A total of eight pavilions were built in the area.

Kranck created a total of three different patient pavilion designs. In addition to gender, patients were divided into groups on the basis of their diagnosis, tidiness, need for supervision and suitability for employment. Those capable of employment were placed in separate pavilions. These pavilions had four rooms each, the smallest providing accommodation for two people, the largest for eight. These "open" villas were home to the sedate patients who, following a trial period, could be placed with host families nearby. The pavilions were small and, with their distinctive roof structures, entirely in keeping with the Art Nouveau style.

The larger three-storey pavilions were reserved for patients not suited to employment. As with the other pavilions, men and women were again housed separately. The floor plan of this pavilion type was reminiscent of the traditional H-shaped hospital design. Patient rooms were located on the first and second floors, their capacities ranging from one to seven persons. Clear references to architectural historicism can be seen in the facades of this pavilion type.

A further pavilion type was designed for anxious patients in response to the disturbances they could cause. The design sketches show free and open floor plans typical of Art Nouveau. However, the final designs reveal that, in the end, much stricter and more symmetrical solutions were chosen. Room capacities ranged from one to seven persons. Each pavilion type also had space allocated for the staff. Access to the single-storey pavilions was restricted and fenced-off recreational areas were created adjacent to them.

The Nikkilä mental health facility was in its time a modern establishment that sought to humanise the treatment of mental illness through the provision of institutional care. Mental health facilities had traditionally been sited in remote areas far from habitation with the sole design of isolating patients from the rest of society. The choice of location for the Nikkilä facility reflects the major shifts taking place in the society and the psychiatric discourse of the time. The aim was no longer just to isolate. Instead, the medical establishment now saw the city as an unhealthy, stressful environment from which the patient needed to be removed. According to the then-prevalent psychiatric discourse, time spent in a peaceful environment in the country, engaged in suitable employment in the fresh air was conducive to recovery. Work was seen to offer patients therapeutic activity but also to prepare them for their eventual return to society. The work carried out by the patients also went some way towards covering the cost of their treatment. Patients not suited to employment were prescribed bed rest, long baths and wraps. So, although the hospital's rural location and pavilion design reflected a new belief in medical discourse, these solutions nevertheless served to reinforce the old division into productive and unproductive citizens.

In the course of the years, Nikkilä hospital was extended several times. When the decision was made to close it down the question of who would be interested in second hand mental health facilities inevitably arose. The pavilion design made it easier for a new use to be found for the buildings, however, and the old Nikkilä mental health facility was converted into a highly desirable residential area, marketed for its cultural and historical value.

In conclusion, a common characteristic of these hospitals is that their designs reflect the architectural trends of the time. Time, in a sense, works through the architect. However, the hospitals can also be seen as expressions of early

20<sup>th</sup> century medical discourse and as signs of the ongoing modernisation of society. Hospital design of the time was guided by a belief in the power of the physical environment and architecture to heal the sick and to rehabilitate them back into society. The hospital design ideology sought to cure patients by strengthening them both mentally and physically. The hospital came to be seen, not as a human storage or death's waiting room, but as an instrument of healing.