

The Pavilion Plan and Harminc – The Interwar Architecture of the Martin Hospital

Pavilónový systém a Harminc – medzivojnová architektúra martinskej nemocnice

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THE EYE, NERVE AND PEDIATRIC DISEASES PAVILION OF THE COUNTY HOSPITAL IN MARTIN WITH THE OBSTETRICS PAVILION AND THE SURGICAL PAVILION IN THE BACKGROUND

PAVILÓN PRE CHOROBY OČNÉ, NERVOVÉ A DETSKÉ KRAJINSKEJ NEMOCNICE V MARTINE S PÔRODNÍCKYM A CHIRURGICKÝM PAVILÓNOM VZADU

Source Zdroj: Budova 8. pavilónu, budova ô. pavilónu v nemocnici v Martine, photo Anton Horník, Martin, 1940's, sig. PM 15/476. Literary Archive of the Slovak National Library

Medzivojnové obdobie v sektore zdravotníctva v rámci nového štátoprávneho usporiadania aj na Slovensku charakterizoval prechod od zdravotno-policiajného prístupu k sociálno-lekárskeму a inštitucionalizácii verejnej zdravotno-sociálnej starostlivosti. Zo strany štátu sa ako kľúčová úloha ukázala výstavba a modernizácia nemocníc v správe žúp a neskôr Slovenskej krajiny. V ich novej architektúre sa uplatňoval európsky trend pavilónovej zástavby, optimalizujúci snahu zabrániť šíreniu infekčných chorôb a umožňujúci prevádzkovú segregáciu špecializovaných oddelení. Pre potreby liečby tzv. sociálnych a civilizačných chorôb sa prioritne zriaďovali chirurgické, gynekologicko-pôrodnické, dermatovenerologické, infekčné a interné pavilóny.

So zdravotnou a sociálnou politikou 1. ČSR a modernizáciou zdravotníckych zariadení na Slovensku úzko súvisia mená Michala M. Harminca a jeho syna Milana A. P. Harminca. Práve jeho život a dielo patrí k takmer neprebádaným témam našej historiografie architektúry aj v kontexte stavebného rozvoja a pavilónového plánu martinskej nemocnice. Napriek torzovito zachovanej pozostalosti a archívnej dokumentácie k dielam M. A. P. Harminca, ako aj krátkemu pôsobeniu na medzivojnovú architektonickú scénu, možno predpokladať jeho významný prínos najmä v oblasti navrhovania zdravotníckych stavieb.

Jeho návrhy a realizácie pre župné, neskôr krajinské nemocnice (Martin, Michalovce, Zvolen a i.) uplatnili vtedy moderný pavilónový systém zástavby, ktorý umožňoval postupné rozširovanie areálov a etapizáciu výstavby. Autonomnosť fungovania jednotlivých pavilónov okrem priestorových a dispozičných kvalít tak tvorila základ boja s infekčnými a tzv. sociálnymi chorobami. Tieto charakteristiky sú najlepšie prezentované archívnym výskumom martinskej nemocnice, ktorá sa stala prototypom moderného nemocničného komplexu pavilónového typu. V jej areáli M. A. P. Harminc navrhol tri funkcionalistické pavilóny – pôrodnický (1934), dermatovenerologický (1935)

a pavilón pre choroby očné, nervové a detské (1938) vrátane technického zázemia celého nemocničného areálu. Projekt a realizácia pôrodnického pavilónu, ktorý vznikol ešte v otcovom ateliéri (pravdepodobne aj s jeho spoluprácou), reprezentuje dobové úsilie o zrazenie pomaly klesajúcej krivky dojčenskej úmrtnosti, ktorá predstavovala vážny problém podobne ako mimoriadne nákazlivý trachóm. Boj proti nemu reflektuje ešte štýlovo čistejší a prevádzkovo progresívnejší pavilón pre choroby očné, nervové a detské. Návrhmi a realizáciou M. A. P. Harminc získal kredit architekta-špecialistu na nemocničné stavby. V jeho portfóliu nachádzame viaceré variácie pavilónov a technických budov osvedčeného martinského typu. Bol ním aj typový projekt infekčného pavilónu, ktorý M. A. P. Harminc použil pre Krajské verejné nemocnice vo Zvolene (1937 – 1938), v Nových Zámkoch (1937) a v Banskej Bystrici (1938). Pavilónový plán Harminc ešte skôr využil aj v súťažnom návrhu Masarykovho ústavu pre zmrzačenú a duševne úchylnú mládež v Bratislave (1935) s pokrokovým konceptom sociálno-zdravotnej starostlivosti a spoločenskou integráciou pacientov.

Funkcionalistické objekty martinskej nemocnice, navrhnuté M. A. P. Harmincom, niektoré ešte v otcovom ateliéri, spolu so skoršími pavilónmi Václava Houdka, Júliusa Lehockeho a firmy Hlavaj – Palkovič – Uličný reflektujú prevládajúce dobové architektonické trendy v otázke štýlu a funkčno-prevádzkové aj hygienické špecifiká zdravotno-sociálnej typológie vrátane vnímavosti voči medicínskym a stavebným inováciám v období 1. ČSR. Ich tvorca sa zároveň štýlovo jednoznačnejšie vyhranil voči dielu svojho otca, ktoré bolo založené nielen v tomto typologickom spektre na špecifickom vzťahu k tradícii.

The Pavilion Concept in the New Network of Hospital Facilities

The establishment of an independent Czechoslovak Republic allowed for the institutionalization of healthcare and the creation of a new legal framework for it, all as part of the state's new social policy.¹ In addition to social and medical work directly among the population, as well as efforts to improve housing and hygiene in both urban and rural areas, it was also necessary to modernize and expand the network of healthcare and social facilities of various categories, especially public hospitals.² Most public-access hospitals were managed by the counties and later by provincial offices or the church. In Slovakia, these institutions included the hospital complexes in Martin, Zvolen, Michalovce, Nitra, and Nové Zámky, as well as Humenné, Uzhorod, and Skalica, where the projects for individual pavilions and technical buildings bear the names of architect Michal Milan Harminc³ and most notably his son Milan Anton Pavol Harminc⁴. Their knowledge of typology, hygiene regulations, health treatments, and specific technological equipment enabled the Harminces to become sought-after experts, specializing in not only hospital buildings, but healthcare architecture in general. However, Harminc Jr. gradually diverged from his father's style by adopting a more progressive architectural form and composition of masses. In his designs, he made use of the pavilion-style hospital campus, which had proven especially successful when expanding the County Hospital in Martin (later the Regional Hospital in Martin). The pavilion system made it possible to stage the campus construction in separate time phases and enable the autonomous operation of individual pavilions, which was especially important when combating infectious and so-called "social diseases".

