



 THE TEXAS
ARCHITECT

OCTOBER

1968



Cover Photo: A student crosses the open first floor plaza of the Library-Classroom Building at Southern Colorado State College. Precast exposed aggregate panels, a continuous gray glass window band at the second floor and controlled view sculptural window openings on the third floor highlight the dramatic design. Caudill Rowlett Scott, A.I.A. are Architects for the "Texas Architecture 1967" selection.

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THE TEXAS ARCHITECT

VOLUME 18 / OCTOBER, 1968 / NUMBER 10

HEALTH CARE OF THE FUTURE

The hospital and health care system of the future will be designed more effectively to deliver health care services directly to the individual.

Emphasis will be on preventive medicine. Mandatory employer policy will require preventive multiphasic screening check-ups semi-annually.

Arriving at the health center, the patient will slip his health history data card into a machine which will alert the computer to his medical record. Regardless of present location, the patient's central record will be updated and will be continuously retrievable from any point in the nation, by direct consent of the patient. The computer, through its memory bank, will be capable of producing continuous, up-to-date vital statistics for public health purposes.

The patient will be seated on a comfortable lounge chair in a private cubicle, on a slowly moving conveyor belt. He will proceed through a battery of automated tests which will be compared instantly to the results of earlier examinations. The physician will be presented with a print-out of the results for study before actually seeing the patient. Then the traditional consultation of physician and patient will occur.

If overnight stay is required, the patient will be admitted through the use of the same history card. No forms will be necessary. Billing will be based on uniform prepayment policies.

Emergency movement to the hospital will be carried out by helicopters and mobile "hospitalettes" administered by both the police and health departments. The latter will take the place of present day ambulances. They will be dispatched at high speeds along cleared electronic highways. Equipped with all essential life saving gear, and staffed by highly qualified professionals, they will carry modules which will enter the hospital with the patient inside and remain as his room until he is well enough to be moved.

The medical school and teaching hospital will be at the center of this coordinated and interrelated system. It will have comprehensive facilities which the outlying hospitals cannot afford to staff and operate. They will refer complex cases to the teaching hospital.

The hospital of the future will be different from anything we know today. It will reflect the constantly changing world we live in as well as the new challenges we face as a result of accelerating progress in medical science.

Perhaps far in the future there will be no need for hospitals. All medical diagnosis and treatment will occur by the utilization of remote electronic nursing. In the nearer future, a routine step into a special phone booth may be all that is necessary for a routine checkup that is being monitored.

Perhaps further into the future, each person will be monitored from birth by remote control. When a disorder is detected the computer will be alerted automatically, and treatment will be prescribed even before the patient himself is aware that there is something wrong.

However, before any progress toward achieving the optimum health facility is made, there remains a great deal of systematic research and development work to be done by universities, industry and the health professions. Working in multi-disciplinary teams toward common goals and objectives will undoubtedly result in continuous progress. ■

Excerpts from an article by George J. Mann in June, 1968 issue of MODERN HOSPITAL. Mr. Mann is associate director in charge of the graduate program in health facilities design and research at the School of Architecture, Texas A & M University.

