

Vilardebo Psychiatric Hospital

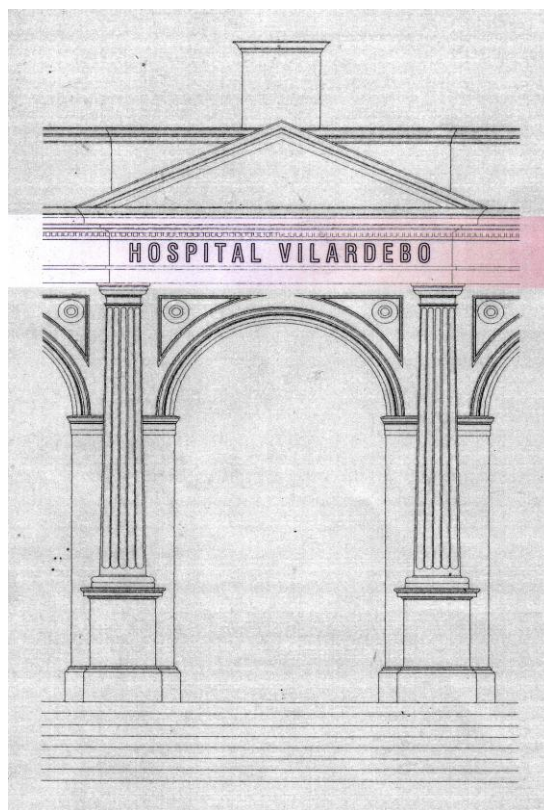
Conservation Master Plan

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1. main entrance

Abstract

The Vilardebo Psychiatric Hospital was declared Historical Monument since September 16th 1975, due to its monumental character and exceptional values, as a milestone in the city that the city and its citizens are accorded.

This paper attempts to show synthetically one possible multidisciplinary approach in the conservation field, which takes into consideration not only disciplinary and technical aspects, but also social and humanitarian aspects.

Introduction

The Object: its location, surroundings and history.

○ **Location and surroundings**

The Vilardebo Hospital is situated in Goes Neighbourhood, in the city of Montevideo, the capital city of Uruguay.

It is located in Millan Av. at the corner of Domingo Aramburu St.

Goes Neighbourhood is extended along Gral.Flores Av. and the areas close to Garibaldi Av.

It is one of the historical and traditional centres of the urban Montevideo, an emblematic geographic point, surrounded by relevant heritage value, and the cradle of “ the tango”.

Essentially it is a residencial area, founded by italians, spanish and jewish, the latter gave a commercial identity to the area.

Its streets have very few trees, and the original stone pavement remains.

The Uruguayan Cooperative Centre and The Service Land and Housing of the Municipality of Montevideo developed in 1996 the Urban Rehabilitation Project of Goes Neighbourhood .

This project is part of the rehabilitation policies of Municipality in the central areas in the city of Montevideo. It is about intervening in a well-served area that is characteristic in the urban Montevideo, which is in the process of emptying its population and deterioration of its buildings.

The election of Goes Neighbourhood was due to a set of considerations mentioned below :

- diversified district with commercial, cultural, civic and popular residencial uses.
- low-income sector of the population.
- extended areas with great historic architectural and urban values.
- habitat-recovery areas with the pattern of mutual aid and self-management.

It is important to bear in mind what an investment in the services means for the State and the Municipalty. The economic and social costs involved in the resettlements and movements of large segments of population to areas that lack basic services, promote alternative means for the collective use of central regions.

Given these features, the revitalization of the central areas leads to a concerted plan of action that guarantees a new meaning to the urban city.

The project was proposed as an objective process of urban intervention aimed at rehabilitating the area, improving living conditions and recovering their heritage buildings and urban areas.



2. Aerial view of Goes Neighbourhood, and Vilardebo Hospital location.



According to the International Charter for the Conservation and Restoration of Monuments and Sites (Venice 1964 – Rome 1981),

... ” the conservation and restoration of sites is only efficient and must only be conceived within the framework of economic and urban planning extended to the territory of which is an integral and important part, giving it an excepcional and irreplaceable character“ ...

○ **Historical Framework**

We would set the Vilardebo Hospital within the historical period between 1870 and 1900. In those thirty years Uruguay faced two economic serious crisis, in 1876 and 1890, and internal fights in 1870 and 1872, one was the largest and bloodiest after “The Great War”.

However, it is at that time when deep transformations happened in the country, such as :

- its population increased from 400.000 inhabitants in 1870 to almost 1 million in 1900.
- the foreing trade expanded, from 32 million pesos in 1869 to 63 million pesos in 1889.
- land value, building constructions, and agricultural activities increased sharply.

These transformation were due to the development of the railway system created previously. Not only helped the increase of the exports of goods joining the port with the countryside, but also took European immigrants to the countryside who had previously come to our coasts. In that period Uruguayan architecture led to the Historicist Eclecticism.

This architecture was characterised by, the refusal of the spanish legacy (after achieving our independence in 1830), and the adoption of the French cultural values.

According to Alberto Zum Felde, (“ The problem of the American culture “).

... “Hispanoamerica was firstly a colony of the European culture, first just hispanic, cosmopolitan and french later “ ...

This European influence not longer exclusively Spanish, grew with the arrival of French immigrants from Béarn and The Vasque Country, for instance 33.000 French citizens arrived in Uruguay between 1836 and 1842.

The Spanish austere neoclassicism introduced by the military engineers, was substituted by different architectural styles originated in France. This came through books and magazines edited in the “*Ville Lumiere*” and through foreign and uruguayan technicians educated in

the parisian schools, who developed their acquired knowledge in the country.

This is the case of the Uruguayan architect and engineer Eduardo Canstatt, who was in charge of the original design and construction of the Vilardebo Hospital.

He studied in the *École des Beaux Arts* in Paris.