Even though the pavilion plan for hospital designs tends to be considered an innovative concept of 20th-century welfare architecture, it originated in 18th-century France.⁵ The rationale was that improved ventilation, combined with better patient

separation and segregation, would help significantly reduce the mortality rate. The pavilion principle was introduced into England in the mid-19th century⁶ and spread throughout Europe shortly afterward, enduring well into the 20th century with no relevant challenges.⁷ By the early 20th century, the beneficial effects of sunshine and fresh air also entered the equation; open-air treatment of pulmonary tuberculosis was but one example. The 20th century brought along significant improvements, including sanitary facilities in each ward, more effective ventilation with central heating, rationalized floorplans, and larger spacing between the pavilions, all to support greater separation and segregation. Moreover, due to the later acceptance of the

PAVILION I AND BULLA VILLA, COUNTY HOSPITAL IN MARTIN, 1900, JÁN VYVOZIL

1. PAVILÓN A BULLOVA VILA KRAJINSKEJ NEMOCNICE V MARTINE, 1900, JÁN VYVOZIL

Source Zdroj: Nemocnica v Turč. Sv. Martine, I. pavilón a Bullova vila, photo Ján Vyvozil, Martin, 1900, sig. PM 15/469. Literary Archive of the Slovak National Library





FROM LEFT TO RIGHT: THE INFECTIOUS DISEASES PAVILION (V. HOUDEK), THE SURGICAL PAVILION AND THE OLD SURGICAL (INTERNIST) PAVILION (HLAVAJ – PALKOVIČ – ULIČNÝ) OF THE COUNTY HOSPITAL IN MARTIN

ZĽAVA DOPRAVA INFEKČNÝ PAVILÓN (V. HOUDEK), CHIRURGICKÝ A STARÝ CHIRURGICKÝ, NESKÔR INTERNÝ PAVILÓN (HLAVAJ – PALKOVIČ – ULIČNÝ) KRAJINSKEJ NEMOCNICE V MARTINE

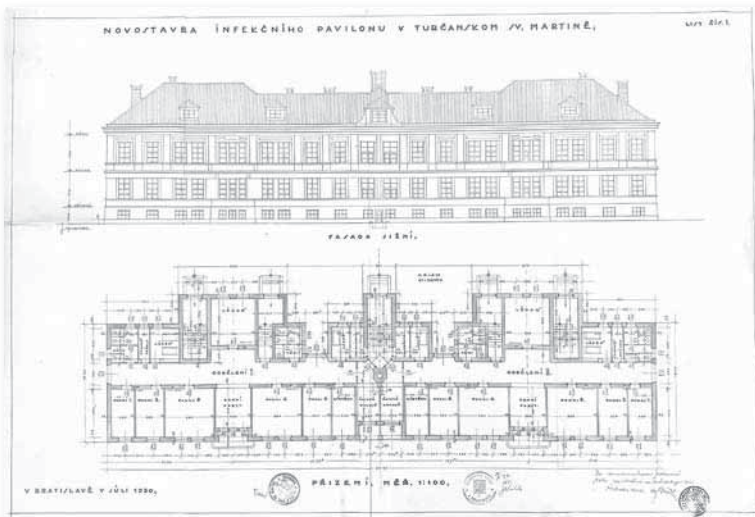
Source Zdroj: Pohľad na pavilón č. 4 (chirurgie), oproti pavilónu č. 3, v pozadí pavilón č. 5, 1930's, i. n. 2850/1970. Literary Archive of the Slovak National Library.



THE OLD SURGICAL PAVILION AND THE NEW SURGICAL PAVILION OF THE COUNTY HOSPITAL IN MARTIN, HLAVAJ – PALKOVIČ – ULIČNÝ, 1928

STARÝ A NOVÝ CHIRURGICKÝ PAVILÓN KRAJINSKEJ NEMOCNICE V MARTINE, HLAVAJ – PALKOVIČ – ULIČNÝ, 1928

Source Zdroj: Celkový pohľad na nemocničné budovy, 1928, postcard collection, i. n. P1840, sig. 1772. Archive of the Monuments Board of the Slovak Republic.



THE INFECTIOUS DISEASES PAVILION OF THE COUNTY HOSPITAL IN MARTIN, VÁCLAV HOUDEK, 1931, SOUTH ELEVATION AND GROUND-FLOOR PLAN

INFEKČNÝ PAVILÓN KRAJINSKEJ NEMOCNICE V MARTINE, VÁCLAV HOUDEK, 1931, JUŽNÝ POHLAD A PÔDORYS PRÍZEMIA

Source Zdroj: Infekčný pavilón a novostavba chirurgie, the District Office in Martin 1923–1945, VIII – štátne obytné a verejné budovy, 1930, sig. 2581/1930, box 748. Ministry of Interior of the Slovak Republic, State Archives in Žilina, the Martin branch in Bystrička.

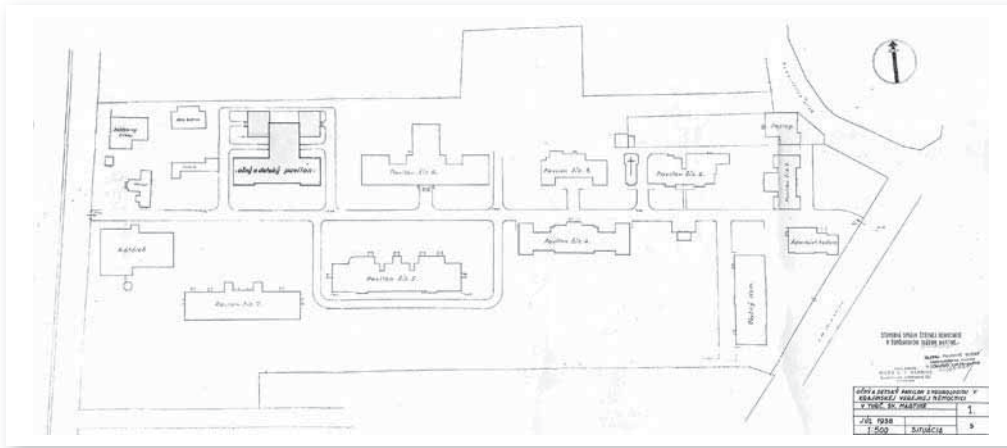
germ theory of disease, ventilation no longer posed the crucial problem, but instead the sterility of the environment. This scientific advance would be reflected in Harminc's design of pavilion hospitals and other healthcare facilities, best represented by his plans for the Martin Hospital (the 1930s).⁸

The Earliest Construction History of the Martin Hospital

The County Hospital in Martin (later known as the Regional Hospital in Martin), forming one of the oldest, largest, and most modern hospital campuses of its kind in interwar Slovakia, was built gradually. However, its pavilions were not a reflection of some planned-out concept, but rather they reacted to

the ever-changing health needs of the surrounding area and the financial capabilities of the county and the Slovak regional government.

