

ON
BEING

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EMPATHETIC

THERAPEUTIC

ATMOSPHERE

SILENCE

SPATIAL

CARE

SENSING

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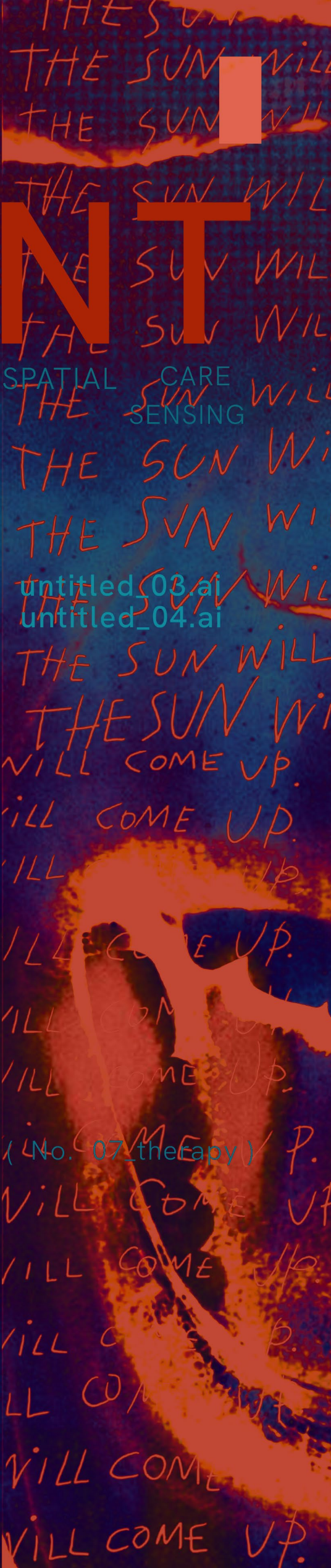
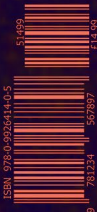
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CREATED: mar 10 2025

MODIFIED: aug 25 2025

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To live together in the world means essentially that a world of things is between those who have it in common, as a table is located between those who sit around it [...]

Arendt, H. (1958).

The Human Condition (2e) Chicago & London, The University of Chicago Press, p. 52

A Mamma e Papà

ON BEING PRESENT.

Heterotopias of Care

From the edge to the community, rethinking the spaces of Hospice San Vito



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Academic year: 2024-2025

Vorrei ringraziare il Professore Alessandro Armando, per la costante gentilezza e disponibilità dimostrate lungo il mio percorso di ricerca.

I suoi suggerimenti e la sua attenzione hanno rappresentato un sostegno prezioso in tutte le fasi di elaborazione della tesi.

Un sentito ringraziamento va inoltre alla mia Co-relatrice, la Dottoressa Federica Joe, per la sua presenza costante e partecipe, che ha accompagnato con attenzione e sensibilità l'evoluzione del lavoro, offrendo sempre stimoli e incoraggiamenti.



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Abstract.

If there is no architecture without disease and no disease without architecture, can structures be designed in a way that increase the separation between the sick and the healthy society?

How can we reintegrate the sick if we are increasingly frightened by the progression and development of diseases?

The answer lies in the idea that modernity and progress emerge precisely from disease, or rather, we move forward, we evolve, in order to combat what frightens us the most. This is how progress is made, how vaccines, therapies, and places to fight diseases are created.

As Beatriz Colomina writes, over the centuries, medicine has influenced the architectural conception of buildings, or rather, of the body-shifting from an internal vision of ourselves, thanks to X-rays, to a revelation of the interiors of buildings.

So, if modern architecture reflects an agile and masculine body through strong windows and slender structures, what happens when we talk about hospices? How are these *bodies* perceived?

Alvar Aalto's Sanatorium can be considered the precursor to hospices, or rather, to all those structures designed to function as medical instruments.

The fundamental characteristics outlined by Aalto for his sanatorium, such as *licht, lucht en zon* (light, air, and sun), can also be found in more modern structures. Glazed corridors, large windows, soft and comforting colors, privacy, and comfort have become common features, shaping healthcare architecture into a true model.

But can architecture truly become a form of care when there is a tendency to distance the sick? Can one truly *die well* in beautiful,

comfortable, and safe spaces while still feeling far from everything?

To be clear, the purpose of a hospice is to provide holistic and comprehensive care to patients and their families, focusing on symptom management, comfort, and quality of life rather than cure.

But what kind of care is received when one is relegated far from the city, away from its noise, far from home? Certainly, another essential aspect is the ability to make one's patient room a small-scale model of their own home, which significantly impacts the patient's psychological well-being.

However, the real question is whether hospices built in remote locations, peaceful and immersed in nature, truly aim to be spaces of care, or whether, in reality, they reproduce a kind of beautiful lazaretto.

It is also worth asking whether different hospice models maintain the same effectiveness regardless of their setting, or whether situating them in quieter areas ultimately draws a boundary between the healthy and the sick.

In many cases, hospice facilities tend to *isolate* patients in vast open landscapes or within medical complexes, meaning they are positioned near larger healthcare facilities.

The defining characteristics remain consistent: plenty of light, strong privacy, lush greenery, and a deep sense of serenity. Yet, a serene life in silence, far from the sounds of a city that continues to evolve and thrive, may not be the right ingredient for accompanying patients in their final stages.

This is because a person must continue to feel that life exists beyond their condition, that they are still part of something that continues to grow and transform.

In this sense, architecture becomes a form of care. Not only through well-designed spaces but also through sound, movement, and views that connect patients to the vibrant, unordered reality of the city.

Architecture can prevent individuals from feeling trapped in a static environment, allowing them, despite their condition, to remain participants in life, even within the horizontal spaces of a hospice.

For this reason, some hospice designs have emphasized the concept of bringing the outside in: allowing patients to maintain a connection with the city and

the external world, even while remaining within a controlled, protected interior, breaking down the walls that illness, in a certain sense, has created.

Within this reflection, the case of the Hospice San Vito of Fondazione FARO emerges as a key example: a palliative care facility situated in a secluded, natural setting, distant from the urban fabric.



Objective.

Its design follows the principles of tranquility and privacy that define many hospice facilities, yet it also raises fundamental questions about the relationship between space, isolation, and the perception of care.

Does its location represent a functional necessity, or is it the result of an established architectural convention? Can design strategies ensure both the essential peace required for palliative care and a meaningful connection with life beyond the hospice walls?

Through the study of Fondazione FARO and Hospice San Vito, this research aims to explore the role of architecture in balancing medical necessity with a sense of social belonging, proposing new perspectives on the design of spaces dedicated to care and dignity in the final stages of life.



Se non c'è architettura senza malattia e malattia senza architettura, allora è possibile che vengano realizzate strutture che aumentino una separazione tra il malato e la società "sana"?

Com'è possibile reintrodurre il malato se siamo sempre più spaventati dal decorso e lo sviluppo delle malattie?

La risposta risiede nella concezione secondo cui la modernità e lo sviluppo nascono proprio dalla malattia o, meglio, si va avanti, ci si evolve al fine di combattere ciò che più ci spaventa. E così si va avanti, così si creano vaccini, terapie e luoghi per combattere le nostre malattie.

È dato, come scrive Beatriz Colomina, che nel corso dei secoli, la medicina ha influenzato la concezione architettonica degli edifici o, meglio, del corpo, passando da una visione interna del nostro corpo - grazie ai raggi X - a una rivelazione dell'interno degli edifici.

E dunque, se l'architettura moderna rivela un corpo agile e mascolino, attraverso forti finestre e strutture slanciate, cosa succede quando si parla di hospice? Come vengono considerati questi "corpi"?

Si può considerare il Sanatorium di Alvar Aalto come il precursore degli hospice, o se vogliamo, di tutte quelle strutture volte a funzionare come uno strumento medico. Le caratteristiche fondamentali, delineate da Aalto per il suo sanatorium, quali licht, lucht en zon, vengono ritrovate anche nelle strutture più moderne. Corridoi vetrati, grandi finestre, colori tenui e confortanti, privacy e comfort, sono tutte caratteristiche ormai comuni, caratteristiche che hanno reso le architetture sanitarie un vero e proprio modello.

Ma l'architettura può davvero di-

ventare una cura quando si tende ad allontanare i malati? Si può davvero morire bene, in strutture belle, confortevoli e safe, sentendosi comunque lontani da tutto?

Parlandoci chiaro, lo scopo di un hospice è quello di fornire una cura globale e olistica al paziente e alla sua famiglia, concentrandosi sulla gestione dei sintomi, sul comfort e sul miglioramento della qualità della vita piuttosto che sulla guarigione. Ma che cura si riceve quando si viene relegati lontano dalla città, lontano dai rumori, lontano dalla propria casa? Certamente, un'altra caratteristica fondamentale è anche quella di rendere la propria camera di degenza un piccolo modellino in scala della propria abitazione e sicuramente questo fa tanto alla psiche del malato.

Quello su cui però si vuole discutere è se effettivamente gli hospice che vengono realizzati in posti lontani, sicuramente tranquilli e immersi nella natura, vogliano davvero essere cura o se, in realtà, si stia cercando di replicare una sorta di bel lazzaretto.

La domanda, però, che viene posta è se i differenti Maggie's Centres abbiano lo stesso ed efficace ruolo nonostante la loro posizione oppure se la loro dislocazione in siti più tranquilli possa essere una sorta di linea che viene tracciata per separare i "sani" dai "malati".

Spesso, infatti, molte di queste strutture tendono ad "isolare" il paziente in sconfinite radure o in lotti medici, nel senso di aree vicine a più grandi strutture sanitarie. Le caratteristiche peculiari restano sempre le stesse, ovviamente: tanta luce, tanta privacy, tanto verde, tanta serenità.

Ma una vita serena, in silenzio, lontana dai rumori della città che evolve e vive, forse non è il giusto ingrediente per accompagnare il malato. E non lo è perché quella persona deve continuare a sentire che esiste e che c'è vita. Deve continuare a sentirsi parte di qualcosa che continua ad esserci e che si evolve.

E in questo senso, l'architettura è cura. In questo senso, l'architettura, attraverso non solo luoghi ben progettati, ma attraverso i rumori e le linee con finestre che danno su quella che è una realtà vera e disordinata, caratterizzante la città, può rendere la persona non più confinata in uno spazio fermo, ma partecipe - pur vivendo uno spazio orizzontale - della vita e di una quotidianità diversa, ma che non si è fermata.

Per questo, fondamentali risultano essere tutte quelle altre strutture in cui viene portato il tema del fuori nel dentro: il paziente continua a vivere l'esterno e la città pur dovendo restare in un dentro, abbattendo però quei muri che la malattia, in un certo senso, ha creato.

Obiettivo.

All'interno di questa riflessione si inserisce il caso dell'Hospice San Vito della Fondazione FARO, una struttura di cure palliative situata in un ambiente naturale e appartato, lontano dal centro urbano.

Il suo modello segue i principi di tranquillità e riservatezza che caratterizzano molti hospice, ma al tempo stesso apre interrogativi sul rapporto tra spazio, isolamento e percezione della cura. La sua posizione rappresenta un'esigenza funzionale o una convenzione consolidata?

L'architettura può proporre nuove strategie per garantire sia la pace necessaria, sia una connessione con la vita oltre le mura dell'hospice?

Attraverso lo studio della Fondazione FARO e dell'Hospice San Vito, questa ricerca intende approfondire il ruolo dell'architettura nel bilanciare la necessità medica con il senso di appartenenza sociale, proponendo nuove prospettive per la progettazione di spazi dedicati alla cura e alla dignità del malato.



tidisciplinary team composed of doctors, nurses, social workers, pain specialists, volunteers, and other trained professionals.

The World Health Organization defines palliative care as *"an approach that improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of suffering by means of early identification, impeccable assessment, and treatment of pain and other physical, psychosocial, and spiritual problems."*

(Palliative Care in Hospitals, Italian Ministry of Health, p.6)

The core principle of hospices is to address the physical, psychological, social, and emotional needs of both the patient and their family. Palliative care is central in hospice settings. It focuses on symptom control, pain relief, nursing assistance, and the management of psychosocial aspects. Hospices strive to keep patients as comfortable as possible, enabling them to spend their remaining time with dignity and peace.

According to the International Association for Hospice and Palliative Care (IAHPC), "palliative care is holistic, active care for people of all ages who are experiencing serious health-related suffering due to severe illness, especially near the end of life. It aims to improve the quality of life of patients, their families, and their caregivers." (Normative Elements of a Right to Palliative Care for Older Persons, IAHPC, 2019)

Palliative care:

- includes prevention, early identification, comprehensive assessment, and management of physical symptoms, pain, psychological distress, spiritual needs, and social concerns;
- provides support to help patients live as fully and comfortably as possible, through effective communication and assistance in setting care goals;
- is applicable throughout the course of illness, based on individual needs;
- can be combined with curative treatments;
- may positively influence the progression of the disease;
- neither hastens nor postpones death, but affirms life and recognizes death as a natural process;
- supports families and caregivers throughout the illness and during bereavement;
- respects the patient's and family's spiritual values and beliefs;
- can be delivered in all care settings (hospital, hospice, or at home) and at both generalist and specialist levels;
- at the generalist level, it may be provided by professionals trained in palliative care;
- complex cases are addressed by a specialized multidisciplinary team;

1. OVERVIEW

Hospices are healthcare facilities specialized in the care and support of patients with terminal illnesses or advanced chronic diseases. Their main goal is to provide comprehensive and holistic care, focusing on symptom management, comfort, and quality of life rather than on curative treatment. They offer an alternative to traditional hospital care by creating a welcoming, home-like environment where patients can receive medical, nursing, psychological, social, and spiritual support. These services are provided by a mul-

- hospice services are generally provided in residential settings, such as dedicated healthcare facilities or nursing homes. In some cases, home-based care is also possible.

1.1. Historical Background

The earliest types of structures that can be associated with hospices and their principles, according to some accounts, date back to the 5th century AD, when a Roman matron founded a hostel aimed at welcoming travelers, the sick, and the dying.

The movement that led to the spread of hospices is the result of years of work and dedication to terminally ill patients. Symbolically, the beginning of this development is traced back to 1967, when Cicely Saunders founded St. Christopher's Hospice in London. St. Christopher's Hospice became the model for hospices worldwide.

"You matter because of who you are. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die."

Dame Cicely Saunders, founder of the modern palliative care movement, Hospice Care Annual Report, 2016

The development of hospices was significant because, for the first time, it emphasized aspects that went beyond patient care alone: the advancement of clinical research, the importance of informing and training healthcare workers, the therapeutic approach, and the management of symptoms in the terminal phase.



2. HOSPICE CARE: PRINCIPLES AND SERVICES

Hospice care can be defined as a holistic approach to supporting individuals in the terminal phase of illness. The goal is to provide support to patients, their families, and any caregivers.

The support focuses on managing pain and other physical symptoms associated with illness. Various pharmacological therapies and other procedures are used to ensure maximum comfort.

In addition, hospices provide:

- Psychological and emotional support, helping individuals cope with stress and anxiety related to the emotional challenges of illness;
- Home care, allowing patients to receive treatment in the comfort of their own homes through specialized visits and dedicated equipment.

The philosophy of hospices is based on several core principles:

- Acceptance of mortality: Hospices recognize that death is part of the natural life cycle and emphasize the importance of accepting it. The focus is on quality of life and supporting the patient in their journey toward death;
- Palliative care: Hospices use an approach centered on symptom relief, pain control, and management of physical, emotional, and spiritual aspects. The aim is to maximize comfort and improve quality of life until the end;
- Holistic care: Hospices treat

the whole person, addressing physical symptoms as well as psychological, social, and spiritual needs. Care is personalized and tailored to individual preferences, also involving the family in the process;

- Dignity and autonomy: Hospices respect the dignity and autonomy of the patient, allowing them to make informed decisions about their care and end-of-life preferences. Patients are encouraged to take control of decisions regarding pain management and treatment;
- Family support: Hospices offer emotional support, practical advice, and caregiving information. They often provide bereavement services to help families process their grief and find comfort and hope;
- Collaboration and teamwork: Hospices operate through multidisciplinary teams composed of doctors, nurses, social workers, pain therapists, volunteers, and other healthcare professionals. This collaborative approach ensures comprehensive, integrated care that meets the needs of both patients and families.

2.1. Hospices in Italy

The Prime Ministerial Decree (DPCM) of January 20, 2000, which established minimum structural, technological, and organizational requirements for residential palliative care centers, set the standards to which the regions have adapted—sometimes improving upon them—in order to access funding under Law No. 39/99.

Special attention is required when applying palliative care approaches to minors (in the neonatal, pediatric, and adolescent stages) with incurable progressive illnesses. These cases demand specific structural, technological, and organizational interventions. Pediatric palliative care centers represent the most appropriate solution for young patients who cannot be cared for at home.

2.2. Definition of Services

Palliative care services are an integrated set of health, support, assistance, and hospitality services provided continuously over 24 hours in a residential setting, delivered in specialized palliative care centers—hospices.

Hospices are included in the district-level Essential Levels of Care (LEA), as outlined in Annex 1, point 2, section H of the DPCM of November 29, 2001. This applies even when hospices are physically located within other healthcare institutions or serve as their organizational branches.

Hospice services are an integral part of palliative medicine, a healthcare service for individuals

with active, progressive, and advanced-stage illnesses with limited prognoses. The primary objective is quality of life.

The main role of hospices is to deliver palliative care to patients with more complex and demanding needs.

2.3. Essential Levels of Care (LEA)

The Essential Levels of Care are the services and provisions that the Italian National Health Service is required to guarantee to all citizens. The DPCM of January 12, 2017, which updated and defined the LEA, officially recognized palliative care and pain management, promoting a care approach based on comprehensive assessment and treatment pathways, and categorizing interventions by complexity and care intensity.

The following care levels were established within palliative care and pain management networks:

• **Art. 15.** Outpatient specialist care: Includes a nomenclature of specialist outpatient services (Annex 4), featuring—for the first time—multidisciplinary consultations for palliative care and pain management, including the drafting of an Individual Care Plan (PAI) and follow-up visits to reassess the PAI.

• **Art. 21.** Integrated care pathways: Guarantees unified access to healthcare and social services, comprehensive patient assessment (clinical, functional, social), and the development of an Individual Care Plan (PAI).