Library-Classroom Building

Southern Colorado State College

Architects

Caudill Rowlett Scott

Houston

Associated Architects

Rogers / Nagel, Denver

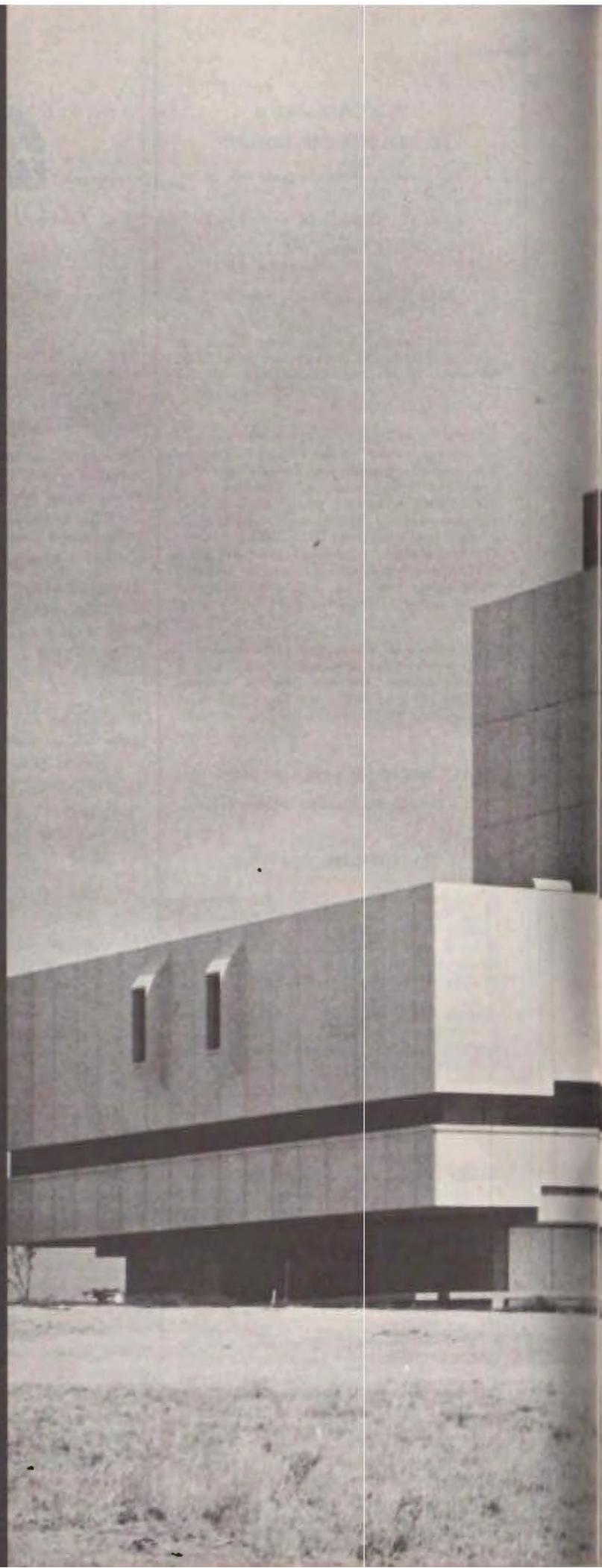
Consulting Engineers

Paul H. Koch Associates, Denver

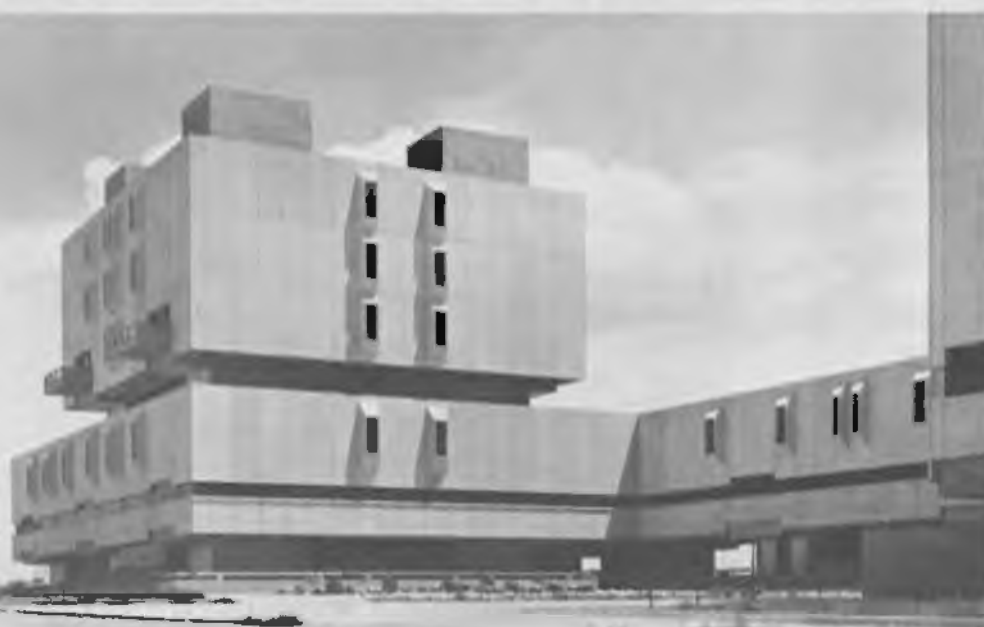
Contractor

Craftsmen Construction Company, Denver

Texas Architecture 1967



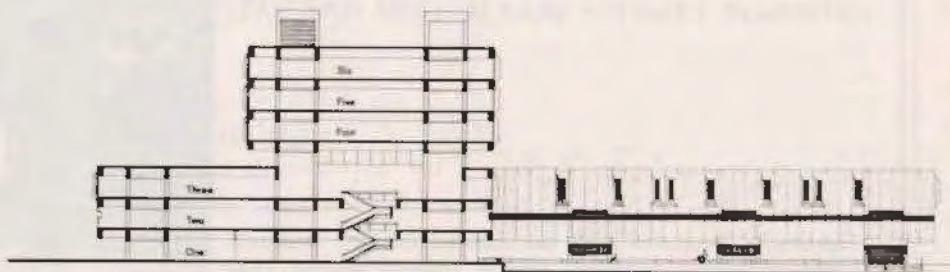




This building was intended to dominate a new campus that occupies a rise above the city. The college complex was to be a visual symbol of the community for all who approach it from any direction.

Flexibility was required for future conversion of temporary classrooms and faculty offices to library functions after an interim split-campus operation. Site and climate conditions included bright sun, limited natural vegetation and high distant mountains.

Rush J. McCoy, Denver, Photographer

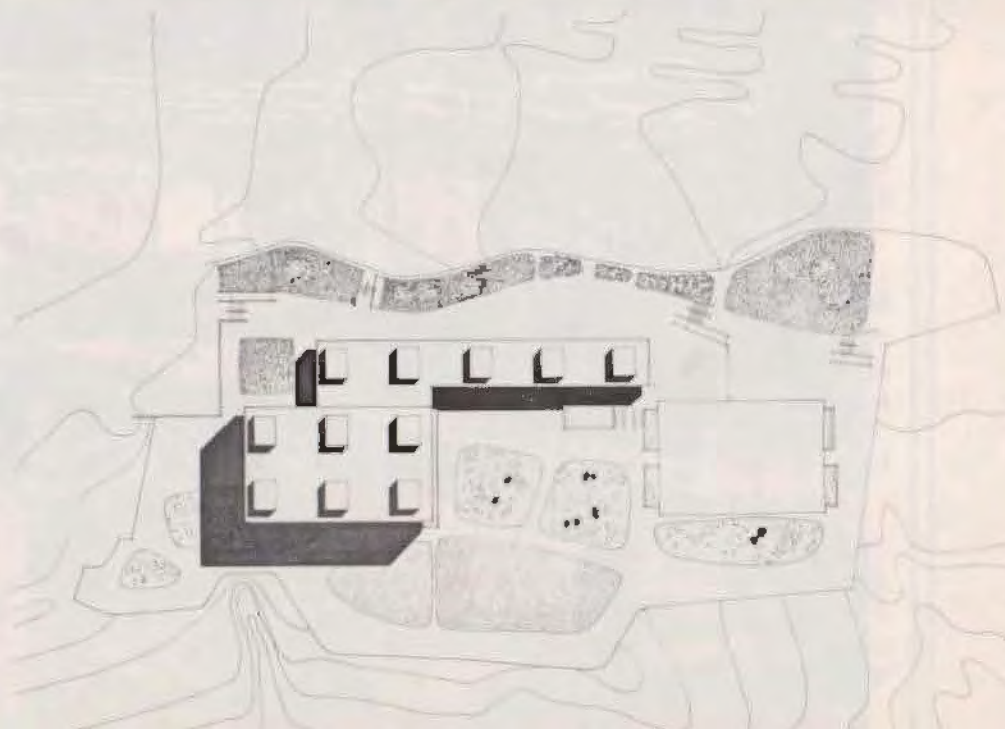


Section

The library rises the equivalent of seven stories at the highest elevation of the campus. The ground floor is largely open to provide circulation space sheltered from the sun. Enclosed windows control glare and capture views of the mountains. To provide large column-free spaces, structural cores contain mechanical systems, stairs and other fixed elements. Lighting and mechanical systems are modular. Subtle changes take place in the color tones of the building when seen at different ranges and at different times of day. The floorscape offers patterns of green grass, exposed aggregate paving, and stone gardens. The material and texture of the exterior walls are continued in the interior walls.



Materials and construction include: reinforced concrete frame and long span prestressed concrete floor and roof joists; sand blasted exposed concrete structure, precast exposed aggregate exterior facing panels, and gray glass; year round air conditioning using air supply type fluorescent fixtures.



Library-Classroom Building
Southern Colorado State College

Lighting is integrated with the exposed concrete structural system. Furniture groupings provide relaxful reading areas for students and faculty. ■



VOLUNTARY PLANNING PAYS OFF IN AMARILLO

CONFERENCE ON VOLUNTARY AREAWIDE HOSPITAL AND HEALTH CARE FACILITY PLANNING

F. V. WALLACE

Executive Director, Amarillo Area Foundation, Inc.

I was asked several months ago to speak on the assigned subject of "Voluntary Planning Pays Off In Amarillo." That is easy because I was there while it happened, all eleven years of it.

I also realized that my presentation last August to the American Hospital Association would have to be exactly what must be said here. Those who heard me in Chicago are to hear the same today with updating of facts.

If one is to discuss agencies for "Areawide Hospital and Health Care Facility Planning," the Amarillo organization of which I am to speak is like the Holy Roman Empire, which, as historians point out, was neither Holy, nor Roman, nor an Empire. The Hospital committee of the Amarillo Area Foundation cannot be called an agency, nor does it have a budget for planning health care, nor did it start to be areawide in scope.

Despite my disclaimer, you will be interested in the history of our endeavors, our accomplishments and our plans. This history is our experience, and it offers much to the potential planning agency. So don't go away because you will find our situation intriguing.

First, you must know something about our city. Amarillo was incorporated in 1892, and we adopted our present city commission-manager charter form of government in 1913. It was the first such charter in Texas and the fifth in the USA. We had 57,000 population in 1940, 137,000 in 1960, and estimate having 167,000 population today.

Second and next, you must know our geography. We are the largest city in a vast empire, extending about

half way to Oklahoma City, Wichita, Denver, Albuquerque, El Paso and Fort Worth. We are in the remote Northwestern Panhandle of Texas—closer to the capitals of the states of Oklahoma, Kansas, Colorado and New Mexico than to our own state capital at Austin, Texas.

Our city lies in two counties—the only large metropolitan area in Texas that does so—and, therefore, we were forced to be on a "regional" basis from the start since the state of Texas administers most of its functions through its counties.

With a Foundation of the city history and geography established, let us look at specific health and related facilities development. In 1953, a group of interested citizens engaged an expert to appraise our local health services and agencies. His report was shockingly candid. We had no facilities worthy the name "Health Services and Agencies." Our subsequent efforts and today's achievements can be traced to that negative and disturbing report.

A large citizens committee, known as the Potter-Randall Citizens Committee, was organized for overall community improvement. The most active group within this organization was, and still is, a citizens health council.