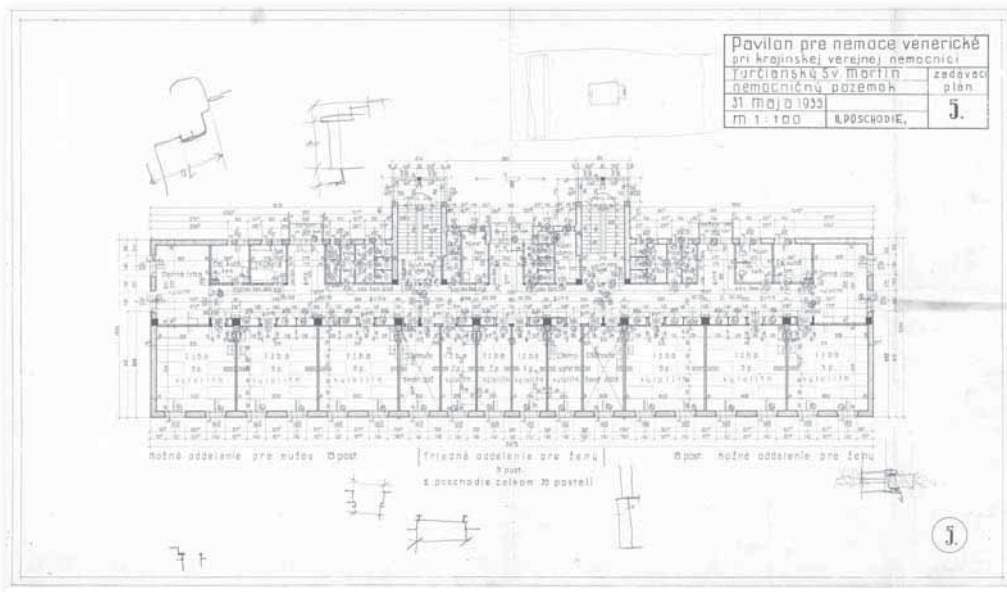
The hospital campus had already started arising on the southern edge of town in 1887–1888, after the first building was constructed in a historicist style (1878)⁹. By 1918, a building for tuberculosis patients (1908–1910), a chapel, and a technical and administrative building had been completed.¹⁰ However, after the Czech border town of Těšín was awarded to Poland, the Martin hospital became the only regional hospital for the Kysuce and Turiec regions, and its capacity could not meet the increasing flood of patients. “These circumstances were identified by regional President Jozef Országh [...] who dedicated part of his



THE COUNTY HOSPITAL IN MARTIN, SITE PLAN, 1938

KRAJINSKÁ NEMOCNICA V MARTINE, 1938

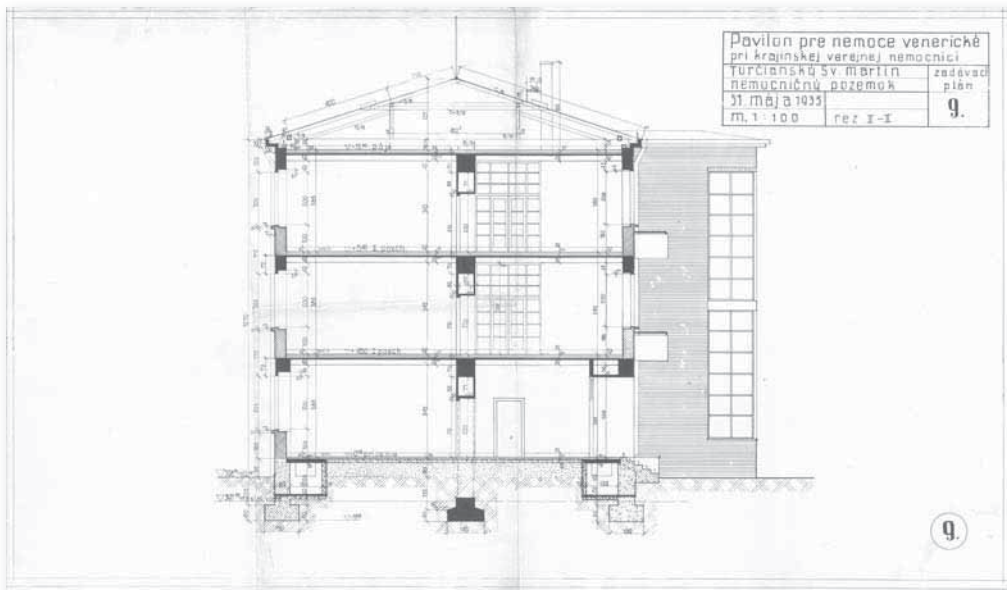
Source Zdroj: Krajinská nemocnica Martin, stavebné povolenie na detský a očný pavilón, the District Office in Martin 1923-1945, VIII - štátne obytné a verejné budovy, 1941, sig. 9482/1941, box 773., State Archives in Žilina, the Martin branch in Bystrička.



