

Biblioteca Centrală Universitară Cluj 1906–1909 is a work which is worth being consulted, read and studied, exactly because of the perspective from which the library is regarded.

It is a “historical” perspective, since it is in fact the history which tells how the architectural-institutional idea of the library evolved and it is the history of the realization of this idea. Namely, the “history” of the process in which the “building” and the “institution” of the Library was founded – architecturally and institutionally – and took its place in time and space.

Translated by Ágnes Korondi

The Architecture of the University Clinics in Cluj, 1886–1903¹

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The architectural heritage of our town is very rich and varied and the persons whose duty is to popularize and preserve it must assume proper responsibility. One of these persons is Mr Gheorghe Vais, who has already published a previous work in this domain, *Biblioteca Centrală Universitară Cluj, 1906–1909* (The Central University Library of Cluj, 1906–1909), Editura Alma Mater, Cluj-Napoca, about which we wrote³ on another occasion. The architectural complex of the University Clinics is a distinct unit in our town. If the former work was dedicated to a larger public (we considered it useful not only for professionals, historians, art historians, but also for librarians, library directors wishing to extend their own building, researchers of local history and many others...) this one is addressed more conspicuously to architects because of its professionalism. However, we consider that no one interested in the history of Cluj can disregard it...

In the *Preface*, art historian András Kovács makes the necessary and welcome presentation of the age (the period of the Austro–Hungarian Dualism, the end of the 19th and the beginning of the 20th century) when

¹ Gheorghe Vais, *Arhitectura clinicilor universitare din Cluj, 1886–1903*, U.T.Press, Cluj-Napoca, 2007, pp. 221.

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³ See in the journal *Lectura*, no. 1–2, 2007, p. 58.

Cluj was transformed from a little provincial town into a modern urban centre. The decision to construct the Hungarian Franz Joseph University augured the future development of the town. Finally Kovács underlines the author's intention saying that he "however, formulates a direct message, addressed first of all to those on whom the fate of these century old buildings depends. He expresses a general anxiety for the harmful renovations and extensions lacking proper thought, made under the pressure of the moment, which degrade, provincialize, sometimes even ridicule an exacting architectonic concept. It is evident – we understand from the author's conclusions – that the complex in itself planned a century ago cannot meet the requirements of the present, but it can maintain its long ago obtained and uncontested central role in the preparation and practice of the medical act." (p. 4.)

Gheorghe Vais, the author, begins his work with a first chapter entitled *The Institution*, appropriately placed after the preface; we find here a short history of medical education in Cluj, which began in 1775 when surgery, anatomy and obstetrics were taught at the Academic College (former Jesuit College). In the 18th century only temporary hospitals functioned in the town. Although the idea to establish a permanent hospital had been raised already in 1799, it took some time to put it into practice. During their visit to Cluj (1817), Emperor Francis I and Empress Caroline Augusta donated 10,000 florins for the founding of a hospital. In 1820 this was already functioning under the name of Carolina National Hospital. It functioned in the Museum (Carolina) Square in temporarily occupied houses. Some time passed before the construction of a real hospital building: there was a concrete obstacle, a bureaucratic impediment, because the hospital was subordinated to the Ministry of Interior while the University was attached to the Ministry of Religion and Education. The plan was to establish a hospital (where sick persons, especially the poor were to be treated) connected to education (the training of future physicians) and it was decided that the responsibility would rest (only) with the Ministry of Religion and Education. In the author's opinion this important decision constituted the birth of the university hospital unique in Transylvania.

In Chapter II, *Position* it is described the choice of location, somewhere on the "outskirts" of the town. The clinics were to function practically in two entities: the *Lower Hospital Complex* (bordered in the north by present day Clinicilor Street, in the east by Victor Babeş Street, in the south by B. P. Haşdeu Street) and the *Upper Hospital Complex* (near the other, bordered today by Ion Creangă Street not existing at that

time, situated at the continuation of Victor Babeş Street and L. Pasteur Street in the west).

