

Hospitable City: A New Life for an Abandoned Neoclassical Hospital **A Radical Design Experience Between Research and Pedagogy**

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***Hospitable City* is a radical design experience between research and pedagogy that addresses the theme of the reuse of large historic buildings. Hospitable City is not merely intended to be a way to adapt old buildings for new purposes. Rather, it is an opportunity to develop new strategies that might link the city and its citizens to abandoned or underused spaces committed to health, well-being, and improved sociality. Hospitable City tackles these issues, focusing on the case study of a late neoclassical nineteenth-century hospital in Cagliari, the principal city of Sardinia.**

The Hospitable City strategy assumes that buildings like old hospitals, prisons, courts, markets, and other civic types of the nineteenth-century bourgeois city, generally separated from the host context, might be integrated with the city on a symbolic and functional level. They might be reimagined open and in continuity with surroundings, not as *cities within cities*, introverted complex nuclei, but extensions of the urban realm, permeable, welcoming, and hospitable *civitas*.

Two main actions summarize the strategy. The first one is opening the building to the city, creating new physical connections and routes, and reconfiguring uses calibrated to the urban environment's current needs. The second action strictly depends on the first one. It involves reading the hospital as an organism with urban characteristics—in some ways a mirror and extension of the city—composed of parts with partial autonomy. With this approach, it is possible to study and implement the reuse in separate phases, programmatically defined and activated at different times.

In the Cagliari hospital case, we worked with students in the last year of their master's university career to experiment with new possibilities for redefining spatiality on the ground floor. This paper presents the ideas emerging from the teaching activity and outlines a position discussing cultural and theoretical implications of adaptive reuse of historic underused buildings.

1. INTRODUCTION

Hospitable City is a radical design experience between research and pedagogy that addresses the theme of the reuse of *large historic buildings*. These hospitals, prisons, courts, stations, markets, and other *civil types* accompanied the formation of the new European nation-states between the end of the eighteenth century and the beginning of the twentieth and gave rise to grandiose renovation operations initiated by the culture of the Enlightenment and the nascent industrial bourgeoisie. In many cases, these buildings have lost their original function and suffer a condition of precarious use or abandonment.

Today, we focus our attention on these historical artifacts. They are unique architectural testimonies and condensers of the memory of the communities that created them, as well as strategic elements with great potential for the processes of rethinking the future of the contemporary city.¹ Our research goes beyond the practices of mere adaptation of historical space to new purposes. It experiments strategies of intervention on the existing realm, from an urban and systemic perspective, as an act of critical rethinking of the relationships between disused architectures of the past, cities, and citizens. *Hospitable City* tackles these issues, beginning with the case study of a late neoclassical nineteenth-century hospital in Cagliari, Sardinia.

2. A CASE STUDY: SARDINIA AND THE NEOCLASSICAL HOSPITAL OF CAGLIARI

In the mid-nineteenth century, the construction of a few major public buildings marked a radical transformation for Cagliari, a quite small urban center, but nevertheless the principal city of Sardinia. Formerly a military stronghold strategically located on an island in the middle of the Mediterranean routes, the city changed its character and configuration with the demolition of part of its monumental walls. As Cagliari waned its military vocation, it became a bourgeois city—a condition reached with the inertia caused by the backwardness and marginal position—only in the first half of the twentieth century. Key pieces of this process was the construction of new civic monuments that stood out for their architectural features and unusual dimensions compared to the measures of the medieval city's urban structures.² The sequence of new

facilities was inaugurated by a building that still stands in all its grandeur: the historic Civil Hospital, designed in 1842 by Gaetano Cima, the principal Sardinian architect of the post-Enlightenment period. (figure 1)

After almost two centuries, the center of Cagliari remains marked by its main nineteenth-century buildings. The historic city maintains clear relationships and characteristics through its evolution. However, amid the expansion and transformations of the nineteenth century, when technical advances took over architectural mandates, the historic civic buildings became obsolete. Today, a rethinking of functions and urban role is required. These remarkable civil buildings are a testament to a strategic legacy that reaches beyond their monumental and historic value. Through dislocation, scale relationships, and specificity of spatial configurations, they represent complex urban nodes, and these precise critical conditions make their importance evident. It is challenging to find resources and interested parties to deal with the complete recovery of large-sized buildings by establishing different uses or defining ways for them to open to the city. Therefore, careful consideration and the development of timely intervention strategies are required on a case-by-case basis. Indeed, the need to dissociate the building and its surroundings from specific and uniform past uses is made evident by present conditions of separation from the city. Historical architectural complexes need to be reintegrated into the city in forms that suit the plurality of ways of life, rather than relegating them to a limbo of a purely monumental destinations.