• **Art. 23.** Home-based palliative care: These services must now be delivered by dedicated Home Palliative Care Units (UCPs), no longer as part of integrated home care services. The coordination of care is clearly defined in Article 23, Paragraph 1 (points a and b), and Article 21, Paragraph 3, clarifying care responsibilities. Home-based palliative care is divided into two levels:

- Basic level: Coordinated by the general practitioner or pediatrician, offering symptom control and proper communication with the patient and family;
- Specialist level: Delivered by dedicated multi-professional and multidisciplinary teams for patients with complex needs.

(DPCM January 12, 2017, Ministry of Health)

Only in 1999 were palliative care services officially recognized and included in the Italian National Health System. Since then, they have grown exponentially, with over 250 residential and home-based centers established throughout the country. The first legislative reference is Article 1, Paragraph 1 of the Decree-Law of December 28, 1998, No. 450, converted into Law No. 39 of February 26, 1999, which includes the following articles:

• **Art. 31.** Residential Palliative Care Centers – Hospices: Guarantees residential care for terminally ill patients at the local level;

• **Art. 38.** Ordinary hospital admissions for acute conditions: For the first time, palliative care and pain therapy are

explicitly included as clinical, pharmaceutical, and instrumental services necessary for diagnosis and treatment, which must be guaranteed during ordinary hospital stays.

Paragraph 2 specifically states that all services—including pain management and palliative care—must be provided.

(DPCM January 12, 2017, Ministry of Health)

Quality	Complexity	Intensity
Presence of: <div>1. Specific formalized protocols for pain and symptom control, sedation, nutrition and hydration, and nursing care.</div> <div>2. Formalized programs for:<div><div>a. Patient and family information, communication, and support.</div><div>b. End-of-life accompaniment and bereavement support.</div><div>c. Clinical audit and psycho-emotional support for the team.</div><div>d. Continuous staff training.</div></div></div> <div>3. Specific criteria for staff recruitment and periodic evaluation.</div> <div>4. Formalized agreements with accredited providers of home palliative care within the relevant Local Health Authority (LHA), as part of the palliative care network, to ensure continuity of care.</div>	Presence of a multidisciplinary and multi-professional team, composed of at least: <div><div>• Physician</div><div>• Nurse</div><div>• Healthcare assistant</div><div>• Physiotherapist</div><div>• Psychologist</div><div>• Social worker</div><div>• Spiritual assistant</div></div>	<div>Seven days a week:<div><div>• 24-hour medical assistance</div><div>• Continuous 24-hour nursing presence</div><div>• Continuous 24-hour presence of healthcare assistants</div></div></div> <div>Patient care time per day (in minutes):<div><div>• Physician: 30’</div><div>• Nurse: 180’</div><div>• Healthcare assistant: 180’</div><div>• Physiotherapist: 7’</div><div>• Psychologist: 8’</div><div>• Social worker: 8’</div><div>• Spiritual assistant:5’</div></div></div>

Characteristics of LEA qualifying Hospices.
Table I | Hospices in Italy, First official survey, F. Zucco, 2006

2.4. Law 38/2010

The right to access palliative care and pain therapy is guaranteed by Law 38/2010, which plays a fundamental role in the care of patients in advanced stages of illness.

The law, titled "Provisions to ensure access to palliative care and pain therapy," establishes the inalienable right of every citizen to receive palliative care.

According to Law No. 38, palliative care is defined as

"a set of therapeutic, diagnostic, and assistance interventions aimed both at the sick person and at their family unit, intended to provide active and comprehensive care to patients whose underlying disease, characterized by an unstoppable progression and an unfavorable prognosis, no longer responds to specific treatments."

The law does not distinguish between oncological and non-oncological diseases, but refers to all progressive chronic diseases for which there is no possibility of recovery.

The concept of the patient is defined as "a person affected by a chronic and progressive illness for which there are no therapies or, if they exist, they are inadequate or ineffective for the purpose of stabilizing the disease or significantly prolonging life, as well as a person affected by moderate to severe chronic painful conditions."

2.5. Palliative Care

Palliative care is the set of treatments aimed at incurable patients in order to improve their quality of life by reducing the level of suffering and pain.

Palliative medicine is not aimed at fighting the disease: the Italian Society of Palliative Care (SICP) defines it as a discipline that *"treats even when it cannot cure."*

The WHO defines palliative care as *"an approach that improves the quality of life of patients and their families facing the problems associated with incurable diseases, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other physical, psychosocial, and spiritual problems."*

The International Association for Hospice & Palliative Care defines palliative care as:

"Palliative care is the active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families, and their caregivers."

Palliative care is the active holistic care of people of all ages with serious health-related suffering due to severe illness, especially those approaching the end of life. It aims to improve the quality of life of patients, their families, and their healthcare providers.

2.5.1. Pain Therapy: What It Involves

Pain and symptom management is extremely important to ensure patients the highest possible quality of life during the time they have left and to accompany them toward a dignified death. To this end, both pharmacological approaches and psychological, social, and spiritual

support interventions are employed to reduce the suffering of the patient and their family. The goal is to provide complete and holistic relief, addressing not only physical pain but also the emotional, social, and spiritual aspects that can affect the overall well-being of the patient.

Pain therapy includes the pharmacological treatment of chronic pain, which is persistent, difficult to control, and associated with both oncological and non-oncological diseases. It is important to clearly distinguish between palliative care and pain therapy, although they are often mistakenly equated. Law 38/2010 introduced a clear distinction between the two concepts in order to define them precisely.

Palliative care is defined as the set of therapeutic, diagnostic, and assistance interventions aimed at the active and comprehensive care of patients. This type of care aims to provide holistic support that goes beyond pain control, also including emotional, social, and spiritual support. Palliative care is directed at patients with advanced diseases characterized by an unstoppable progression and an unfavorable prognosis.

On the other hand, pain therapy refers to the set of diagnostic and therapeutic interventions aimed at suspending and controlling pain. This therapy specifically focuses on the management of chronic pain, using drugs, invasive procedures, and other modalities to relieve the patient's suffering.

It is essential to understand that palliative care is a broader concept

and encompasses a global approach to patient care, whereas pain therapy focuses specifically on pain control. Both aspects are vitally important in ensuring the well-being and best possible quality of life for patients suffering from serious illnesses.

1998.

1998 – Decree-Law of May 7

Establishment of the National Palliative Care Commission
First institutional recognition of the need for palliative care. The Commission was tasked with defining guidelines, quality indicators, and training models.
Prepares the ground for the 1998–2000 National Health Plan.

1998 – Presidential Decree of July 23

National Health Plan 1998–2000
Declares end-of-life care a national health priority.
Triggers the following legislative cascade: DL 450/1998 > Law 39/1999 > hospice funding.

1998 – Decree-Law 450 (December 28)

Emergency provisions to implement the Health Plan
Introduces the National Hospice Program and foresees capital funding for dedicated structures.
Becomes Law 39/1999; connected directly to DM 28/09/1999 and DPCM 20/01/2000.

1999.

1999 – Ministerial Decree, September 28

National Program for Hospice Development
Organizes hospice planning at regional level; establishes the first integrated care model.
Direct implementation of Law 39/1999.

2000.

2000 – DPCM January 20

Minimum standards for hospice facilities
Defines architectural, technological, and organizational criteria for hospice centers.
Completes the legislative framework initiated by Law 39/1999.

2001.

2001 – State-Regions Conference, March 8

Oncology and hospice guidelines
Sets clinical pathways for terminal cancer patients and hospice admission protocols.
Expands the framework laid out by the Health Plan and the 1999 law.

2001 – Unified Conference, April 19

Extended palliative care network
Recognizes non-oncological conditions as eligible for palliative care.
Connects to the broader scope defined in Law 39/1999 and anticipates Law 38/2010.

2001 – Ministerial Decree, April 27

National training course for palliative care
Establishes official training programs for hospice and palliative care managers.
Supports structural efforts from previous decrees with human resource development.

2001 – Ministerial Decree, May 4

Regional funding approval for hospice projects
Assigns financial resources to 10 regions for hospice construction.
Applies the capital funding from Law 39/1999 and DM 28/09/1999.

2001 – State-Regions Conference, May 24

"Hospital Without Pain" guidelines
Recommends creation of pain management committees in hospitals.
Parallel development to palliative care; complements hospice policy.

2001 – Ministerial Decree, September 5

Hospice funding 2000–2002
Distributes funds based on cancer mortality rates and regional needs.
Follows up on financial commitments in the national hospice plan.

2002.

2002 – Ministerial Decree, April 12

Establishment of Palliative Care Committee
Aims to coordinate national policies and assess implementation progress.
Operates as a technical body overseeing previously issued norms.



2003 – State-Regions Conference, March 13
Quality indicators for palliative care services
Introduces performance metrics to monitor care outcomes.
Adds accountability and transparency to the existing network.

2003 – Presidential Decree, May 23
National Health Plan 2003–2005
Reaffirms the hospice model; integrates with social care services.
Continues the policy direction of the previous PSN and reinforces care at home.

2006 – Presidential Decree, April 7
National Health Plan 2006–2008
Emphasizes pediatric palliative care and residential continuity.
Basis for the 2007 agreements and pediatric-specific models.

2007 – Ministerial Decree, February 22, No. 43
National standards for terminal care
Outlines care quality benchmarks to be reached by 2008.
Prepares the groundwork for Law 38/2010 and LEA 2017.

2007 – State-Regions Conference, June 20
Pediatric palliative care agreement
Formalizes care levels and structures for children and adolescents.
Specialized branch of the general palliative care framework.

February- **Ministerial Decree No. 43:**
Standards for palliative care (Health
and Economy Ministries)

March-**State-Regions Agreement:**
National coordination on palliative care

May- **LEA Update:** Residential and
semi-residential palliative care services
included

June– **State-Regions Conference:**
Pediatric palliative care guidelines

2010 – Law 38/2010
Right to palliative care and pain therapy
Recognizes universal access to palliative care and defines roles.
Culmination of all previous work; precedes LEA update.

2012

April– **University Master Programs:**
High-level training in pain therapy and palliative care

June– **Ministerial Decree:** National hospice monitoring system

2013

February– **State-Regions Agreement No. 57/CSR**

March– **Ministerial Decree: Creation of the national tariff table**

March– **Presidential Decree No. 44:**
Reorganization of collegiate bodies

2014

March– **Decree-Law No. 36:**
Regulation on narcotics

July– **State-Regions Agreement:**
Identification of professional figures in palliative care

August- **State-Regions Conference:**
Hospital care standards

2015

January– **State-Regions Agreement:**
Certification for three-year palliative care experience

February– **State-Regions Agreement:**
Accreditation procedures for healthcare facilities

March– **CSR Agreement:** National guidelines for Animal-Assisted Interventions (IAA)

2016

July- **DPCM:** New rules on 5x1000 donations

August– **Law No. 166:** On food and medicine donation and distribution

2017

2017 – DPCM January 12
Update of Essential Levels of Care (LEA)
Officially integrates palliative care and pain therapy into national health services.
Puts Law 38/2010 into full operative practice across Italy.

January– DPCM: New Essential Levels of Care (LEA) officially include palliative care

July– Legislative Decree No. 117: Third Sector Code

March– **Ministerial Decree: Classification and equivalence for palliative care disciplines**

December– **Parliament Report: State of implementation of Law 38/2010**

September– **Health–Defense Ministry Agreement:** Therapeutic cannabis distribution

December– **Parliament Report:** Implementation of Law 38/2010

May– **Ministerial Decree:** Composition of the Technical Health Committee

July– **Ministerial Decree:** Certification for palliative care professionals

December– **Parliament Report:** State of implementation of Law 38/2010

July– Legislative Decree No. 112: Social Enterprise regulation

December– Law No. 219: Informed consent and advance directives (DAT)

December– Law No. 205: Fund to support the role of family caregivers

2018

January– DPCM: Government–Third Sector Coordination Unit

June– Ministerial Decree: Therapeutic cannabis regulation

2020

January– MIUR Document No. 512: University teaching program on palliative care

February– Circular No. 2/2020: Technical guidelines for Decree No. 168

August– Decree: Official recognition of specialization in palliative care

September – Decree: National Single Registry of the Third Sector (RUNTS)

3. DATA: HOSPICES IN NUMBERS

There are officially 306 hospices in Italy, with a total of 3,425 beds nationwide (2021). The region with the most facilities is Lombardy (with 73 hospices and approximately 839 beds in total), followed by Lazio (31 facilities), and then all other regions. In 2017, Tuscany was the second region in the national ranking, with 24 facilities. This indicates that in the past five years, there has been significant development in this field in some regions.

Considering the national percentages from the 2014–2017 three-year period, there is a noticeable increase in patients admitted from hospital stays, a decrease in admissions from home without active care, and an increase in patients coming from home with active care. ‘Active care’ refers to treatments aimed at addressing the patient’s medical conditions. However, there are still significant shortcomings in the field of pediatric hospices, with only three operating nationwide in 2017, and five under construction.

Region	Number of Hospices	Beds	Population	Beds (% of inhabitants)
Aosta Valley	1	7	123,337	0.06
Piedmont	16	181	4,252,279	0.07
Lombardy	73	839	9,965,046	0.08
Autonomous Province of Trento	3	31	540,958	0.06
Autonomous Province of Bolzano	2	21	532,616	0.04
Veneto	25	242	4,854,633	0.05
Friuli Venezia Giulia	7	61	1,197,295	0.05
Emilia-Romagna	23	310	4,431,816	0.07
Liguria	8	70	1,507,438	0.05
Tuscany	20	149	3,676,285	0.04
Marche	6	64	1,489,789	0.04
Umbria	4	26	859,572	0.03
Lazio	31	432	5,715,190	0.08
Abruzzo	9	50	1,273,660	0.04
Campania	15	175	5,590,681	0.03
Molise	1	16	290,769	0.06
Apulia	14	219	3,912,166	0.06
Basilicata	6	44	539,999	0.08
Calabria	6	86	1,844,586	0.05
Sicily	17	164	4,808,003	0.03
Sardinia	16	235	1,573,181	0.15

Hospice in Italy
Table II|Agenas, 2021

Region	Admissions Year 2014	Admissions Year 2015	Admissions Year 2016	Admissions Year 2017
Valle D'Aosta	155	122	144	146
Piedmont	2,323	2,312	2,445	2,615
Lombardy	11,580	12,180	12,166	12,848
Autonomous Province - Trento	156	148	118	441
Autonomous Province - Bolzano	587	662	574	453
Veneto	2,572	2,808	2,912	3,062
Friuli-Venezia Giulia	437	946	907	1,125
Emilia-Romagna	5,386	5,498	5,401	5,628
Liguria	1,225	1,115	1,279	1,325
Tuscany	2,385	2,514	2,575	2,738
Marche	494	200	499	667
Umbria	478	352	482	549
Lazio	4,429	5,031	5,089	5,178
Abruzzo	664	850	777	698
Campania	121	429	664	431
Molise	224	193	266	152
Apulia (Puglia)	1,982	1,930	2,109	2,155
Basilicata	682	416	328	351
Calabria	285	346	196	353
Sicily	1,666	1,577	1,689	1,657
Sardinia	-	-	-	-
NATIONAL TOTAL	37,831	39,669	40,620	42,572

Trends in admissions in the years from 2014 to 2017
Table III |Ministry of Health, 2017

3.1 Users

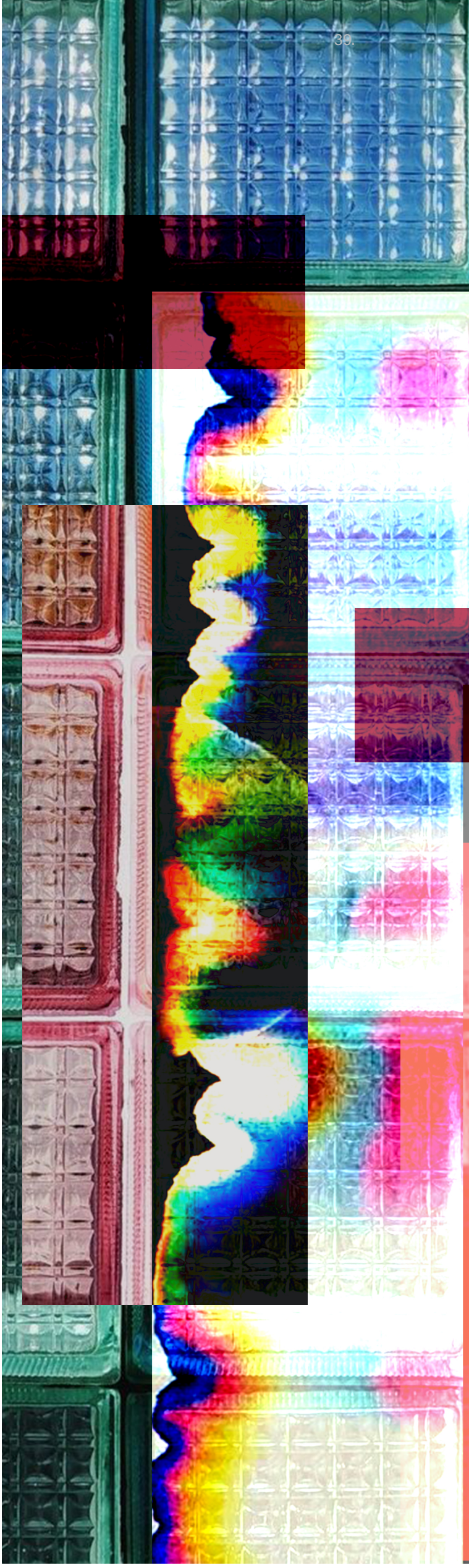
In order to understand the spatial needs of users within such facilities, it is necessary to identify who lives in a hospice and outline the specific needs related to the disabilities of individual users.

Users with permanent disabilities present a wide range of conditions and living situations within the hospice, making it difficult to define a general profile. Access to a hospice is available for any type of perma-

nent disability in a terminal stage, and admission occurs through a multidimensional assessment. Users with situational disabilities are those who live within the hospice not because of a terminal illness, but because they work there or have emotional ties to the patients. This type of disability is not permanent but places users in highly emotional situations that affect their lives both inside and outside the hospice. Among users with situational disabilities, we find the medical staff, who play a crucial role in supporting other users, including families. This group mainly includes:

- Doctors: they play a key role within the facilities, working in teams to assess patient needs and provide the most appropriate type of therapy. In addition to symptom management, timing is critical: doctors are responsible for therapy planning in order to best guide patients and families;
- Nursing staff: they provide direct care to patients, handling therapy administration, symptom management, and pain control, while also coordinating psychological support and end-of-life care;
- Auxiliary staff: this includes professionals such as therapists and physiotherapists who help patients maintain their independence;
- Social workers: to respond to the social and care-related needs of the patient;

- Healthcare assistants: for personal care;
- Spiritual assistants;
- Volunteers.