THE VENEREAL DISEASE PAVILION OF THE COUNTY HOSPITAL IN MARTIN, MILAN A. P. HARMINC, 1935, 1ST-FLOOR PLAN AND CROSS-SECTION AND NORTH-ELEVATION

MILAN A. P. HARMINC, VENEROLOGICKÝ PAVILÓN KRAJINSKEJ NEMOCNICE V MARTINE, PŔDORYS I. POSCHODIA A REZ A SEVERNÝ POHLAD, 1935

Source Zdroj: The Harminc estate, 1935, unclassified, Archive of the Slovak National Museum.



life to constructing a large, modern hospital in Martin, offering state-of-the-art hygiene, healthcare, and technical capabilities.¹¹

Pavilions Built by Hlavaj – Palkovič – Uličný

In the 1920s and the 1930s, the campus was expanded through absorbing plots of land on its southern edge. The first building constructed here was the surgical pavilion (1927). Designed in the increasingly unfashionable historicist - official style, it was both designed and built by the Hlavaj–Palkovič–Uličný construction firm.¹² All the same, it included several technological and medical innovations, most notably a layout that reflected the need for thorough separation of wards with suppurative and non-suppurative diseases, as well as operating rooms with modern equipment.

Later, more hospital buildings were added, reflecting the European trend of creating pavilion-style healthcare campuses,¹³ including the large infectious disease pavilion (1931, Václav Houdek)¹⁴, as well as administrative buildings, staff housing, and technical facilities.¹⁵ The primary focus was placed on creating comprehensive hospital campuses through the addition of pavilions specializing in surgery, gynecology and obstetrics, dermatovenereology, infectious diseases, and internal medicine. These efforts came as a reflection of the need to improve the health conditions of the citizens by treating both so-called “social diseases” and diseases of affluence.¹⁶

Towards Functionalism – Harminc the Father or Harminc the Son?

In the early 1930s, the Hlavaj–Palkovič–Uličný company successively built three important pavilions – a venereal disease pavilion (1935), an obstetrics pavilion (1934), as well as a pavilion for eye, nerve, and pediatric diseases (1938). In recent publications, their authorship has always been attributed to Michal Milan Harminc.¹⁷ However, archival research has shown that

it was primarily his son Milan A. P. Harminc who made the most significant personal imprint on the interwar construction history of the Martin hospital campus. Thanks to the extensive construction contract in Martin, he became a sought-after architect – a specialist in hospital building projects.¹⁸

Harminc’s estate, preserved in the Archive of the Slovak National Museum, includes several letters with references to the Martin hospital. One of them, sent to M. A. P. Harminc on 21 March 1935, contains the following information: “In line with the Provincial Committee’s resolution No. 4343 from 14 March 1935, on behalf of the constructor, i.e. the Slovak Region, the Regional Office entrusts you with: creating the project for a new venereal disease pavilion at the aforementioned hospital, [. . .] and with creating the project for a new central boiler room at the aforementioned hospital [. . .]”¹⁹ The site plan of the hospital campus²⁰ shows the venereal disease pavilion at the western end of the campus, near the Zvolen–Vrútky railway track. M. A. P. Harminc designed the building with a cuboid massing, with a pair of cube-shaped staircase volumes extending out of the northern facade. On the ground floor, Harminc placed the outpatient rooms, examination rooms, laboratories, and an X-ray room. For the other two floors, he proposed separate wards for men and women, with individual rooms for patients with skin diseases.²¹ In line with the strict standards of hygiene, every department included generous bath and toilet availability, along with isolation rooms. The utilitarian layout corresponded to the austere facades, accented by the clinker brick tiling along the massing of the staircase.

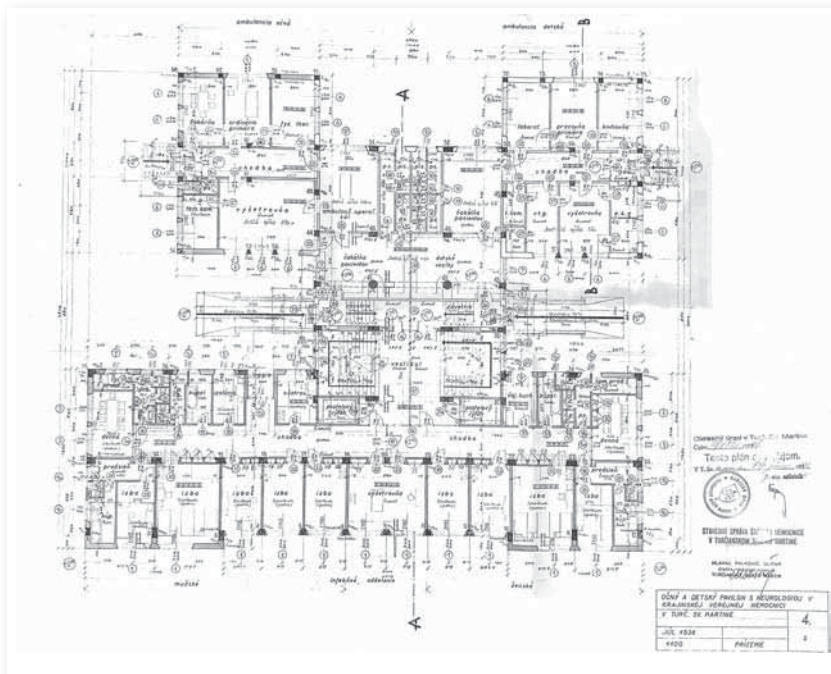
In the interwar period, in addition to the high spread of venereal diseases, the morbidity structure in the Slovak population showed only a slow decrease in the infant mortality rate.²² Thus, construction of obstetrics pavilions was one of the priorities of the state’s social policies, as it was needed to create comprehensive and modern hospital campuses. Commissioned

THE OBSTETRICS PAVILION OF THE COUNTY HOSPITAL IN MARTIN, MILAN A. P. HARMINC, 1934

PÔRODNÍCKY PAVILÓN KRAJINSKEJ NEMOCNICE V MARTINE, MILAN A. P. HARMINC, 1934

Source Zdroj: Budova 6. pavilónu (pôrodnica) v nemocnici v Martine, sig. 15/472. Literary Archive of the Slovak National Library