Within the latter group was organized a so-called "Hospital Committee." A year or more of acting like a typical committee followed. A reorganization was accomplished, a controversial report by a consultant was received in 1956 and a serious hospital bed shortage developed. It took all this to get our "Hospital Committee" rolling. We have not stopped since.

The result was and is a continuing planning program on a homegrown basis. We had need but no pattern

to go by. The reorganized committee appointments of 1956 followed one precept—members must be those legally or morally responsible for health and hospital care in our community. We had the county judge; members from the three hospital boards; representatives of the hospital staffs and the professional societies; a member of the city commission; and a sprinkling of business and community leaders interested in the subject.

We met every week for years—we ate bad food—we talked, planned and lived hospitals. With favorable participation and publicity by the news media, we were accepted as the community organization responsible for hospital and health planning in our city and area.

We have no formal financing and have to scrounge the money for every project. We still pay for our meals, and generally our own travel. We have had executive help only during the past 3 years. The young man is extremely capable, but he must divide his time between our committee work and that of the board for the new hospital now under construction on the Amarillo Medical Center, which he will serve as administrator.

Because our hospital situation was acute at the time of the formation of our planning agency, it was necessary to plan for emergency. But it is noteworthy that, as we planned for and met emergency conditions, a long-term plan was being formulated.

Perhaps it was because we were so acutely aware of the lack of money for planning that we concentrated on being sure that our community would, in the future, have two sound methods of financing its hospital and related health care programs. Our committee would not tolerate a future in which growth must be met on the emergency level.

Two vehicles for future financing were created, with the express purpose of tapping both the tax dollar and the voluntary dollar:

The first necessitated an amendment to the state constitution. The first and still the only city hospital district in the state had to be approved by the Texas voters and a local option election. By Texas hospital district law, this provided a 75¢ ad

valorem tax base, of which it has been necessary to use only 16¢ so far.

The second was the Amarillo Area Foundation, a community trust with a charter that covers much more than health funds. It is noteworthy, however, that under the foundation aegis more than \$8.7 million of contributions have been diverted into hospital construction.

Here might be the place to note our activities outside of our immediate community. Recognizing the need for community hospitals in our vast area, committee members either as individuals or as representatives of the committee, assisted neighboring hospital groups with obtaining Hill-Burton Funds for construction, with planning, and with co-ordinated efforts between communities. However, because of our informal status, this co-operative effort with our neighbors was informal.

The result of our activities and the work of others is most evident in our community. The larger projects are:

An approximate 100 percent capacity addition to one existing order-owned hospital financed by public subscription and Hill-Burton Funds with costs of \$2.2 million;

An addition to a tax supported hospital of approximately 35 percent its former capacity financed by a county bond issue and Hill-Burton Funds with costs of \$1.3 million;

Organization of the first city hospital district in Texas by amendment to the state constitution and a local option election;

Promotion of a new 100-bed psychiatric hospital costing \$2.5 million financed by Amarillo hospital district tax bonds and Hill-Burton Funds;

Promotion of a new church-owned hospital of 241 beds now under construction and financed by voluntary subscription in the amount of \$5.6 million;

Voluntary Planning

Promotion of a 400-acre Medical Center site currently with six occupants and two more to start this year, all to be hospitals or related facilities; Help in promotion of a Children's Psychiatric Clinic and Hospital now under construction and financed by public subscription and Hill-Burton Funds with costs of \$700,000;

Help in promotion of a new 65-bed extended care type nursing home under construction financed and operated by a local philanthropical foundation with costs of \$1.5 million;

Help in promotion of a demonstration unit to be built and operated by the Texas Department of Mental Health and Mental Retardation with construction to begin this year;

Help in promotion of a school of vocational health sciences to be built and operated by Amarillo College on the Medical Center site;

Promotion of a new Osteopathic Hospital at a cost of \$1.2 million;

Help in promoting the first sheltered workshop in the area--the Amarillo Goodwill Industries;

Assistance in developing what may become the first rehabilitation district in the United States, with comprehensive rehabilitation services planned at the medical center;

Formation of plans for a \$12 to \$15 million teaching hospital, releasing one full hospital for extended care treatment;

Most of all, we are up to our ears in promotion of medical education and health manpower training programs in Amarillo. The Panhandle council on health careers has been so successful that we have waiting lists for entry into our nurse education programs and several of our paramedical training programs which are hospital-based. We are negotiating now for the establishment on the

Amarillo Medical Center of a clinical center for baccalaureate degrees in nursing which will be operated by Texas Woman's University College of Nursing.

Please pardon my bragging a bit by saying this is only a partial list of our accomplishments.

Let us acknowledge to you some of the fundamentals learned the hard way by our making many and probably every possible mistake:

Use top civic leaders who can exercise "Statesmanship."

Bring in those that have a legal or moral obligation and responsibility in your community to provide hospital, health and/or medical care to the public.

Bring in the direct management of the hospital and health facilities as a subgroup if they are few or on a rotation basis if many.

Make all factions of the community a part of the planning group—yes, include the osteopathic profession and their hospitals.

Solicit support of the public through every possible method and means.

Then, it is next in order to mention a few cautions about hospital and health planning that we also learned the hard way:

Any such program is not a short time project. It must in effect *go on* forever. Ours has been operating more than 11 years and our problems are sometimes as acute as they were in 1956.

It takes a lot of time from its participants. They must be in a position to devote such time.

It requires a lot of money—use every source of contributed money—tax money—government grants.

Most of all, a community must be prepared, able and conditioned to pay its part.

It takes a lot of effort by a number of people outside of a formal planning group, though they may serve only on short-term projects.

The Amarillo area foundation hospital committee is not only a planning organization but a development organization. In most instances, members of the committee either head up or participate highly in the leadership of all drives for contributions, for bond elections and for arranging debt financing of hospitals or related facilities.

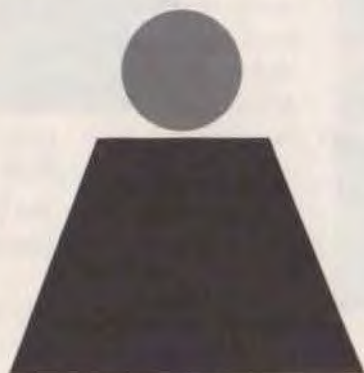
The "power structure" of the community has members on the committee who both attend and participate in its deliberations or decisions. Thus, we have a "pipeline" not only to the leadership of Amarillo but to our 5-state area—the golden spread—which we serve.

Now some of the precepts which we have used in Amarillo seem to violate the principles or guidelines established by authorities having jurisdiction over federal grants for planning purposes. We are not content with "planning" but insist upon "accomplishment" as a goal. We believe that our hospital committee is a doing-and-accomplishing organization, and we know it has proved its ability beyond a doubt in our two-county region.