As university professors and members of the Cagliari School of Architecture, we feel responsible and directly invested in developing new strategies to recover and convert the city's architectural heritage, especially its historical and cultural heritage. We interpret this task by constructing dedicated and multidisciplinary research and defining didactic formulas that, integrated with those researches, offer our students the opportunity to deal with concrete problems rather than merely academic exercises. In recent years, we have also been able to intervene directly in the city, collaborating closely with political institutions to develop plans and buildings. A recent experience has allowed us to engage in revising a detailed plan for the historic center of Cagliari, in which the hospital and other buildings under discussion play an important role.

3. THE STRATEGY AND HISTORICAL REALITY OF THE MONUMENT, A STONE AND BRICK MACHINE À GUÉRIR

In the initial stages of our work, we dedicated ourselves to the study and historical analysis of the project and its construction events.³ To understand the reasons for such a singular form, it is necessary to frame the ongoing debate at the turn of the nineteenth century regarding the work of the architect who designed the hospital building. When Gaetano Cima began the search for a site suitable for the construction, seventy years

had passed since the 1772 fire of the Hôtel-Dieu in Paris. The tragic destruction of the old Parisian hospital marked the start of a season of heated confrontations between medical scientists and architects, all involved and called to study a precise response on issues of a modern and rational hospital organization. The ensuing debate evolved in a dispute between architects and scientists and evolved around two opposing spatial organization models: central planning and parallel rows. Despite the architects' efforts for a radial scheme,⁴ the project of a *panoptic hospital* had several weaknesses. Thus, at the turn of the nineteenth century, the mechanistic model, a prerogative of doctors, had prevailed. Its organization was divided into autonomous blocks responding to precise sanitary logics. Michael Foucault described the system as a *machine à guérir*,⁵ an expression that effectively summarizes the idea that progressively the efforts of physicians, in some cases assisted by architects, with the pavilion hospital initiate a process of mechanization the healthcare architecture that would have progressively removed the architects from the hospital project.

The ordered sequences of aligned buildings guaranteed advantages, both in terms of rational organization and compliance with the mandatory and obsessive need for continuous ventilation. Moreover, pavilions did not adapt well to the propensity for monumental and concise rhetoric of late neoclassicism. The architect, Cima, was well aware of this contradiction. In facing the challenge of designing a modern hospital, he dealt with questions of how to recompose the fracture between form and function in a unitary response compliant to the requirements of the nascent discipline of hospital organization while responding to the post-Enlightenment ideal of "civil magnificence," which expressed "a goal of urban civilization, synthesis of beauty and usefulness."⁶ A challenge that found with Cima's proposal a peculiar answer in combining the palatial type, the radial scheme, and the separation of the whole into distinct linear bodies. A panoptic radial implant is grafted onto an oblong body, centered on the chapel's drum open towards the hemicycle of the internal courtyard, the geometric—but above all, spiritual—center of the modern *machine à guérir*. In the median part of the linear body along the public space, the center of the hemicycle is grafted and becomes the generator of a radial sequence of buildings, folded in the middle to form the sides of five hexagonal intermediate courtyards. Due to the eloquence and magnificence of the neoclassical figurative apparatus, the rectilinear volume conforms to an intense relationship with the city as a *scaenae frons*. Its two levels include the entrances, administrative spaces, and triage areas. In the radial bodies, departments are rational and ordered, divided by sex and pathology.

In the second half of the twentieth century, the population of Cagliari grew, and the paradigms of health organization changed so that the planimetric system manifested its limits, not allowing any further growth or an effective reorganization



Figure 1. Ospedale Civile San Giovanni di Dio in 1870. From the historical archives of the City of Cagliari, photograph department, series IX: collections and albums, Cocco Collection, photo no. 499.

of flows. Over time, the typological constraints led to the slow decline of the building, unable to remodel itself and adapt to new uses, a fate common to other *large nineteenth-century buildings* in the city. Bringing back to life and promoting the qualities of permeability and flexibility in a singular and concluded typological system, without distorting the grandeur and uniqueness of its architectural features, constitutes the challenge that we face today in imagining a new course for the hospital and that we address in Hospitable City.

4. A STRATEGY FOR LINKING THE HOSPITAL TO THE CITY AND FOR A NEW FLEXIBILITY OF USE: THE MEDIATION OF THE GROUND FLOOR AND THE AUTONOMY OF THE UPPER LEVELS

Like other civil architectures of the nineteenth-century city, the hospital was a condenser of life, a place for meeting and sharing, a crossroads for the community, in Guido Canella's words, a "city within a city."⁷ The Canellian image restores the hospital character of closeness and otherness, a building separated for institutional and technical reasons, yet complex and self-sufficient. However, the Hospitable City design studio strategy tries to overturn this point of view, assuming

as a design paradigm that these types of construction can be configured on a symbolic and functional level as integrated with rather than separate from the city, open and in continuity with its surroundings; therefore, not *city within a city*, introverted complex nucleus, but an extension of the urban realm, permeable, welcoming, and hospitable *civitas*. This reversal affects the general idea of the monument and its typological characteristics; its completed and centripetal configuration becomes a reformed and passable space. This is perhaps the most demanding challenge that focuses on redefining some of the building's architectural elements. In our opinion, its reuse assumes a significant action and a proper design.