He was highly influenced by the ideas of Eugene Emmanuel Violet-le-Duc and Julian Guadet who were members of the Architectural Theory Professorship.

Violet-le-Duc made his students like and share his admiration for the Gothic Art, regarding the constructive and stylistic aspects.

The pioneers of the Gothic Movement were Violet-le-Duc in France and John Ruskin in England. They returned the essence to this art which was underrated at that moment.

Julian Guadet's ideas were based on the acceptance of the historical past styles, taking the most appropriate in each circumstance and using more than one at the same time.

Eclecticism and contemporaneity were practically synonyms.

○ **History of the Building**

The cares in the psychiatric hospital began in Uruguay in 1822, with the creation of the "Saint Joseph and Charity Hospital", where the first mentally ill people were taken.

To that date, psychiatric patients were taken care of by their relatives or by the private charity, in their own homes.

In 1860 a big house was rented, in Goes Neighbourhood. The aim was to improve the patients' living conditions and psychiatric treatments.

The huge house, surrounded by gardens, was known as "de Vilardebo", where thirty patients among men and women were transferred from the "Saint Joseph and Charity Hospital".

Between 1865 and 1871 the population in the asylum oscillated from 102 to 181 patients, the average was 215 patients, a quarter were annually discharged and 7% died.

In 1867 the Republic Governor, Gral. Venancio Flores set the placement of the cornerstone of the new building in the Vilardebo House.

Eduardo Canstatt was the technician involved in the project and construction.

The new building was inspired in charity ideas as the first civil hospital. This building was of great magnitude for the time, and the best psychiatric hospital for the low-income patients. It finally opened on 25th May 1880, with a solemn ceremony with a crowd. It was first named as "National Madhouse" and from 1911 as "Vilardebo Hospital" in honour of the Uruguayan hygienist physician Teodoro Vilardebo.

The hospital was describe by the press of that time as " huge, magnificent, and sumptuous", equipped with luxury furniture. The interior layout of "that Palace" was admired. Four years later, the criticism of the building started, too luxurious extravagant and a lack of functionality. In 1889 the number of patients reached over 606 and by the end of the century they were 909 in overcrowded living conditions. In 1910 the number went up to 1.500 people, that was the highest peak in the history of the building. Therefore, in 1912 the National Public Assistance purchased a contiguous plot of land of 700 ha where 100 patients were transferred. Currently there are living 400 patients in the hospital, around 30 and 35 years old, and 150 temporary patients who take their psychiatric treatment during a period of time and then they are discharged. 100 patients mostly young ones, instead of going to jail are hospitalised due to mental disorders such as psychosis, schizophrenia or depression. Futhermore, around 50 people are in the hospital because of intoxication, drugs and alcohol. Nowadays the living population in the hospital is over 700 patients.

Building Analysis

The Object as such; function, size, materials, status.

- **Architectural features**

- **Building Uses**

Psychiatric Hospital (psychiatric diseases).

Adiction Treatment Center (drugs and alcohol abuse).

Security Pabilion (for those with mental disorders who have to serve time in jail).

- **Typology**

The constructions were settled orthogonally similar to the layout of convents and monastries, in roofless yards surrounded by pabilions with arched galleries.

Due to the architectural emsemble scale, we could assert that The Vilardebo Hospital has urban features.

It was inspired by "The Santa Ana Asylum " which had been built in Paris four years before, approximately in 1876.

We could mentioned that the asylum plan was designed with a proper patients distribution, which is not the case of the Vilardebo Hospital.

▪ ***Programatic Elements***

Central Pavilion : Lobby, Administration services, Surveillance services, Warehouses.

Right Pavilion : Policlinic, Laboratories, Pharmacies and Women's sector. This one has rooms, hygienic services, nursery services, rest rooms, workshops, patios, gardens and recreation areas.

Left Pavilion : Security Pavilion and Men's sector with rooms, hygienic services, nursery services, rest rooms, workshops, patios, gardens and recreation areas.

In the central axis we can find the Chappel, with a romanic style and classical elements. It is also located rest rooms, dining rooms, offices, kitchens, swimming pool, observatory and water tower.

▪ ***Formal Expression***

Ornamental treatment of Historicist Eclecticism. Criterion of symmetrical and rhythmic arrangement of classical design, organized with an inward layout, clearly with a medieval inspiration.

▪ ***Construction techniques, materials and status***

1. Foundations

The foundation system is supposed to be linear, built with natural granite stones and lime mortar between them, conceived in the original plan, and its width and depth could not be easily established.

We can not assert whether the construction of the security pavilion, affected or not the original foundation because it was erected on an existing structure.

Investigating beneath the ground floor could determine the current state of the foundation. This assessment will be done in different stages prior to the start of the building conservation process.

The entire building does not show cracks or movements caused by foundation problems.

2. Columns, pilasters and walls

Columns, pilasters and walls are made of bricks and lime mortar.

Most of them finished in rough cement plaster or plaster painted in assorted colours, shown in the last interventions.

The walls are extremely thick around 60 cm.

Many sectors of the building, mainly the upper part of the galleries, show the lack of plaster and watertight layers, therefore the brick structure is being exposed to the climate.

Furthermore, the ornamental treatment in most of the galleries have fallen into decay.

3. Upper roofs and intermediate floors.

We identified 2 types of the upper roofs and intermediate floors, as we see below :

Heavy type

The upper horizontal roof and intermediate floors of heavy type are structured with a lintel system with archs between iron beams (double “T” type). The archs are made of bricks, lime mator and a thin layer of concrete. This construction system was adopted in almost the entire building and it is generally in good condition.

One particular case, within this general original conception, is an upper horizontal roof made of bricks and lime mator between wooden beams, located in the Women´s Sector galleries.

Also, intermediate concrete floors were found in the Central Pabillion, being the result of the current interventions.