4. INTERNATIONAL INSIGHT

- 57 million people need palliative care, 25 million for end-of-life care each year
- 18 million people die every year in situations of unnecessary pain and stress
- 76% of people who need palliative care live in developing countries

The Worldwide Hospice Palliative Care Alliance is an international non-governmental organization that focuses exclusively on the promotion and development of palliative care worldwide. Founded in 2008, it plays a fundamental role in advocacy, training, and the coordination of global initiatives aimed at improving access to palliative care for people with incurable terminal illnesses.

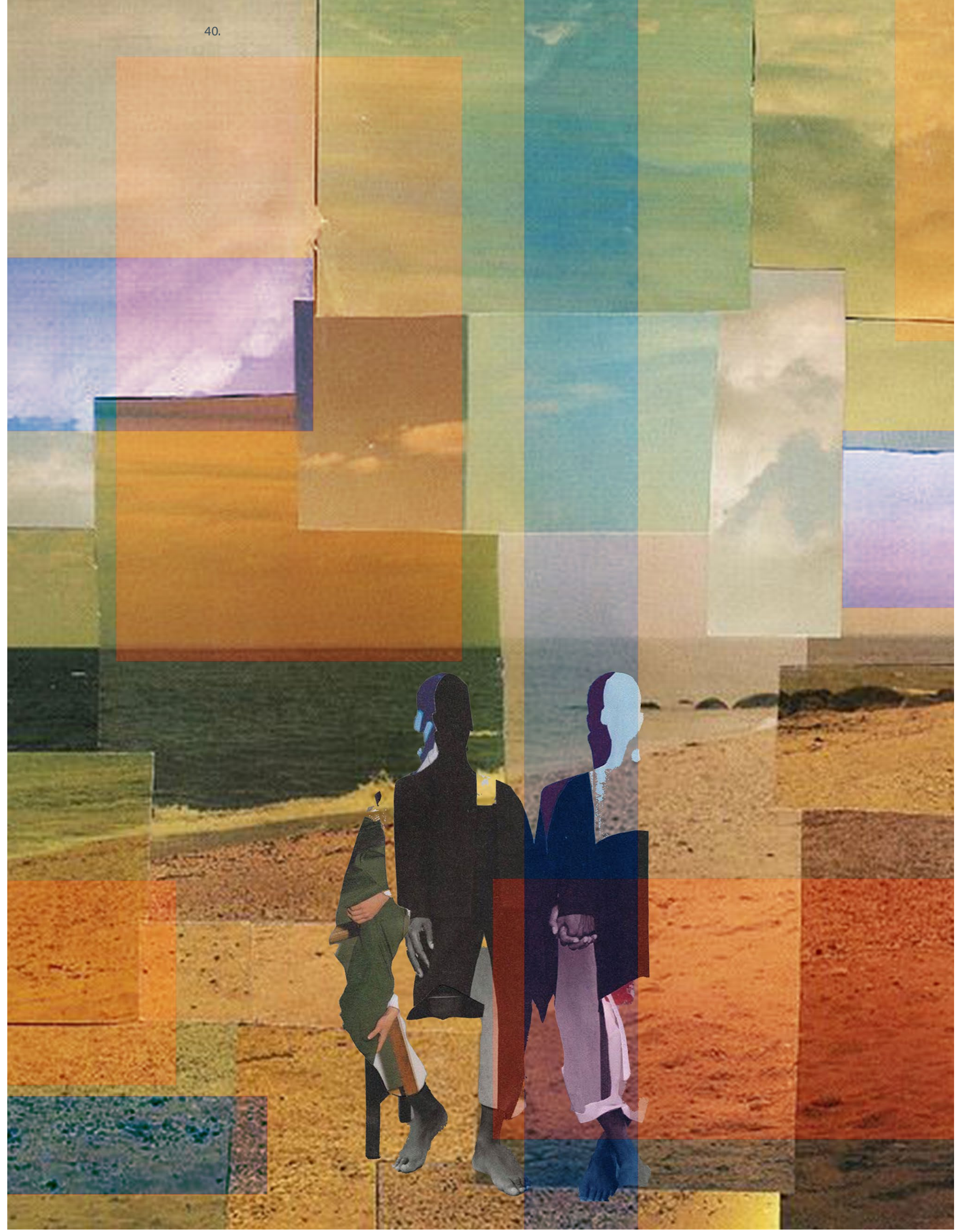
The organization's mission is:

"To bring together the global palliative care community to improve well-being and reduce unnecessary suffering for those in need of palliative care in collaboration with the regional and national hospice and palliative care organizations and other partners." (Worldwide Hospice Palliative Care Alliance, General Fact Sheet 2015)

That is, to unite the global palliative care community in order to improve well-being and reduce unnecessary suffering for those who need palliative care, in collaboration with the regional and national palliative care services and other partners.

The organization's main objectives are diverse. First, the WHPCA is committed to promoting awareness of palliative care as a fundamental

human right and ensuring that it is recognized and integrated into health systems worldwide. The organization also works to improve the training of healthcare professionals in palliative care, in order to ensure that they are able to provide quality care to patients.



5. ARCHITECTURE IN HOSPICES: ARCHITECTURE AS THERAPY

It is now common to think that the built environment can improve the patient's quality of life and reduce stress, recognized as a fundamental factor in pathogenic processes. There is increasing discussion about the individual's reactivity to the environment and the importance of design choices to direct this reactivity towards positive effects. Neuroscience has scientifically demonstrated the role of the environment in healing.

Design must ensure the centrality of the patient through the ethical, aesthetic, and technical components. These factors contribute to creating the atmosphere that determines communication between staff, doctors, and patients, and for this reason, it is important that doctors become interpreters of the problems and lives of patients, taking care of the patient in a comprehensive manner.

A holistic view of the patient is necessary, who is not treated as a sum of diseased parts, but as an entity composed of body, psyche, and soul.

The three components that must characterize the design approach are fundamental. In the past, medicine itself was considered an "ecological profession" because it sought internal harmony through relationships with the surrounding environment, which translated into a concept of "well-being." This conception derived from a holistic view of the individual and the ways of

managing care and the relationship with the patient.

This concept is closely linked to the issue of Palliative Care, where medical treatment focuses not only on the disease, but also on psychological suffering as a parameter of the patient's quality of life. Palliative Care therefore requires a global reflection not only on the very nature of the care and assistance process, but also on the place where such care takes place.

The hospital and, in particular, the Hospice, represent an emblematic space for an investigation of this type: stress and hospitalization are closely connected through the phenomenon of "illness-induced stress," that is, the stress generated by the illness which adds to the stress caused by hospitalization as an artificial condition of life.

In the context of spaces for palliative activities, it is important to consider some of the psychological factors relevant to cancer patients, such as pain, depression, insecurity, isolation, vulnerability, loss of control, social interaction, privacy, and territoriality. All these psychological phenomena strongly influence behavior and must be taken into account in the design process, which can use aesthetic manipulation as a tool to convey messages of hope and life, to mitigate the stress resulting from staying in the hospital environment, to care for the needs of the soul, and to provide security to the patient, as well as to perpetuate an image of excellence of the facilities.

It is also important to consider technical solutions and measures that offer greater control over acous-

tic disturbance elements. Waiting areas, if analyzed according to the principles of proxemics and with attention to specific ergonomics, can contribute to the general well-being of patients and operators. The design of outdoor spaces is as important as that of indoor spaces, as demonstrated by some examples of Japanese and American hospitals where the "healing garden" becomes a therapeutic resource.

5.1 Lighting

It is well known that light plays a fundamental role in the biological and psychological life of the individual. It acts on our brain, stimulating complex neurophysiological processes through visual perception and influencing biological rhythms. Consequently, reduced or excessive exposure to light can seriously affect the quality of life and cause disorders and discomfort.

The principles on which lighting technology is based are closely linked to the psychophysical well-being of the human being. The study and application of light in the illumination of environments not only aim to provide correct lighting, according to the rules of good technique and existing standards, but also to create a vision that conveys psychological and emotional sensations. Theories on colors and their symbolism, combined with adequate lighting, are essential tools to improve the perception of spaces, creating sensations and emotions.

5.1.1 Natural Lighting

Natural light is an element that affects psychophysical well-being.

Studies conducted in Sweden have shown that students in classrooms without windows have greater difficulty concentrating and working in teams compared to those in classrooms with a high percentage of natural light.

Therefore, natural light is increasingly assuming a central role in architectural design, becoming a material of architecture itself, like other materials used to define interior spaces, such as facades, roofs, and partitions.

Work and living environments illuminated naturally are dynamic over time and are perceived by users as more stimulating and productive. Maintaining contact with the outside world allows one to perceive the passing of days, the changing of seasons, and climatic variations. The intrinsic qualities of natural light, such as color rendering and the ability to perceive luminous contrasts and the luminances of different surfaces, increase the feeling of interest and pleasantness.

In addition to the psychophysiological benefits, natural lighting also offers significant opportunities in terms of energy savings: a conscious use of sunlight, a free resource, can reduce energy consumption related to artificial lighting and summer cooling.

In the case of hospital facilities, there are environments such as patient rooms, intensive care units, and in general all common areas that should have side windows preferably large down to the floor, in or-

der to offer views to the outside, not limited only to the sky.

5.1.2. Artificial Lighting

Artificial lighting plays an important role when it is not possible to rely completely on natural light. In order to ensure a high level of well-being, it is essential to recreate with artificial lighting conditions similar to those provided by natural light coming from the sky.

The choice of the type of lighting to use depends on the specific needs of each environment of the facility, considering factors such as the age and health status of the people involved, the different activities that take place there, and work requirements. In recent years, healthcare facilities have been designed and built with the aim of offering interesting architecture and a welcoming atmosphere for patients.

Hospital stays are increasingly focused on healing and well-being in an appropriate environment, rather than just being a waiting period for discharge.

A comfortable and welcoming environment helps to reduce the often cold atmosphere of hospitals, putting patients at ease and promoting healing. It has been shown that lighting has a therapeutic and psychological role in hospital environments, influencing perception and emotional well-being.

Lighting design in a hospital must take into account the different needs of the people present, including patients and healthcare staff, as well as the functions performed in each environment.

Creating comfortable environmen-

ts, suitable for those who need tranquility and comfort, requires careful lighting design, combined with an appropriate choice of colors and furnishings.

Some environments in healthcare facilities are similar to those found in other non-medical activities; therefore, it is possible to apply the standard lighting criteria used for other types of premises (such as offices, meeting rooms, toilets, etc.). In Italy, the existing regulations¹ on artificial lighting are represented by specific standards that regulate these aspects.

(Illuminazione ambienti ospedalieri, Anie, 2016)

¹:Regulatory references CEI 64-8/7-710 “Special environments and applications” and specifically to Section 710 “Premises for medical use.”
UNI EN 12464-1 - Lighting of indoor workplaces
CEI EN 60598-2-25 Luminaires Part 2-25: Particular requirements -
Luminaires for clinical areas of hospitals and healthcare units
DM 18-09-2002 - Fire prevention in healthcare facilities
Legislative Decree 81/08 and subsequent amendments
UNI EN 1838 - Emergency lighting
UNI EN 15193 - Energy performance of buildings - Energy requirements for lighting

AREA	ACTIVITY / FUNCTION	ILLUMINANCE (lux)	UNIFORMITY	GLARE CONTROL
DELIVERY ROOM	General Lighting	300	B	1B
	Examination and Treatment	500	B	1B
TREATMENT ROOMS	Dialysis	300	B	1A
	Dermatology	500	B	1A
	Endoscopy	300	B	AB
	Plastering	500	B	1B
	Medical Baths	300	B	1B
OPERATING ROOMS	Massage and Radiotherapy	300	B	1B
	Preparation Room for Surgery	500	B	1A
	Operating Room	1,000	B	1A
RESUSCITATION & INTENSIVE CARE	Operating Area	10,000–100,000 (special equipment)		
	General Lighting	100	B	1A
	Simple Examination	300	B	1A
	Examination and Treatment	1,000	B	1A
	Night Observation	20	B	1A
DENTISTRY	General Lighting	500	B	1A
	On the Patient	1,000		1A
	Operating Area	5,000		1A
LABORATORY / PHARMACY	White Teeth Matching	5,000		1A
	General Lighting	500	B	1B

	Color Inspection	1,000	B	1A
DECONTAMINATION ROOMS	Sterilization Rooms	300	C	1B
	Disinfestation Rooms	300	C	1B
AUTOPSY ROOM / MORTUARY	General Lighting	750	B	1A
	Autopsy and Dissection Table	5.00 (likely 5,000)		1A

Lighting technology parameters for healthcare buildings
Table IV |Tecnica ospedaliera, ISSN 0392-4851



5.2. Color: Chromotherapy

Color is a sensation generated by the stimulation of a specific area of the brain through neurochemical information from the eye. Colors influence our psyche, capable of changing emotions, feelings, and moods.

The therapeutic effect of color on the human body is linked to the oscillating nature of our cells. Illness or discomfort is a manifestation of disharmony in the cellular vibrational rhythm, and colors have the power to restore this harmony.

The seven colors of the rainbow have effects on the body and mind:

- **RED:** Stimulates the heart, increasing heart rate and blood circulation, raising blood pressure, respiratory rate, and stimulating nervous and glandular activity. It also has effects on the liver, sensory nerves, and the senses. Red can be used to treat chronic painful conditions, increase muscle tension, or promote tissue healing. On the psyche, it induces physical energy, evokes fire, danger, and destruction.
- **ORANGE:** Has a warming, cheerful, and energetic effect, without being as exciting as red or electrifying as yellow. It has a liberating effect on physical and mental functions and promotes the integration and distribution of energy. It stimulates the thyroid gland, has an antispasmodic effect, does not raise

blood pressure, but favors heart rate and lung expansion capacity.

- **YELLOW:** Increases neuromuscular tone and improves reflexes, promotes digestion by stimulating the production of gastric juices, and purifies the intestines by reducing abdominal bloating. It is an excellent blood purifier. On the psyche, it acts as a stimulator of joy, well-being, extroversion, and conscious clarity.
- **GREEN:** The color of nature, symbolizing renewal, balance, hope, development, and fertility. Physiologically, it promotes the general well-being of the body, increases vitality, and restores balance to functions. It is used to reduce stress, anxiety, hyperactivity, headaches, and some forms of insomnia.
- **BLUE:** Has strong calming properties, stimulates the parasympathetic system, reduces blood pressure, respiratory rate, and heart rate. It is suitable for those with high blood pressure, tachycardia, and palpitations.
- **INDIGO:** Stimulates the parathyroid glands by inhibiting thyroid activity and has an anesthetic and homeostatic effect.
- **VIOLET:** Stimulates the production of white blood cells, the spleen, and pro-

motes osteo-skeletal development. It also optimizes the sodium-potassium ratio and combats bladder and kidney disorders. It is useful for sciatica, neuralgia, eczema, psoriasis, and acne.

The use of color can help, in design, create favorable conditions for health, safety, and well-being in healthcare facilities. The color of walls, floors, ceilings, and furnishings plays a fundamental role in making hospital environments more human, considering they are places of suffering for patients and workplaces for healthcare professionals.

5.3. Spaces inside Hospices

The definition of the main functional units within an hospice is crucial. These units ensure the proper functioning and well-being of patients. Among the service units are Administration, Medical Secretariat, Research Area, and Storage. At the same time, spaces such as:

- **Communication and Fundraising Office and Reception:** spaces dedicated to interaction with the public and fundraising to support hospice activities.
- **Training Area:** a crucial space for training competent staff and providing them with the necessary tools to work in a complex environment like that of the hospice.

- **Medical and Nursing Outpatient Clinics:** spaces where the medical team can carry out their activities in an environment separate from common areas.
- **Occupational Therapy Room and Multipurpose Room:** spaces dedicated to patients, families, and staff where they can engage in various stimulating and enjoyable activities.
- **Library:** a fundamental area, equipped with light and interesting reading materials to occupy users' time.
- **Worship Area (if any):** always accessible, available to guests to allow them to maintain a constant connection with their religion, respecting all religious confessions.

The three most important functional units for the stay of guests are:

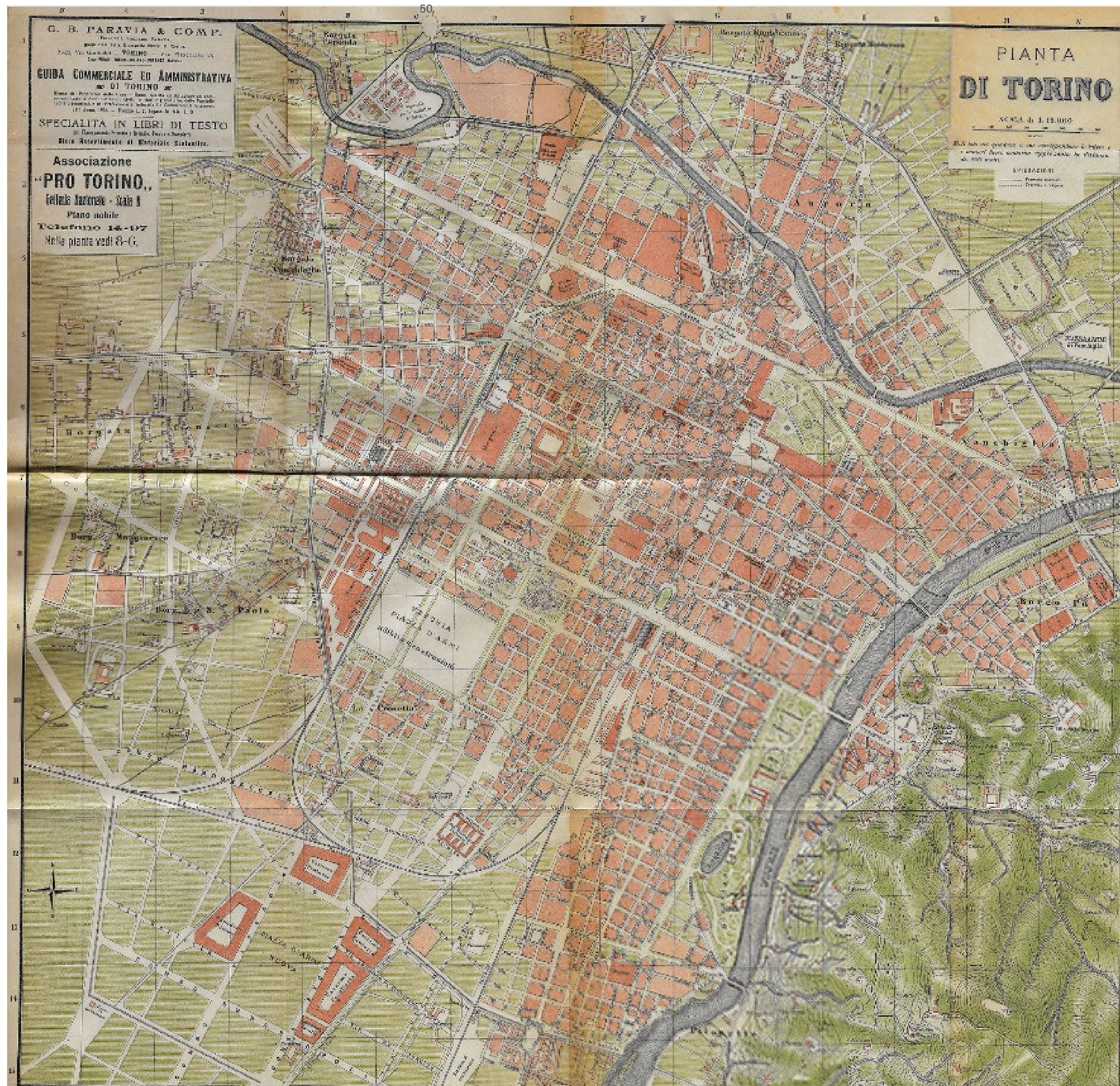
- **Patient Room:** a private, single room, similar to a residential room, equipped with a chair-bed for a family member to stay overnight, a private bathroom, a television, and all necessary comforts to make the patient's stay as comfortable as possible.
- **Common and Socializing Areas:** similar to domestic living rooms, they usually include a dining area where patients and family mem-

bers can spend time together.