The developed strategy is summarized in two main actions. The first is opening to the city, creating a new physical connection and routes, as well as a reconfiguration of uses calibrated to the current needs of its urban environment and immediate surroundings. For this reason, we consider an intervention on the ground floor of the hospital to be crucial, and one that is in direct continuity with the city. The recovery of the ground floor must be addressed with a specific approach, different from the one required in the rest of the building. This level

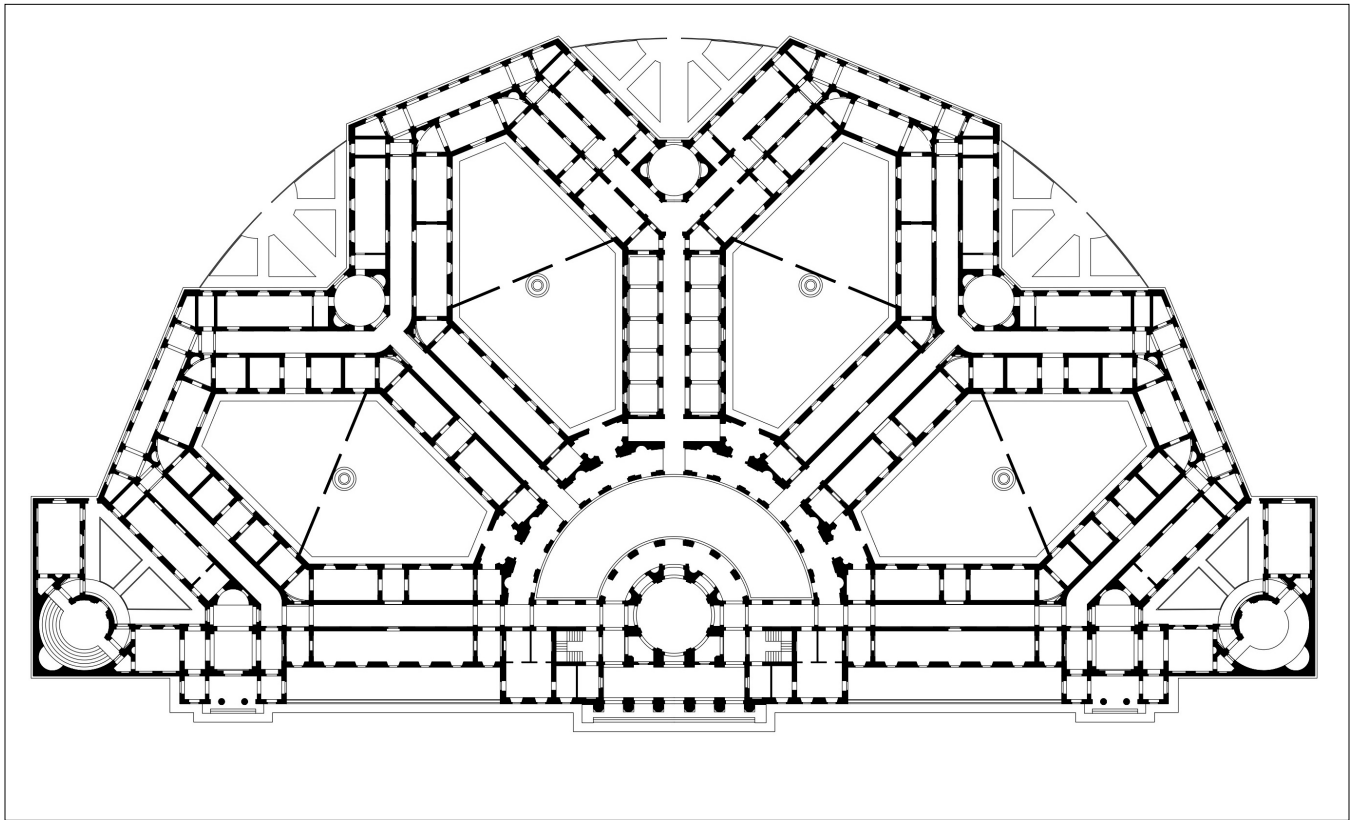


Figure 2. ground floor plan of the hospital in Gaetano Cima's original design, 1842.

must be configured as an interface between the city and upper levels. It must be rethought through renewal of spaces and paths to promote permeability, freedom of movement, variety, and interconnection of uses; all typical characteristics of street life that should be transposed to the renewal of a historical typology. This is undoubtedly the most exciting and experimental design exercise in our proposal. It is based on the conviction that it is possible to generate this transformation without erasing the historical image, rather making it evolve with a few targeted interventions and punctual grafts capable of triggering, through triangulation, new paths.