Light type

The upper pitched and vault roofs of light type are structured with wooden beams, covered partially by a stucco ceiling, and in some parts the structure is exposed without the proper protection.

The upper glazed roofs with an iron structure below are covered by broken glasses and the iron bars show corrosion in most of the cases with structural problems.

4. Doors, windows and bars

The doors and windows are glazed arched and rectangular mostly with a wooden structure painted with emanel in light colours, but originally polished with lacquered. They are openings structured by iron lintels, covered by plaster, or in some cases exposed to the climate.

The last interventions show the use of the aluminum in most of the windows replacements.

The windows and doors bars are made of iron with different attractive designs, painted in a variety of colours.

5. Floors

The floors have black and white marble and are located in the main entrance and lobby. The missing floor tiles have been replaced by screeded cement in the last years.

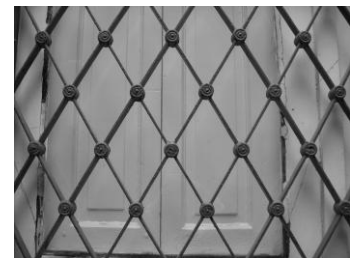
We can also find cement hand - painted floor tiles in the inner yards, some of them remain missing or broken.



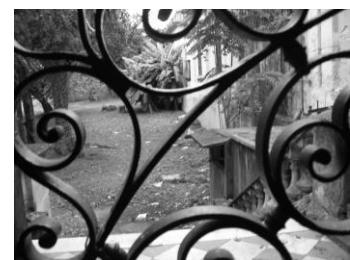
3.view of a lintel system heavy type



4. view of an upper glazed roof light type



5.view of a window bars



6.view of a door bars



7.view of the black and white marble

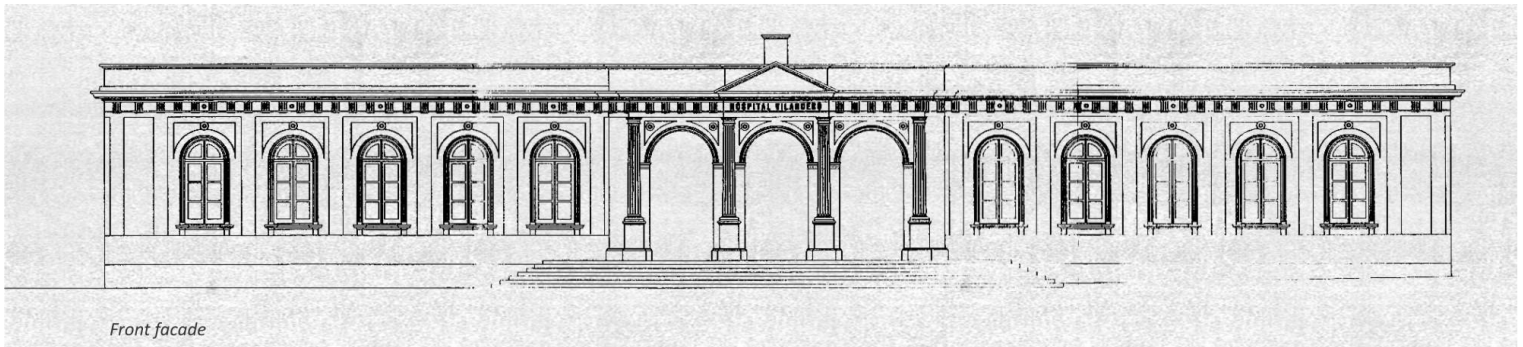
The patient rooms and service areas have monolithic floor tiles replaced by ceramic.

6. Staircases

There are four staircases in the building made of concrete reinforced with iron beams (double “T” type), the treads and risers are 300mm and 180mm respectively. Most of the steps are finished with white marble, which show curves and cracks.

The ones which have been reconstructed have ceramic floor tiles.

