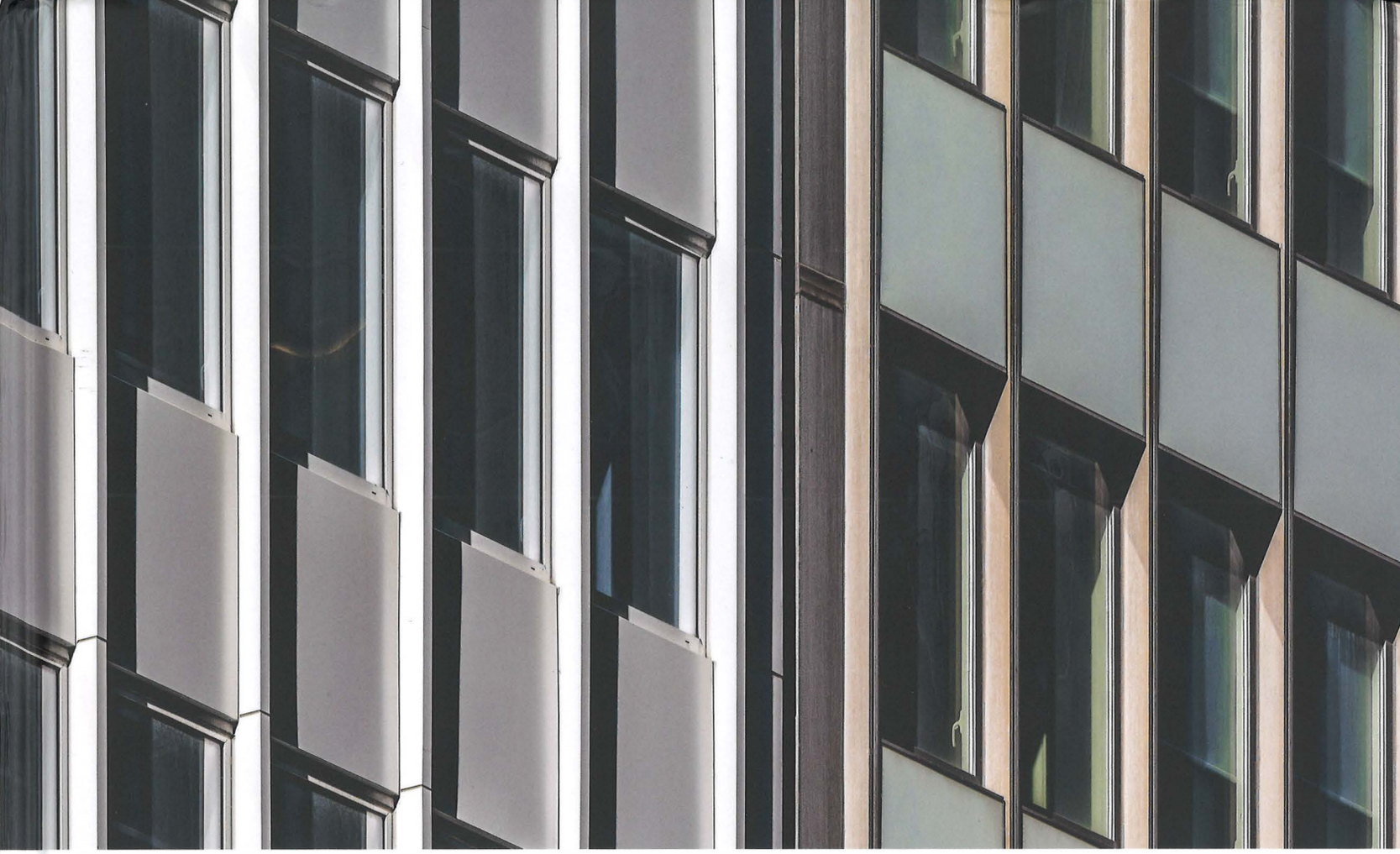
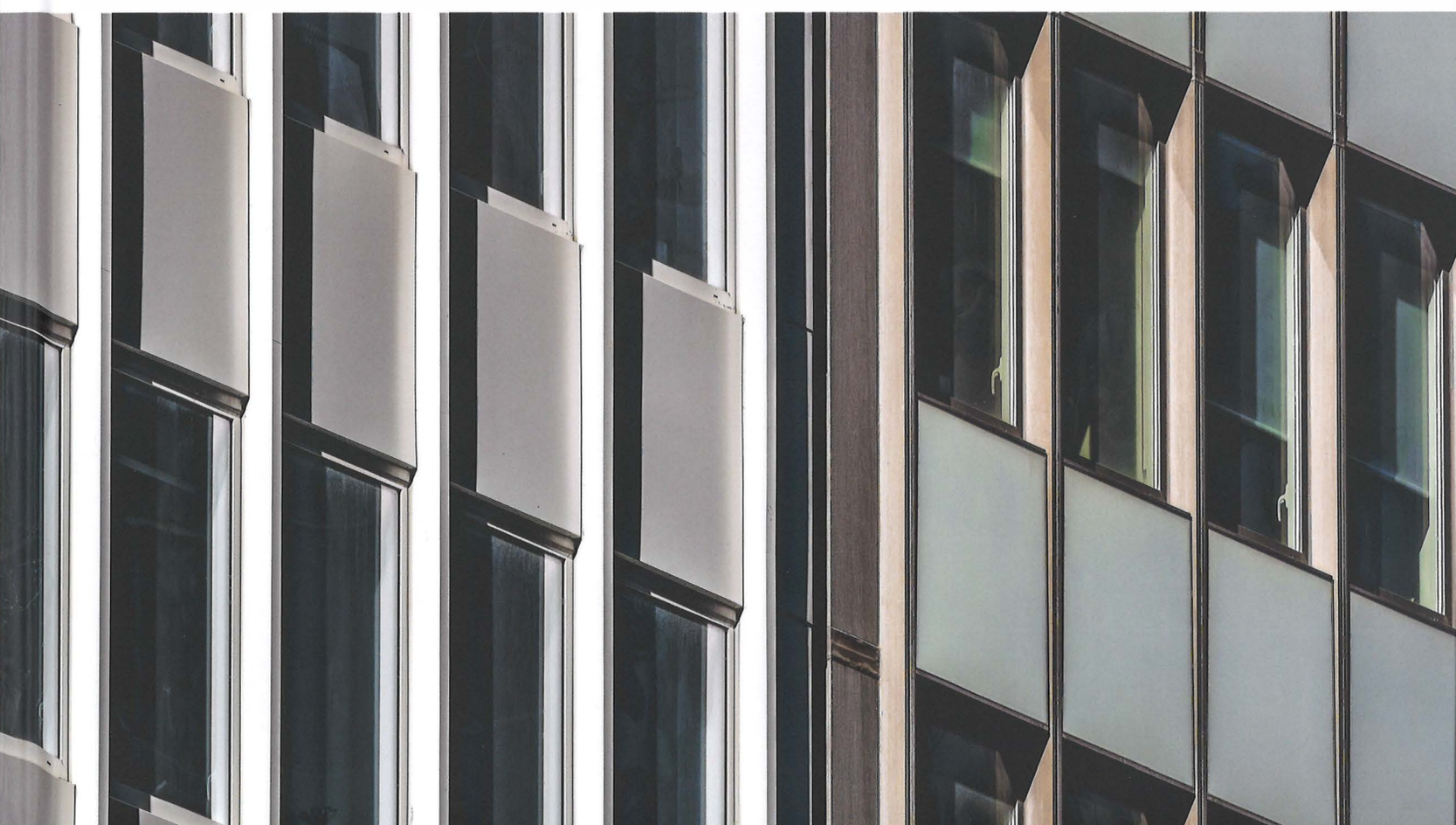