The second action of the strategy strictly depends on the first one. It involves reading the hospital as an organism with urban characteristics—in some ways a mirror and extension of the city—considering its parts according to new relationships, and giving them partial autonomy. With this approach, it is possible to study and implement the reuse in separate moments, programmatically defined and activated at different times. The ancient hospital in Cagliari is a macro-construction, too vast and articulated, so exceptional from a historical and architectural point of view that relegating it to a single function no longer seems sustainable. Therefore, if the ground floor is entrusted with the role of mediation space, different hospital portions could be reserved on the upper floors for more characterized and unitary functional areas, independent of each other, and with the possibility of diachronic implementation.

New feasible programs are not indifferent and contribute to the success of the strategy. Interventions on historic buildings do not find justification and adequacy both in naively neutral design actions, but in the choice of uses that, in addition to being adaptable to the physical limits of the original system, reinforce the historical aura determined by the original function. For this reason, in our case study, it was deemed necessary to restore function to the old hospital while preserving its charitable vocation. This will contribute to forming a community reference and a cultural and social meeting space aimed at well-being and self-care, in which citizens can re-establish a psychophysical balance and a state of health through prevention and a healthy lifestyle rather than exclusively through the direct treatment of pathologies.

5. THE STRATEGY TESTED THROUGH DESIGN AND TEACHING: INTRODUCING CONTEMPORARY SPATIALITY IN THE GROUND FLOOR

A characterizing aspect of the Hospitable City design studio is its integrated dimension and openness to experiences from different fields. The support of Architectural Design and Restoration disciplines has certified the possibility of achieving qualified and controlled results.⁸ This support is based on a vision that intends to look at the life of forms given by “juxtapositions, interpenetrations, and superimpositions,”⁹ ensuring that the project on the existing realm can narrate, really through its forms, both past and present.

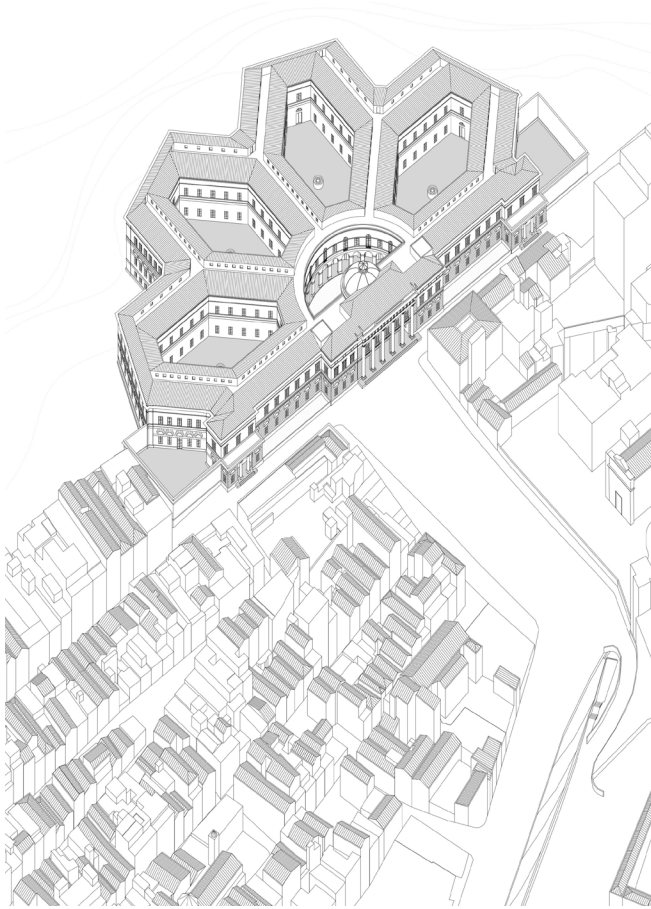


Figure 3. The hospital in the city. An isometric view of the original design.

It is therefore interesting to describe the way we approach the relationship of research on the hospital with our activity as university teachers. We consider teaching fundamental for opening our didactic experiences to real questions of the territory and, when possible, we try to integrate these issues with university research and consultancy activities. Maintaining these areas together is a complex process, and we do not understand it in the sense of mere overlapping: we are committed to characterizing the various levels independently and defining the terms of their integration. We generally start from the concrete problem, the hypothesis of a real consultation, for which we set the points of an intervention strategy with an expert and small group of professors and researchers. Once this phase is completed, we develop a teaching methodology derived from the prepared strategy. This step must guarantee the student a broad, articulated, and stimulating framework for learning design tools while remaining bound to a range of well-identified concrete problems. The work plans remain parallel, but they do not coincide: it is a propitious condition that offers refinement and verification opportunities on both fronts.

