

BUILT CITY, DESIGNED CITY VIRTUAL CITY THE MUSEUM OF THE CITY

Edited by Donatella Calabi

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NOTE

Some specific words, dealing with parts of the city, administrative or morphological references, or local expressions remained in Italian in the text.

andavino: small entrance

calle: street

campo: square

cantiere: building site (here used as “research working site”)

cavana: water access

corte: courtyard

cimiterio: cemetery

fondamenta: embankment

insula: island (settlement surrounded by canals)

piscina: water basin

rione: urban district in Rome (administrative definition)

sala dell'albergo: big council hall in the assistential Schools of Venice

sestiere: urban district in Venice (administrative definition)

scoacera: dump

teso: warehouse (here in water)

veduta: bird's eye or perspective view

GIANMARIO GUIDARELLI - INES TOLIC

THE HISTORY OF THE CIVIC HOSPITAL IN VENICE (1797–2011) IN THE LIGHT OF CONTEMPORARY CULTURAL AND URBAN CHALLENGES*

When reflecting on what it means today to identify the content for a museum of the city in Venice, one that might be ‘virtual’ or take the form of a guide viewable on mobile devices by visitors interested not only in the ‘canonical’ sights of a historical centre like that of the lagoon but also in the complex articulation of the city’s various uses, the area of the Civic Hospital is particularly relevant. It was chosen as a case study for the research undertaken by Visualizing Venice¹ for two reasons: the primary function it has for the city’s entire population and its proximity to the Scuola Grande di San Marco (which it lies behind) and the large Dominican church, two of the major monumental buildings on the *insula* lying at the city’s northern border. The Civic Hospital is a building complex that has grown, layer upon layer, through the stratification of many different projects, some of which were only partially completed or have remained unbuilt but have often been able to call the entire urban settlement into question (Fig. 1).

Our most recent archival research has shown that, between the collapse of the Venetian Republic (12 May 1797) and the present day, the northern area of Santi Giovanni e Paolo was frantically rearranged in an attempt to create a meaningful and functional whole out of the various institutions abolished by Napoleon²: the above-mentioned Scuola Grande di San Marco

* Though the research is the result of common efforts, Gianmario Guidarelli has written the first and second sections; Ines Tolic the third.

¹ www.visualizingvenice.org.

² G. ROMANELLI, *Venezia Ottocento: l'architettura, l'urbanistica*, Venezia, Albrizzi, 1988, pp. 19-27.



Fig. 1 - Venice, Photo plan (2004), detail (CIRCE, Iuav University of Venice).

and the Dominican convent of Santi Giovanni e Paolo, as well as the Ospedale dei Mendicanti and the convent of Santa Maria del Pianto (Fig. 2). These earlier institutions were reconverted to meet the Hospital's functional needs, but the work was constrained by the city's limited finances and by debates among architects and planners.

Our research has relied on new technologies to both interpret and visu-



Fig. 2 - Digital reconstruction of the *insula* with public institutions as they were in 1797 (Alessio Miatto, University of Padua).

alise the transformation of the site over more than two centuries and is the first to take into account a large number of projects that were never built. By focusing on a large urban sector instead of an individual edifice, it also aims at showing how the Hospital interacts with city as a whole. This is especially important because of the works by NOV³ currently underway in the hospital area. Given these premises, our intention is to define a method for preserving and maintaining distinctive traces of the unique historical and urban past of this part of Venice, even if many structures have been modified, eliminated or were never built at all.

Identifying new needs (1797–1807)

In September 1797, at the meeting of the Municipality of Venice that took place only a month before the Treaty of Campoformido was signed (17 October), a member of the Board of Public Health named Andrea Giuseppe Giuliani delivered a speech proposing the reorganisation of Venice's welfare state. His project was based on the assumption that defeating poverty through work is a prerequisite for establishing democracy. In Giuliani's Enlightenment view, poverty and disease were linked, and thus, in addition to founding a *Casa patria* [a sort of phalanstery] where poor people could work, Giuliani advocated establishing a *Cittadella della sanità* [a citadel of health] in the northeastern area of Venice. The organisation of this institution reflected the correlation between social disadvantage (poverty, being orphaned and begging) and physical illness, and several departments designed to ameliorate specific physical and social ailments were established within the *Cittadella*⁴.

What Giuliani suggested was a complete overhaul of the welfare state that had been put in place by the Republic of Venice in the thirteenth century through the founding of an amazing number of confraternities, hospices and shelters addressing all kinds of discomforts and hardships⁵. In

³ NOV (Nuovo Ospedale Venezia), a special purpose entity that includes the following companies: Siram (leader), Gemmo, Sacaim, CCC, Coveco, Ingegneria Medica Santa Lucia and designers at Studio Altieri, Steam, Studio Glass.

⁴ ASVe, *Savi ed Esecutori alle acque, Serie laguna*, dis. 158.