Preserving Modernism

Post-War Curtain Wall Renewal

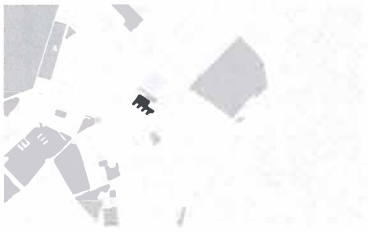
Angel Ayón—Uta Pottgiesser (eds.)

Birkhäuser



Felix Platter Hospital

Basel, Switzerland
Fritz Rickenbacher and Walter Baumann, 1967
Müller Sigrist Architekten with Rapp Architekten, 2022



47°33'51.7"N 7°33'52.8"E 1:10,000



Original hospital, 1967.

Built between 1962 and 1967 to designs by architects Rickenbacher and Baumann, Felix Platter Hospital is a prominent landmark in the former working-class district of St. Johann in Basel. Rising like an ocean liner, the ten-story building—344'-6" (105m) long and 114'-10" (35m) wide—has a commanding, far-reaching presence within this low-rise suburban enclave. At the time of its completion, it was regarded as the most advanced hospital in Switzerland and an outstanding architectural example of post-war Modernism. From an early stage, the building was formally recognized for its architectural significance through its inclusion in the Swiss Inventory of Buildings Worthy of Protection (ISOS).