In the Cagliari hospital case, we worked with students in the last year of their master's university career to experiment with new possibilities for redefining spatiality on the ground floor. The interpretation of the monumental building was an essential starting point on both an urban and architectural scale. The construction was interpreted in its historical, material, and aesthetic values, with particular attention to aspects related to memory. Therefore, the students were accompanied to investigate the architecture by reconstructing its history, chronologies, and stratigraphies. This survey was conducted by reading material and degradation signs (the latter caused mainly due to functional overload that progressively altered the building over the years), and recognizing typological and formal values linked to the size and distributive and decorative apparatus. It also considered memory values linked to the hospital's original use as a place of suffering, but also of hope and new life. This approach was essential to develop contextually analytical and critical attention to the artifact with the specific intent of guiding students in the choice of design proposals. Our conscious vision reflects what the hospital building was, is, and will be in respect of its intrinsic meanings. This approach did not preclude the possibility of opting for choices sometimes involving destruction of historical material, although such decisions were circumscribed and motivated, always careful to maintain the typological, architectural, and construction foundations upon which the artifact is based in order to reconcile the values of history with those of contemporaneity.

A preliminary phase concluded the overall analysis of the complex. Then, we isolated a specific portion of the plan that presented the main themes at stake: the direct relationship with the city, the rigid and highly hierarchical configuration of the corridors, and the relationship with the internal courts. In this planimetric segment, the students worked in groups according to a predetermined sequence of phases.

In this opening phase, we remained dedicated to the general prefiguration of a new spatiality using synthetic schemes applied on a sufficiently large scale. Subsequently, we descended on a different scale to focus at a much greater level of detail. Finally, the students concentrated their attention on designing a single piece, a small-scale architectural device, chosen from the elements outlined in the first prefiguration. This piece was conceived as a supplement, a reduced element capable of generating a new spatiality through the virtue of its architectural properties and location. Only in the third and final phase we returned to the general scale by identifying the insertion points of the devices and completing the intervention. An exercise structured in this way, moving on the two scales, allows to obtain a new spatial character starting from the insertion and processing of minute elements, intended to interact with sensitivity and specific shrewdness with the image and reality of historical pre-existence.