⁵ B. PULLAN, *La politica sociale della repubblica di Venezia. 1500-1620*. Vol.1: *Le Scuole Grandi, l'assistenza e le leggi sui poveri*, Roma, Il veltro, 1982, (1971), pp. 113-130.

the fifteenth century, the State drew up a legal system that led to the founding of the first *Ospedali Grandi* (Laws on poverty, 1528–29⁶) and began to delegate the entire welfare policy to the *Scuole Grandi*, retaining for itself only the management of those particular forms of poverty that might constitute a threat to society (beggars, the disabled, the sick and nobles who fell from grace). In this way, the State, through differentiated and widespread charitable institutions directly managed or controlled by public magistrates, ensured comprehensive care for the disadvantaged population: the provision of retirement homes for widows and the poor, the distribution of food, alms and medicine, the assurance of a decent burial, assistance for pilgrims, prisoners and those unable to work, and the allocation of dowries for poor young brides. Between the fifteenth and sixteenth centuries, the State had managed to form a tight social network that extended to the entire city and involved all social classes⁷. The transition from social solidarity assigned to the parishes (the solidarity Brian Pullan associated with the ‘parochial age’⁸) and the *Scuole Piccole* to a set of organic programmes extended throughout the city, marked a new level and, in particular, a new scale in the history of Venetian welfare policy. In the former policy, which had been built over the centuries, care for human beings had been organic: it had been impossible to separate support for material needs (food, medicine, housing and jobs) from the spiritual (worship and funeral services). Each *Scuola* had a primary activity (caring for prostitutes, the poor, the sick or the elderly, or looking after spinsters or orphans...) but other needs had not been excluded. Giuliani’s proposal was the exact opposite: by ranking institutions according to the problem to be solved it negated the institutions of the ancient regime. The spatial organisation of the *Cittadella della sanità* reflected this concept

⁶ *Ibidem*, p. 267.

⁷ R. MASCHIO, *Investimenti edilizi nelle Scuole Grandi a Venezia*, in A. Guarducci (ed.), *Investimenti e civiltà urbana. Secoli XIII-XVIII. Nona settimana di studi dell'Istituto internazionale di storia economica 'Francesco Datini', 22-27 aprile 1977*, Firenze, Le Monnier, 1989, pp. 383-426, in particular pp. 408-10; M. TAFURI, *Venezia e il Rinascimento. Religione, scienza, architettura*, Torino, Einaudi, 1985, pp. 125-154; E. CONCINA, *Tempo Novo. Venezia e il Quattrocento*, Venezia, Marsilio, 2006, pp. 140-143.

⁸ B. PULLAN, *The Scuole Grandi of Venice: some further thoughts*, in *Poverty and charity: Europe, Italy, Venice, 1400 – 1700*, Hampshire, Aldershot, 1994, pp. 273-301, in particular pp. 287-288.

of *tabula rasa*. The proposal presented by Giuliani in 1797 actually meant implementing the concentration even further by proposing a *Cittadella* in a northern area of Venice, spanning from Rio dei Mendicanti to the Arsenale.

The space conceived by Giuliani encompassed a variety of charitable institutions that had existed during the Republic of Venice as well as some of its most significant architectural accomplishments. The Dominican convent of Santi Giovanni e Paolo, founded in the fifteenth century and at the beginning of the sixteenth century, had two cloisters and a courtyard that were later, in 1660–75, comprehensively restructured by Baldassarre Longhena with the construction of a dormitory, a monumental staircase and a library⁹. In 1437 part of the convent was sold to the Scuola Grande di San Marco, which, after a fire, built its headquarters on the corner of the area, next to Canale dei Mendicanti. The new building, which was designed at first by Pietro Lombardo and Giovanni Buora and then by Mauro Codussi, was completed in 1532–34 with the *templum* by Jacopo Sansovino stretching towards the lagoon¹⁰. The northwestern section of the *insula* was occupied by the former Ospedale dei Mendicanti. Following the enlargement of the *insula* and the project for the Fondamente Nove, the Senate decided to allocate a large portion of the new land to the institution that moved to the *insula* in 1595. The project, headed by Vincenzo Scamozzi, was based on a system of two cloisters connected by a church, built on the model of the Zitelle in Venice, which in turn has its origins in Milan in a building such as the Ca' Granda by Filarete. Construction lasted from 1601 to 1631, but was not completed until 1673 with the addition of the church façade by Giuseppe Sardi¹¹. The northeastern section of the *insula* is characterised by the presence of the small convent of Santa Maria del Pianto, built after 1649 (following the Senate's vote to end the plague of 1630), probably by

⁹ M. FRANK, *Baldassarre Longhena*, Istituto Veneto di Scienze, Lettere ed Arti, 2004, pp. 273–382; A. HOPKINS, *Baldassarre Longhena 1597–1682*, Milano, Electa, 2006, pp. 124–129.

¹⁰ R.V. SCHOFIELD, *La facciata della Scuola grande di San Marco: osservazioni preliminari*, in A. Guerra, M. M. Morresi, R. Schofield (eds.), *I Lombardo, architettura e scultura a Venezia tra '400 e '500*, Venezia, Marsilio, 2006, pp. 161–193.

¹¹ S. VENDRAMIN, *Chiesa e ospedale di San Lazzaro a Venezia (1601)*, in F. Barbieri, G. Beltramini (eds.), *Vincenzo Scamozzi, 1548 – 1616*, Venezia, Marsilio, 2003, cat. n. 61, pp. 398–400.

Francesco Contin, as a church and two cloisters. Initially entrusted to the Suore Serve di Maria and then to the Capuchins, the church was deconsecrated in 1810¹².