8. Front Façade

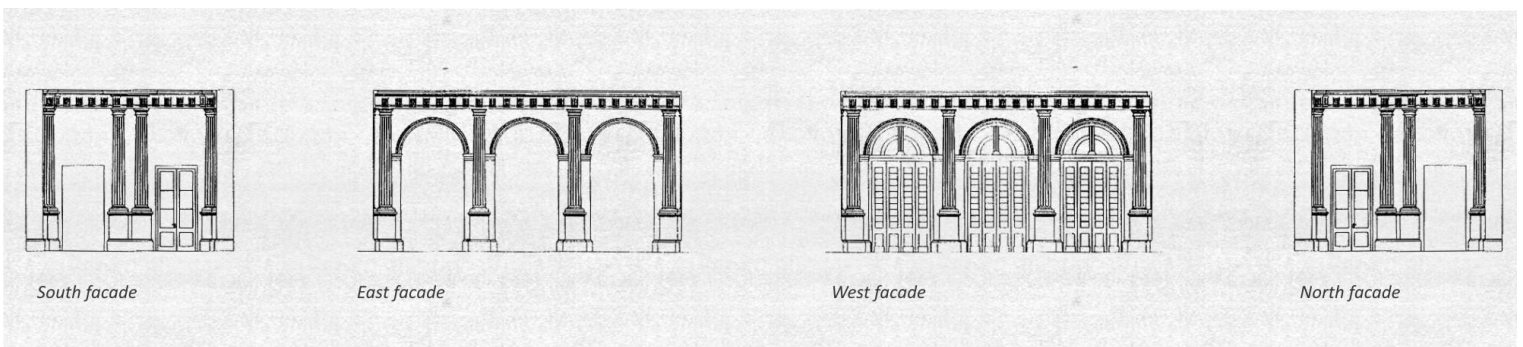


9. South Façade

East Façade

West Façade

North Façade

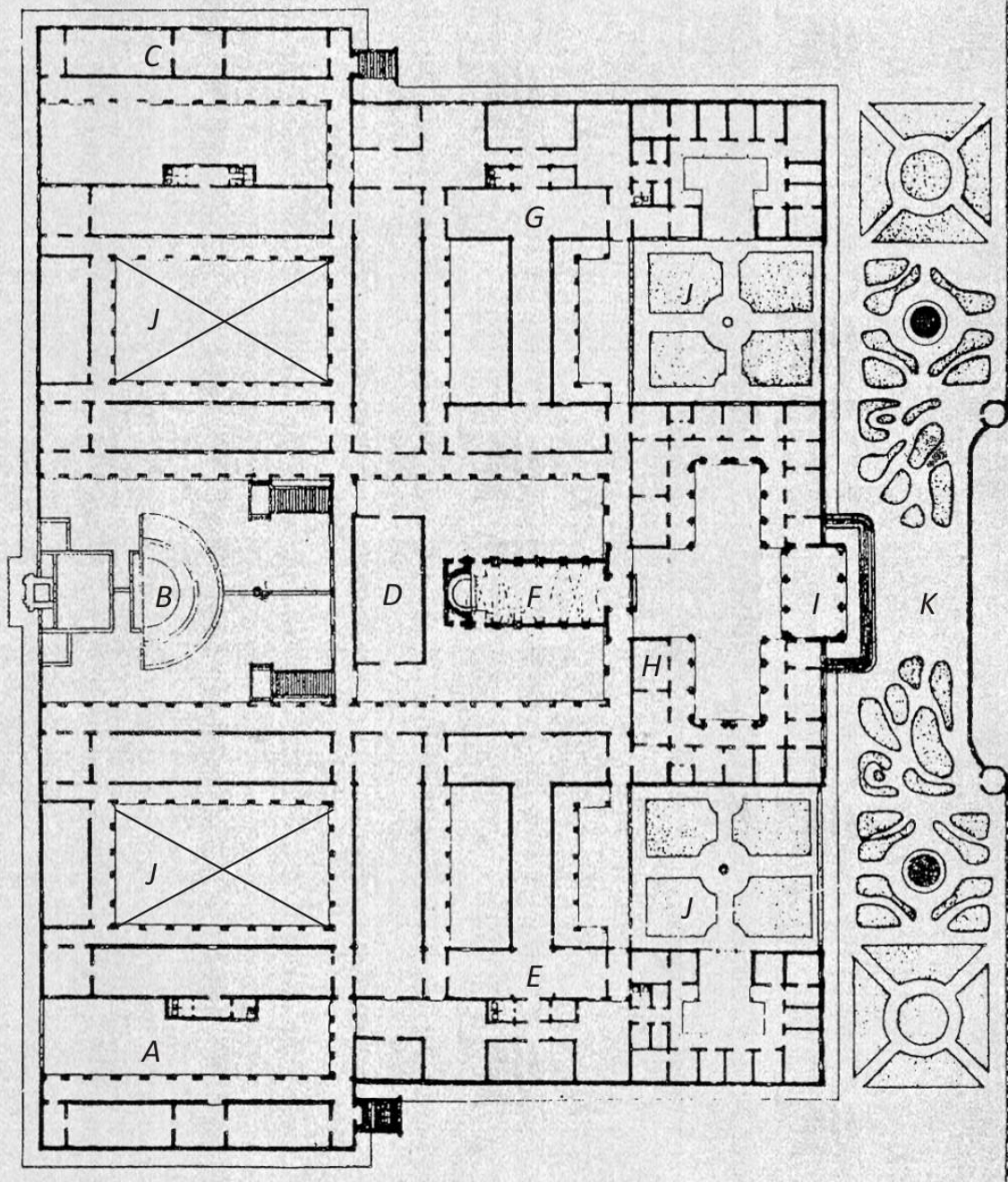


Floor plan

Reference:

- A - Security pabilion
- B - Swimming pool
- C - Women's sectors
Hygienic services, etc.
- D - Restrooms
Kitchen
Dining room
- E - Men's sectors
- F - Chappel

- G - Laboratories
Pharmamacies
Policlinic
- H - Administration services
Surveillance services
Ware houses
- I - Lobby
- J - Inner yards
- K - Garden



▪ ***Construction Building Process***

Five phases could be identified :

Phase 1

1875 - 1889 : Observatory and Nursery pabilions were built. These constructions had been previously contemplated in Eduardo Canstatt´s conception.

A high percentage, almost 100% of the original architectural style was kept. Very few sectors of building were partially restored with a different style.

Phase 2

1895 - 1900 : Laundry and new pabilions were added, the technician who took part was the Construction Master Pedro Sartori.

The original style was conserved.

Phase 3

1900 - 1910 : Services pabilions were built in an approximately 1200 m² , the architect Jacobo Vazquez Varela was in charge of that work.

The original style was partially maintained in this intervention.

Phase 4

1950 - 1960 : The Security pabilion was built. A new architectural style was incorporated, with a racionalist tendency, without considering the original style.

Since then, and up to date the Public Health Architectural Division was the technical office involved.

Phase 5






1989 – to date : Several recycling works have been done, mainly interior works, to improve patients living conditions. Interventions in patients´s rooms, bathrooms and resting areas.