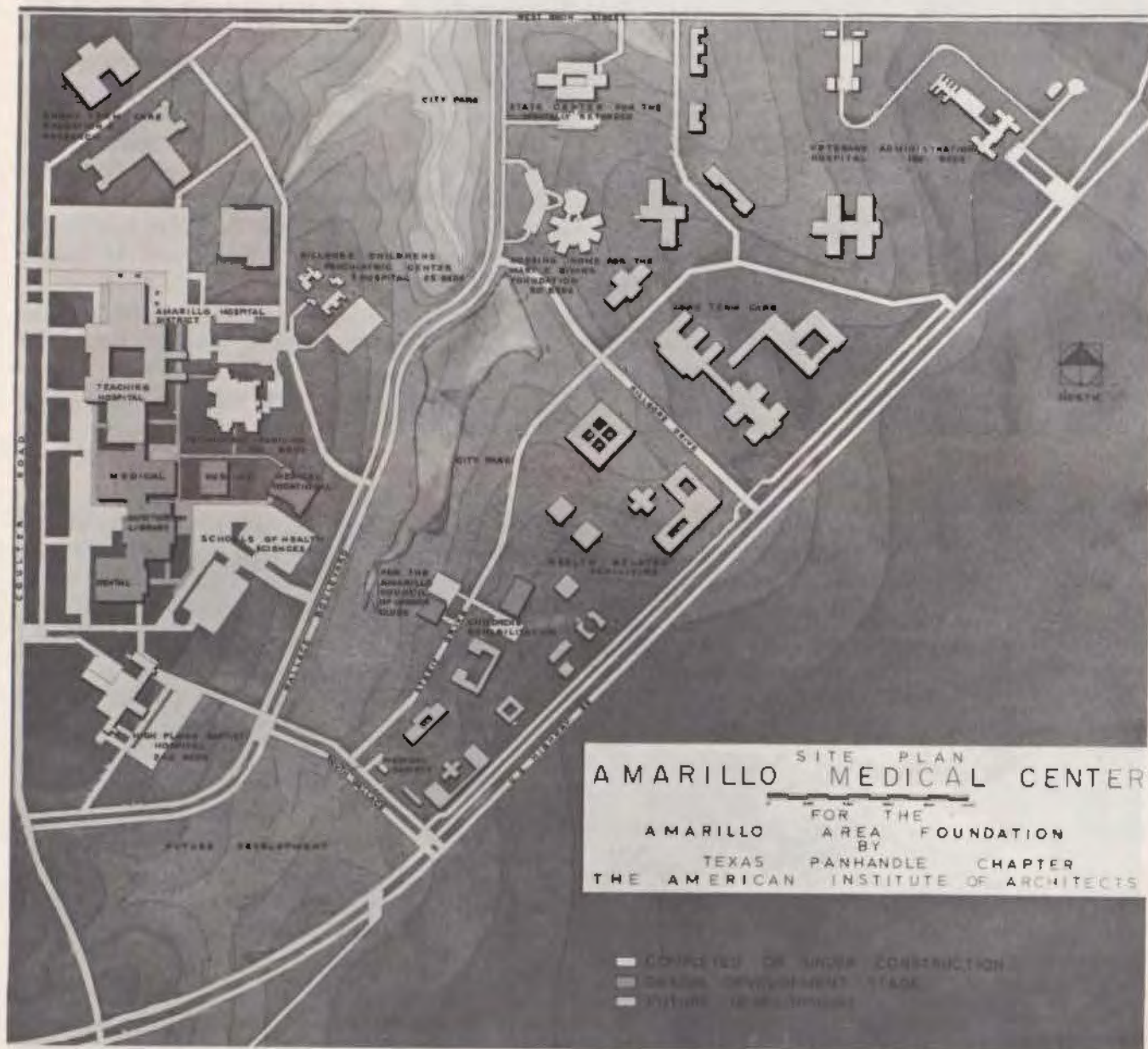
To meet the planning needs for our thinly populated, but geographically immense area, we are attempting to "spin off" an area-planning group that will meet the federal guidelines. The Amarillo plan will be one of the subordinate plans, like those of other communities in the area, and insofar as necessary will be subject to over-all area planning. But we counsel local autonomy in the "accomplishing" level with the area-planning group undertaking only those aspects in which co-operative effort—as for instance, central computers, consultant services, facility need projections geared to long-term population forecasts, and the like—will best serve the health needs of our citizens.

Meanwhile, we will go merrily on our way as a doing-and-accomplishing organization for our own city. ■

AMARILLO MEDICAL CENTER



Ten years ago far-sighted citizens of Amarillo saw need to anticipate future health care needs of Amarillo and the region served by this city. Study initiated by the Potter-Randall Citizens Committee called for decisive action. Now, a decade later, a great regional medical center is reality. There are 11 Medical Center occupants or facilities and nearly \$17,000,000 in completed or committed construction.





The symbol for the Amarillo Medical Center graphically communicates two ideas:

1. That the Center is located in the Southwestern United States.
2. That its purpose is health and life.

The first idea is accomplished by shapes that suggest mesas and the sun. The total design reflects geographical and topographical assets of the Center's location on the High Plains of Texas since high elevations and the sunshine are traditional symbols of good health, curing, etc.

The total design reflects health instead of illness and life instead of death.

Viewed as an isosceles triangle, the design suggests the letter "A", therefore achieving an abstract communication of the name Amarillo.



Superior institutions assure outstanding and comprehensive health care for children and adults. Six hospitals or hospital and treatment centers are now in use or nearing completion on the 396 acre Amarillo Medical Center site. Other buildings include medical society office and meeting rooms and a garden center with therapeutic gardens. Medical Center utilities

are all underground, and landscaping is in progress.

Future facilities include junior college affiliated schools of nursing, a junior college school of health careers, a blood bank, and a children's rehabilitation center. Space is earmarked for schools of medicine, dentistry, and a univer-

sity-affiliated school of nursing.

The Amarillo Medical Center is the result of the determination, vision and hard work of private enterprise, government and voluntary non-profit groups. This outstanding regional medical center continues to expand to meet increasing health care needs of Amarillo and the High Plains area.

PANHANDLE CHAPTER, A.I.A. INVOLVEMENT

Amarillo Area Foundation created in 1957 as outgrowth of Potter-Randall Counties Citizens' Committee, Health Council. Hospital Committee formed out of Amarillo Area Foundation with Architect involvement in first part of 1958.

Chapter representatives became actively involved in Hospital Committee and "Task Force" from Chapter worked up "Design Program for Site Utilization."

Chapter "Task Force" works up preliminary layout for site west of V.A. Hospital. (Design teams from various members of Chapter do schematic drawings of facilities for center, these are collected and Task Force makes Site Plan and Aerial View of proposed development).

Hospital Committee holds Medical Center Planning Conference. Chapter representatives, project Architects, planners, and Consultants have round table discussion on proposed Center.

Hospital Committee hires survey engineer to translate site layout to working drawings. Chapter representatives work with Engineer, City officials, and Utility Co. representatives.

Chapter decides to have continuing representation and contact with Hospital Committee and makes recommendations for follow-up on Center development. Hospital Committee sets up building restriction guidelines with Chapter participation. Chapter representatives worked on landscape guidelines and pushed

for a Graphics program for the Center.

Hospital Committee hires Graphic's Consultant and a total graphic's scheme is established for Center; including Signs, letterheads, colors, etc.

Exterior lighting guidelines established in consultation with Chapter representatives.

Site plan and Aerial View of Center revised. Model of Medical Center developed and presented to Amarillo Area Foundation.

Chapter representation on Hospital Committee of Amarillo Area Foundation consists of Two Architects serving two years each; alternating terms allow one Architect to be informed at all times on the progress of the Center. These Architects play major roles on two sub committees; Site Utilization and Architectural Advisory.

The Site Utilization Sub-Committee makes site studies and recommendations for future developments, Utilities studies, transportation traffic studies both within the development and leading to the development, and any other item which when developed would have an impact on the overall development of the site.

The Architectural Advisory Sub-Committee is instrumental in developing Architectural and Landscaping Standards.

Architectural and Landscaping Standards

PREAMBLE

In addition to developing a sound health, education and research program, those who have envisioned the Medical Center want to create an area of architectural harmony and beauty in a unified and landscaped setting which will create a sense of completeness and permanence. Therefore, all buildings on the site, regardless of size or functional requirements, and all landscaping development will be in keeping with the established architectural standards. Unity, with diversity (various sizes and types), can be said to be the keynote, both of the immediate and the long range development of the Amarillo Medical Center.