The ambitiousness of Giuliani's proposal was a product of the optimism that inspired the political class in the new circumstances, which was not as yet aware that the end of the 'municipal phase' was right around the corner. It also sheds light on just how pressing the 'health problem' was in those years. The urgency of caring for the population in need of assistance because of illness, poverty, youth or old age emerged immediately after the collapse of the Republic of Venice. The municipal government, however, did not last long enough to see any of its projects completed, and no further improvements were undertaken under the French rule. Although the *Cittadella* project was never carried out, the idea of creating a fully equipped healthcare institution that could meet the needs of the city's population was never abandoned and represents the ideal beginning of the story that describes what has happened in the hospital area between 1797 and today.

Adapting the existing to new use (1807–1929)

In the decades that followed, French and then Austrian rule brought about major changes in the political, social, economical and cultural life of Venice. From 1807 on, religious orders, confraternities and many other public institutions were progressively abolished and the Scuola Grande di San Marco and the Dominican convent of Santi Giovanni e Paolo, as well as the Ospedale dei Mendicanti were transformed into hospitals: the first two into a military hospital, the second into a maritime hospital facility¹³.

During the eight months of 'democratic regime' and during the first Austrian domination, the laws of the administrative structures of the existing institutions remained unchanged. A Decree of 18 June 1807, however, established the Congregazione di Carità, which brought together 'all willing people, charitable institutions, charitable donations and public funds in Venice' and seemed to inspire Giuliani's proposal¹⁴. The Congregazione

¹² A. ZORZI, *Venezia scomparsa*, Milano, Electa, 1984², p. 348.

¹³ N.-E. VANZAN MARCHINI, *La memoria della salute: Venezia e il suo ospedale dal 16. al 20. secolo. Catalogo della Mostra tenuta a Venezia nel 1985*, Venezia, Arsenale editrice, 1985, p. 30.

¹⁴ *Ibidem*, pp. 5ff.

di Carità was divided into three *commissioni* [commissions] governed by a *provveditore* [superintendent]: the first administered hospitals, the second, hospices and orphanages and the third, the distribution of alms. Simultaneously, the Decree sought to concentrate, respectively, in the three buildings: 1) old and indigent soldiers, 2) orphans, until then placed at the Ospedale degli Incurabili and Ospedale dei Derelitti, and 3) the ill, until then admitted to the Derelitti, in part to the Incurabili, and to the Ospedale dei Santi Pietro e Paolo (which had a mixed structure). The last category was intended for the Ospedale degli Incurabili, which was converted into the Central Civic Hospital; the Ospedale dei Mendicanti, along with the Scuola Grande di San Marco and the convent of the Dominicans, was converted into a military hospital in January 1809. Consequently, in only a couple of years, the entire local healthcare system, which had previously been characterised by a dense constellation of small semi-independent institutions, was dismantled, giving way to a process that concentrated care-giving in three major hospitals (Incurabili, Mendicanti and Derelitti), which admitted all categories of need indiscriminately. The Congregazione di Carità only survived until 1819, when it was replaced by the administrative autonomy of individual institutions. And, even after this event in April 1819, the Austrian government, which had replaced the French in 1815, decided to convert the military hospital into the Civic Hospital. In the meantime, however, the French military administration had radically transformed the existing built-up environment, through a process aimed at solving functional problems on the one hand, and financial difficulties on the other¹⁵. In 1807, the Cappella della Pace, a minor chapel located next to the Scuola Grande di San Marco, was dismantled. The materials were sold and the space was converted first into a warehouse and immediately afterwards into a laundry. Later on, it was completely destroyed, with the consequent loss of its works of art, including paintings by Carpaccio, Dal Moro, Bassano and Celesti. At the same time, the typography of the old convent of the Dominicans was also destroyed, and the friars' library completely dismantled¹⁶.

From this time until 1929, all of the Hospital's physical changes were the

¹⁵ L. ZANALDI, *Notizie preliminari per una storia documentata dell'ospedale civile di Venezia*, Venezia, Tip. Ed. C. Ferrari, 1950, p. 7.

¹⁶ *Ibidem*.

result of functional adjustments. The reorganisation of the area began in 1825 under the direction of Giovanni Battista Duca, who set up two surgical departments (one for men and one for women), a department for mad women (which was later moved to the island of San Servolo), a maternity ward and a paediatric ward, which housed a total of 1,200 beds in 60 rooms (or 'infirmaries')¹⁷. The Scuola Grande di San Marco, which was to become the entrance, was connected with the rest of the Hospital by the demolition of the altar and the opening of a large portal. A *cavana* [water access] was opened close to the Rio dei Mendicanti. Meanwhile, between 1819 and 1837, several small buildings located east of the great hall of the Dominican convent were gradually demolished to create the large green space with shaded pathways visible in Gaetano Combatti's map (1847) and the Austrian cadastre¹⁸. These transformations can be understood by comparing the French (Fig. 3), Austrian and Austro-Italian cadastres. The cadastral logs also describe the properties as being relatively stable, characterised primarily by the gradual shift from factory to new residential use in the east, where three buildings were constructed for public housing. This situation was documented in the report on the Hospital written by Pietro Beroaldi for the Austrian emperor, which also describes the School of midwifery, the 'spa' premises and the mortuaries¹⁹ (Fig. 4). This document also demonstrates how, on two occasions, new uses forced the Hospital administration to acquire new urban areas for expansion: the first, in 1821, was for an anatomical theatre, which was completed in 1842 on the ground floor at the beginning of the hallway of former convent of San Domenico²⁰ and the second was to overcome the inadequacy of the Infectious Diseases Ward by accommodating all the patients that had to be isolated from the rest of the Hospital²¹. It was then, in 1872, that the Hospital administration managed to dispossess an entire, seventeenth-century residential neighbour-

¹⁷ *Ibidem*, p. 40.