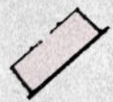
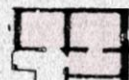
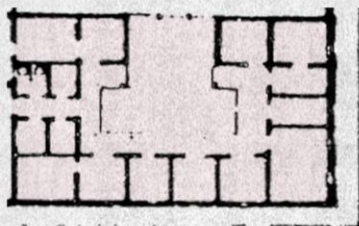
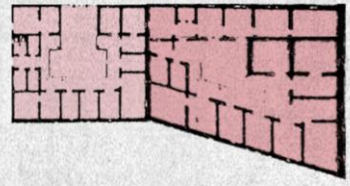
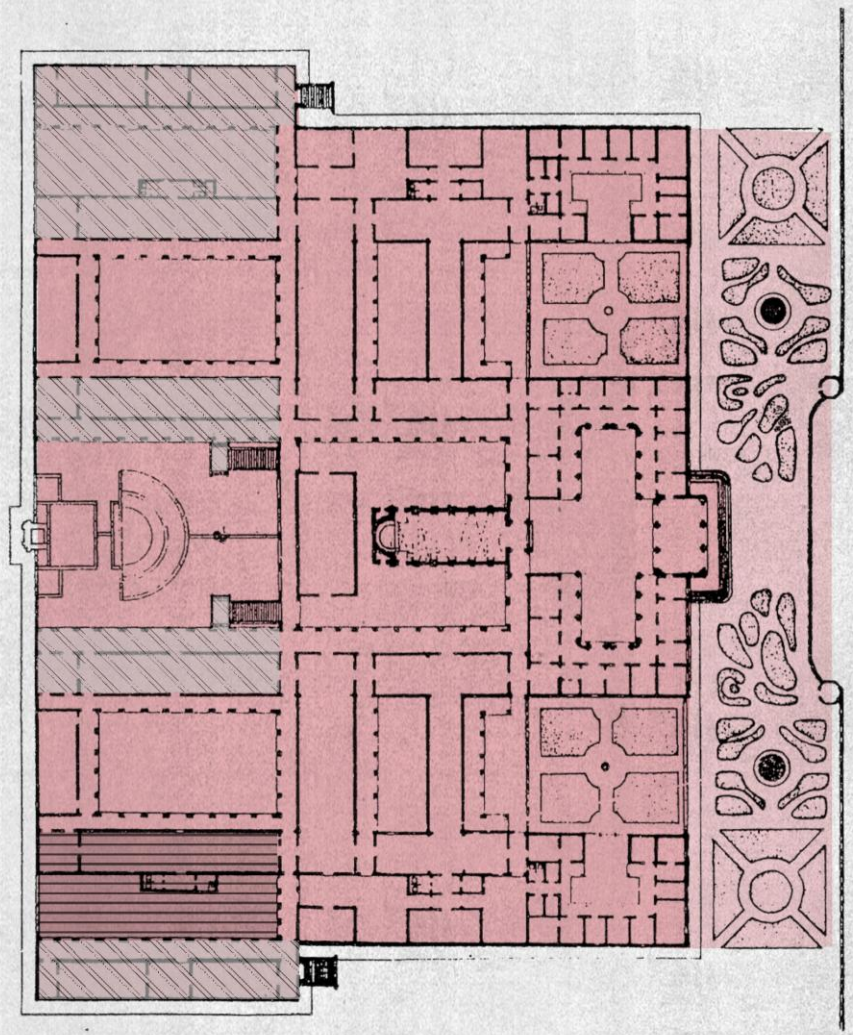
Administration, pharmacy, policlinic and nursery were relocated.

11.construction building process

Construction Building Process

Reference:

-  - Phase 1 1875-1889
-  - Phase 2 1895-1900
-  -Phase 3 1900-1910
-  -Phase 4 1950-1960
-  -Phase 5 1989-to date



▪ *Outdoor spaces*



12.view of the garden fountain



13.view of the inner yards



14.view of the inner yards

The Garden, the Landscape and the Inner Yards were considered the core of the building, due to its relevance within the project. Being outdoor activities a crucial part in psychiatric rehabilitation. This was an innovative idea at that time when psychiatric treatments mainly led to the isolation, straitjacket, long warm baths and punishment.

The Garden was designed in 1890 and it was inspired by the French Art Gardening, characterised by the combination of different plants and trees such as, pines, firs, maples, willows and oaks, perfectly organised. Seats, garden fountains, decorative sculptures and paths made in small marble pieces were set between the trees.

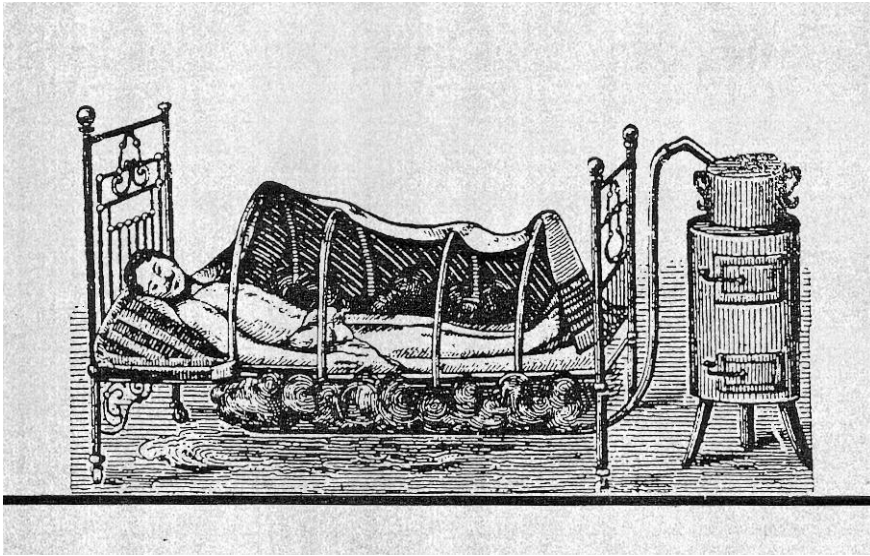
The current state is of deterioration and abandonment, most of the vegetables species disappeared, the ornamental elements have fallen into decay, and the grass does not exist anymore.

At present it is conceived as a public park, being the only one in Goes Neighbourhood and it is usually visited by 300 people per day.