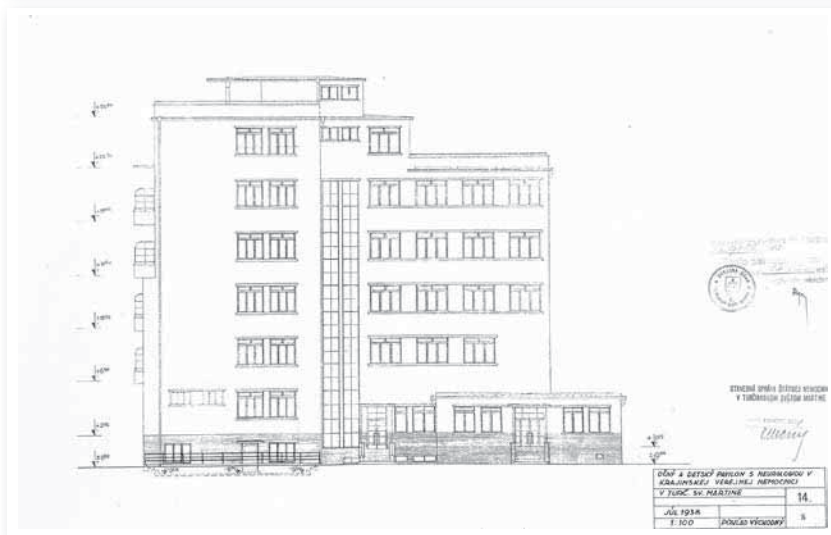
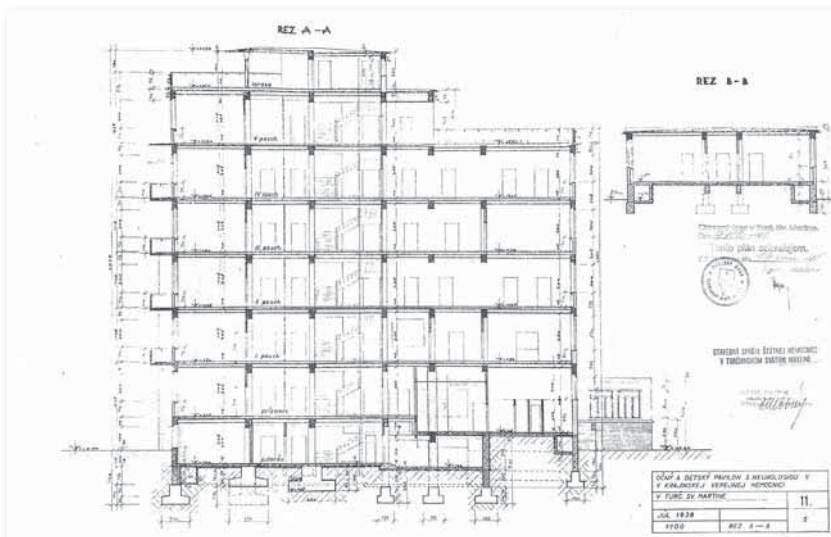




**THE EYE, NERVE AND PEDIATRIC
 DISEASES PAVILION OF THE
 COUNTY HOSPITAL IN MARTIN,
 MILAN A. P. HARMINC, 1938, SITE
 PLAN, GROUND-FLOOR PLAN,
 CROSS-SECTION AND EAST
 ELEVATION**

PAVILÓN PRE CHOROBY OČNÉ,
 NERVOVÉ A DETSKÉ KRAJINSKEJ
 NEMOCNICE V MARTINE, MILAN A. P.
 HARMINC, 1938, SITUÁCIA, PÔDORYS
 PRÍZEMIA, REZ A VÝCHODNÝ
 POHLAD

Source Zdroj: Krajská nemocnica
 Martin, stavebné povolenie na detský
 a očný pavilón, the District Office in
 Martin 1923-1945, VIII - štátne obytné
 a verejné budovy, 1941, sig. 9482/1941,
 box 773. State Archives in Žilina, the
 Martin branch in Bystrička





THE EYE, NERVE AND PEDIATRIC DISEASES PAVILION OF THE COUNTY HOSPITAL IN MARTIN, MILAN A. P. HARMINC, 1938

PAVILÓN PRE CHOROBY OČNÉ, NERVOVÉ A DETSKÉ KRAJINSKEJ NEMOCNICE V MARTINE, MILAN A. P. HARMINC, 1938

Source Zdroj: Budova 8. pavilónu (očné, detské, nervové, urologické a ďalšie iné oddelenia) v štátnej nemocnici v Martine, 1938, sig. 15/473. Literary Archive of the Slovak National Library

by the Provincial Office in Bratislava, the hospital in Martin saw the construction of its modern obstetrics pavilion (project from 1934, constructed between 1935 and 1937). The only available document for the obstetrics pavilion with any indication of its author is a site plan titled *Obstetrics Pavilion, Turčiansky Svätý Martin*, which includes a stamp with the name Milan A. P. Harminc in the bottom right corner.²³ In this work, the architect chose the tried-and-tested three-section layout with perpendicularly extending massing, as well as operating and birthing rooms with modern equipment on every floor. On the ground floor (labeled the 1st floor), he included the admissions department, examination rooms, physiotherapy, and X-ray rooms with modern equipment. On the remaining floors, the southern section included the obstetrics ward, with rooms for female patients and infants, while the northern section included hygienic and auxiliary facilities. The southern facade had a plain functionalist expression. Also worth noting is the material composition of the pavilion, which took into account the strict standards of hygiene: “[. . .] the floor tiling is made of chamotte, the walls in the operating rooms and the laboratory are tiled with stained opaxite glass, the bathrooms and side rooms make use of porous wall tiles, the staircases leading to the higher floors are tiled with white artificial marble.”²⁴

The large 5-story pavilion for eye, nerve, and pediatric diseases, in turn, features even more progressive designs with a more confident functionalist expression. After his son left for London in 1939, Harminc Sr. took over and finished the project.²⁵ The contractor Hlavaj highlighted the clear layout of the cuboid massing through adding a pair of entrances with ramps leading to the vestibule, which included staircases and electric bed elevators, hence making it possible to move patients in from a different pavilion, or from the ambulance to individual wards. The structure consisted of a reinforced concrete frame, which allowed the placement of a continuous line of south-facing loggias