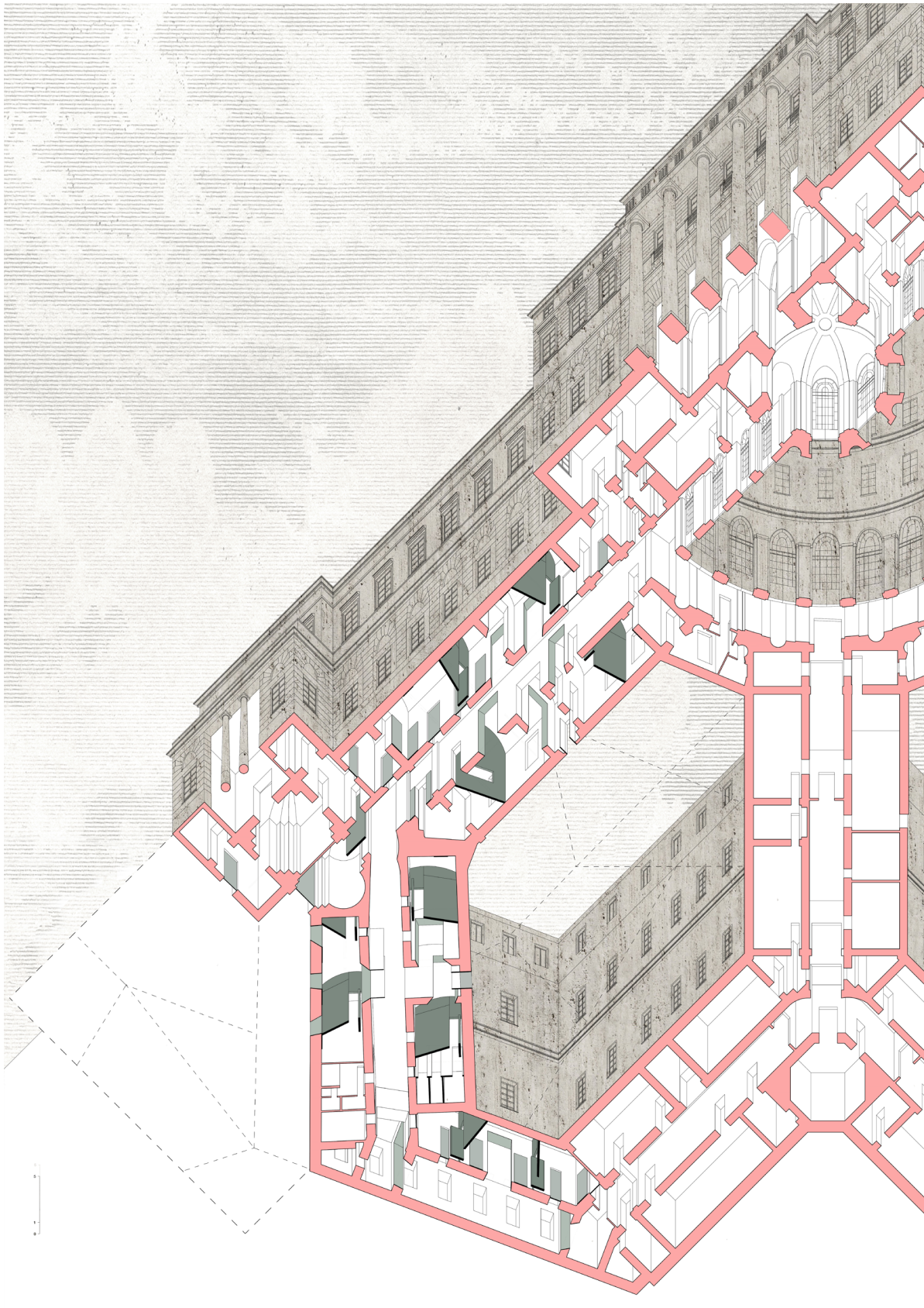


Figure 4. Sample of student's proposal. Isometric view from below.



Figure 5. Sample of student's proposal. Ground floor plan.

Furthermore, all students were called to respond to issues of accessibility for all in the recently established *Cagliari Accessibility Lab*, Interdepartmental Center of the University of Cagliari.¹⁰

6. REVEALING A NEW PERCEPTION OF THE MONUMENT AND ITS SPACES AS A STRATEGIC ACTION OF THE PROJECT OF REUSE AND INTEGRATION WITH THE CITY

The projects we present go beyond testing the strategy and highlight an investigation on a space capable of generating a new perception of the monument, avoiding to introduce new forms. In describing students' works, we observe that the desired characteristics of permeability and openness are not pursued by altering the historical form, but by modifying its perception. We proceeded by limiting the alterations to the historical material, except where the minimum revision is justified as critical action, and proceeding by grafts that, underlining the ancient form, favor new uses and above all generate a new perception of the spaces. The images of the students' works describe this condition well. (figure 4, 5, 6). Beyond the creation of new entrances and the modification of internal flows, we focus on a relevant aspect for our discussion: creating a new spatiality as the result of the rigid relationship between the linear central corridor and the side rooms. The new condition does not alter the position of the historical masonry masses nor insert new autonomous figures. On the

contrary, it is constituted by inserting punctual *devices* and opening transversal passages so that in the major rooms it is always possible to see an adjacent space, along a sequence of continuous triangulations. Devices do not manifest themselves as autonomous figures but rather as comments and clarifications capable of revealing existing meanings (structure of the historical form), conferring new values, and modifying the perception of the artefact.

On the relationship between perception and conservation, Evgenii Mikhailovskii argued in the 1970s that conservation should be interpreted and formulated, not as a practice of form, but as a discipline aimed at modifying the perception of the artifact in order to make its cultural value legible and transmissible.¹¹ Although Mikhailovskii's thought should be framed in the historical and cultural context of Russia in the 1970s, his position is useful for our discussion. For Mikhailovskii, conservation did not consist of the modification or restoration of the architectural form, but as a continuous process of framing and reframing the aesthetic experience of architecture such that the visitor could acquire a sense of cultural importance of a building.

In our case study, recognition of the historical and cultural value of the work is necessary. A community that perceives the building's instrumental value as part of the health system in a prevalent and relevant way does not have a full perception of