The architecture will have the greatest visual impact of any element of the Center. An undated architectural style will be established which will be both pleasant, functional and enduring. While this architectural standard, as well as the total plan, must be sufficiently flexible to allow for the variety of owners and their multiplicities of diverse problems, it must remain harmonious and consistent with the purpose of the Center.

The style should create a quiet, pleasant atmosphere. This ideal objective can be obtained by the judicious use of architecture, supplemented by gardens, planting, fountains and skillfully selected works of art. Because medicine and healing are timeless, the Chapter is timeless, and the various buildings will know many generations of useful life. Therefore, the use of harmonious colors and materials, possibly yet unknown, will allow for the individuality which the various owners' functional needs will require. The visual theme will be further supported by the correlation of landscaping, roads and walks, relative heights, building mass and plot area, without curtailing adjustments necessary to suit the requirements of future buildings.

GENERAL CRITERIA FOR IMPLEMENTING MAIN THEME

I. STYLE

The architecture shall be in no predetermined historic style. As building technology will change during the growth of the Center, there will be a gradual evolution in the architecture. This will prevent abrupt breaks or distinctive changes which would interrupt the harmony and unity of the entire area.

II. ELEMENTS OF DESIGN

The application of current techniques along with a desire for uniformity will dictate the use of similar materials and harmonious colors. A preponderance of masonry construction is desirable as long as appropriate masonry materials are available.

III. VARIETY

The Center will embody a large number of build-

ings with many different types of functions. Also, they will differ greatly in size and shape, that is, in area and height and general configuration. Nonetheless, a uniform effect is desirable within the concept previously stated, which allows the buildings to express their individual uses.

IV. UNITY

The Center should not be used as a proving ground for architectural evolution. No bizarre, flamboyant, garish colors, exotic forms or grotesque details should be used.

V. DECORATIVE ELEMENTS

Strong tools in the architect's kit are art forms such as painting, sculpture and mosaic, which enhance the visual impact of the Center. Consequently, the judicious use of these features are encouraged.

VI. LANDSCAPING

One of the most essential and contributing factors to the overall unifying appearance of architecture, is appropriate landscaping, consisting of the following:

Trees, shrubs, gardens

Walls, Hedges, Particularly around parking lots

Fountains, Sidewalks, Signs

Trees and general planting of shrubs will be a strong unifying element over the entire site. An overall planting scheme should be established which would predetermine species of trees and shrubs.

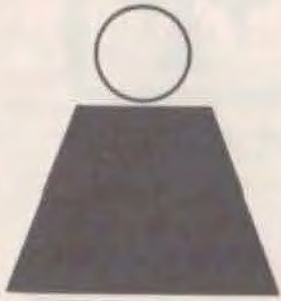
Planting should be in general informal and consist of trees and shrubs which grow well in the area. Each grantee must landscape his own site to conform with the scheme established above, subject to review by the Architectural Advisory Sub-Committee and the Hospital Committee of the Amarillo Area Foundation, Inc. Parking will be screened with planting and/or walls.

VII. ARCHITECTURAL ADVISORY SUB-COMMITTEE

The total development of the Amarillo Medical Center will take a number of years and involve many different architects. It is a fallacy to freeze designs to a fixed pattern and this should not be a deed restriction. The Hospital Committee will establish an Architectural Advisory Sub-Committee. Its duties will be to review and recommend to the Hospital Committee approval or changes to

- 1) The preliminary designs including exterior color schemes and materials;
- 2) Site and landscape development plans
- 3) Final designs, working drawings and construction documents of all structure or additions to structures.

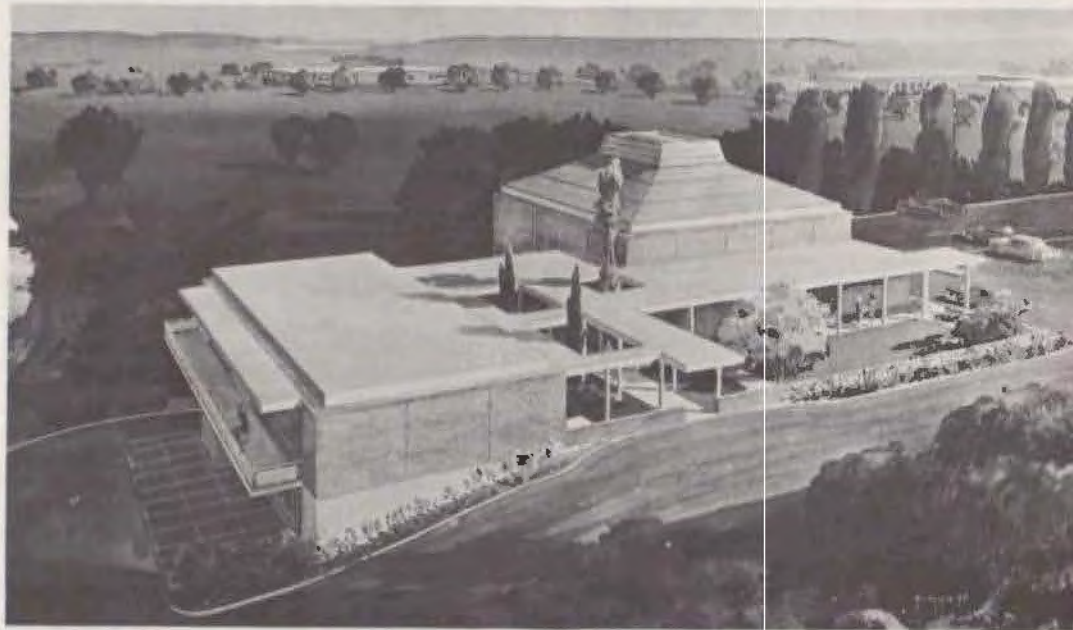
The Sub-committee will review designs in conference with representatives from the Texas Panhandle Chapter of the American Institute of Architects.



AMARILLO MEDICAL CENTER



High Plains Baptist Hospital—Wood & Stiebeck, Architects



Amarillo Garden Center—Hannon & Daniels, Architects

Kilgore Children's Psychiatric Center and Hospital —Ward and Newberry, Architects





Bivins Memorial Nursing Home—Hucker & Parge, Architects

Amarillo State Center For Human Development—Hucker & Parge, Architects



Psychiatric Pavilion of Northwest Texas Hospital—O'Connell & Probst, Architects

Potter-Randall Medical Society Office Building—Hucker & Parge, Architects



Veterans Administration Hospital

Amarillo hospitals annually admit over 32,000 patients, with one out of three referred from out-of-town area an unusually high percentage. Representing all specialties, Amarillo has 140 medical doctors, 60 dentists and 20 doctors of osteopathy. The immediate medical trade area embraces portions of five states. There are accredited schools for professional nursing, vocational nursing, laboratory technology, x-ray technique and laboratory assistants.

Amarillo is a fast rising star on the nation's medical center map. ■



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*custom built by
Otto Coerver*

The new lobby of the American Savings and Loan Company, Dallas, is both dignified and exciting. Bright colored vinyl suede walls are quietly subdued by natural teak oil finished paneling, beautifully matched in sixteen foot lengths. A beige tone of travertine marble sets off the teller's counter while the back, or working side is finished in white plastic laminate. The files and doors built in the paneled walls put the finishing touch to this functional and efficient place of business. Wilson, Morris, Crain and Anderson, architects, custom work by Otto Coerver Co. Inc.



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TEXAS SOCIETY
of
ARCHITECTS

Twenty Ninth Annual Meeting
Corpus Christi Driscoll Hotel
November 6-9, 1968



KING WILLIAM AREA

The King William Area Association, San Antonio, Texas, in cooperation with the San Antonio Conservation Society, and the King William Area Conservation Association, recently succeeded in having the King William Area designated as a Historic District by the San Antonio City Council.