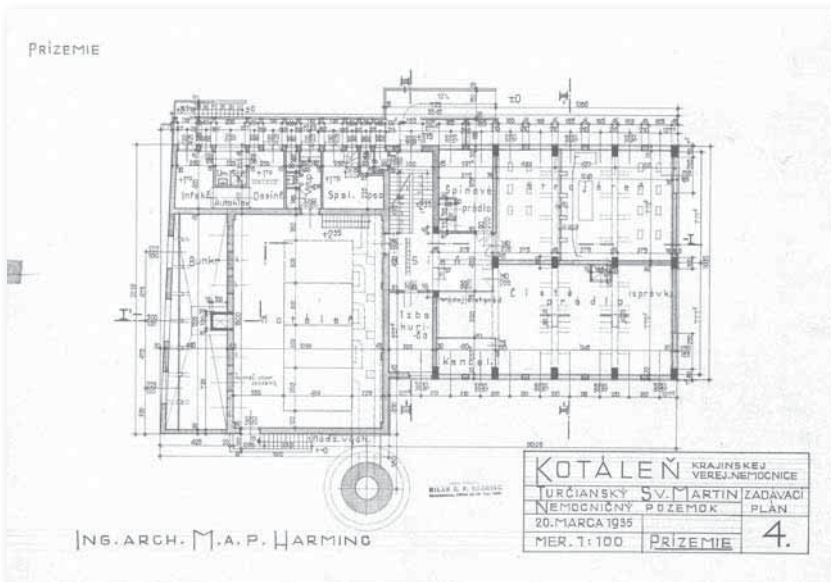
along all floors. Accessible from each patient’s room individually, these loggias and the large roof-top terraces were designed for sun-bathing therapy. Similar to the obstetrics pavilion, even these interiors used long-lasting materials with higher hygienic demands – floors of chamotte tiles and terrazzo, and wall tiling of artificial marble and glass. The facades used combed stucco combined with brick tiling.²⁶

The younger Harminc’s last project for the Martin hospital was the central boiler room, combined with a laundry, drying room and disinfection room (project 1935–1938). Serving as the heating and disinfection center for the whole campus, it was located near the venereal disease pavilion next to the railway track. An industrial spur led from the railway track to the campus, allowing fuel to be unloaded from the train car directly into the storage hoppers. Heat was transported from the boilers through insulated iron pipes, located in underground concrete channels and routed to the individual pavilions. Expressed as two distinct masses of different heights, the boiler room and laundry have a compelling functionalist expression, dominated by the tall brick chimney. The smaller but higher mass of the boiler room is lined with dark-brown clinker bricks, harmoniously matched to the lower mass of the laundry and drying room, where the walls are segmented by strip windows connected with ceramic tiling.²⁷

Together with the other functionalist pavilions, it impressively complements the campus of the Regional Hospital in Turčiansky Svätý Martin, still in use to this day.

Pavilion Concepts in Other Cities

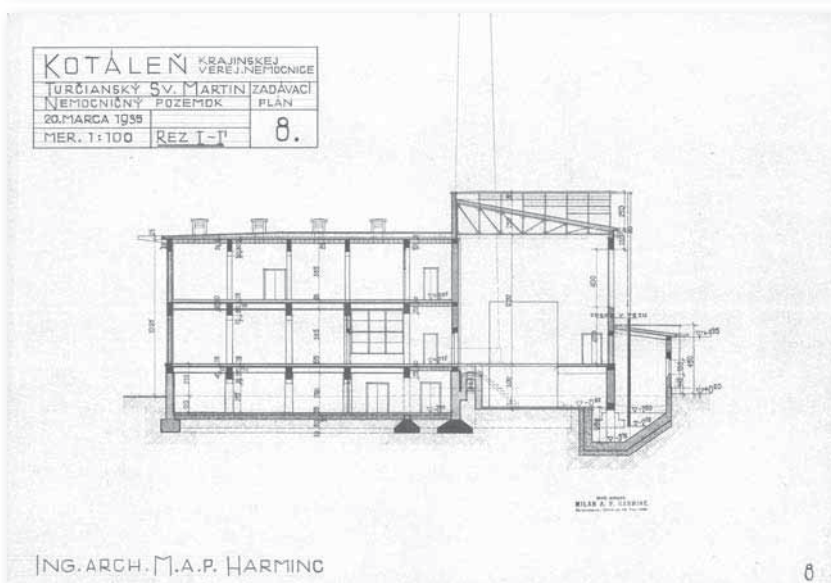
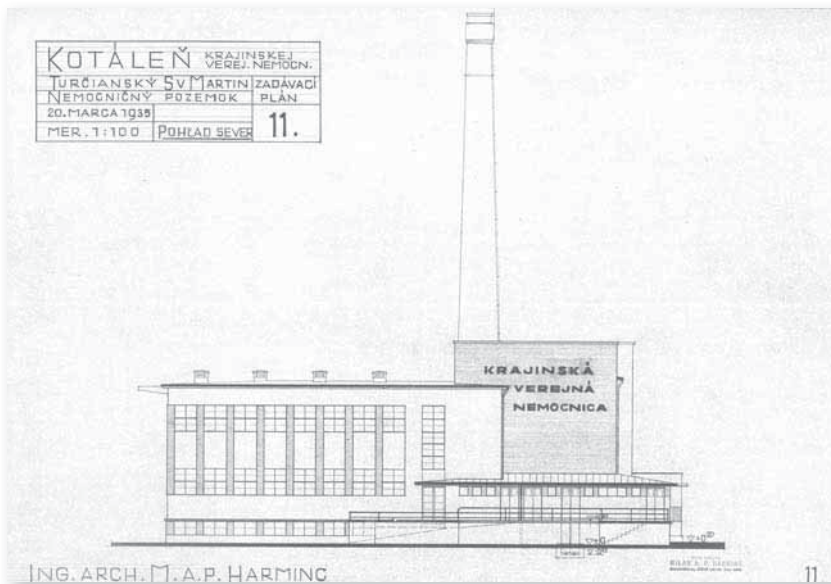
Milan A. P. Harminc’s portfolio includes several designs of pavilions and technical buildings utilizing the tried-and-tested method from Martin, as among them the central boiler room for the Regional Public Hospital in Nitra (1937) and the pavilion of internal and surgical medicine along with the infectious

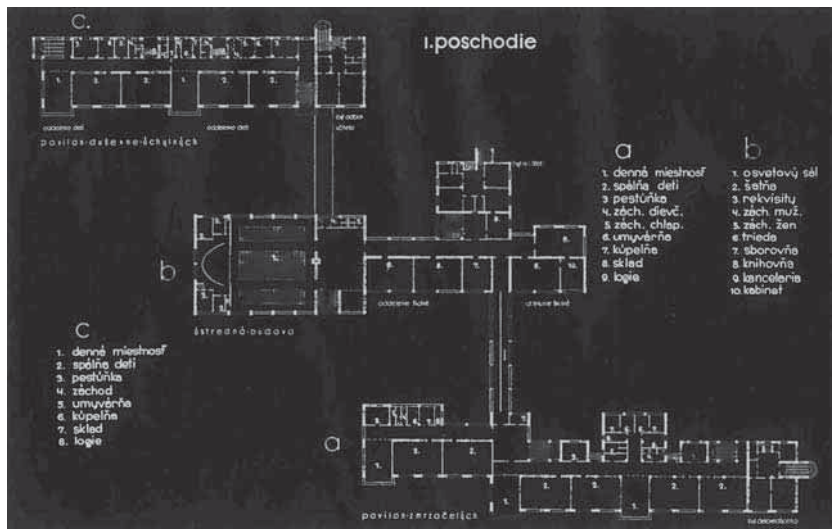


THE CENTRAL BOILER ROOM OF THE COUNTY HOSPITAL IN MARTIN, MILAN A. P. HARMINC, 1935, GROUND-FLOOR PLAN, CROSS-SECTION AND NORTH ELEVATION