- **Open Spaces:** characterized by large gardens that can be used during the summer months for various occupational therapy activities for both guests and staff.

*Stitching
the historical
context*





Map of Turin, 1906

Scale 1:15,000

G. B. Paravia & Company

Detail of the 1906 map showing, for the first time, the San Giuseppe Boarding School.

The following text is the translation of an excerpt from the journal *L'edilizia moderna*, entitled *The New Building for the Boarding School of the Sisters of San Giuseppe in Turin*, written in Turin in June 1907 by the engineer Tomaso Prinetti

[Year XVI – Issue VI – June 1907 (Carlo Mollino Archive 908(45.81) PRI)]



The New Building of the Educatorio delle Suore di San Giuseppe

The Sisters of Saint Joseph have, for many years, maintained in Turin, at Via Ospedale No. 29, a flourishing educational institution for girls. In this institute, a portion of the pupils was accommodated as boarders, while many others attended courses as day students. This institution, intended for the affluent class of the citizenry, was extremely popular, and for some time the requests for admission to the boarding school, coming from families living in smaller towns who did not have the means to provide their daughters with a suitable education, had been increasing.

Furthermore, the number of day students had also seen a considerable rise, so that in 1901 the Sisters had transferred the boarding school to a large and pleasant villa on the hills of Turin. Although this villa combined many intrinsic and extrinsic merits, it was not well-suited for use as an educational institution, due to the internal layout of the building, which had been constructed for an entirely different purpose.

After only a few years, it was recognized as insufficiently spacious to meet the growing demands for admission.

Moreover, the villa was not owned by the Sisters, who only rented it; thus, there was the constant risk of being required to vacate one day, with the uncertainty of not being able to find another location equally suitable in all respects.

For these reasons, it seemed appropriate for the Sisters to acquire a piece of land in suitable conditions and to erect a building that would meet modern requirements and, above all, be beyond reproach in terms of hygiene and educational needs.

Encouraged by the advice of prominent and competent individuals—and most of all by the favorable reception with which their intention was generally met—they began and completed the work described in this brief monograph, accompanied by the drawings deemed necessary to fully illustrate it.

The purchased land is located a short distance from the currently rented villa and is closer to the city. It extends along the road from Turin to Revigliasco, which branches off from the Provincial Road of Moncalieri at the barrier known as Piacenza, with a distance from there of only about 600 meters.

The location is simply splendid, with the panorama of the Alps on the horizon, the broad and fertile plain below, and the graceful expanse of hills unfolding on both sides of the new building, gently descending to the Po River.

The project was entrusted to engineer Spirito Migliore of Turin, already favorably known for other works in which he had demonstrated a thorough understanding of the requirements of similar institutions. The Sisters wished him to visit other facilities in Italy and abroad, so that

his work would also bear the mark of the most advanced improvements already achieved elsewhere.

The general instructions given by the Sisters prescribed that the new building should comply with principles of hygiene and modern engineering, and be capable of accommodating 120 boarders, to whom a complete education could be imparted, along with all the amenities and recreations now generally considered essential. The study of details, the layout and size of the spaces, the materials to be used in construction, and similar aspects were not the subject of special prescriptions, thus leaving the architect the fullest freedom and at the same time the entire responsibility for the successful outcome of the work.

The attached drawings provide an accurate idea of the general and specific arrangements adopted, but a few explanatory notes will not be deemed superfluous.

From the municipal road to Revigliasco, one enters the complex through a carriage gate, which leads to a suitable forecourt, set a few steps below the ground floor.

On this level are arranged the parlour, the administrative offices, the didactic museum, and the sewing school, with access from the gallery running along the entire western façade.

Opposite the parlour, in the northern wing, is the chapel, the floor of which is notably lowered relative to the ground floor, in order to provide it with greater height; beneath the chapel is a small theatre,

also somewhat below ground level. Proceeding southwards in the wing, one finds the refectory, which can accommodate at least 140 people. Adjacent to it are the laboratory and the Sisters' private refectory. At the southernmost end is the infirmary, with several isolation rooms and bathing facilities, including both ordinary baths and showers, exclusively for the use of patients. Notably, access to these rooms is provided by an external staircase to the east, so that in the event of infectious diseases, service can be carried out without passing through the interior of the building. Below this level is a semi-basement floor, raised 0.70 m above the courtyard level to the west and against the ground to the east; it is protected by a cavity wall deeper than that of the ground floor, which surrounds the entire building and provides ab-

solute protection against dampness, with any water that might collect being drained through dedicated channels to the exterior.

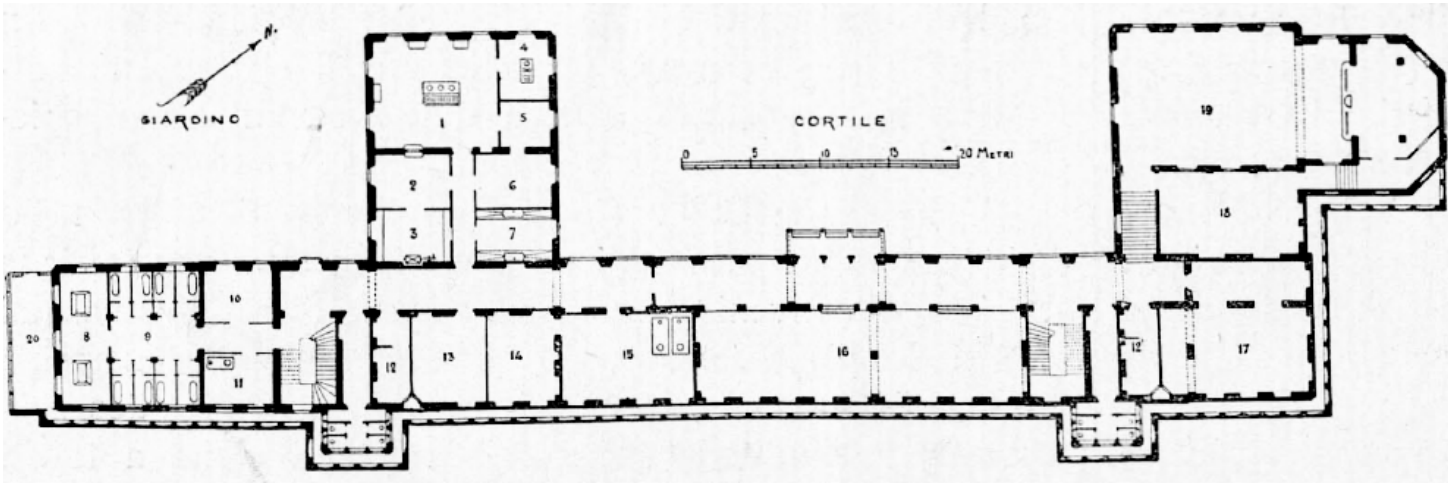
On this floor are located the hygiene baths, the kitchens, the gymnasium, the small theatre, the boilers for heating, and all the ancillary services.

Two broad and convenient staircases connect all the floors.

The first and second floors have identical layouts, except that on the first floor there are two terraces at the northern and southern ends. These floors contain the dormitories located in the wings and the study rooms and laboratories in the central body, with all the necessary accessory spaces. At the southern end of the first floor is the apartment of the Mother Superior.

At the third and top floor, there are two large terraces on the wings, and in the main body are the Sisters' rooms, small music classrooms, the linen storage, and a large drawing classroom.

The examination of the plans shows how well-conceived the distribution of all services was and how the individual rooms are efficiently organized, abundantly lit, conveniently oriented, and fully suited to their intended use. To go into some further detail, it is worth highlighting the arrangement of the washrooms and latrines, placed near the dormitories but without adjacent service rooms.



Doc 1. Plan of the basement at the level of the West courtyard.
1. Kitchen 2. Offices 3. Offices and dumbwaiter 4. School kitchen 5. Storeroom 6. Storeroom 7. Sinks 8. School laundry 9. Bathrooms and showers 10. Bathroom linen storage 11. Radiator for bathrooms 12. Linen storage 13. Food storage 14. Coal storage 15. Heating boilers 16. Gymnasium 17. Cellar 18. Annexes to the small theater 19. Small theater 20. Flower greenhouse

[Year XVI - Issue VI - June 1907 (Carlo Mollino Archive 908(45.81) PRI)]

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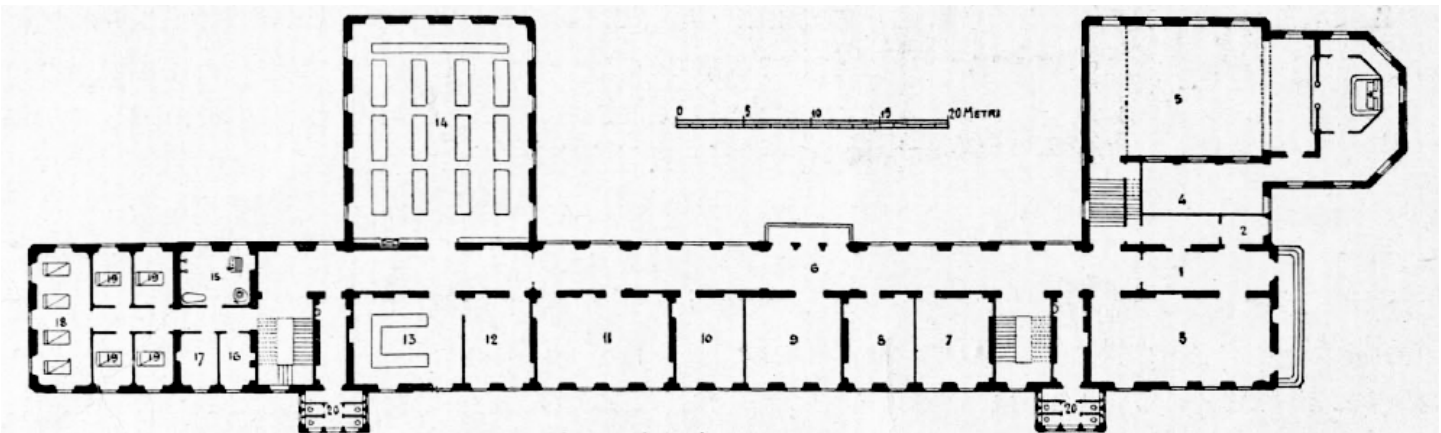
any odors from spreading into the interior; moreover, since each latrine is fitted with a flushing system with a siphon, and with direct light and ventilation, unpleasant smells will never occur. In any case, to reach the anteroom, one must first pass through a corridor where a drinking water fountain and a laundry chute—leading to the basement via a special shaft—are located.

In the gallery section corresponding to the dormitories, wardrobes have been installed for the everyday clothing of the pupils. Each student is assigned an individual compartment, subdivided vertically and horizontally to separate garments, and provided with a lower drawer made of perforated metal to ensure air circulation. One criticism might be raised regarding the limited ceiling height of the dormitories.

However, considering that each student has an air volume of 3.30 cubic meters and that the rooms are fitted with a large number of windows on three sides, multiple ventilation openings in the window parapets corresponding to the heating elements, as well as ducts at floor level and below the ceiling leading to outlets in the terrace parapets, it can be easily admitted that, even in this respect, the conditions of the dormitories are excellent.

The construction methods differ in some respects from those commonly used in the city of Turin.

The construction methods differ in some respects from those commonly used in the city of Turin. The walls against and below ground level are built in brick and rubble masonry, while in the upper floors they are made entirely of brick.



Doc. 2 Ground floor plan.

1. Entrance 2. Porter's lodge 3. Visiting room 4. Sacristy 5. Chapel 6. Corridor 7. Bursar's office 8. Director's office 9. Reception room 10. Museum 11. Dressmaking school 12. Nuns' workshop 13. Nuns' dining room 14. Boarders' dining room 15. Hydrotherapy room 16. Small kitchen 17. Small dining room 18. Infirmary 19. Isolation rooms 20. Latrines

The floors are vaulted up to the ground floor, while in the wings the upper storeys are built with reinforced concrete slabs with a double layer, in order to prevent excessive temperatures in both cold and warm seasons.

The ordinary rooms are covered with flat brick vaults. The floors in the classrooms and corridors are made of cement tiles, and those in the dormitories and kitchens of compressed earth of the Marseille type, while wooden parquet is reserved for the laboratories and the Sisters' apartments.

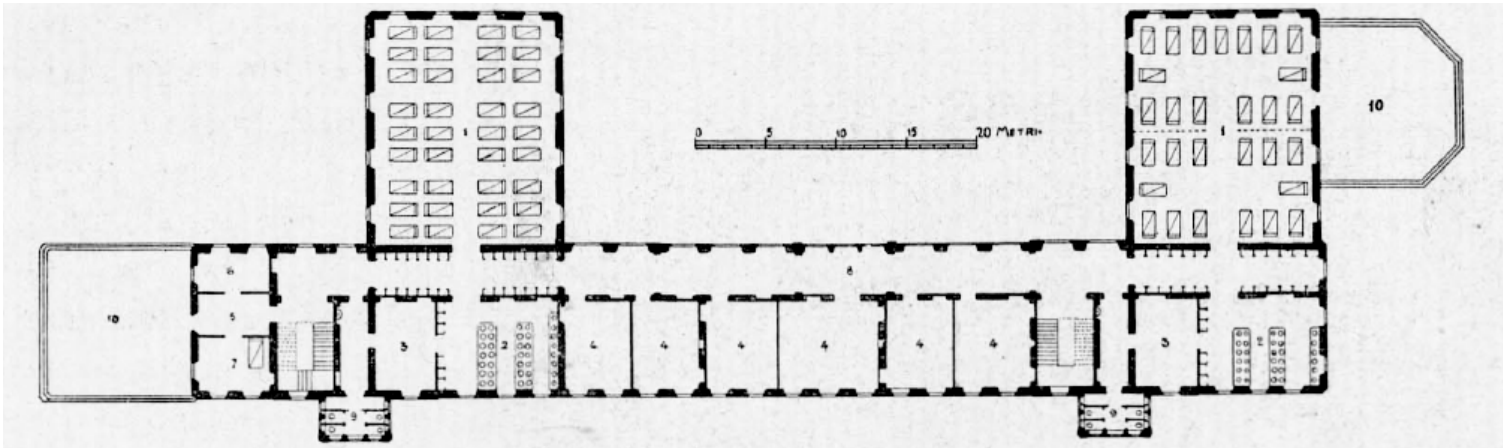
The walls are plastered and lime-washed; however, the dado up to about 1.20 meters is painted with materials that allow frequent washing. Heating is provided by low-pressure steam radiators in each room, allowing appropriate temperatures to be maintained in line with the best hygienic standards.

Artificial lighting is primarily by gas, supplemented by electric light in the dormitories and galleries. The potable water supply is provided by the municipal system. However, since this could not reach beyond the second floor, an auxiliary service was installed with a pump operated by electric power, which draws water and conveys it to tanks in the attic.

These tanks enable direct supply to the toilets on the top floor, the bathrooms, and other facilities. pliances of the Richmond Gas Store Stove type with ovens and hot water tanks. Kitchen services are carried out using exclusively gas-powered appliances. This system, new to Turin but already adopted by the Municipality of Milan for school kitchens and by many institutions and hotels, is especially recommended as it avoids the use of coal—which inevitably causes

soiling—and is convenient when the cooking is done exclusively by women, as is the case here. The façade is sober, as befits an institution of this kind, yet it does not lack a certain grandeur owing to its mass and the way it is gracefully framed by the lush vegetation of the surrounding hill.

In front of the building, facing the Po River, stretches the garden—a necessary and pleasant complement to the institution. Although it is not very large, it should be noted that the pupils can often be taken for walks on the beautiful surrounding hills, and for ordinary recreation they also have access to long galleries, large terraces, and the gymnasium.