¹⁸ ASVe, Censo stabile, mappe austriache, Tav. 12.

¹⁹ P. BEROALDI, *Quadro storico-statistico dello Spedale Civile Provinciale di Venezia preceduto da cenni storici sulle antiche origini degli ospitali*, Venezia, Tipografia municipale di Gaetano Longo, 1856.

²⁰ N.-E. VANZAN MARCHINI, *La memoria della salute*, cit. pp. 5ff.

²¹ *Ibidem*.

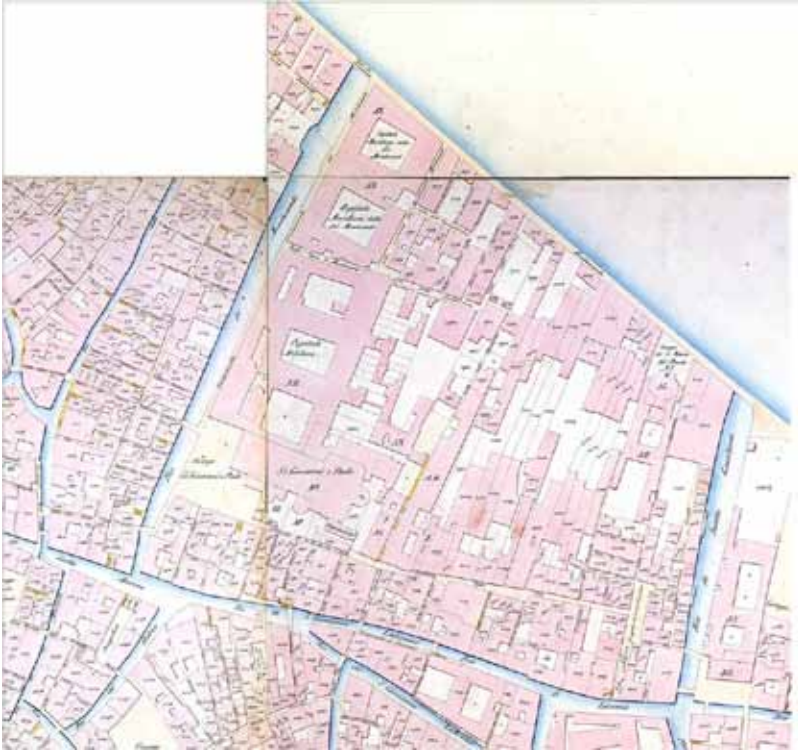


Fig. 3 - Venice, Napoleonic cadastre (1808-1811) (ASVe, Censo stabile, Mappe napoleoniche, Tavv. 8, 12, 13).

hood located next to the Ospedale dei Mendicanti. These buildings were demolished in 1885, and two new pavilions – for a surgical and a dermo-syphilopathic ward respectively – were built in their place. In order to create a *cavana*, the continuity of Fondamente Nove was interrupted by a bridge that still exists today. As is shown by the photo plan of 1911 (Fig. 5), the enlargement of the Hospital also had a major impact on the *insula's* circulation because the *calle* connecting the Barbaria delle Tole to the Fondamente Nove was cut to build the Infectious Diseases Ward. The Hospital became an autonomous enclave within the *insula*, upsetting the area's porosity and consequently, a centuries' old balance.