CENTRÁLNA KOTOLŇA KRAJINSKEJ NEMOCNICE V MARTINE, MILAN A. P. HARMINC, 1935, PŮDORYS PRÍZEMIA, REZ A SEVERNÝ POHLED

Source Zdroj: The Harminc estate, 1935, unclassified, Archive of the Slovak National Museum





THE MASARYK INSTITUTE FOR PHYSICALLY AND MENTALLY DISABLED YOUTHS IN BRATISLAVA, MILAN A. P. HARMINC, 1935, 1ST-FLOOR PLAN AND PERSPECTIVE RENDERING

MASARYKOV ÚSTAV PRE ZMRZAČENÚ A DUŠEVNE ÚCHYLNÚ MLÁDEŽ V BRATISLAVE, MILAN A. P. HARMINC, 1935, PÔDORYS 1. POSCHODIA A PERSPEKTÍVNY POHLAD

Source Zdroj: Unknown author. 1935. Súťažný projekt Masarykovo ústavu pre zmrzačenú a duševne úchýlnú mládež v Bratislave. Slovenský staviteľ, 5(8), pp. 230



disease pavilion in the Regional Hospital in Michalovce (undated). Harminc Jr. used the infectious disease pavilion as a standard design, repeating its use in the public hospitals in Zvolen (1937–1938), Nové Zámky (1937), and Banská Bystrica (1938). One of the few mentions of Harminc Jr. from this time states that he won the bid to design the project for a dermatological pavilion at the City Hospital in Uzhhorod.²⁸ Thus, modern dermatovenereology pavilions gradually became an integral part of hospital campuses as an effective way of fighting infectious and social diseases in Slovakia, even towards the very end of the existence of the First Czechoslovak Republic.²⁹

Harminc also made use of the pavilion plan in his winning proposal for the Masaryk Institute for Physically and Mentally Disabled Youths in Bratislava (1935). The institute, as the first of its kind in Slovakia, aimed not just to establish institutional health and social care, but also to integrate its patients into ordinary society.³⁰ The innovative nature of its program was reflected in the institute's progressive functionalist design, with a pavilion for people with physical disabilities, another pavilion for people with mental illness, and one central social and educational pavilion with a hospital ward.³¹ The cascading structure of buildings placed on a hill made it possible to place the buildings in a more concentrated manner, ensuring sufficient ventilation and sunlight, as well as the separation and segregation of patients and facilities.

Conclusions

Archival research has drawn attention to the unexplored works of architect Milan A. P. Harminc, a specialist in healthcare buildings, and confirmed the state's interest in healthcare and the implementation of its social policies in the field of architecture. His designs and executions of county hospitals (later known as regional hospitals) in towns like Martin, Michalovce, and Zvolen made use of the modern pavilion system, enabling the campuses to be expanded gradually and the buildings to be constructed in phases. In addition to the qualities of their space and layout, the autonomous operation of individual pavilions became a cornerstone in the fight against infectious and so-called "social diseases". In one case, the hospital in Martin became the prototype of a modern pavilion-style hospital complex. Considering the critical lack of institutional health and social care for physically and mentally disabled patients in Slovakia, the unbuilt design for the Masaryk Institute for Physically and Mentally Disabled Youths in Bratislava, with its progressive pavilion-style architecture and modern treatments and education, presented a vision of the social values of a modern state. Through his signature architectural style and the more convincing functionalist expression of his healthcare buildings, the works of Milan A. P. Harminc established themselves as distinct from the works of his father, which were primarily based on a connection to tradition – both in this specific building typology and in others.³²

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1 Act no. 2/1918 Coll.; FALISOVÁ, Anna. 2004. Medzivojnové Slovensko z pohľadu zdravotného a sociálneho. In: Zemko, M. and Bystrický, V. (ed.). *Slovensko v Československu 1918 – 1939*. Bratislava: VEDA vydavateľstvo Slovenskej akadémie vied, p. 365.

2 These hospitals were obliged to provide treatment to every patient as long as they had sufficient capacity. See FALISOVÁ, Anna and ČAPÍKOVÁ, Silvia. 2017. Liečebné zariadenia na Slovensku v minulosti. In: Hudečková, H., Švihrová, V. and Baška, T. (eds.). *Aktuálne problémy verejného zdravotníctva vo výskume a praxi III: recenzovaný zborník vedeckých a odborných prác* [CD-ROM]. Martin: Jesseniova lekárska fakulta Univerzity Komenského v Martine, pp. 77 – 82.

3 Unlike his son, M. M. Harminc was more focused on structural details and finely-skilled craftsmanship rather than stylistic modernity. See more: POHANIČOVÁ, Jana and VODRÁŽKA, Peter. 2018. # Harminc. Bratislava: Trio Publishing, 208 p.

4 Milan Anton Pavol Harminc (1905 – 1974) graduated in architecture from the Brno University of Technology, where he studied under prof. Dr. Ing. arch. Adolf Liebscher (1887 – 1965). After graduation, he worked at his father's studio in the early 1930s. As a member of the group of young architects at Harminc's studio, he collaborated with his father on several projects (e.g., the Slovak National Museum in Bratislava). He later became an independent architect, establishing his own studio in 1936, located in the House of the Slovak League in Bratislava at ul. Grösslingova. In 1939, he enlisted in the Czechoslovak Army as an aviator and served in England. After the war, he never returned to Slovakia, but instead moved to Canada, where he worked as a city architect. For further information, see: Pohaničová, J. and Vodrážka, P., 2018, pp. 152 – 153.