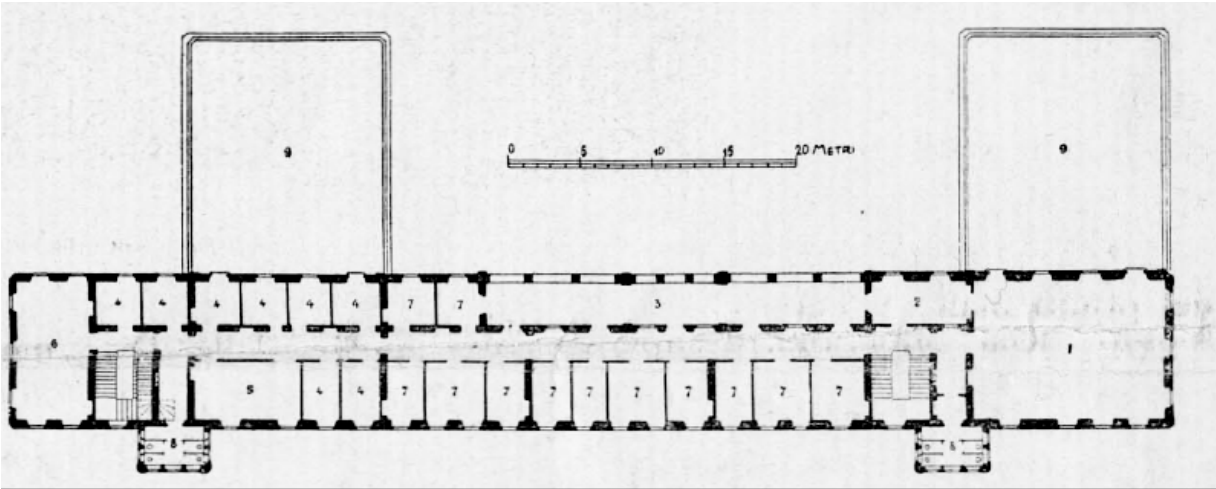
Doc 3. First and second floor plan.

1. Dormitory 2. Washroom 3. Ironing room 4. Classrooms 5. Anteroom to the Director's apartment 6. Sitting room 7. Director's bedroom 8. Gallery 9. Latrines 10. Terrace

All that has been said sufficiently describes the merits of the new Educatorio, and more detailed indications are therefore considered unnecessary. Nonetheless, it is worth briefly mentioning that the building also contains all the features that make such establishments more hygienic and convenient, such as dumbwaiters for food and clean linen, chutes on every floor for waste disposal, a gas-heated ironing room with the necessary hoods, drinking fountains in strategic locations, pivoting fanlights in the windows, shutters operable from inside, and similar details.

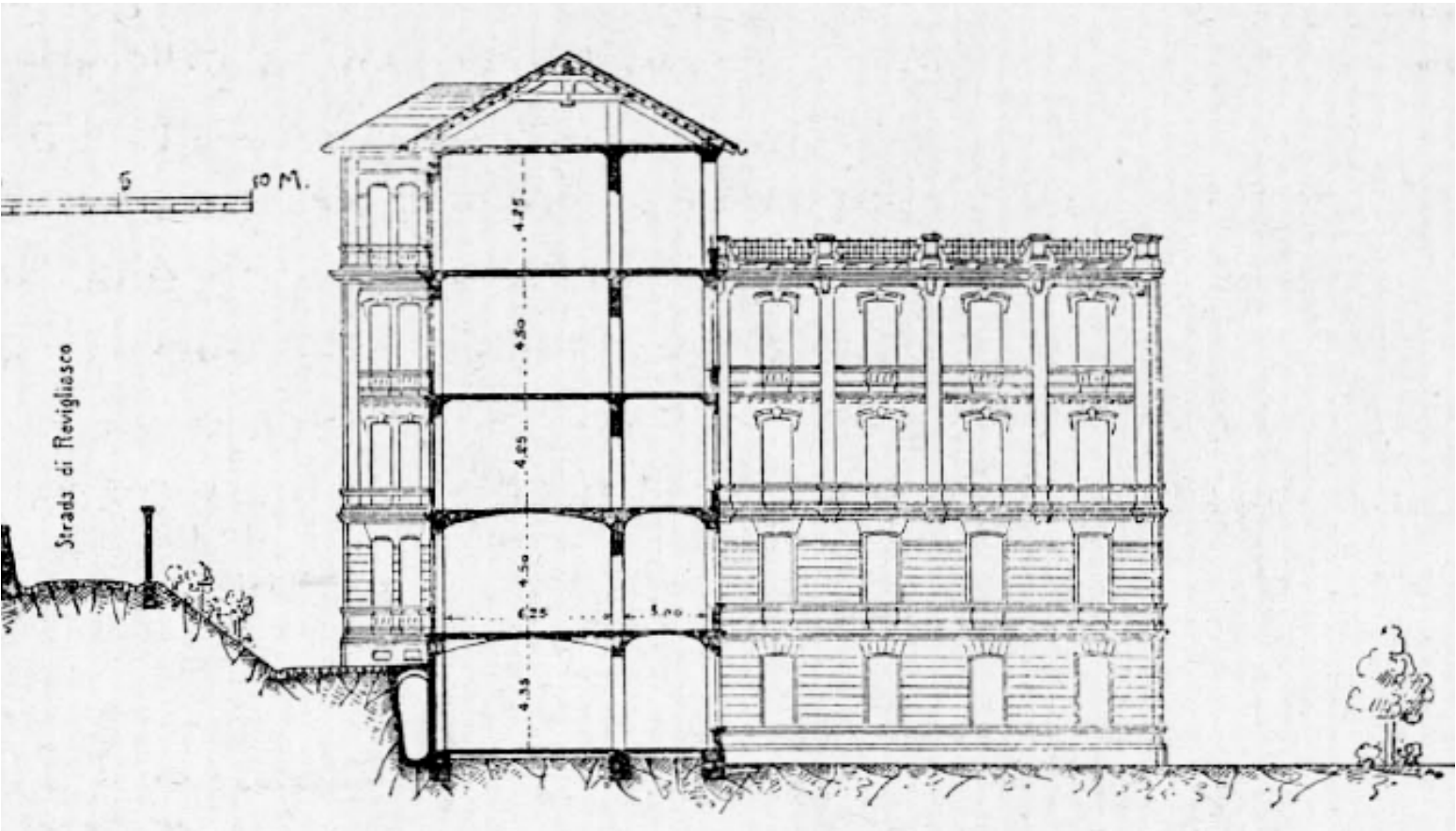
The total cost of the building, including all the auxiliary installations for heating, electric lighting, water distribution, gas cooking, and similar systems—but excluding all furnishings and the land—amounts to approximately 400,000 lire, or about 3,333 lire per pupil.

Engineer Tomaso Prinetti

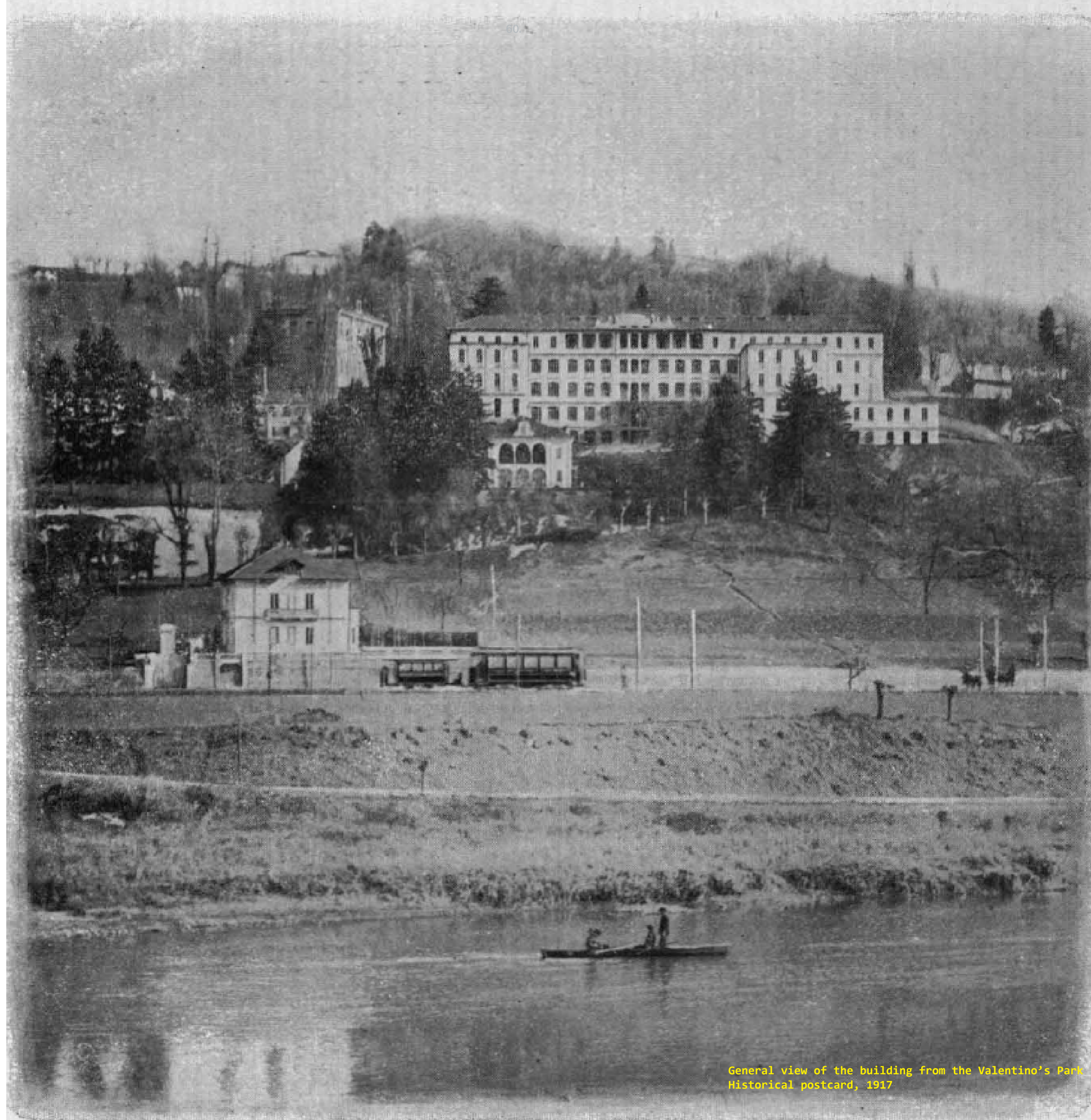


Doc 4. Third floor plan.

1. Drawing room 2. Storage for drawings and models 3. Covered veranda 4. Music study room 5. Music room 6. Workshop
7. Nuns' rooms 8. Latrines 9. Terraces



Doc. 5 Transverse section along the courtyard axis.



General view of the building from the Valentino's Park
Historical postcard, 1917

until it
hospital becomes the

Documents Decision Effects Conflict & Negotiations Project

- sept 1914 ● doc 6,7
- oct 1914 ● doc 8-12
- nov 1914 ● doc 13,14
- feb 1915 ● doc 15,16

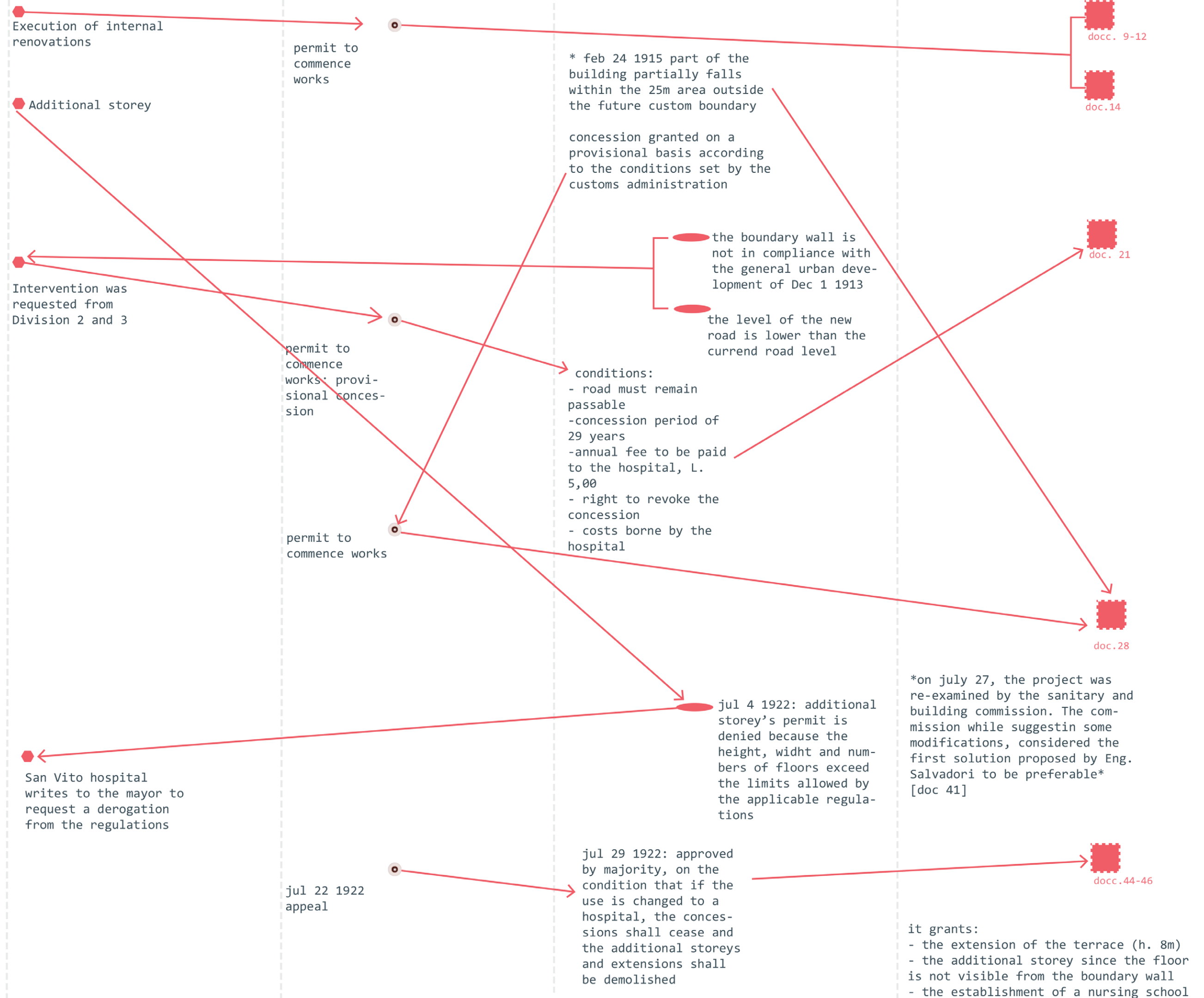
sept 1915 ●doc 15-20

oct 1915 ● doc 21

jul 1916 ●doc 22,23,26

aug 1916 ●doc 24,25,27

jul 1922 ● doc 28-42



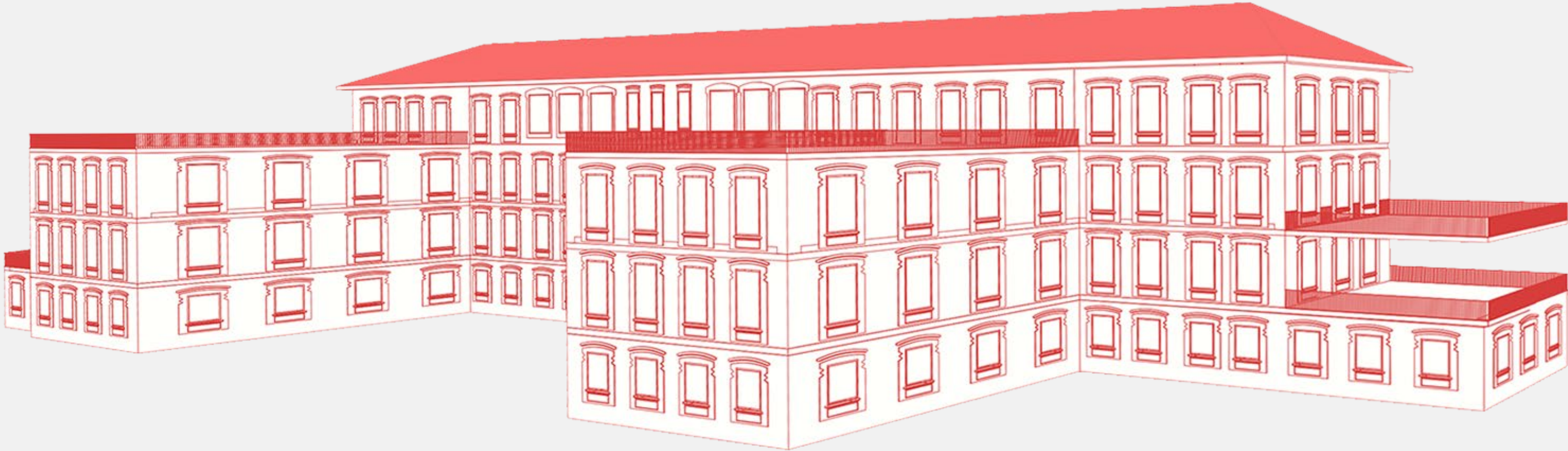
Documents Decision Effects Conflict & Negotiations Project

aug 1922 ● doc 43-48

* the hospital accepts the condition of
temporariness and awaits the stipulation
of the deed for thw commencement of
works *

FROM 1962 TO 1969

Ministero dei lavori pubblici, Ufficio del Genio Civile
Technical reports on war-damage repair works



Educatorio delle Suore di San Giuseppe

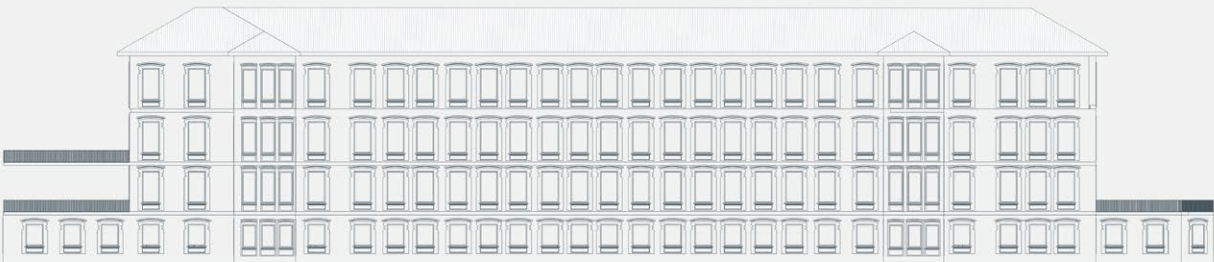
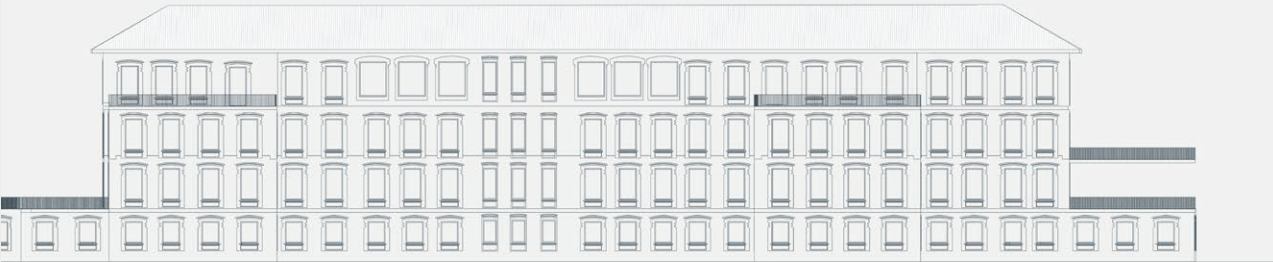
North Elevation
[Year XVI – Issue VI – June 1907 (Carlo Mollino Archive 908(45.81) PRI)]