The Inner Yards have a special design, they are roofless, surrounded by arched galleries cement plastered or painted plastered in different colours. They have cement hand-painted floor tiles, and big brick flower –pots with palm trees.

Most of the plasters have fallen down, the bricks and iron structure is exposed to the climate, different painted layers remains in the walls, the colour scheme was changed many times, the floors are uneven, most of the floor tiles were replaced by screeded cement, and a steel mesh was set in one of the yard as a roof.

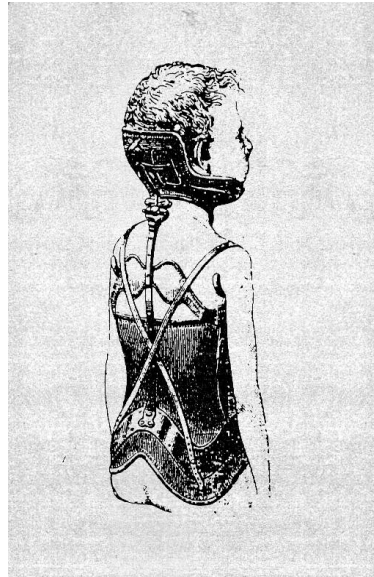
Psychiatric Treatments at the beginning of the 20th century.



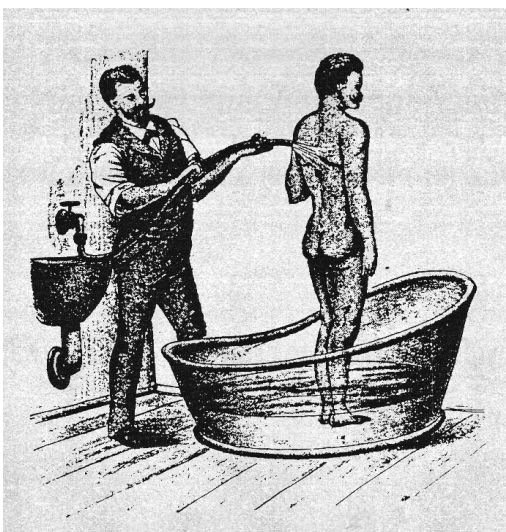
15. the rest



16. the isolation.



17. the straitjacket.



18. the therapeutic baths.

Analysis of the Values

The cultural historical values of the building / site.

In a Conservation Project one of the steps is the “values” identification of the object or site.

In this way, the essential message of the object will be respected and preserved, and the cultural significance will be defined.

According to Bernard M. Feilden (“Conservation of Historic Buildings”), the values could be classified into three main categories : “Emotional”, “Cultural” and “Use” values.

- Emotional Values

 - Identity*

 - The site is unavoidable associated with madness, conveying different feelings such as refusal, sadness, apathy or interest.

 - It has had significance to the collective memory of the people as an urban reference, being a landmark in our social history.

- *Cultural Values*

 - Aesthetic, architectural, historical art, technological, and urbanological*

 - The hospital is a faithful representative of the historical development of the Historic Eclecticism and the building techniques are typical of the end of the 19 century. Due to its scale and the special consideration taken in the treatment of its outdoor areas, it presents urbanistic qualities. It is part of a group of buildings that shows the architecture destined to the Public Assistance, with relevant architectural features. It was declared Historical Monument since 16 September 1975 by “The National Heritage Commission” due to its monumental character and exceptional values, having its garden structural and decorative protection.

- Use Values

 - Functional, economic, social and educational*

 - Functional and economic values are important when considering rehabilitation and refurbishment of buildings.

 - Due to the conception of our building (a central body and relatively independent sectors), the recycling could be done successfully.

 - In this building an institution could be installed, having different departments with some independence among them.

Cultural, educational or health-care could be ones of the re-adaptive uses.

Social values are largely covered by emotional values, related to the sense of belonging to a place and a group, the identity (this was previously mentioned).

This building provides educational opportunities, the study of history, and mainly the study of social history.

Proposal

Vilardebo Hospital Conservation Master Plan

- **Theoretical framework**

- Australia ICOMOS Burra Charter for Places of Cultural Significance (revised in 1999).

Article 14. Conservation Processes.

“Conservation may according to circumstance, include the processes of : retention or reintroduction of a use; retention of associations and meanings; maintenance, preservation, restoration, adaptation and interpretation; and will commonly include a combination of more than one of this”.

- The Florence Charter on Gardens and Landscapes (1981).

- Bernard M. Feilden, “Conservation of Historic Buildings”.

...”Historical buildings have qualities of low energy consumption, loose fit and long life, so the lessons learned from their study are relevant to modern architecture, which should aim at the same qualities. They teach us that building work as spatial environmental systems, and must be understood as a whole. There is no dichotomy between modern buildings and historical buildings, they are both used and abused, and have to stand up”...

- Wessel De Jonge´s architecture publications.

- **Premises**

- *Intellectual Concepts*

The Vilardebo Hospital is one of the most remarkable examples of the Uruguayan Hospital Architecture, at the end of the 19th century .

As no other building the ensemble represents the first hospital in the psychiatric field, for the low-income bracket of the population.

It was a condensation of new ideas in different fields, architecture, charity and psychiatry. This one developed innovative and advanced treatments, being in those times the best in South America.

The project was appreciated by avant-gardists as well as conservative traditionalists for the successful demonstration of the new architecture related to the psychiatric health.

Nowadays most of the people have undesirable impressions of the current state of the hospital, quite different from the impression the first visitors must have had in 1880.

The architectural character of the building has seriously been affected, the interior spatial concept was compromised by later interventions, and adaptations, while a number of characteristic elements have been radically altered.

There is a number of problems which constitute a hazard to both the aesthetical appreciation of the building and its proper maintenance.