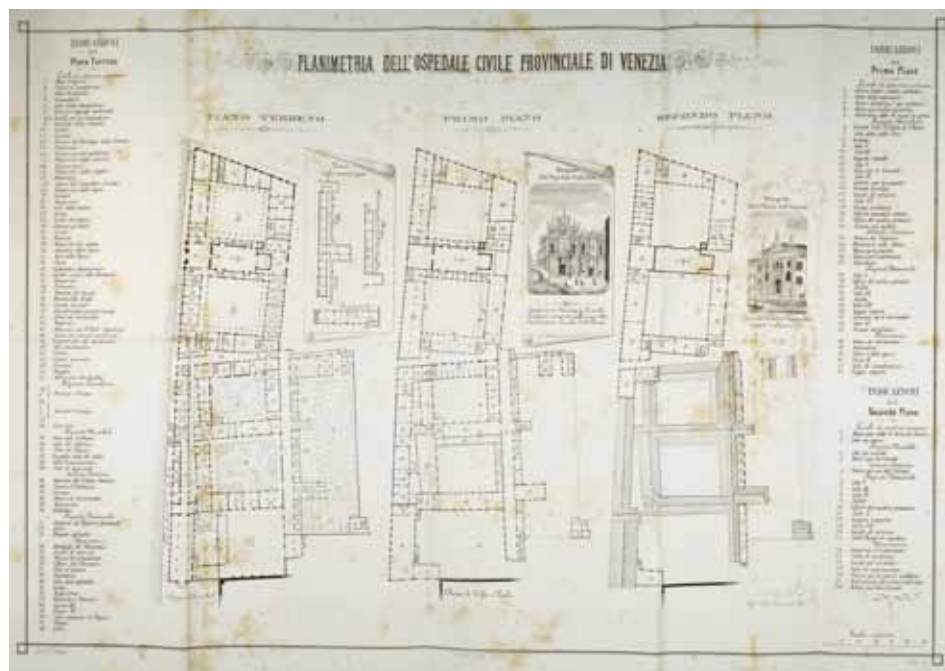


Fig. 4 - The hospital area in 1856, (from P. BEROALDI, *Quadro storico-statistico dello Spedale Civile Provinciale di Venezia preceduto da cenni storici sulle antiche origini degli ospitali*, Tipografia municipale di Gaetano Longo, Venezia, 1856, appendix).

Proposing a new configuration (1929–1959)

In the second half of the nineteenth century – after the establishment of the Kingdom of Italy in 1861 and the annexation of the Veneto Region in 1866 – there were numerous and varied attempts to solve urgent urban problems, both those inherited from the French and Austrian dominations and those born as a result of Italy's political unification.

A major shift in the way the City Council approached critical issues can be traced back to this period: problems, in fact, were no longer addressed as isolated matters but treated in a larger context. In 1886 a booklet bearing the title *Opere proposte per sanificare la città di Venezia e migliorarne la*



Fig. 5 - Venice, Aerial photo (1911), detail (ICCD, Rome).



Fig. 6 - Plan of the new hospital in Sacca Fisola Island (from N.-E. VANZAN MARCHINI, *La memoria della salute: Venezia e il suo ospedale dal 16. al 20. secolo*, Venezia, Arsenale editrice, 1985, p. 44).

viabilità [Proposed works for sanitising the city of Venice and for improving its road system] was published along with a map visualising the proposed transformations²²; three years later, in 1889, there was a *Progetto di risanamento e di piano regolatore della Città di Venezia*²³ [*Urban renewal and town planning for the city of Venice*]; and, on 29 September 1895, a *Piano di risanamento e piano regolatore di Venezia* [*Urban renewal and town planning for Venice*], prepared under the supervision of the Municipal Technical

²² *Opere proposte per sanificare la città di Venezia e migliorarne la viabilità*, Venezia, Tip. Antonelli, 1886.

²³ *Relazione della giunta municipale e proposte tecnico finanziarie sul progetto di risanamento e di piano regolatore della città di Venezia*, Venezia, Nodari, 1889.

Office led by the engineers Annibale Forcellini and Girolamo Manetti and approved by the national government and then, following a bureaucratic procedure, adopted by the City Council of Venice on 15 January 1896²⁴. Curiously enough, during this period and in spite of numerous debates on the most diverse points, the problems of the Civic Hospital were almost completely ignored because the City Council was much more focused on issues regarding urban maintenance than on starting new, potentially very costly projects.

In the meantime, the Dominican and Mendicanti complexes, along with a few other hospital buildings represented in Beroaldi's drawing from 1856 (Fig. 3), were less and less capable of accommodating the institution's ever growing needs, and the Civic Hospital and its administrators were struggling to find space to improve its functioning and organisation. Unfortunately, the Hospital's financial situation was no less precarious than it had always been, making it impossible to carry out a systematic, independently-driven expansion policy and, thus, to begin major transformations aimed at solving the Hospital's problems once and for all. In fact, between the end of the nineteenth century and the beginning of the twentieth, only a few minor land acquisitions can be detected.

These adjustments were too limited in scale to solve the Hospital's problems and, in the 1920s, the situation became critical, due in part to the advances of medical science and the consequent, far more articulated, demand for space. Hospital administrators assigned their own Technical Office the task of elaborating a proposal to submit to the City Council. In 1929 they presented a bold idea: the Hospital, they suggested, could resolve all its problems by moving from San Zanipolo to an empty island of the Giudecca called Sacca Fisola (Fig. 6). On the one hand, this project gives a clear measure of the dramatic lack and the inadequacy of the space assigned to the Hospital under the French domination; on the other, it can be read as the physical representation of the improvements that had been made over the prior decades in treating diseases and in accommodating patients²⁵.

From an architectural point of view, the group led by Vittorio Umberto

²⁴ G. ROMANELLI, *Venezia Ottocento*, cit., pp. 446-447.

²⁵ N.-E. VANZAN MARCHINI, *La memoria della salute*, cit., pp. 266-267.

Fantucci chose a modernist language infused with neo-classical references, a formal expression perfectly in line with other buildings being constructed in Venice around the same time, especially in the residential neighbourhoods of Santa Marta and Sant'Elena. The lighting of interiors through numerous, wide windows on the one hand, and the concern for ventilation demonstrated by the presence of wide pathways and recreational spaces on the other, show that Hospital administrators – and especially its Technical Office – were quite up-to-date on the latest trends in hospital architecture, especially in the United States²⁶. On an urban scale, it can be noted that the master plan for Sacca Fisola is perfectly in line with other similar contemporary realizations. Locating the new hospital in the southern periphery on land surrounded by water was meant to provide the necessary isolation and to assure a quick water connection with 'the city'.