The model reconstruction is based on documentary sources nos. 1–5 of the catalogue
[doc 1. p. 55; doc 2. p. 56; doc 3. p. 57; doc 4. p. 58; doc 5. p. 59]

Educatorio delle Suore di San Giuseppe

South Elevation
[Year XVI – Issue VI – June 1907 (Carlo Mollino Archive 908(45.81) PRI)]

The model reconstruction is based on documentary sources nos. 1–5 of the catalogue
[doc 1. p. 55; doc 2. p. 56; doc 3. p. 57; doc 4. p. 58; doc 5. p. 59]



Educatorio delle Suore di San Giuseppe

East Elevation
[Year XVI – Issue VI – June 1907 (Carlo Mollino Archive 908(45.81) PRI)]

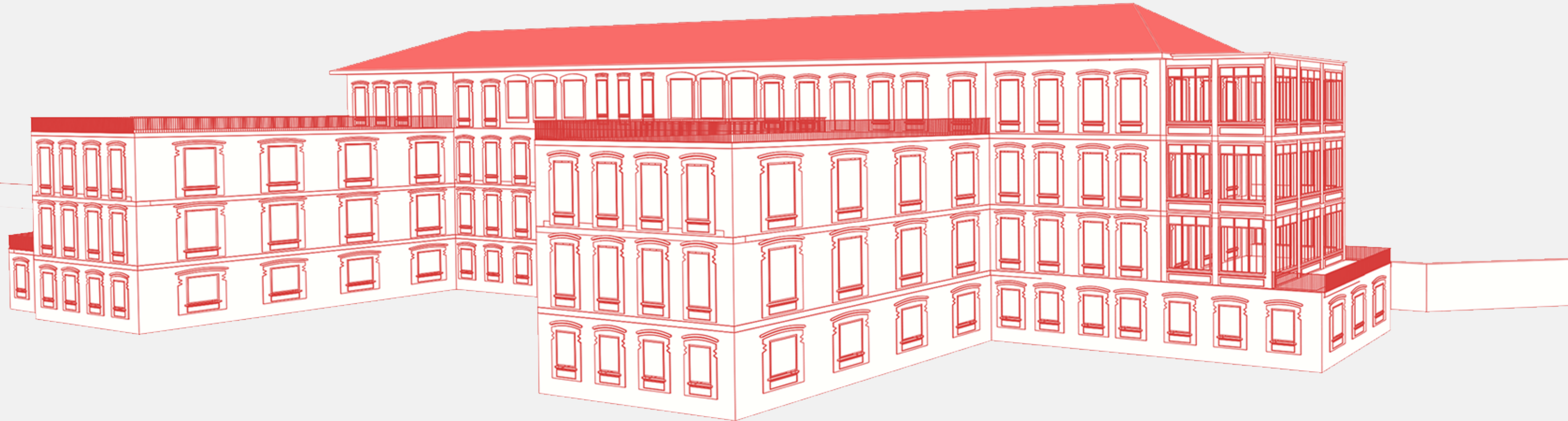
The model reconstruction is based on documentary sources nos. 1–5 of the catalogue
[doc 1. p. 55; doc 2. p. 56; doc 3. p. 57; doc 4. p. 58; doc 5. p. 59]



Educatorio delle Suore di San Giuseppe

Weast Elevation
[Year XVI – Issue VI – June 1907 (Carlo Mollino Archive 908(45.81) PRI)]

The model reconstruction is based on documentary sources nos. 1–5 of the catalogue
[doc 1. p. 55; doc 2. p. 56; doc 3. p. 57; doc 4. p. 58; doc 5. p. 59].



San Giovanni Hospital- Strada di San Vito
North Elevation

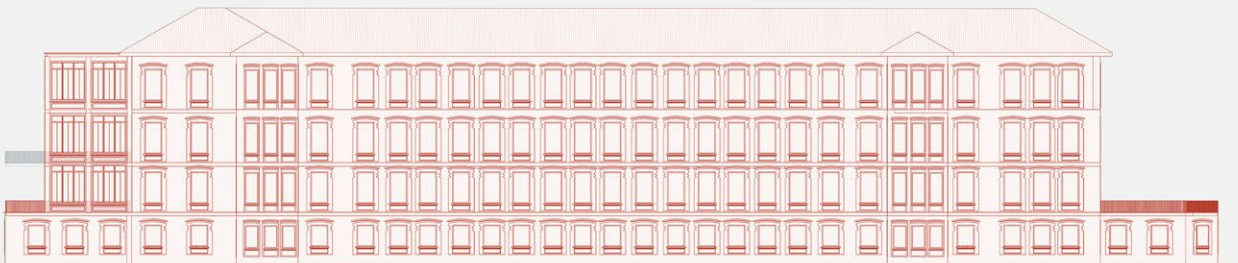
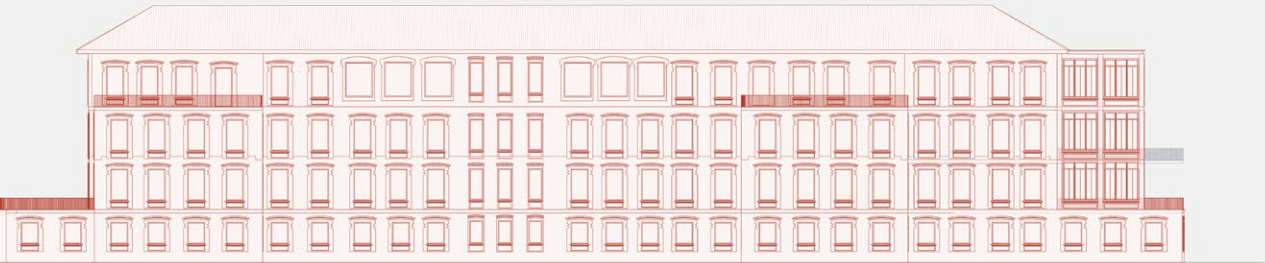
Building Archive, year 1914, no. 751

The model reconstruction is based on documentary sources of the catalogue:
– nos. 6, 8-12 for internal modifications [pp. 246-257];
– nos. 13-16 for the reconstruction of the veranda [pp. 249-257];
– nos. 17-23 for the perimeter wall [pp. 265-277]

San Giovanni Hospital- Strada di San Vito
South Elevation

Building Archive, year 1914, no. 751

The model reconstruction is based on documentary sources of the catalogue:
– nos. 6, 8-12 for internal modifications [pp. 246-257];
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– nos. 17-23 for the perimeter wall [pp. 265-277]



San Giovanni Hospital- Strada di San Vito
East Elevation

Building Archive, year 1914, no. 751
Appendix documents no. 4, 5, 6, 9.

The model reconstruction is based on documentary sources of the catalogue:
– nos. 6, 8-12 for internal modifications [pp. 246-257];
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– nos. 17-23 for the perimeter wall [pp. 265-277]

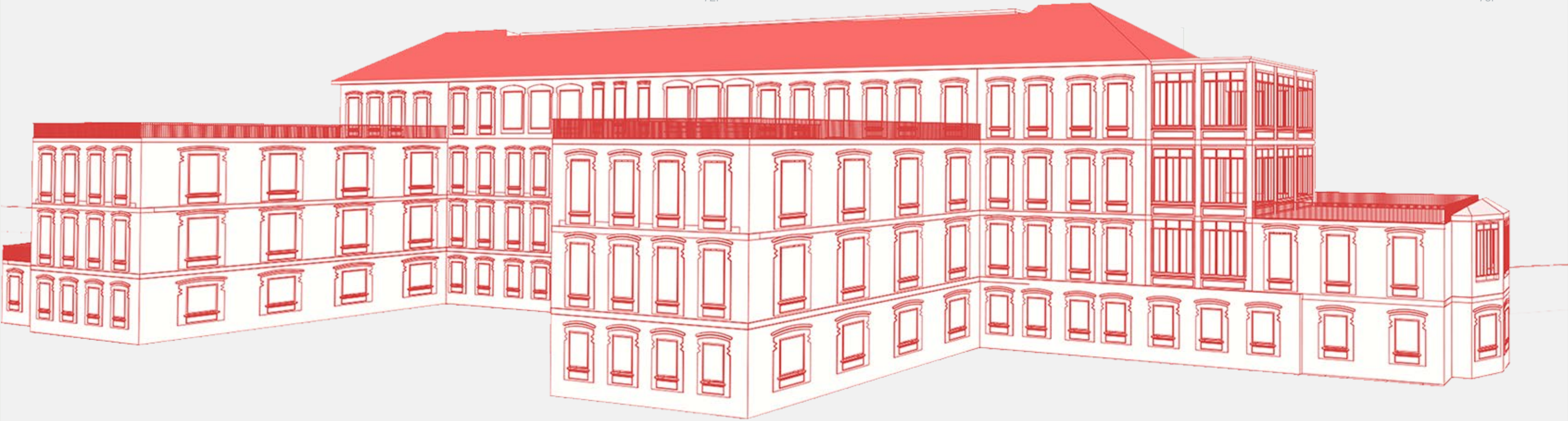


San Giovanni Hospital- Strada di San Vito
Weast Elevation

Building Archive, year 1914, no. 751
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San Giovanni Hospital- Strada di San Vito
North Elevation

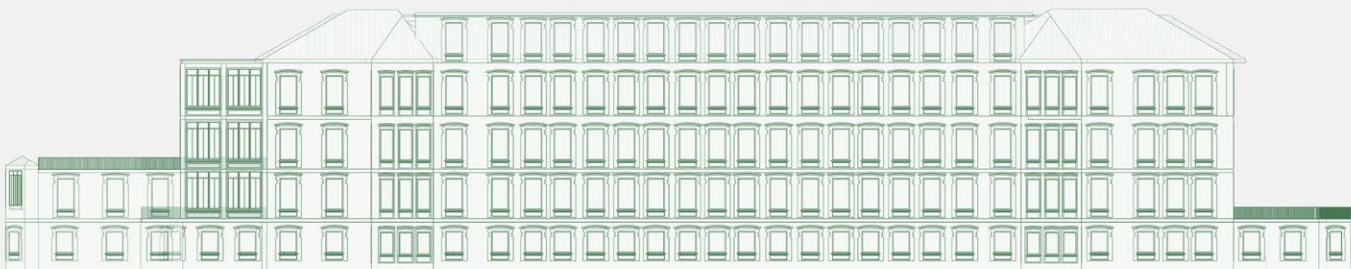
Building Archive (1916, nos. 205-206)
Building Projects Archive (1923/667)

The model reconstruction is based on documentary sources of the catalogue:
- nos. 24-27 for the building elevation [pp. 279-285];
- nos. 46-48 [pp. 302-307].

San Giovanni Hospital- Strada di San Vito
South Elevation

Building Archive (1916, nos. 205-206)
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San Giovanni Hospital- Strada di San Vito
East Elevation

Building Archive (1916, nos. 205-206)
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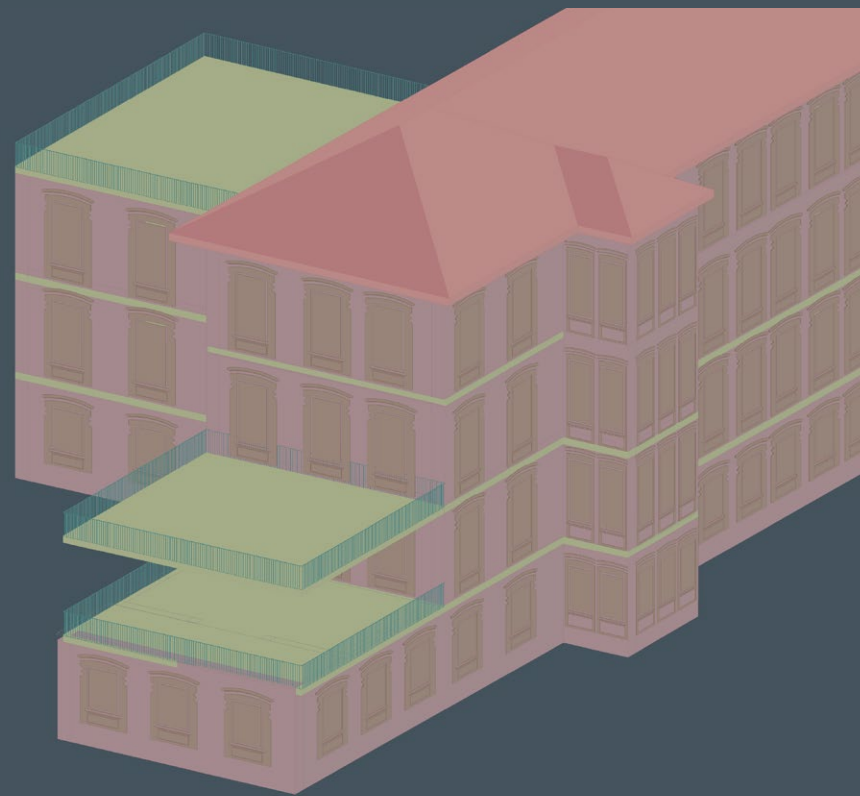


San Giovanni Hospital- Strada di San Vito
West Elevation

Building Archive (1916, nos. 205-206)
Building Projects Archive (1923/667)

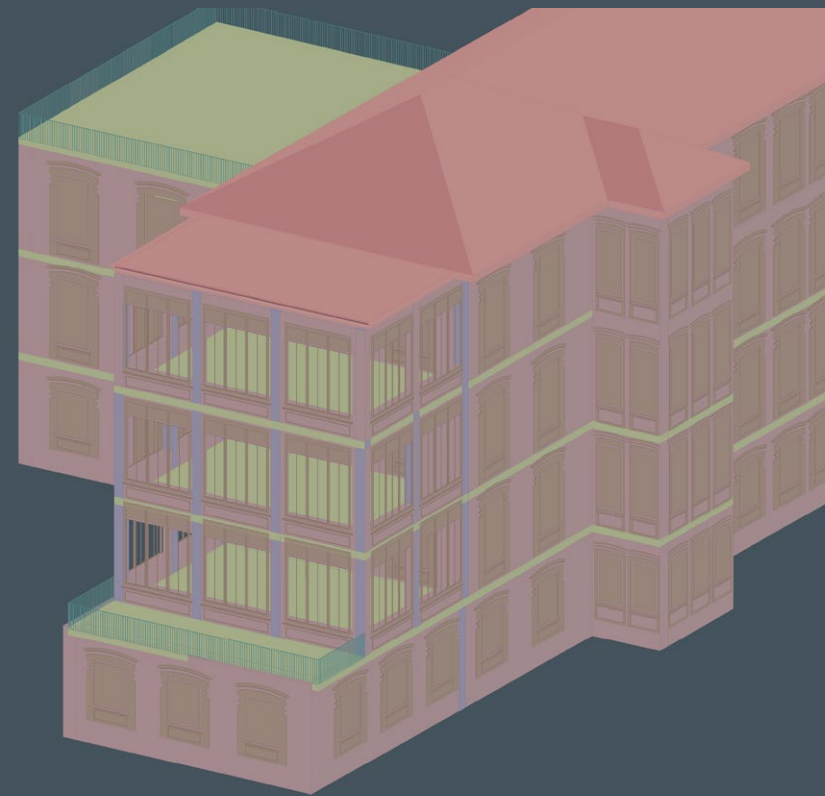
The model reconstruction is based on documentary sources of the catalogue:
- nos. 24-27 for the building elevation [pp. 279-285];
- nos. 46-48 [pp. 302-307].