▪ *Uruguayan Contemporary Hospital Architecture*

Our contemporary hospital architecture leads to the refusal of the hospital or policlinic collective ideas in order to create an environment with a close relationship with the users or patients. The main starting point in the current hospital projects is the public space (reception areas, waiting rooms, yards and gardens) which are enriched and the use of a wide variety of materials is encouraged.

The trend of prevention policies, the reduction in the time of being in hospital, home hospitalisation and day-time hospitalisation result in a significant reduction in the hospital area, therefore in its use.

The contemporary world has the need to build new and proper hospital places. However, our reality leads to the rehabilitation and transformation of the existing hospital structures, which are the main framework of the health services in the immediate future.

Nowadays the Uruguayan hospital architecture has to face economic shortage and the patient's long life expectancy, also it has to respond to the contemporary changes and mutations which affect the health policies in all its scales, (from the building to the territory). These movements in the hospital architecture show the search for the good health.

▪ *Transitoriness*

According to Feilden, the citation mentioned previously, we could relate a modern building with a historical building, considering similar analysis parameters.

The hospital was established with the conviction that most of the patients could recover from their mental diseases in a short period of time, due to the confidence in the innovative medical treatments at

that time. It was also taken into account the creation of psychiatric colonies where some patients should have been transferred, but this could never be achieved.

The happenings which occurred at the beginning of the 20th century such as the overcrowded situation and the new programmes installed in the last years were not contemplated in the building design.

Therefore, in functional terms the lifespan of the hospital building was limited, its design appeared to be a temporary structure. The technical life expectancy was chosen accordingly, which allowed the buildings to be constructed for a determined period of time, understanding the transitoriness as a part of the original design intention.

We are facing the conservation of a structure that was intended to be transitory.

○ **Conservation Goals**

To define the goals of the Conservation Master Plan it is important to understand the logic of a building, and it is essential to involve the views of the original designer.

There are different conservation approaches due to different design concepts. Also the premises described previously will help us to the definition of the goals.

- *1. Development of an integral vision of the building and outdoor spaces..*

This vision will be the guideline in the conservation process.

- *2. Removal of the building additions recovering the original building appearance.*

This is the case of the security pavilion, which was built on an existing structure in the 60 ties, defacing a sector in the building.

- *3. Development of an adaptive re –use or functional redevelopment.*

The entire building may not be easily adaptable to a integral functional change, due to its particular layout where each room has specific dimensions and the building programmatic clusters such as administration / general services, patient's pavilions / services, and medical departments are accommodated in separate wings on the ground floor. Therefore programmatic elements with some independence among them could be installed.

Also taking into consideration, the limited lifespan of the building and the contemporary changes in the hospital architecture, mainly the reduction in the time being in hospital, deshospitalisation, and the importance of the public space uses in the contemporary projects, we

propose as an adaptive re – use a Day-Time Mental Rehabilitation Centre. It will be located in the pavilions extended to the contiguous inner yards , where around 100 patients will attend outdoor workshops, gym and drama classes, and gardening.

The centre will also involve a variety of independent polyclinical health services and conference facilities.

This Rehabilitation Center leads to the intermediate psychiatric patients who were recently discharged, and it promotes the gradual reintegration of them into the society

▪ *4. Sustainability.*

This Master Plan not only involves cultural and historical issues, but also ecological and natural assets, for instance the special treatment of the garden reconstruction and restoration.

▪ *5. Outdoor Spaces.*

Supporting the continuation of the idea that the outdoor spaces are the core of the project, and also taking into consideration the importance of these spaces in the contemporary visions of the hospital architecture.

▪ *6. Values.*

Raising in the public awareness about the cultural historical values of the building, the use of the annual event the “ Heritage Day”, could be an option to convey this message.

Method

Phases of work

Phase 1 – Information

Register of printed and not printed sources and of persons.

○ **Documentation**

The history of the building will have to be unravelled, therefore :

- relevant historical and archival evidence should be found.
- the story of its construction phases and the whole history of the ground which it stands, will have to be understood.
- old drawings, photographs, models, plans and sketches and general views may give information.

- ancient manuscripts relating to the establishment of the building, building accounts, descriptions of modifications, enlargements or demolition should be studied.
- administrative documents, orders, contracts, and sales may be taken into account.
- old newspapers, journals, both popular and technical are important sources of information on more recent construction.
- archives and records offices should be assisted in the search for relevant information

- **Research**

- the research may have to be made into the site conditions, and with the building technology of the periods or periods of construction.
- exploratory archaeological excavations will be done if it will be necessary, because there may be a direct relationship between the historical development of the site and the problems of the reconstitution of the fabric.
- analytical studies to determine all the features of the building should be done such as geometric diagrams indicating modules or proportional systems and indication of the design techniques.
- the building methods, materials, general style, artistic composition, proportions and aesthetics principles give an approximate dating for many buildings.
- tooling and cutting techniques are a rough indication of the date of the masonry, stamps and marks may be found on tiles and bricks.
- initials, monograms, signatures and marked dates particularly in foundations stones should be obtained from the building.

- **Survey**

- a combination of drawings, both freehand and mechanical, and photographs should be made to provide a clear and exact picture of the building, although drawings cannot always show ornamental details and may fail to convey shapes, colours, general appearance and the beauty of landscape.
- sketches are useful for the attention to a special point and details.
- photographs which show clearly damaged parts, irregularities of the shape, defects, cracks should be taken.
- an accurate measured survey drawing of the building should be made, the building and its parts should be drawn to scale.
- photogrammetry should be used mainly to provide a full recording of the outdoor spaces of the building.

Phase 2- Practical Contact Details

Contact Details of responsible institutions for protection of monuments, contractors, craftsmen.

- the Conservation Master Plan, will be submitted to the “National Heritage Commission”, and the Municipal Administration.

Although, the Vilardebo Hospital Master Plan was conceived within the Urban Rehabilitation Project of Goes Neighbourhood which has not yet been approved by the Municipal Administration.