5 The pavilion plan was first used in the project for the replacement of the Hôtel Dieu in Paris (1772, Bernard Poyet and Jacques Tenon), later improved and established in the project for the Lariboisière Hospital (1846 – 1853, Pierre Gauthier). See COOK, Gordon Charles. 2002. *Henry Currey Friha (1820 – 1900): Leading Victorian Hospital Architect, and Early*

Exponent of the Pavilion Principle. PhD thesis. Postgraduate Medical Journal and Centre for the History of Medicine at University College London, pp. 352 – 359. Available at: <https://pmj.bmj.com/content/78/920/352> (Accessed: 15 October 2022).

6 The leading exponent of pavilion-style hospitals was Henry Currey, represented by his design for St. Thomas's Hospital (1868 – 1871) in London. Cook, G. C., 2002, p. 354.

7 Cook, G. C., 2002, p. 354.

8 The pavilion plan was chosen for the Martin and Košice hospitals in the late 1920s, both preceded by the Bratislava County Hospital (1857 – 1864, Ignatz Feigler Jr.), which had been the first pavilion-style hospital in the area of present-day Slovakia. See POHANIČOVÁ, Jana and BUDAY, Peter. 2015. *Storočie Feiglerovcov*. Bratislava: TRIO Publishing, pp. 99 – 101.

9 HLAVAJ, Jozef. 1994. *Martin: Stavebný obraz mesta: O výstavbe Martina do roku 1960*. Bratislava: SAS, p. 44. See Novostavba krajinkej nemocnice v Turč. Sv. Martine. 1933. *Slovenský staviteľ*, 3(5), pp. 58 – 63.

10 See SZERDOVÁ-VELASOVÁ, Ľubica and KAPIŠINSKÁ, Viera (eds.). 2012. *Národné kultúrne pamiatky na Slovensku – okres Martin*. Bratislava: Pamiatkový úrad SR and Slovart, p. 87.

11 Hlavaj, J., 1994, p. 103.

12 Notable technological improvements included the use of caissons made of reinforced concrete as a protective measure against groundwater. Hlavaj, J., 1994, p. 103.

13 In addition to Martin, the same applied to the State Hospital in Košice, the Žilina Hospital, the Regional Hospital in Zvolen, etc. See Falisová, A., 2004, p. 386.

14 Infekčný pavilón a novostavba chirurgie, the District Office in Martin 1923-1945, VIII - štátne obytné a verejné budovy, 1930, sig. 2581/1930, box 748. Ministry of Interior of the Slovak Republic, State Archives in Žilina, the Martin branch in Bystrica.

15 These buildings were designed by architects from the construction department of the Ministry of Public

Works at the Regional Office and realised by the Hlavaj – Palkovič – Uličný company. See Hlavaj, J., 1994, pp. 105 – 106.

16 For more information on morbidity trends in interwar Slovakia (TBC, infectious diseases, venereal diseases), see the statistics and evaluations published in Falisová, A. AND Capíková, S., 2015, pp. 137 – 139.

17 See Szerdová-Velasová, Ľ. and Kapišinská, V. (eds.), 2012, 168 p.

18 The most detailed overview of his activities can be found in the monograph by Pohaničová, J. and Vodrážka, P., 2018, pp. 152 – 153. Ongoing archival research has confirmed the wide scale of M. A. P. Harminc's work in the field of healthcare construction. However, part of his projects in the Archive of the Slovak National Gallery still remains inaccessible, which is why a specification of the extent of his activities is expected in the future.

19 Archive of the Slovak National Museum in Bratislava, the Harminc estate, unclassified and unsigned. M. A. P. had started work on the venereal disease pavilion earlier, as the site plans – most likely used as a study for the project – are dated April 1934.

20 The site plan is dated 25 March 1935. Archive of the Slovak National Museum in Bratislava, the Harminc estate, unclassified and unsigned. V. Kapišinská in the book Szerdová-Velasová, Ľ. and Kapišinská, V. (eds.), 2012, p. 109 states the date of construction (1933) and attributes authorship of the venereal disease pavilion to M. M. Harminc. This information has been refuted by current research in the Archive of the Slovak National Museum and the Archive of the Slovak National Gallery.

21 Venereal and dermatological diseases were some of the most common diseases among the Slovak population both in the interwar period and during the war. See FALISOVÁ, A., 2004, pp. 379 – 382.

22 FALISOVÁ, A., 2004, pp. 370 – 371.

23 Archive of the Slovak National Museum, the Harminc estate, unsigned. At the time, M. A. P. Harminc was working at his father's architectural studio. Possibly, the two worked

on the obstetrics pavilion project together, as the project was created by the studio led by M. M. Harminc.

24 Hlavaj, J., 1994, p. 105.

25 Hlavaj, J., 1994, p. 105. The construction plans were carried out by the Hlavaj – Palkovič – Uličný company. See Krajinská nemocnica Martin, stavebné povolenie na detský a očný pavilón, the District Office in Martin 1923-1945, VIII - štátne obytné a verejné budovy, 1941, sig. 9482/1941, box 773. State Archives in Žilina, the Martin branch in Bystrica.

26 Hlavaj, J., 1994, p. 107.

27 For the drawings and documents regarding the project of the boiler room, laundry, and drying room, see the Archive of the Slovak National Museum, the Harminc estate, unsigned.

28 POPELKA, Rastislav. 2013. *Šírenie funkcionalizmu – československá medzivojnová architektúra Užhorodu*. PhD thesis. Fakulta architektúry STU, Bratislava, p. 55.

29 To provide a complete overview of his works, it should be noted that he also created the plans for the hospital pavilions in Humenné and Komárno.

30 KOCH, Karol. 1935. Čo bude z toho dietata?. *Slovenský staviteľ*, 5(8), p. 237.

31 Care and treatment included classrooms, workshops, an educational hall for theatrical performances, and numerous roof terraces with sunbathing areas for patients with bone tuberculosis. See HARMINC, Milan A. P. 1935. Súťažný projekt Masarykovho ústavu pre zmrzačenú a duševne úchylnú mládež v Bratislave. *Slovenský staviteľ*, 5(8), pp. 239 – 241.

32 This trend can be seen in the design of the infectious disease pavilion for the State Hospital in Žilina (1934) – massing divided by avant-corps, hipped roofs, and rustic cladding of the plinth and windowsills. M. M. Harminc also applied this restrained functionalism with elements of traditionalism when designing the Hospital of the Order of the Brothers Hospitaller in Skalica (1941–1944).