The 1929 project was not approved by the City Council, primarily because of the city's critical financial situation but also because more careful analysis had revealed that the Sacca Fisola site was too close to a factory and might endanger the health of the patients the Hospital was supposed to cure. In spite of its rejection, however, the proposal was considered bold enough to draw the City Council's attention to the Hospital's problems. A decision was made to keep the Hospital Santi Giovanni e Paolo in its current location and to extend it considerably, even if all of the land it required was not available²⁷.

Once the Hospital had obtained authorisation from the City Council, it presented a new project occupying an area that appeared to be much more than 'suitably enlarged'. The 1931–32 *Progetto di riforma e ampliamento dell'Ospedale principale di Venezia* [Plan for reforming and extending the main hospital in Venice], designed by a team made up of a doctor and two engineers (E. Ligorio, A. Scolari and A. Spandri), can be described as disruptive, to say the least (Figg. 7-8). Entire portions of the Dominican convent and the complex of San Lazzaro dei Mendicanti were to be completely demolished to make room for wide pedestrian ways and almost two-thirds of the Ospedaletto were to be knocked down to satisfy what the Hospital

²⁶ ASCVe, 1935, X, 8, 4, b. 1930, Ufficio d'igiene, *Riforma dell'Ospedale civile*, 25 March 1931, p. 1.

²⁷ ASCVe, 1932, X, 8, 4, Comune di Venezia, *Adunanza del 19 settembre 1931*, p. 1.

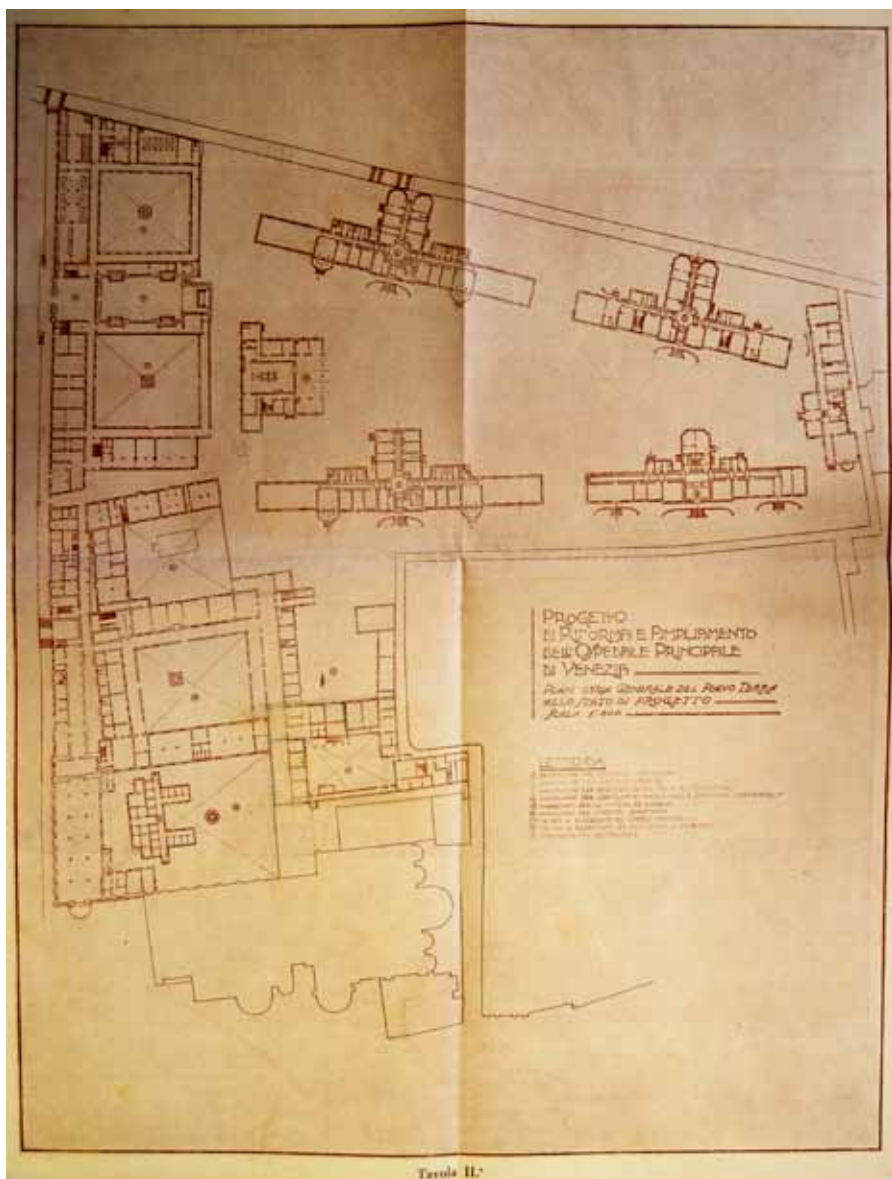


Fig. 7 - Project of the new hospital at SS. Giovanni e Paolo, 1931 (Amministrazione degli Ospedali riuniti di Venezia, *Progetto di riforma ed ampliamento dell'Ospedale civile di Venezia*, Grafiche Sorteni, Venezia 1931).