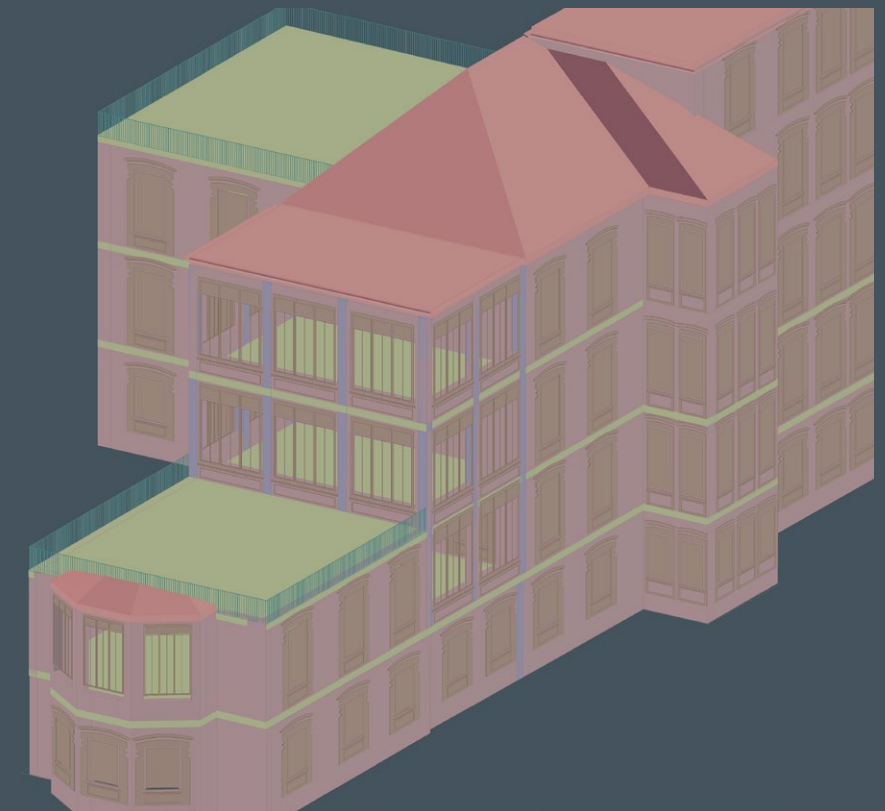
Educatorio delle Suore di San Giuseppe
Model

[Year XVI – Issue VI – June 1907 (Carlo Mollino Archive 908(45.81) PRI)]



San Giovanni Hospital
Model

Building Archive, year 1914, no. 751
Appendix documents:
– nos. 6, 8-12 for internal modifications [pp. 246-257];
– nos. 13-16 for the reconstruction of the veranda [pp. 249-257];
– nos. 17-23 for the perimeter wall [pp. 265-277]



San Giovanni Hospital
Model

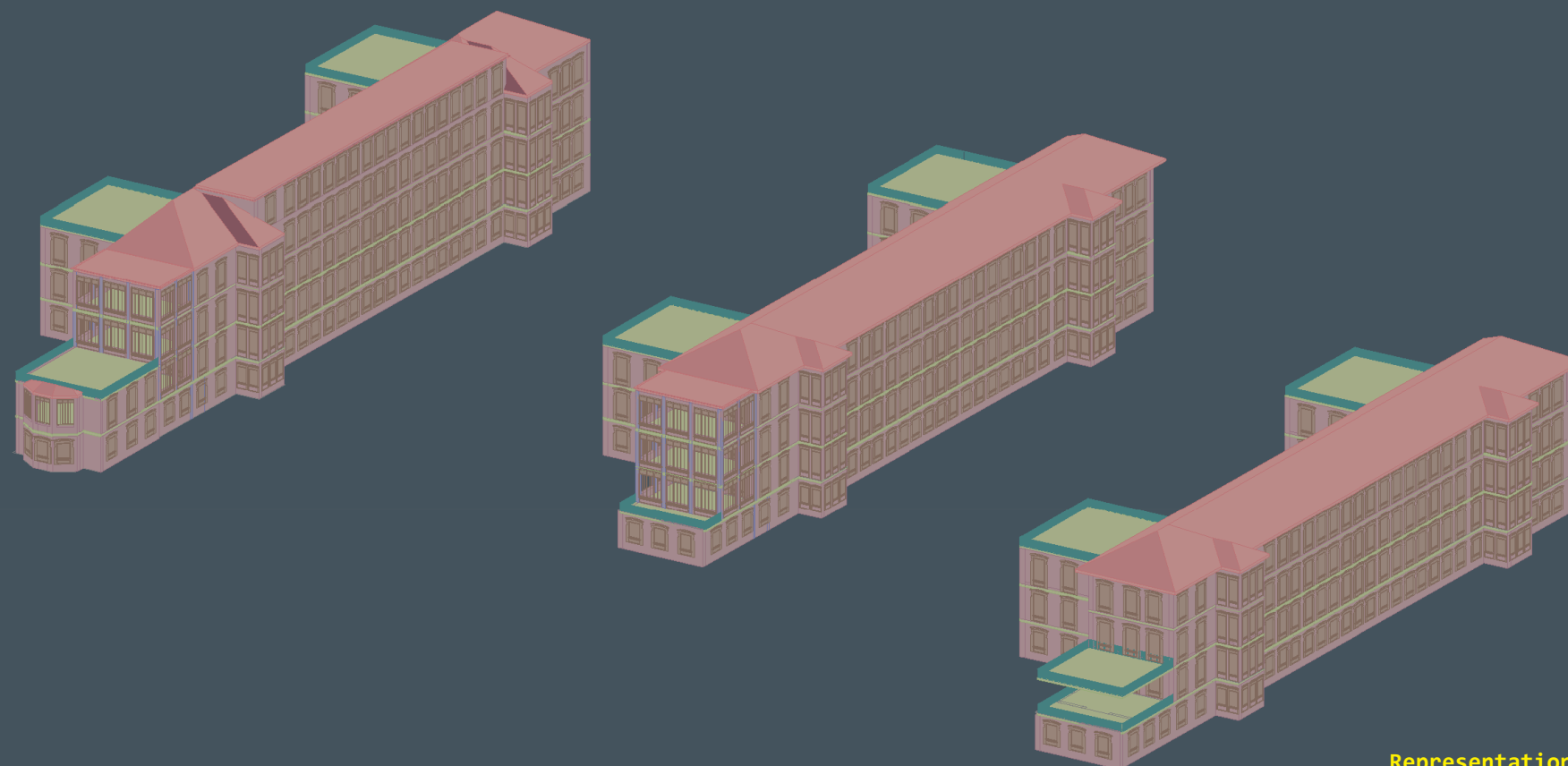
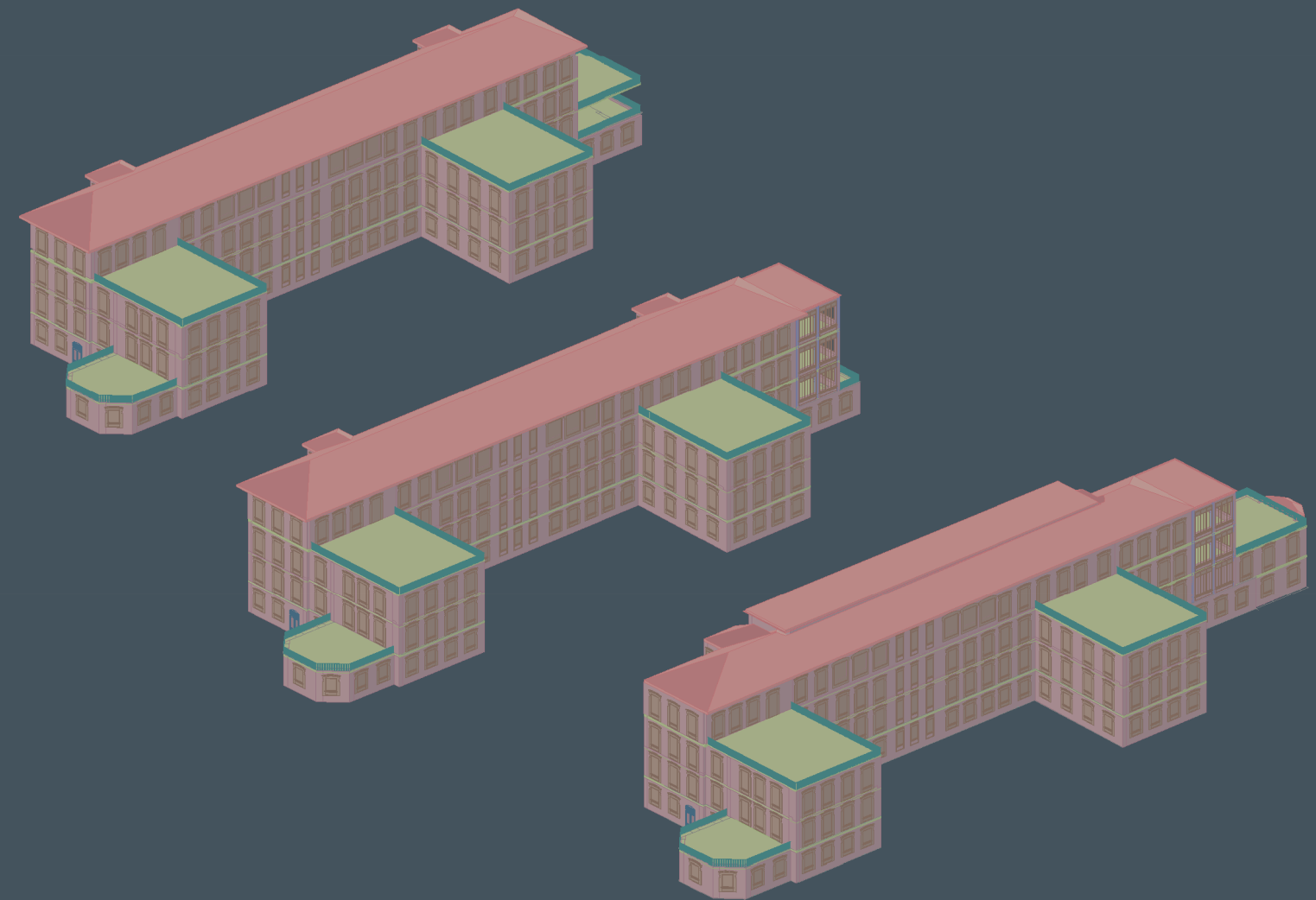
Building Archive (1916, nos. 205-206)
– nos. 24-27 for the building elevation [pp. 279-285];
– nos. 46-48 [pp. 302-307].

Documentation from 1914 to 1916 highlights an era of profound change at the San Giovanni Hospital-San Vito annex, as remodeling and alterations to the architecture responded to and manifested the wide social, political, and healthcare upheaval of the time.

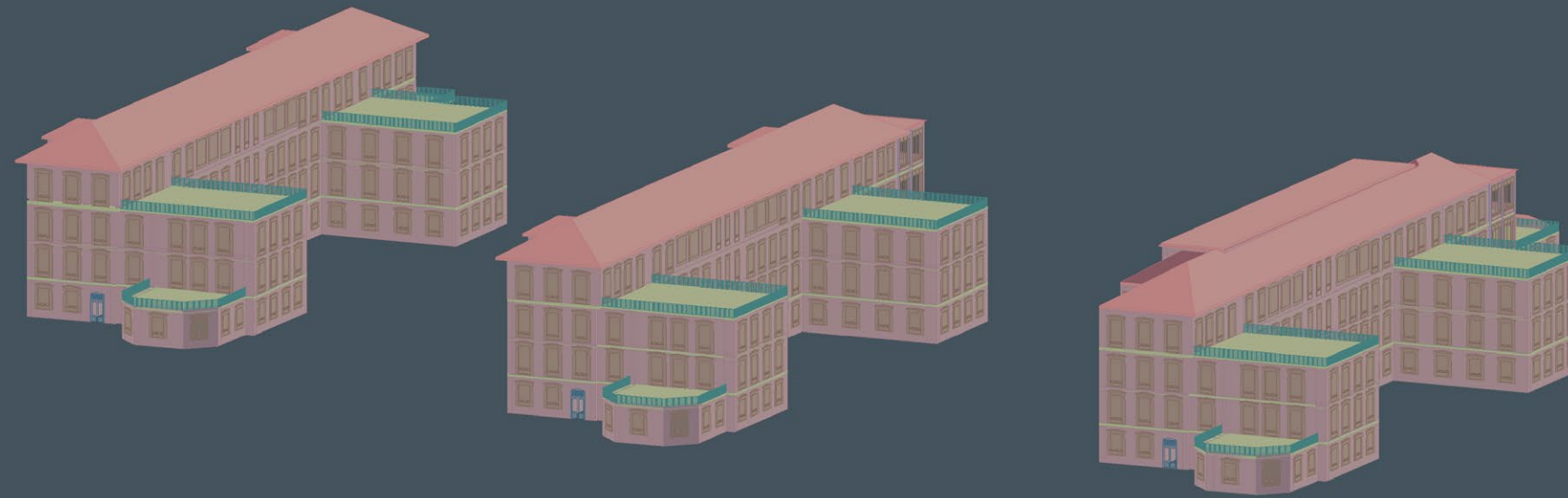
The endeavor proposed by engineer Giacomo Salvadori (Building Archive no. 751), to comprehensively redesign the hospital represented a systematic approach toward institutional modernization. The plans were about reorganizing the hospital: the internal circulation enveloping the basement to upper floors at San Giovanni, meant to address the decisive obstacle of increased patients while ensuring deft management at the hospital. The municipal approval (building permit no. 789, 12 November 1914) issued to the San Giovanni for they specifically asked for use; albeit after gaining it recognition as a health care provider for the city of Turin, and even more pressing was the need to reflect on the special relationships that the original architecture provided.

The therapeutic veranda (Building Archive no. 18), represented the era's modern medical philosophy, whereby architectural intervention was a medical procedure. As much as one could appreciate the specificity, environment was well understood as a factor to healing. Exposure to air or light is a therapeutic utility. The veranda was more than just an add-on to the overall architecture; it was an idea that could exemplify early 20th century hygiene doctrine, whereby semi-open spaces were part of the healing process.

The landslide damage to the perimeter walls on Strada di San Vito (Building Archive no. 205-206) caused complex negotiations between institutional necessity and municipal authority. The reconstruction and realignment work entailed more than simple repairs and involved territorial jurisdiction and urban planning, given the hospital's location at the intersection of municipal and customs boundaries, which involved negotiating with multiple authorities. The City offered a temporary, revocable concession with restrictions that highlighted the tension between institutional growth and regulated urban development.



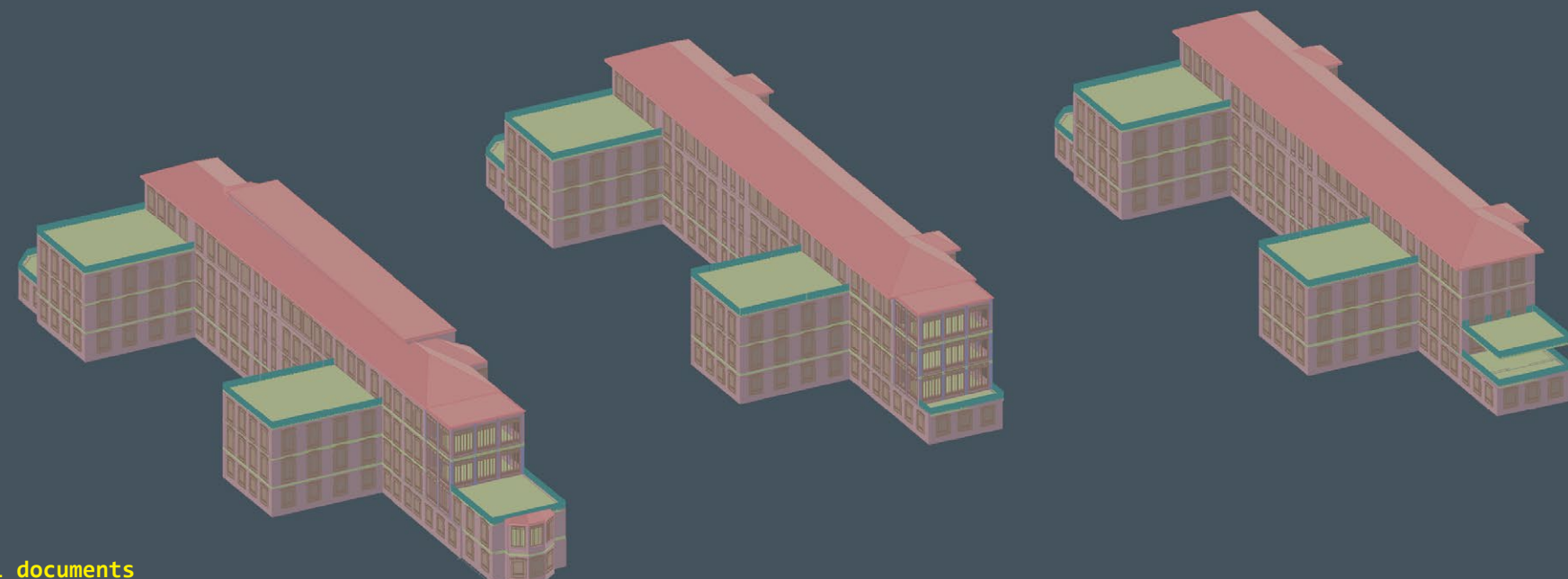
Representation of the evolution of the San Vito building, reconstructed from historical documents



Spatial alterations, from simple reorganization to adjustments of boundary lines, show how healthcare institutions exercised their dual identities of stability and change in a dramatically changing urban space. The timeframe reveals a hospital both incrementally expanding its therapeutic function, enhancing its hygienic function, and negotiating the often-complex relationship between institutional expansion and municipal oversight. Each architectural intervention represented a strategic response to particular challenges and an ongoing contribution to the transformation of healthcare delivery in Turin during the first half of the twentieth century.

The mortuary and disinfection facilities represented a significant shift in the institution's identity (Doc. 23). These additions changed the institution from one primarily thought of as curative to a public health sentinel. It is important to remember that this transformation took place in wartime, World War I, and the impact the war had on Turin's medical services: the city's hospitals were inundated with military casualties and experienced increased concerns about the transmission and mortality of infectious disease. The facilities represented not only a practical solution, but a symbolic recognition of the hospital's social responsibility.

The documentary evidence related to 1914-1916 shows an institution in constant negotiation with its physical, social, and political environment. The San Giovanni Hospital-San Vito annex does not emerge as the usual inert healthcare facility but as a living organism, altering its built environment to respond to the changing needs of medical practice, shifts in wartime pressures, and the particularities of an urban environment.



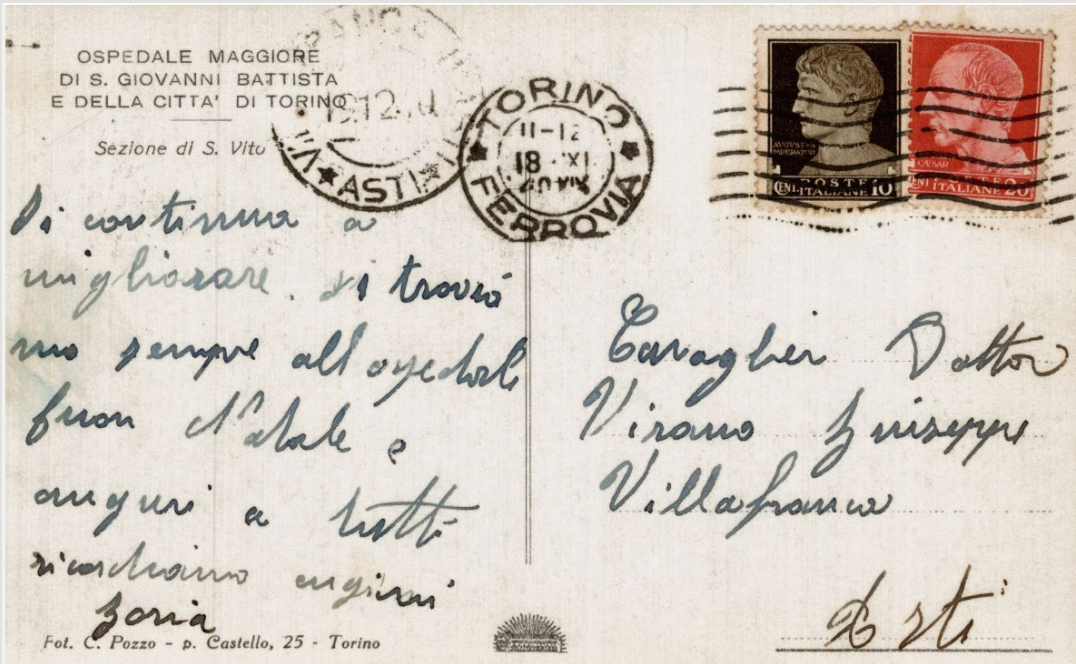
Representation of the evolution of the San Vito building, reconstructed from historical documents











Modern architecture was born as a response to an epidemic. Smooth white surfaces, transparent glass, abundant light and air were not just expressions of abstract aesthetics, but sanitary devices: tools designed to protect the human body from microbes, to make it visible in its supposed purity and integrity. As Colomina and Wigley show, modern architecture was conceived as a machine for disinfection, a hygienic prosthesis whose primary purpose was to separate the body from the natural environment and its invisible threats. The architect thus becomes a bacteriologist, the built space a laboratory, and dwelling an act of purification. But if the 20th century treated bacteria as invisible enemies to be eradicated, the 21st reminds us that such separation is flawed, even harmful. The human being is not a closed entity, but a porous ecosystem, traversed by millions of microorganisms. In this sense, architecture has become part of a regime of surveillance, as described by Foucault, where the control of health coincides with the control of space. White walls are moral surfaces: they expose every trace, reveal every deviation. The modern house, like the hospital, becomes an extension of the medical apparatus, where hygiene is equated with purity, and purity becomes an ethical and social imperative.