The ground floor hosted the hospital's public and semi-public functions. It has a comb-like floor plan with service and support spaces organized within a series of single-story pavilions in the protruding wings, which were enclosed with exposed red brick walls. These extensions are articulated by a prefabricated concrete grid with a checkerboard pattern and deep concrete eaves supported by exposed concrete beams that echo those at the penthouse terrace. The adjoining public area, which occupied the ground floor and extended into the story above, was enclosed by a window wall with opaque green transom panels on the ground floor and similar green spandrel panels at the levels above. This combination of red



Building after renovation within the neighborhood, 2022.

brickwork and translucent glazed enclosures with green infill gave the hospital entrance a vibrant presence that was both welcoming and institutionally reassuring.

The long sides of the building feature different designs. The north facade includes both an aluminum-and-glass window wall with thermally broken frames and an extensive floor-to-floor prefabricated concrete grid with wood-frame window infill panels. The south facade facing Hegenheimerstrasse features delicately folded window walls with aluminum-framed sliding windows with single-pane glazing. The folded enclosure also includes narrow glazed transoms with single-pane glazing and green spandrel panels matching those on the lowest floors. The smaller east- and west-facing facades have distinct cantilevered balconies.

CONDITION PRIOR TO INTERVENTION

Since its inauguration in 1967, the building had undergone extensive interior renovations, while the facades had remained largely in their original condition. Only a few concrete members and exterior fittings had been repainted over the years. The glazed enclosures on the upper floors had been refurbished at some locations and replaced at others. The storefronts at the ground floor had been altered on the north and south facades and moved outward. Overall, the building was in fair physical condition, and previous structural alterations had little impact on its architectural character. Almost 50 years after its construction, however, it no longer met the operational requirements of a modern hospital.

TIMELINE

1890	First hospital built on the site as an auxiliary part of the City Hospital
1959	Direct commission for the new hospital by the Department of Construction Basel
1963	Start of construction
1967	End of construction and inauguration
1985	Extension of the nursing school
1989	Partial renovation works on the clinic and operations area
1990	Construction of annex buildings for the orthopedic clinic, administration, and medical-treatment area
1997	Construction of annex building for the Rheumatology Clinic, replacing the therapy pool
1998–1999	Interior renovation of the hospital by architects Bürgin Nissen Wentzlaff
2016	Approval as listed building by the cantonal government
2018	Design competition and start of planning
2019	Transfer of the hospital ownership to the cooperative
2020	Building permit issued and construction begins
2022	Completion of the rehabilitation



North facade after renovation, 2022.



Renovated building entrance on south facade, 2022.



South facade with renovated building entrance, 2022.

In 2015, following a cost-benefit analysis, the cantonal government ordered its removal from the ISOS, arguing against its continued protection. Demolition appeared inevitable. Yet the building's architectural quality and strong local significance prompted a broad coalition of prominent individuals, institutions, and members of the public to advocate for its preservation. As an identity-forming structure, its conservation was understood to safeguard not only a major urban landmark but also the social heart of the neighborhood.

When a feasibility study demonstrated that the former hospital's energy efficiency, fire protection, and earthquake safety could be significantly improved to meet residential-use requirements with reasonable cost-effectiveness, a conservation agreement was reached among the relevant stakeholders. The cantonal government reclassified the building as "historically significant," thereby allowing for less restrictive preservation requirements. A three-tier preservation framework was established. The first tier encompassed principal facade elements which were classified as historically significant and required to be preserved and maintained in their original form. The second tier included secondary components, for which overall appearance was to be retained, with only minimal changes permitted—particularly with regard to color, structure, silhouette, and spatial effect. Elements outside these categories comprised the third tier and were not subject to material preservation requirements.

The wohnen & mehr non-profit housing cooperative assumed ownership, and a design competition for the building's preservation was launched. This allowed the main building to be retained and



Corridor before intervention, 2017.



Corridor after intervention, 2022.

converted into housing, while the two adjacent staff houses were demolished. The adaptive reuse proposed 134 apartments of varying sizes, with communal facilities and public amenities for the neighborhood under one roof, allowing the transformation of the former hospital into a vibrant housing complex.

INTERVENTION

As previously mentioned, the decision to maintain the building rather than demolish it carried the caveat of a "historically significant" designation, which imposed a relatively narrow scope of preservation. This meant that exterior character-defining features such as the glazed facades and large balconies had to be respected and the building's overall appearance preserved with only minimal changes. At the same time, the hospital's interior, which had already undergone significant changes, was approved for conversion and could be modified freely.