According to the King William Association's President, Rafornd N. Dobie, "Probably the most important part that the organization has had in the development of the community is the monthly speaker program to aid the residents in the beautification and restoration of the area. Among the speakers have been architects, landscape architects, antique experts, historians, construction personnel, and speakers on the general idea of clean-up, fix-up, and paint-up."

In addition to the restorations completed, four new preservation projects have been announced for the protected area. Miss Margaret Gething, a Trust member and one of the leaders in securing the ordinance, is now restoring the McDaniel House, and the Goeth House is being restored by John F. H. Van Rohr-Angerstein. One of the Pancoast Houses is being restored by Theodore E. McAlister and the Polk House, by Walter Mathis. ■

Notice from Preservation News.

Buildings with real sales appeal

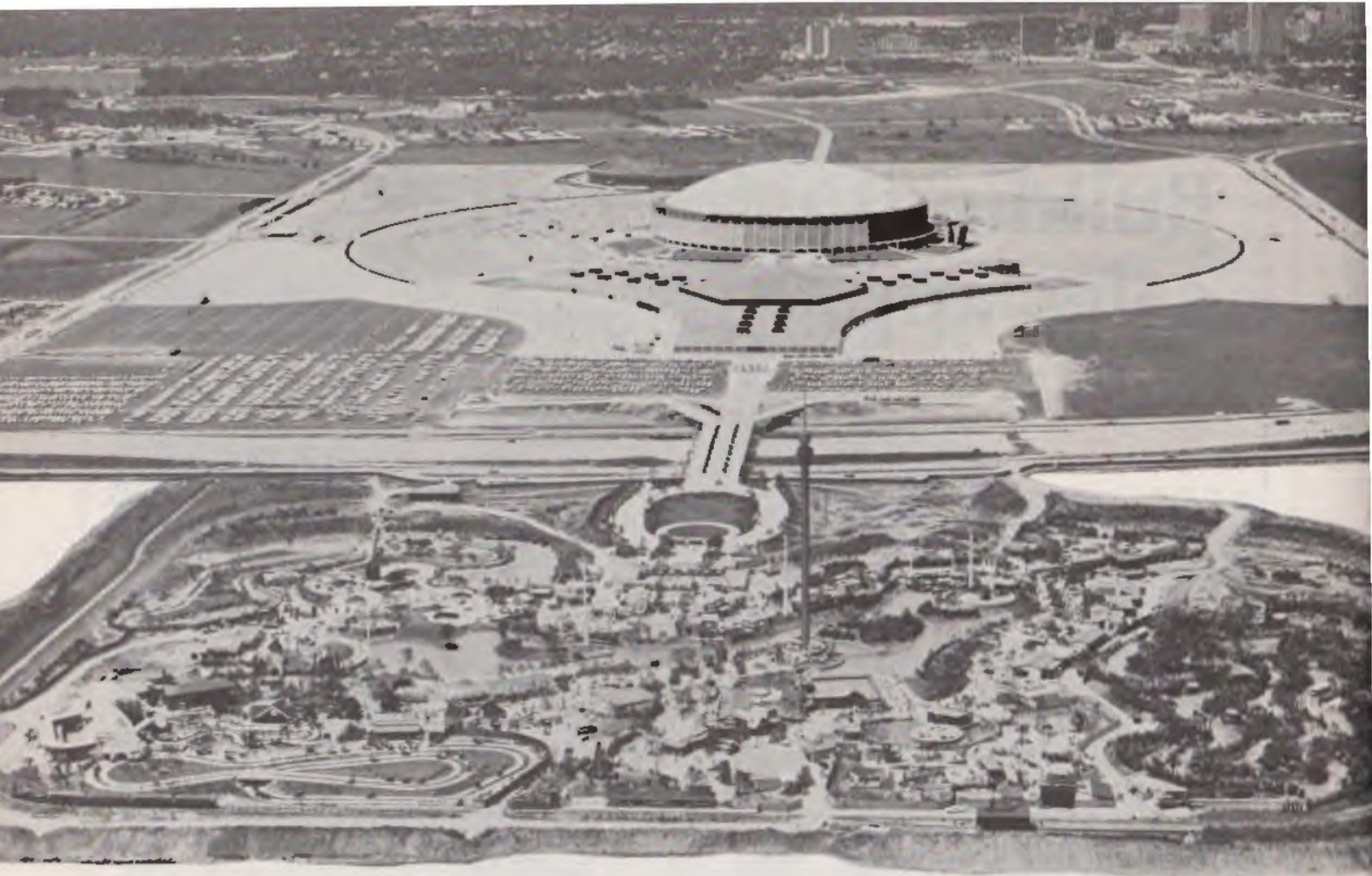


A blue flame sign set in front of a new dwelling symbolizes the important savings an architect or builder can offer customers. The combination of modern GAS heating, air conditioning, cooking, water heating and yard lighting saves a buyer thousands of dollars over the duration of his mortgage. Hotels, motels, schools and office buildings also benefit greatly when gas is included in the plans. Yes, GAS economy offers the built-in sales appeal that can be a real boost to your business.



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For more information on the Armco Building System, contact Armco Steel Corporation, Metal Products Division, P. O. Box 1939, Houston, Texas 77001. Offices also in Austin, Dallas and San Antonio.



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Harrell and Hamilton

Harrell and Hamilton Architects of Dallas has announced the appointment of James M. Augur, Terry N. Forrester and Joseph J. Kuhlmann to be associates of the firm.

Augur attended the Marquette University College of Engineering and received his bachelor of architecture in 1961 from Washington University in St. Louis. He has been with Harrell and Hamilton the past two years and is active in Dallas civic and cultural affairs.

Forrester is an architectural graduate of the University of Texas, where he received the student associations scholastic excellence award in 1959. He joined Harrell and Hamilton in 1963.

A graduate of the University of Kansas with a bachelor of architecture Kuhlmann has been in architectural practice in Dallas for almost 18 years and has been involved with several major building projects.

Harrell and Hamilton is headquartered in Dallas' Republic Bank Tower. ■

ART IN ARCHITECTURE

LOUIS G. REDSTONE

Art in Architecture by Louis G. Redstone, Fellow of the American Institute of Architects. McGraw-Hill; \$19.95.

"The architect must become interested in the life of his community, take leadership, and work unselfishly for the betterment of his environment. Even though the profession of architecture is a full-time occupation, a certain part of the architect's time must be devoted to improving the living standards of his fellowmen . . . there is a continuous 'war' to be fought—the war against community ugliness—and architects and city planners need to be in the forefront of this fight," writes Louis G. Redstone in the preface to *Art in Architecture*.

In the book, designed to stimulate and promote the integration of the arts in architecture, the author presents the best current examples of architect-artist collaboration. The examples, which represent a wide and varied cross section of types of buildings and of different approaches to the use of art forms, are the works of well-known artists and architects as well as of professionals known only in their own regions.

The material in the book is presented in two parts. Part I consists of eleven chapters covering the various types of buildings in the United States and Canada, and Part II covers examples of art in architecture in twenty-five different countries. Visual presentation is dominant with concise commentaries for each chapter. Recent developments such as The Lincoln Center for the Performing Arts and The International Sculpture Symposium (Long Beach, California) are highlighted. The sixty-two full-color plates and scores of black-and-white photographs distributed throughout this valuable reference book and source of ideas for architects and the general interest reader, help to illustrate the unlimited and exciting possibilities of art in daily environment.