With the Municipal Authority approval the next phases would take place :

- Phase 3 – Work Plan.
- Phase 4 – Budget.
- Phase 5 – Process.

Phase 3- Work Plan and Phase 5 - Process

Conservation Master Plan

The new set up as Day-Time Mental Health Rehabilitation Centre will be developed into a Master Plan for Conservation, which involves the combination of :

- reintroduction of a use
- maintenance
- preservation
- restoration

Analysing the global building state, and the premises exposed previously we could conclude that the prior actions will be structured in two different phases.

Due to the building urban scale, we will define sectors in the entire building, that allow the Conservation Master Plan take place.

Phase I

Outdoor Spaces Garden, Landscape and Inner Yards

- *Restoration and Reconstruction of the Garden and Landscape.*
- *Restoration of the Inner Yards.*

Phase II

Pavilions

- *Restoration of the pavilions contiguous to the Inner Yards.*

Phase I

○ *Restoration and Reconstruction of the Garden and Landscape.*

The Restoration and the Reconstruction of the Garden and Landscape will be done in cooperation with a landscape architectural team, according to the articles exposed in “The Florence Charter”, 1981.

○ *Restoration of the Inner Yards.*

The restoration of the Inner Yards will involve the restoration of the arched galleries which surround the Inner Yards, and the patio floors.

Arched Galleries

- the plaster which is almost to fall down will be removed.
- the sectors lacking of plaster and watertight layers will be restituted according to a constructive archive from the construction original period which details the authentic materials used in the building.
- the original colour scheme and the original texture will be find, as we will have to recreate the original aspect of the yard and its surroundings. Eventually the original shades will be determined by laboratory tests and on site research so that the authentic textures and colours would be fully respected at the restoration.

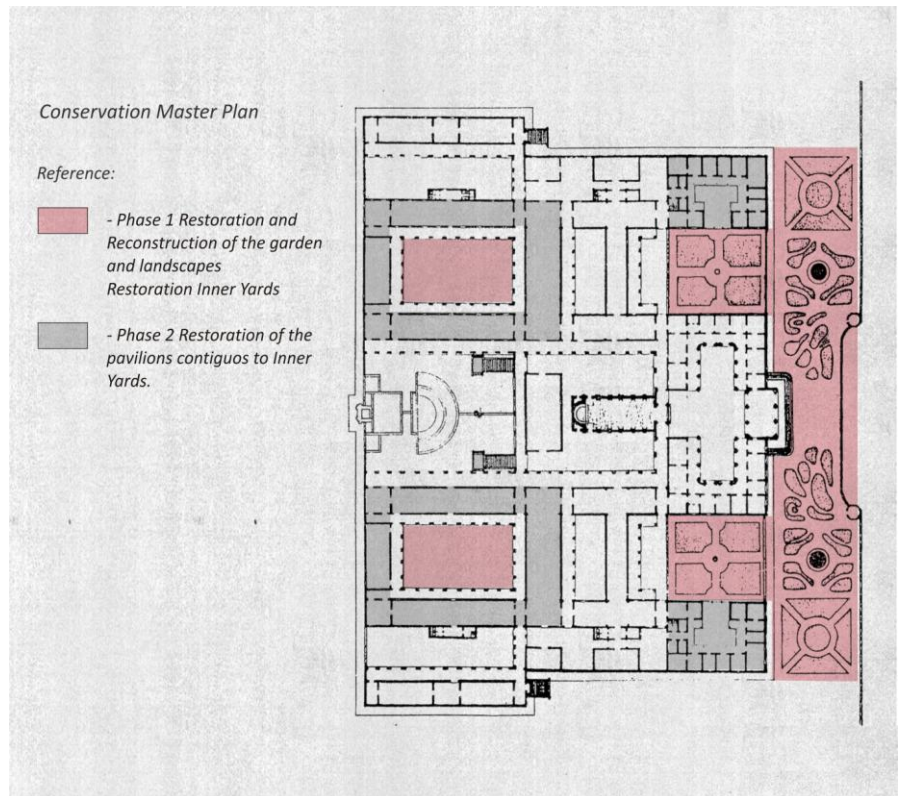
Floors

- the subfloor will be researched due to its uneven appearance, and cracks.
- the original cement hand- painted floor tiles will be really difficult to find, so an alternative solution will be planed, such as the replacement for neutral floor tiles.

Phase II

- *Restoration of the pavilions contiguous to the Inner Yards.*

The original interior lay out of the pavilions will be determined by a historical research, partitions and finishes will be reconstructed if it suits with the new building use, otherwise a new interior layout will be designed.



19.conservation master plan prior phases, phase 1 &2

Result, Current Status of the Work

In its entirety it is not applicable in my case because the Urban Rehabilitation of Goes Neighbourhood has not yet taken place.

To date diagnosis phases to determine the building state have been carried out.

Conclusions

The Vilardebo Psychiatric Hospital is one of the most relevant buildings in the city of Montevideo, due to its monumentality and the uncommon function in the urban central fabric, because most of psychiatric hospitals in Uruguay are located in the outskirts of the city. The intervention in this building poses great challenges in social, humanitarian, conceptual and material terms.

In our view the most important challenge is the relation between the current patients' situation and the building state, the suitability of the building to the users needs, and the possibility that it could help to improve their living condition, but also taking into account the historical value of the building.

The understanding of the original design approach, the contemporary hospital matters and the patient needs are critical in this conservation process.

Apart from that, the intervention in this building not only will improve the building architectural features but also it will encourage the urban revitalization of Goes Neighbourhood, one of the most deteriorated central areas of Montevideo.

Safeguard this building means safeguard a significant value of our short history and its our duty to hand it on the full richness of their authenticity.



20. view the chapel.

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