The consortium of Müller Sigrist and Rapp proposed a renovation based on minimal interventions and won the competition. A central aspect of their proposal was the *Rue Intérieure* ('inner street'), a concept Müller Sigrist Architekten had already implemented in their Zurich housing project Kalkbreite. The inner street connects the former hospital corridors vertically in a winding path through the building, culminating at the roof terrace and communal area. It allows residents to reach these areas and connects all three staircases and elevators to all residential units. This strategy enabled the provision of larger apartments with windows facing both main facades and reduced the number of apartments with windows solely on the end walls with large balconies.



Hospital room at south facade before renovation, 2017.



Secondary glazing at south facade after renovation, 2022.

To improve the energy efficiency of the "folded" south-facing facade, a new secondary fully glazed window wall was inserted behind the historical one, which was largely preserved. The addition allowed the pivoting window sashes, a historical feature of the building, to be retained. Without the introduction of secondary glazing, it would have been impossible to meet current thermal insulation standards. Only an aluminum guardrail for fall protection and new sun shading devices were added to the existing facade, and a few sliding windows replaced the fixed glazing. The interspace between the old facade and the new glazing is unheated, but is usable year-round as seasonal winter gardens and provides all of the

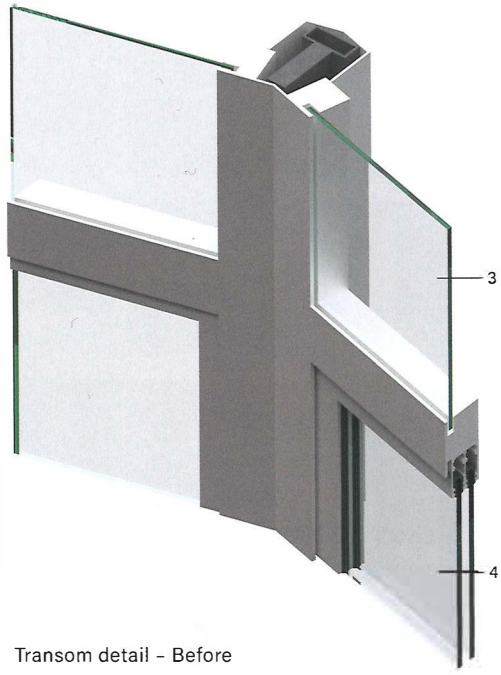


1 Existing reinforced-concrete slab edge fascia
2 Existing reinforced-concrete floor deck
3 Existing aluminum-framed "folded" tripartite window wall fixed transom with single-pane glass
4 Existing aluminum-framed "folded" tripartite window wall with single-pane glass sliding windows
5 Existing aluminum-framed "folded" tripartite window wall spandrel with green powder-coated aluminum panels
6 New concealed exterior window treatment with horizontal blinds
7 Existing aluminum-framed "folded" tripartite window wall with single-pane glass, sliding windows plus new handrails and guardrails
8 New secondary glazing with aluminum-framed "folded" window wall with IGUs and sliding doors
9 New hardwood floor over pre-fab floor screed with underfloor heating

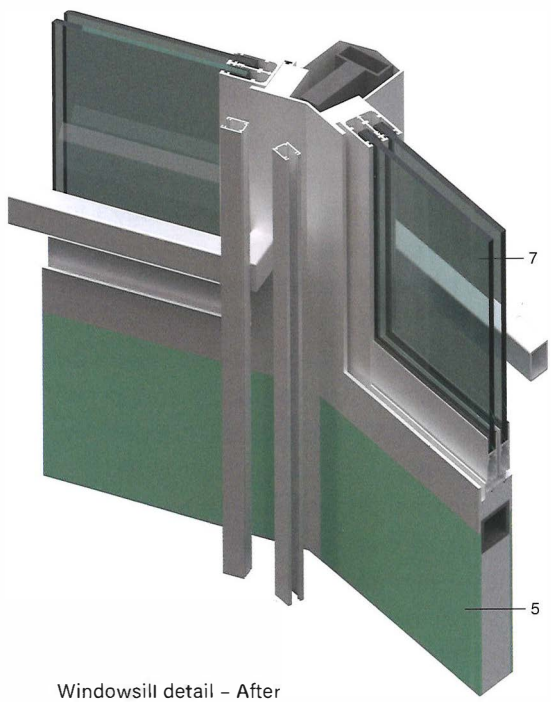
Typical south facade section – Before



Typical south facade section – After



Transom detail – Before



Windowsill detail – After



South facade with secondary glazing, 2022.

south-facing apartments with private exterior spaces. This strategy also preserved the building's exterior appearance.