Fig. 8 - Digital reconstruction of the Civic Hospital as it was in 1931 (Alessio Miatto, University of Padua).

considered to be ‘its most urgent spatial needs’²⁸. Even after expropriating various private properties, however, only 55,000 of the estimated 80,000 square meters the Hospital required would have been obtained. Nonetheless, the proposal was not rejected because of its potential impact on its surroundings, but because the Public Health Service lamented that it was not really a building project at all.

Nulla, infatti, si può rilevare dei caratteri tecnici delle infermerie, dell’altezza dei locali ad esse destinate, delle loro aereazione e illuminazione, della distribuzione dei letti, dello sviluppo e modalità dei servizi relativi, dati tutti che potrebbero attenuare gli i convenienti derivanti dall’addensamento di taluni fabbricati, ed in ispecie dai difetti delle parti del vecchio Ospedale che verrebbero mantenute²⁹.

In the following months, after expropriating a group of three residential units built in the early twentieth century, the Hospital presented a new project. The plans were accompanied by a detailed technical report, which was subsequently published, describing both the proposed building and the overall use of the complex³⁰.

The principles on which the new proposal was based closely resembled the ideas contained in the 1929 plan, embodying clearly modernist concerns about the ventilation of the spaces and interior lighting. Each pavilion was devoted to a specific group of functions, deduced from contemporary manuals dealing with achievements in sanitation and healthcare. From the urban point of view as well, the plan somehow resembled the Sacca Fisola proposal. The Hospital was treated like an independent, fortress-like entity

²⁸ ASCVe, 1935, X, 8, 4, b. 1930, E. Ligorio, A. Scolari, A. Spandri, *Progetto di riforma e ampliamento dell’Ospedale principale di Venezia*.

²⁹ “Nothing, in fact, can be seen of the technical specifications for the infirmaries, the height of the premises allocated to them, their ventilation and lighting, the distribution of the beds, the development of and conditions for their services, all of which is information that might mitigate the problems arising from the densification of some buildings, and especially from the inadequacies of the sections of the old Hospital that are to be maintained.” ASCVe, 1935, X, 8, 4, b. 130, Ufficio d’igiene, *Progetto di sistemazione dell’Ospedale civile SS. Giovanni e Paolo*, 13 April 1931, p. 1.

³⁰ Amministrazione degli Ospedali riuniti di Venezia, *Progetto di riforma ed ampliamento dell’Ospedale civile di Venezia*, Venezia, Grafiche Sorteni, 1931.

within the urban tissue and there was virtually no concern for its relationship to the city. Moreover, the Hospital imposed itself on the surrounding institutions and the built-up environment almost without regard, requesting the demolition of a huge portion of the Ospedaletto and of the warehouses previously occupying the northern area of Venice and the pushing back of the residential uses traditionally associated with the latter.

Construction began immediately and, that same year, the first building – the Pavilion for otolaryngology and ophthalmology (known today as the Jona pavilion) was completed in the north-eastern area of the *insula*³¹. During the Fascist period, in fact, the Hospital's importance grew, culminating in 1940 in a proposal almost as imposing as the one that had been presented a decade earlier (Figg. 9-10). The strongly centralised administration of this period and the hierarchical, top-down decision-making process allowed the Hospital to expand its properties without much trouble. The last project in this phase actually concerns not only the site on which the first project in the 1930s was planned, but also foresees an expansion stretching from the eastern to the western border of the *insula*, incorporating an element that had until now always represented a limit to the Hospital's growth towards the west, the church and convent of Santa Maria del Pianto³². In this form, the hospital would finally become the *Cittadella della sanità* that Giuliani had hoped for a half a century before.

If this plan had been carried out, the impact of new Hospital on the area would have been almost as dramatic as the decision made by the French to establish a hospital on the *insula* of San Zanipolo. The City Council did, however, actually foresee the demolition of the convent of Santa Maria del Pianto, sparing only the church. Within the new configuration proposed, Santa Maria del Pianto – deprived of both its original use and context – was reduced to an *objet trouvé*. Even the Ospedaletto, which had formerly represented a limit to the Hospital's expansion towards the south, was half demolished and reconverted for use as a pharmacy. The new area gained by the Hospital was so impressively large, it is impossible to avoid noticing how the densely assembled pavilions of previous proposals now seem to float in

³¹ *Ibidem*, pp. 33-36.

³² Soprintendenza BAP di Venezia e Laguna, C301, disegno 949, A. Gelmetti, *Planimetria del nuovo ospedale civile di Venezia* (1940).