In Chapter III, *The General Plan*, the author describes the beginnings. In the *Lower Hospital Complex* the first buildings to be constructed were the *Institute of Physiology*, as well as the *Institute of Anatomy, Pathological Anatomy and Forensic Medicine*, situated at the outer ends, the first one in the north-east, the second in the south-west. The creator of these was the architect Alajos Hauszmann, Professor of the Technical University in Budapest. It seems that the majority of the Professors teaching at the Faculty of Forensic Medicine did not approve of Hauszmann's projects. For this reason the Ministry of Education appointed Flóris Korb and Kálmán Giergl (the future architects of the Central University Library) to realize these buildings (namely the construction housing the Surgical Department, the Clinics' Management, Internal Medicine, Gynaecology, Dermatology, Ophthalmology, the Household Pavilion and the Engine House etc.). These two architects would find original solutions for the construction of the *Clinic of Psychiatry and Neurology* in the *Upper Complex*.

We found Chapter VI, *The Realization of the Constructions* interesting. This informs the reader about the stages of the execution, the particular problems that arose, the names of the entrepreneurs engaged for the work etc.

In Chapter V, *Capacities* we are given in numbers the capacity of each section, as well as the area they occupied. Here those interested in local history are informed: "Due to its public character and its connection to the university the *Carolina Hospital* had an interesting designation related to the financing of the patients' treatment from the state budget. Thus article 5 of the hospital regulations prescribed: »The public character of the hospital (...) shall be maintained in what regards the 113 beds in the public sections of the hospital (...) and the patients who need treatment, and only these, shall be hospitalized without restrictions if they are suitable for didactic activity. The patients who occupy these beds shall contribute to the didactic activity with their or their relatives' permission.«"

Chapter VI, a chapter exclusively dedicated to architects, is entitled *An analysis of the architectural programme – functional schemes*. Being extremely technical, we are not going to discuss it in detail.

The similarly professional Chapter VII, *Defining Functional Units* consists of the following subdivisions: *Didactic spaces: auditoria*

and lecture rooms; Research spaces: laboratories, dissection and autopsy rooms; Hospitalization rooms: wards for the patients; The diagnosis and treatment spaces: consulting rooms, treatment rooms (operating theatre) and bathrooms; Spaces for documentation: libraries and museums; Household annexes: kitchen, washhouse and sterilizing room. This chapter is a study in architecture analyzing the units from both a comparative and a historical point of view, explaining the choices made by the architects.

The following chapter (VIII), *The Architectural Language*, is similarly technical with the following sections: *The exterior decorative language: the eclecticism of the façades, Significant decorative elements and Interior decorative language.* It contains sections representing: Bays and frames; The portals of the main entrances; The width of the stairs; The cornices; The frontons; Different details; The roofs; The support wall.

The reader curious to learn about local history may find the ten appendices interesting: 1. *The analysis of the Institutes of Anatomy, Pathological Anatomy and Forensic Medicine building's functional scheme;* 2. *The analysis of the Institutes of Physiology and Hygiene building's functional scheme;* 3. *The analysis of the Obstetrics and Gynaecology Clinic's functional scheme;* 4. *The analysis of the Internal Medicine building's functional scheme;* 5. *The analysis of the Managerial Pavilion's functional scheme;* 6. *The analysis of the Surgical Clinic's functional scheme;* 7. *The analysis of the Skin-Disease and Syphilis Clinic's functional scheme;* 8. *The analysis of the Ophthalmology Clinic's functional scheme;* 9. *The analysis of the Household Complex's functional scheme;* 10. *The analysis of the Psychiatry and Neurology Clinic's functional scheme.* These sections are a perfect description of these buildings, showing an excellent understanding of the age and of the progress it showed.