The most significant phenomenon in developing public interest and appreciation of art related to architecture occurred at Expo 67 in Montreal, according to Redstone, where nearly every nation commissioned its best artists to create works of art to be integrated with the design of the pavilions. Although he extols this and other signs that there is a "beginning of an art renaissance" in the United States and other parts of the world, he emphasizes that much greater efforts have to be made. He suggests that the architect must become the moving element in the promotion of art in his building; he must call on the artist or craftsman at the very beginning of his preliminary conceptual sketches and design a space for murals, sculpture, or other art forms. Next, he says artists and craftsmen must familiarize themselves with technological advances and new materials, and there must be better communication between artists and architects in order to bring out available talented artists. The ground work has to be laid at the elementary educational level to prepare a young generation to become receptive to the benefits of art in everyday living, he states, and most important "the architect has to be convinced himself before he can convince his clients that art is not a luxury."

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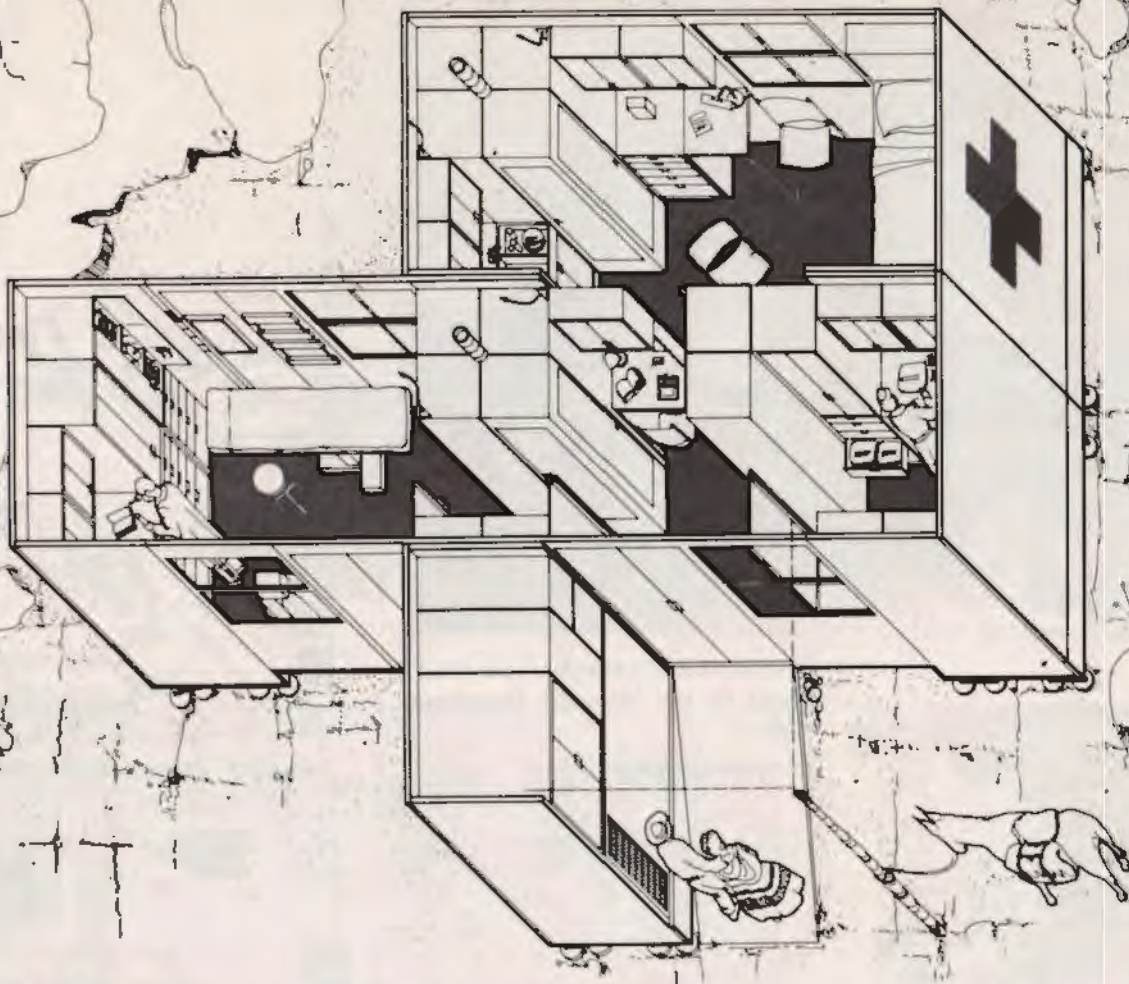


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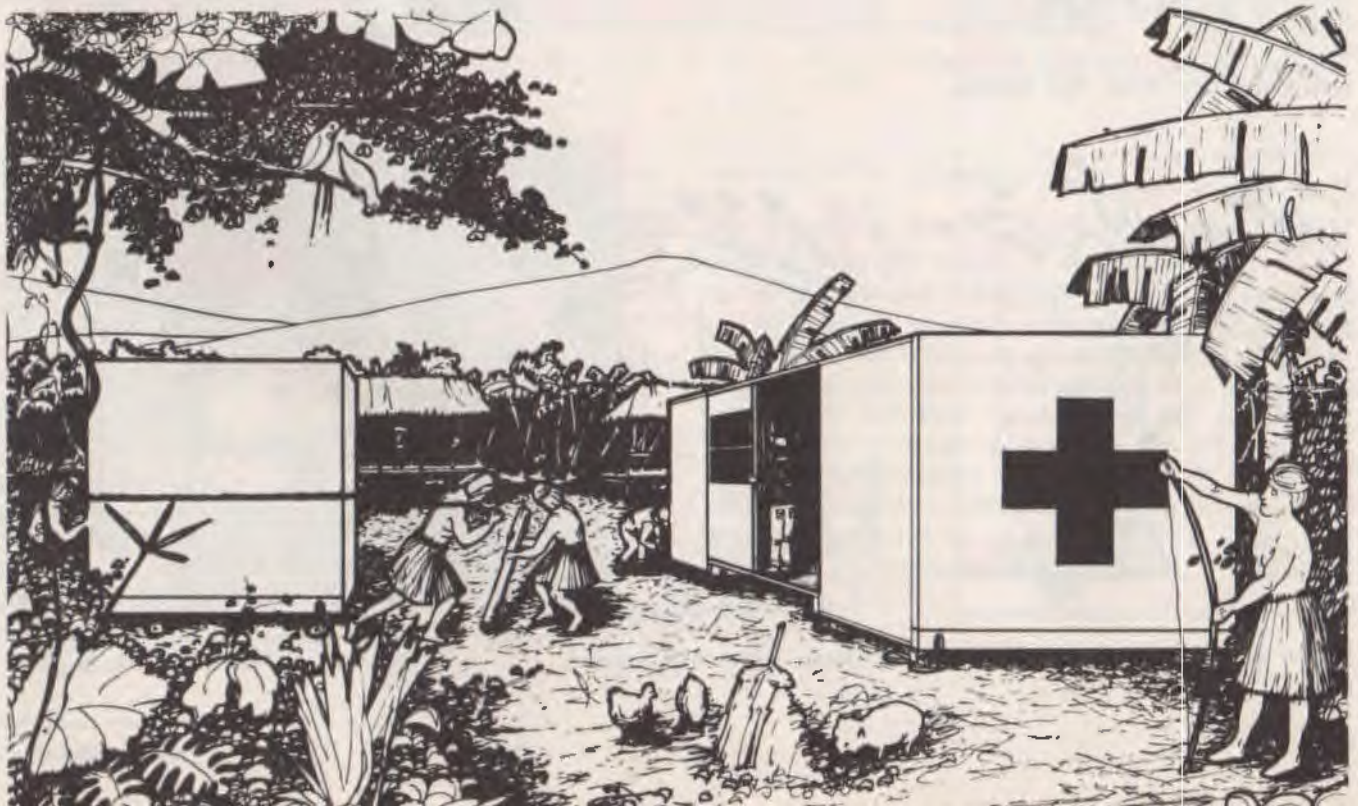
Arid-Site Assembly