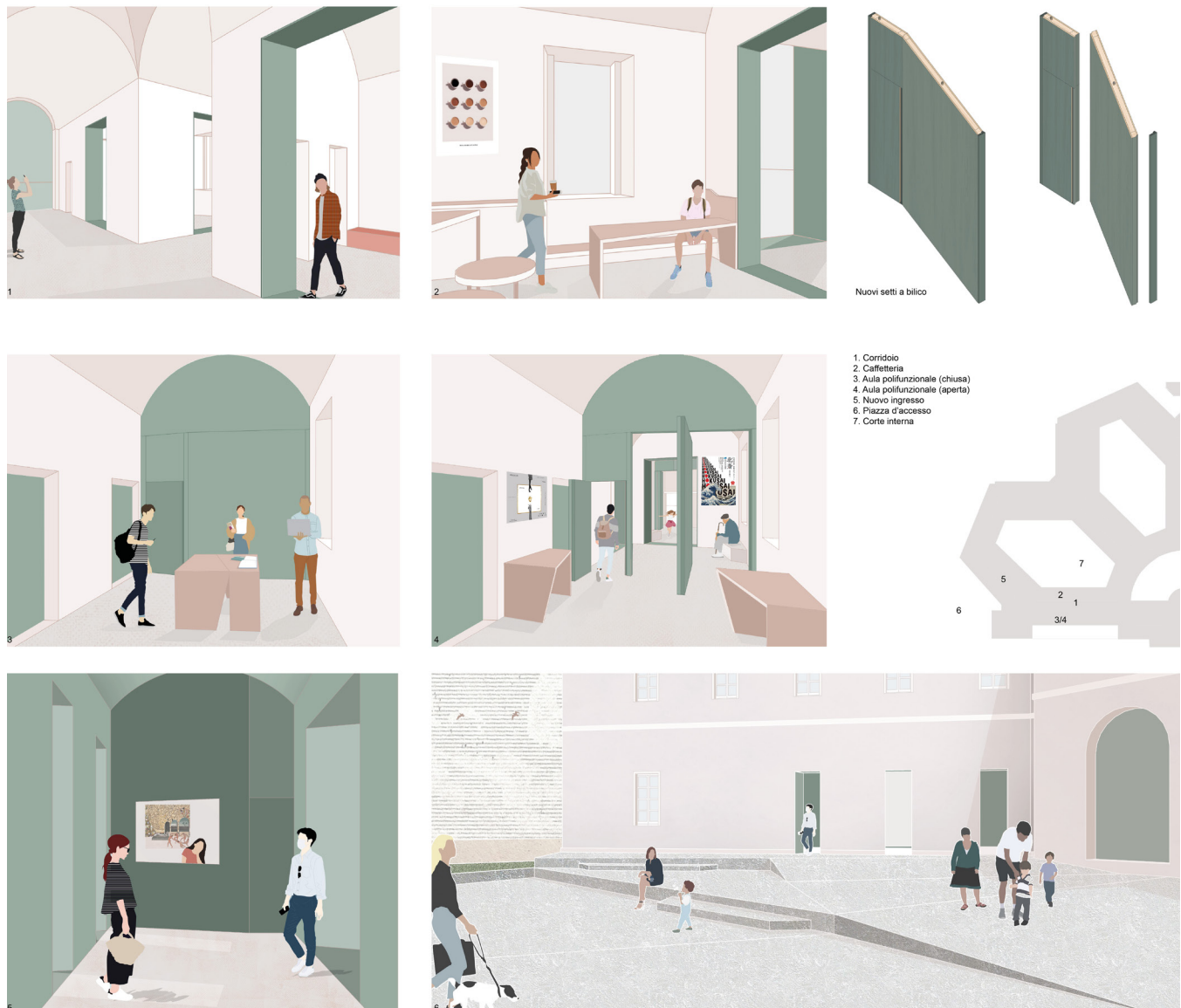


Figure 6. Sample of student's proposal. Views.

its historical values, nor does it have the clarity to frame them in a current and contemporary perspective. George Otero-Pailos recalls Mikhailovskii's framing in the "Supplement to the Manifesto of Preservation by Rem Koolhaas"¹² and gives an interpretation of the conservation intervention as a practice of cultural repositioning. Otero-Pailos stresses that the recognition of the cultural significance of architectural forms is still a contemporary problem.¹³ If, in general terms, the reasons and purposes of the cultural repositioning of a historical work can in many cases be shared, Otero-Pailos's idea that a supplement is formless becomes questionable. He argues that an approach based on formless supplements "frustrates one of the fundamental practices of architectural design: the production of a new form," positioning the disciplines of design and conservation in opposition. Otero-Pailos places design and conservation activities on two different levels, such that

one appears to be dedicated to the generation of a new beginning, while the other is limited to freezing a state of matter. Conversely, our research and laboratory are based on the idea of the project that pursues the cultural relevance of forms, not by focusing on the constitution of a new figure, but as part of the natural dialogic process of modification and decay of the existing realm. Therefore, in the slow and unavoidable process of modification of existing material, the designer intervenes, not altering the given form but ensuring, through a renewed perception, a renewed and prolonged existence.

7. CONCLUSIONS

In the hypothesis described above, the Cagliari ancient hospital would abandon its aspects of closure and self-referentiality to be transformed into an architecture integrated with the city and prepared for varied and relatively autonomous occupations.

In this perspective, an effort to modify the perception of the building is necessary for an effective, open implementation into the city. In fact, like other nineteenth-century civil buildings, the historic hospital represents to the collective imagination an *other reality*, an insurmountable limit, separate and distant from the city. Therefore, the conservation project is not limited to the balanced inclusion of new uses, but strategically favors a full recognition of the cultural values and potential of the monument to be perceived no longer as a place *where you go when you feel sick*, but as a part of the city, a public and collective space open to citizens.