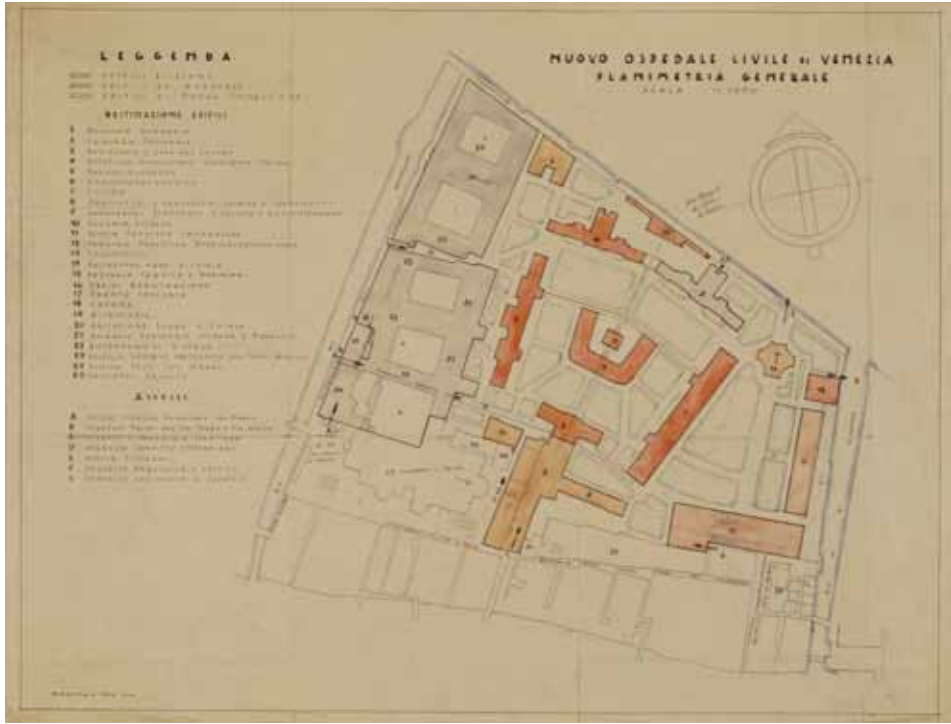


Fig. 9 - Project of the new hospital at SS. Giovanni e Paolo, 1941 (SBAPVe, Archivio disegni, C301, disegno 949, Antonio Gelmetti, *Planimetria del nuovo Ospedale civile di Venezia*).

too much empty space. Over-sized pavilions (presented once again without technical specifications) reveal that the administration was more concerned with the ‘artistic’ arrangement of single blocks than considerations regarding their use. Even if they were ready to demolish both the Ospedaletto and Santa Maria del Pianto, portions of both the Dominican convent and the Ospedale dei Mendicanti, the Hospital curiously decided to spare the Jona Pavilion which, built in the 1930s, now represents an element of continuity with the previous proposal.

In the decades following WWII, the ‘hospital problem’ was incorporated within what, since the mid-1960s, has definitely become ‘the Venice

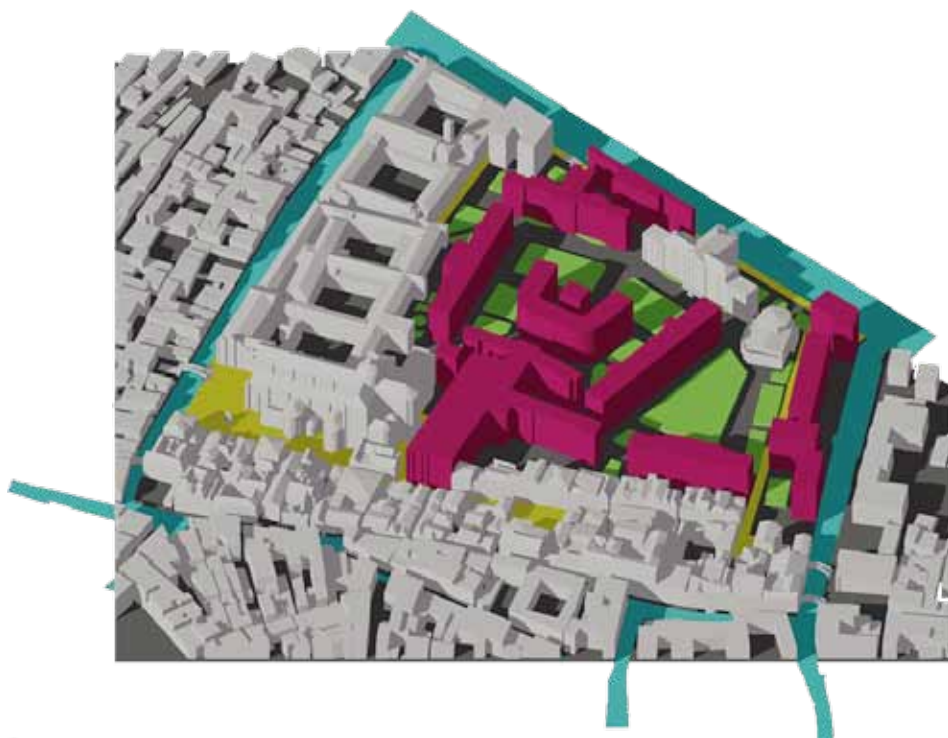


Fig. 10 - Digital reconstruction of the Civic Hospital as it was in 1941 (Alessio Miatto, University of Padua).

problem³³. From the second half of the twentieth century onwards, our research has identified two other phases: the first starts with the debates over the new master plan and is called *The urban scale (1959–73)*; the second, which begins with the reorganisation of the healthcare system on a regional scale, is called *The regional scale (1973–2011)*. Research is still on-going on the second half of the twentieth century and the *project financing* for the Hospital that is currently underway. The first results are expected this year.

³³ *Il problema di Venezia*, Atti del Convegno internazionale (Venezia, 4-7 October 1962), Venezia, Fondazione Giorgio Cini, 1964.

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