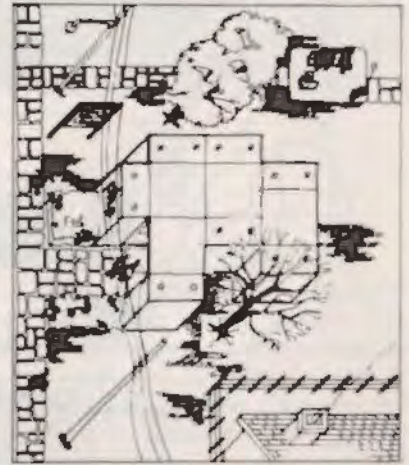
A Minimum Functional Unit Consisting of Six Basic Structural Packages

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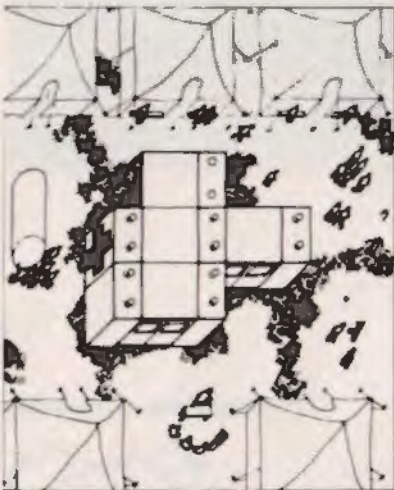




Examination/treatment/operating
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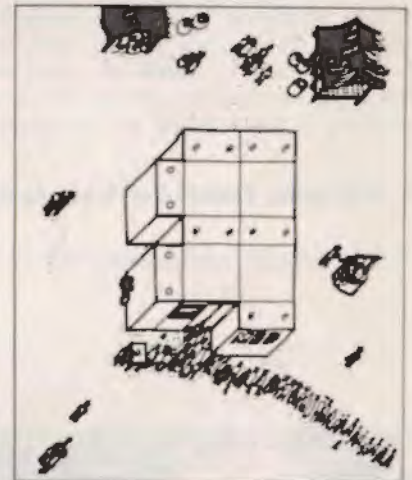


Suburban Public Health Station

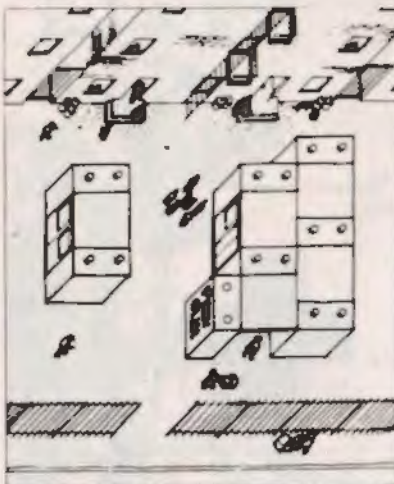


Refugee Camp First Aid Station

FLEXIBILITY OF SYSTEM



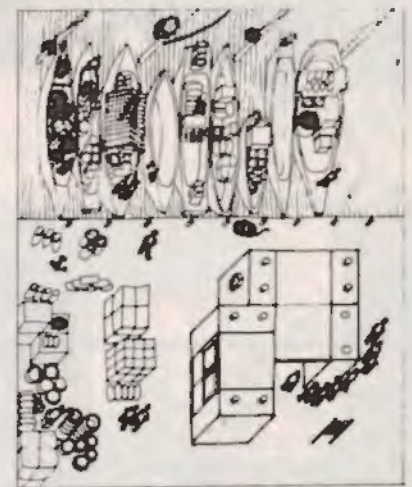
Mass Immunization



Urban Slum Preventive Health Sta-
tion



Disaster First Aid Station

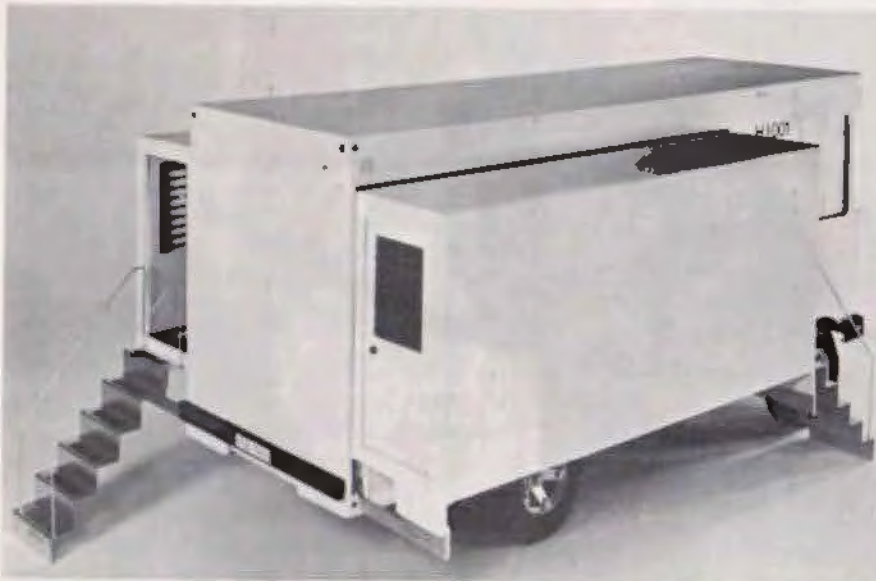


Small Port Public Health Station

Auto-Mobile Health Unit



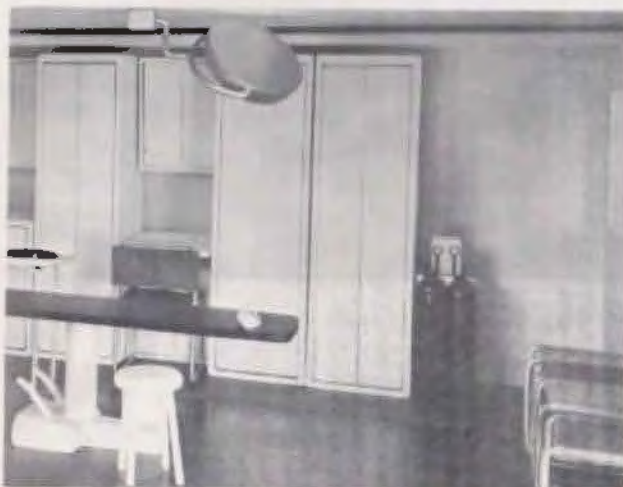
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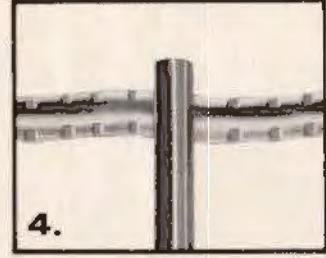
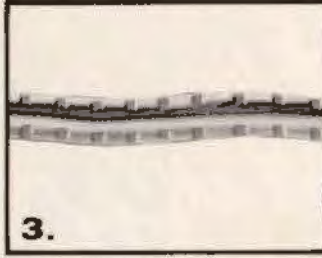
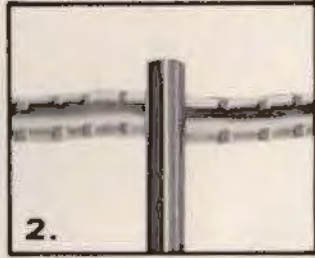
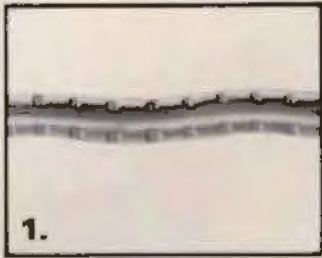


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