However, the transformation must arise from recognizing the cultural and architectural value of the building within a coherent and unitary design hypothesis, coordinated and guided in all its phases. The challenge of recovery and giving the old hospital new life can be considered effectively achieved only when the transformation proves to be a reinterpretation of architectural characteristics translated into a careful and reasoned design action rather than a cancellation or an incoherent and abstract superimposition.

ENDNOTES

1. Christopher Tweed, Margaret Sutherland, "Built Cultural Heritage And Sustainable Urban Development," *Landscape and Urban Planning* 83: 62-9.
2. The new prison (Giovanni Imeroni, 1955), the train station (1879), the civic market (Enrico Melis, 1884, demolished in 1973), and the new town hall (Crescentino Caselli, 1899) were built since the middle of the century. This sequence testifies a rich stylistic transition, from sober neoclassicism to eclecticism and liberty, and reflects different images of the city.
3. We resort to historical analysis in the interpretation of architectural evolution without ideological prejudices or predetermined expectations, convinced as we are that knowledge is fundamental for the project, and recognizing that the preliminary analysis is what enables the architectural work to acquire a historically-grounded consistency, even though we are aware that no form of knowledge can play a decisive role within the realization of the project. In this regard, fortified by Vittorio Gregotti's words, when he expressed the lack of confidence in the exclusive analysis of the existing data as follows: "the most important thing is to put aside any deductive illusion of those who think that the project can be determined by the mere interpretation, albeit the most thorough, of the conditions and context considered." (Vittorio Gregotti, *Dentro l'Architettura*, Bollati Boringhieri, 1991, 35.
4. For an in-depth discussion of the debate and events surrounding the modern hospital's birth in the 18th century, see: Pier Francesco Cherchi, *Typological Shift. Adaptive reuse of abandoned monumental hospitals in Europe*, LetteraVentidue, 2016, 43-57.
5. Michel Foucault describes the hospital as a *therapeutic machine*: "this is how the hospital-building organized itself bit by bit as a healthcare instrument: it should make possible the proper observation of the sick, thus the better preparation of medical treatment; the form of the buildings should, by carefully confining the sick, prevent infections; [...] hospitals are no longer merely the roof under which misery and imminent death take shelter, it is, in its own material essence, a therapeutic operator". Michael Foucault, *Surveiller et punir: Naissance de la prison*, Einaudi Paperbacks, 1975, 189.
6. Carlo Cattaneo, *Introduction to "L'idea della Magnificenza Civile"*, in "Architettura a Milano. 1770-1848", edited by Luciano Patetta, Electa, 1978, 6.
7. Canella Guido, "L'ospedale tra storia interna e storia esterna," *Hinterland* 9-10, (1979): 2.
8. About this relationship between different disciplines see: G.B. Cocco, C. Giannattasio, *Misurare Innestare Comporre. Architettura storica e progetto / Measure Graft Compose. Historical architectures and design*, Pisa University Press, Pisa 2017.
9. Alberto Ferlenga, *Ciò che esiste*, in Alberto Ferlenga, Eugenio Vassallo, Francesca Schellino (edited by), *Antico e Nuovo. Architetture e Architettura*, proceedings (Venezia, 31 marzo-3 aprile 2004), Il Poligrafo, Padova 2007, 15.
10. This issue was addressed with great attention to peculiar characteristics of the monument, pursuing proposals capable of adding values to it, certifying that a project from valid assumptions, when founded on valid assumptions, is able to define *universal* solutions for extended users, and not *special projects for special people*.
11. Evgenii Mikhailovskii, "The Methods of Restoration of Architectural Monuments", Glava 1: *Sovremennye teoreticheskie kontseptsii*, in *Metodika restavratsii pamiatnikov arkhitektury*, 1977, 7-19; trans. Igor Demchenko, in *Futur Anterior*, 2011: Vol. VIII, 1, Summer 2011.
12. George Otero-Pailos, "Supplement to OMA's Preservation Manifesto," in *Preservation is overtaking us*, ed. Jordan Carver, GSAPP Transcripts, 2016.
13. In describing Rem Koolhaas' positioning in the conservation debate, Otero-Pailos explains how in the 2006 project to restore the former Zeche Zollverein mine in Essen, which was not perceived as a place of culture, OMA was commissioned not to change the buildings but to reframe how the public perceived them. OMA intervened by designing an "invisible form," a new entry shaped as a coal belt transportation bridge. According to Otero-Pailos, the newly designed entrance can be reinterpreted as a "formless supplement", because it can be configured as an addition that seems indistinguishable from the host context and configured as a subtle and imperceptible supplement.