The north facade was renovated to improve its energy efficiency by adding insulation on the interior side of the precast concrete grid and replacing the existing wooden windows with matching units using triple-glazed insulated glass units (IGUs). To meet current fire-protection standards, some units had to be changed into fixed glazing. The existing concrete grid remained in place and was fitted with new windows, while the aluminum-framed glazed facade was also replaced in-kind with triple-glazed IGUs.

One challenge to overcome was how to handle the penthouse floor, which had housed mechanical equipment behind louvered metal screens. To make it appropriate for a housing conversion without altering the closed character of the north facade, the metal screening was removed and large circular window openings were introduced.

For seismic retrofitting purposes, the two exterior stairwells and elevator shafts were replaced with new interior stairs close to the building's central axis. This shift provided vertical stiffening and enabled greater flexibility in apartment design. Three building-high shear walls were cast in concrete for longitudinal reinforcement.

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Roland Züger and Ariel Huber (photographs), "Zweites Leben: Umbau des Felix Platter-Spitals von Müller Sigrist und Rapp Architekten," wbw 10 (2023), accessed January 22, 2026, https://www.wbw.ch/de/online/artikel/102023-zweites-leben.html.



South facade and secondary glazing from renovated apartment, 2022.



South facade and secondary glazing from new interstitial space, 2022.

The renewable energy supply, based on a groundwater heat pump and a rooftop photovoltaic array, played an important role in achieving the energy targets. In addition, the connection to Basel's district-heating network ensures coverage of peak demand. All electrical installations were surface mounted as part of a pragmatic, cost-effective solution while maintaining the historical building structure.

COMMENTS

The conversion was developed in close consultation with the historic preservation authorities, and it included minimal interventions. It prevented the loss of a significant example of post-war modern architecture and contributed to the revitalization of the surrounding neighborhood. Based on a jointly developed reuse strategy, the cantonal monument-preservation authority established the scope of protection and provided subsidies for the preservation of the facades. The federal government pledged additional support. With the adjusted scope of protection, the building was re-listed in the monument-protection register.

The adaptive reuse of the former hospital also included the surrounding gardens and landscape. Existing colossal trees were saved, and they continue to provide shading to the south facade. They are also part of a green corridor that enhances the quality of life in the neighborhood. This corridor combines spatial, programmatic, and organizational elements for a well-mixed residential community. A wide range of high-quality commercial spaces, a spacious lobby, and a public passageway promote interaction among the building's residents and link it to the adjacent urban quarter.

The conversion of the 1960s hospital demonstrates the environmental potential of preservation and resource-conscious transformation. It is precedent-setting in terms of its ecological, economic, and social sustainability.

CREDITS

ORIGINAL CONSTRUCTION (1962–1967)

Architects
Fritz Rickenbacher and Walter Baumann, 1962–1967

INTERVENTION (2018–2022)

Client
Baugenossenschaft wohnen & mehr

General Planners
Consortium Müller Sigrist Architekten with Rapp Architekten

Architecture
Müller Sigrist Architekten,
Collaboration: Pascal Müller, Philip Thoma, Blaž Hartman, Eleanor Mir, Noémi Gilliand, Olivia Burri, Julia Pelizzari

Construction Manager
Rapp AG,
Collaboration: Thomas Stegmaier, Nina Prochotta, Mark Kraus, Raffael Canonica, Roger Gilli, Maria Monfort, Nikola Miranovic, Julian Wittwer

Structural Engineer
Dr. Lüchinger + Meyer Bauingenieure AG

Landscape Architects
Lorenz Eugster Landschaftsarchitektur und Städtebau GmbH

Facade Planning
Neuschwander + Morf AG

HVAC Engineering & Coordination
HeiVi Gebäudetechnik AG

Sanitary Engineer
Anima Engineering AG

Electrical Engineer
Boess Sytek AG

Building Physics
Durable, Planung und Beratung GmbH

Fire Protection
Aegerter & Bosshardt AG



Post-war Modernism's most defining feature—the glass and aluminum curtain wall—is also its greatest vulnerability. Designed as thin, industrialized assemblies, modern curtain walls now face failure due to aging materials, poor performance, obsolescence, and rising environmental demands. More importantly, they are often cited as justification for building demolition. Preserving them requires balancing building physics, heritage conservation, and real estate pressures.

After tracing the evolution of the modern curtain wall, this book presents twenty case studies—from 100 Park Avenue (Kahn & Jacobs, 1949) and the Pfizer Building (Emery Roth & Sons, 1961) in New York to Great Arthur House in London (Chamberlin, Powell and Bon, 1957) and the Rotterdam Library in the Netherlands (Van den Broek and Bakema, 1983)—and analyzes rehabilitation, overcladding, and replacement as the primary intervention strategies for curtain wall renewal.

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