In the *Epilogue* we shall find the most fitting characterization of the hospital complex, as Gheorghe Vais describes it: "The projects according to which the pavilions were constructed were based on functional schemes characteristic to the European hospital programmes, and their application in Cluj meant an exceptional qualitative leap for the autochthonous medical spaces. The schemes ensured for each medical branch a building of its own in which there were functioning conditions according to the newest ideas of the age, transposed into simple and very clear patterns which facilitated the efficient utilization. On this occasion some absolute premiers were recorded at town level by realizing some

very modern functional units, such as the anatomy auditoria, the operating theatres and the delivery rooms, the differently specialized laboratories, the different kinds of wards, lifts for the patients, the modern dissection and autopsy rooms etc.” (p. 199.)

The book includes 183 (black-and-white) illustrations from that time, many of them published for the first time and separate list of illustrations with explanations and their origin. There is also an exhaustive *Bibliography*.

As I said before, I recommend the book first of all to active architects and also to those interested in the architectural history of Cluj. At the same time this work may be pleasant reading for anyone who is eager to know more about the history of this town, for those who love it and wish to preserve its past. Exactly for this reason we agree with the author when he says: “The Lower Complex has been preserved in its initial form for more than 90 years, resisting well enough to the different pressures generated by the founding ambitions of some Professors who succeeded each other in the managerial seat of the Clinics. Until 1990 the only important additions had been the extending of the Anatomy Pavilion, the building of the Auditorium at the Dermatology Clinic and the construction of the Nephrology Clinic’s building, crammed at the end of the first terrace towards Victor Babeş Street. After 1990 the situation changed radically as some large buildings appeared in the grounds of the complex: the Centre of Diagnosis and Treatment in the interior court of the building housing the Institutes of Physiology and Hygiene, the Emergency Clinic in the little park behind the Managerial Pavilion and the gigantic tower building of the Medical and Pharmaceutical University’s library and Rector’s Office. These seriously violated the image and structure of the lower hospital complex in spite of the fact that it was on the list of historical monuments. [...] Nevertheless, it must be mentioned the longevity of the great majority of the pavilions which on the whole have kept their initial functions to these days.” (pp. 16–17.) The critical observations are justified, we agree with them, for our love for this town and the pride to be among its inhabitants obliges us to do so. I also feel compelled to cite again Gheorghe Vais when he refers to the upper clinics: “The surroundings of the Psychiatry and Neurology Clinic suffered a permanent degradation through the chaotic placing on its grounds of some annexes which annihilated for the most part its green belt character. Garages, car repair shops, numerous storehouses, a kitchen etc., housed by constructions of the worst quality, invaded parasitically the southern area of the grounds, creating today the

atmosphere of an abandoned factory. [...] This situation was the result of the erroneous conception, applied by the medical authority, according to which the functional groups of maintenance were placed in the vicinity of the hospitals generating grave incompatibilities with the natural spaces so necessary for the patients' recovery in general and especially in case of psychically sick persons." (p. 41.)

Translated by Ágnes Korondi

**Can Diabetes Be Controlled, Subdued and Even Healed by
Phytotherapeutic Methods as Well?**

**Roman Morar–Dana Liana Pusta, *Diabetes – Phytotherapeutic
alternatives*, Cluj-Napoca, Editura Todesco, 2007**

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If we were to rely on the sombre anticipations of physicians when they speak about the evolution of diabetes among the population of the globe, we all should be divided in a few categories: individuals diagnosed with hyperglycaemic syndrome and declared diabetics, individuals diagnosed with hyperglycaemic syndrome about which they do not know and who are in fact future diabetics, normal people with passing hyper- and hypoglycaemia, regulated automatically by specific physiological mechanisms.

Unfortunately, medicine, wishing to preserve the health of some people and to heal some of us, tries to simplify some things when it has to make a diagnosis, to establish a therapeutic conduit and mainly when it devises national prevention programmes for some diseases.

We must agree that in the case of diabetes the presence of a permanent, periodic, or/and oscillating hyperglycaemic syndrome at an individual (patient) should not permit almost automatically to diagnose diabetes and at the same time to introduce the patient in the national programme for the prevention and control of diabetes. Similarly, even in the case of a diabetic who is in the programme, regardless of age and

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