Yet today, this paradigm proves inadequate. The subject is no longer an autonomous organism but a relation-

It is precisely here that the Hospice San Vito project of the Fondazione FARO finds its critical relevance. The hospice is not a place for "healing," but a space where one dwells on the threshold between life and death. It does not require the aseptic quality of a hospital, but the emotional density of care. In this sense, it can be understood as a Foucauldian heterotopia: an "other space" suspended between institution and home, between intimacy and collectivity, between isolation and territorial rootedness.

This project does not aim to expel illness, but to give form to an architecture of welcome, where fragility is an integral part of the design. Thus, the proposed scenario in which Fondazione FARO acquires the entire building opens the way for a more radical transformation: the ho-

spice is no longer merely a ward, but the core of a territorial architecture, in which care expands into shared spaces, the city, and the surrounding landscape.



Southeast facade: main entrance



Panoramic viewpoint - northeast



Southeast facade: main entrance



Parking slot- Str. San Vito Revigliasco



Entrance through the gate and main entrance on the ground floor- 1. southeast 2. northeast



northeast facade



northeast facade



northeast facade facing str. comunale san vito revigliasco



northeast facade



northeast facade



northeast facade



northeast facade



northeast facade



detail of the window facing the panoramic spot



str. comunale san vito revigliasco



str. comunale san vito revigliasco



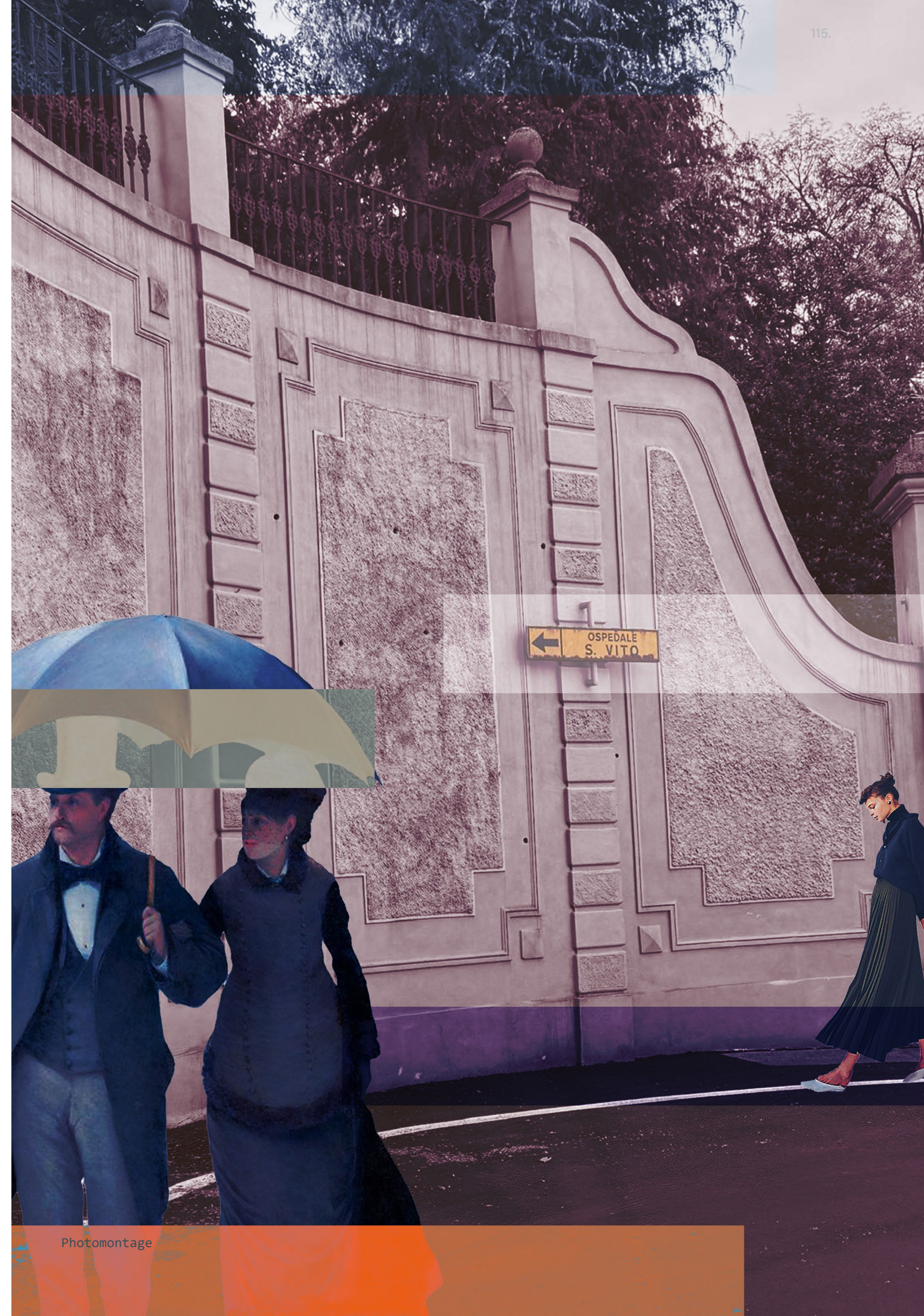
northeast facade



northeast facade



panoramic view from the hospice



Photomontage

The project aspires to become a model, an example in which the hospice takes shape as a public-relational space, accessible to multiple subjects and therefore truly shared. The underlying idea is to identify spatial devices capable of transforming a place often perceived as marginal, a non-place into a lived, collective environment, open to life in all its plurality.

No longer a closed facility with a few patient rooms and lounges, but rather a world-in-common.

A world in which, as Hannah Arendt writes, the *in-common* arises from the existence of things placed between people — *there is a world of things between them, and this world is in common as a table is located between those who sit around it; the world, like every in-between, connects and separates people at the same time*¹.

The in-between thus generates both relation and distance. This may be the foundational principle for the architecture of a hospice: to separate in order to protect, without renouncing the communal dimension. To live together, we need a shared project built not only from what we have in common, but from what we inherit, create, and leave behind. In this sense, the city, the most complex human artifact, is sustained by its ability to generate a common space that holds us together without erasing singularity.

The hospice powerfully embodies this tension. It is perhaps the heterotopia par excellence, in Foucault's sense: a real yet separated place, marginal, regulated, situated outside the realm of everyday life.

The Hospice San Vito, despite its clear geographical location, is experienced by its inhabitants as a space of absence, a disconnection from its surroundings.

The patient is there, yet seems not to belong.

Foucault, in discussing heterotopias of deviation, such as nursing homes, shelters, hospitals, draws a symbolic connection to cemeteries. These are also other-places: separate, yet tied to the city, since everyone eventually becomes connected to them through the death of a relative. In the 19th century, cemeteries were moved to the outskirts of cities due to health concerns, reinforcing the belief that death should remain distant.

From this logic may stem the isolation of the hospice as well.

Yet, the care, attention, and respect reserved for cemeteries should equally be extended to hospices. The possibility that anyone may one day accompany a loved one through illness renders these places profoundly common.

The absence of sidewalks, public transport, parking, and especially of in-between tables, relational spaces, is precisely what makes the hospice today a full heterotopia.

These are the elements that the project seeks to address: not just by redesigning the building, but by regenerating the entire surrounding area, so that it no longer isolates or excludes, but welcomes and creates relationships.

1. H. Arendt, *Vita activa*, 1958

The hospice, more than any other architecture, brings forth the human condition of vulnerability. In an era marked by productive acceleration and the illusion of technical omnipotence, it represents an act of resistance: it pauses, embraces, and gives meaning to the time of ending. As Francesco Paolo Puccini writes, vulnerability, understood not as weakness but as shared exposure, forms the basis for a relational and responsible subjectivity. A subject that cares, and to care, it needs the right places.

In this light, the hospice can no longer be conceived as a closed, functional, or peripheral space. It must become a place of plurality, a space for encounter, for stillness, for listening, for silence. Following Arendt, a public space exists only if it allows the other to emerge in their singularity. Designing a hospice, then, is a deeply political act: it means creating a space where death is not exclusion, but part of life, an occasion to reaffirm dignity, relation, and presence.

As Heidegger reminds us, the verb *bauen* does not simply mean to build, but to dwell, to inhabit, to remain. Humans build because they already inhabit the world, because they are in the world, among things and others. Dwelling is not a function to perform in a space, but the fundamental mode of human existence.

From this stems architecture's responsibility: not merely to produce space, but to create place. Place is not a metric entity, but a lived experience, oriented, meaningful, relational. Every authentic construction, as Heidegger exemplifies through

the figure of the bridge, gathers and connects: it reveals the riverbanks, draws a landscape, establishes directions, builds relationships. To build, then, is to open a world, to create a habitable space in which the human being can stay, care, be.

Applied to the design of a hospice, this thought urges us to move beyond the logic of buildings as functional containers. A hospice is, must be, a dwelling for fragility: a place where it is possible to "remain in the world" even in the time of dying. Every element, the garden, the threshold, the corridor, the patio, can become a thing-place: a space that fosters nearness, reconnects the individual to the earth, to others, to light, to the rhythms of the day.

The contemporary crisis of dwelling, as Heidegger had foreseen, reveals itself in architectures that no longer safeguard life, that forget the meaning of care. To dwell means, ultimately, to care for the world, to allow people and things to be what they are, in their finitude. A hospice rooted in its territory, open to natural light, inviting to pause, cross, and share, can embody this paradigm: not simply a building, but an act of care.

Il progetto aspira a essere un modello, un esempio in cui l'hospice si configuri come uno spazio pubblico-relazionale, accessibile a più soggetti e dunque realmente condiviso. L'idea alla base è quella di individuare dispositivi spaziali capaci di trasformare un luogo percepito come marginale — un *non-luogo* — in un ambiente vissuto, comune, capace di accogliere la vita nella sua pluralità. Non più una struttura chiusa in sé, con qualche camera di degenza e pochi salotti, ma un mondo in comune.

Un mondo in cui *l'in-comune*, come scrive Arendt, è dato dall'esistenza di cose poste tra le persone esiste un mondo di cose tra loro e che lo hanno in comune come un tavolo e posto tra quelli che vi siedono intorno;¹

Il mondo, come ogni in fra, mette in relazione e separa gli uomini allo stesso tempo " che al tempo stesso connettono e separano. L'in fra crea relazione, ma anche distanza. È questo, forse, il principio profondo che può informare l'architettura di un hospice: separare per proteggere, ma senza rinunciare alla dimensione comunitaria.

Per vivere insieme abbiamo bisogno di un progetto condiviso, fatto non solo delle cose che abbiamo in comune, ma anche di ciò che ereditiamo, mettiamo al mondo, e lasciamo agli altri. In questo senso, la città, il prodotto umano più complesso, si fonda sulla capacità di generare uno spazio comune che ci tiene insieme senza cancellare le singolarità.

L'hospice incarna con forza questa tensione. È forse l'eterotopia foucaultiana per eccellenza: un luogo

reale ma separato, marginale, regolato, che esiste al di fuori degli spazi dell'abitare quotidiano. L'Hospice San Vito, pur avendo una collocazione geografica, è vissuto da chi lo abita come un'assenza, una separazione dal contesto circostante. Il paziente è lì, ma come fuori dal mondo. Foucault, parlando delle eterotopie di deviazione — come case di riposo, ospizi, ospedali — le accosta simbolicamente al cimitero. Anch'esso un luogo separato ma connesso alla città, perché ognuno, prima o poi, vi si ritrova coinvolto. Nell'Ottocento, i cimiteri furono spostati ai margini urbani per ragioni sanitarie, alimentando la convinzione che la morte andasse tenuta lontana. Forse anche da questa logica discende l'isolamento degli hospice.

Eppure, la cura, l'attenzione, il rispetto che si riservano ai cimiteri dovrebbero essere rivolti anche agli hospice. La possibilità che ciascuno, un giorno, debba affrontare la malattia di un proprio caro li rende spazi comuni, nel senso più profondo del termine. L'assenza di marciapiedi, trasporti pubblici, parcheggi, luoghi di relazione, quei *tavoli in-between* che connettono gli spazi e le persone, è ciò che oggi rende l'hospice un'eterotopia. È su questi elementi che il progetto intende intervenire: non solo ridisegnando l'edificio, ma rigenerando l'intera area, affinché essa non isoli, non escluda, ma accolga e generi relazioni.

L'hospice, forse più di qualsiasi altra architettura, evidenzia la vulnerabilità come condizione intrinseca dell'umano. In un'epoca dominata dalla produttività e dall'illusione del controllo tecnico, l'hospice opera in controtendenza: si ferma, accoglie, restituisce senso al tempo della fine. Come scrive Francesco Paolo Puccini, è la vulnerabilità, intesa non come debolezza ma come esposizione comune, a costituire la base per una soggettività relazionale, capace di cura. E per prendersi cura, servono luoghi adeguati.

In quest'ottica, l'hospice non può più essere concepito come spazio chiuso, funzionale, o separato. Deve invece diventare luogo di pluralità: dove è possibile incontrare, sostare, ascoltare, anche tacere. Seguendo Arendt, uno spazio pubblico è tale solo se consente l'emergere dell'altro nella sua singolarità. Progettare un hospice, allora, è un atto profondamente politico: significa costruire un luogo dove la morte non è esclusione, ma parte della vita, un'occasione per riaffermare dignità, relazioni, e presenza.

Come ricorda Heidegger, il verbo *bauen* non significa semplicemente edificare, ma abitare, dimorare, trattenersi. L'uomo costruisce perché già abita il mondo, perché è nel mondo, con gli altri, con le cose. L'abitare non è una funzione da eseguire in uno spazio, ma è la modalità umana dell'esistere.

Da qui deriva la responsabilità dell'architettura: non produrre semplici spazi, ma generare luoghi. Il luogo non è una misura, ma un'esperienza: è orientato, significativo, vissuto. Ogni costruzione autentica,

come insegna Heidegger parlando del ponte, connette, disegna paesaggi, apre direzioni, crea relazioni. Costruire, in questo senso, significa aprire un mondo, creare uno spazio abitabile in cui l'essere umano possa sostare, curare, essere.

Applicato all'hospice, questo pensiero ci invita a superare l'idea dell'edificio come contenitore di funzioni sanitarie. Un hospice è, deve essere, una dimora per la fragilità: un luogo dove si possa *restare nel mondo* anche nell'ultimo tratto di vita. Ogni elemento, dal giardino alla soglia, dal patio al corridoio, può diventare cosa luogo, spazio che genera prossimità, riconnette all'umanità, al tempo, alla luce.

La crisi contemporanea dell'abitare, come Heidegger l'aveva già indicata, si manifesta in architetture che non custodiscono più la vita, che dimenticano il senso del prendersi cura. Abitare significa, in fondo, proprio questo: avere cura del mondo, lasciare che le persone e le cose possano essere, nella loro finitezza. Un hospice che si radica nel territorio, che accoglie la luce naturale, che invita a restare, ad attraversare, a condividere, può diventare questo: non solo un edificio, ma un atto di cura.

The Hospice San Vito of the Fondazione FARO is located in the San Vito hospital complex at Strada Comunale San Vito da Revigliasco 34, Turin. It has two care units: the “Ida e Sergio Sugliano” hospice on the third floor (14 beds) and the “Ida Bocca” hospice on the second floor (20 beds).

In 2012, through Administrative Order No. 270 of April 16, 2012, the Piedmont Region authorized the expansion of the hospice with the opening of its second care unit. But even as the human and therapeutic value of the service are affirmed, its urban and symbolic location pays homage to an underlying paradigm: one of isolation.

According to the General Regulatory Plan of Turin, it is classified as a documentary-interest building (category 4), within consolidated, green hillside area, with landscape conservation restrictions and with residence status. On paper, it conforms to the traditional hospice requirements: *“licht, lucht, en zone”, light, airy, and quiet* and this very conformity is the crux of the *issue*. The San Vito hospital is physically situated: poorly connected to public transport ¹, no pavement, and reachable only on one two-way single road with no secure pedestrian routes. It is not only a physical isolation, but also symbolic: illness is isolated on the outskirts, outside the flow of the city, in an enclosed but static area.

As Mark Wigley’s Chronic Whiteness tells us, recent architecture and healthcare architecture in particular

has a predisposition to become an aesthetic of order, cleanliness, and visual neutrality as modes of control and reassurance. Even within those spaces dedicated to caring, such as hospices, there is a risk of unintentionally replicating dynamics of separation: silent, removed spaces in which patients and relatives live a suspended, horizontal world, only coordinated by internal routines.

From this criticism arises the scenario of this thesis: following Administrative Order No. 139 dated 14 March 2025, under which there is the removal authorization of the property from public domain and its allocation to disposable assets in accordance with Art. 5, paragraph 2 of Legislative Decree 229/1999, the Fondazione FARO has the opportunity to buy the entire San Vito complex. This administrative decision is not just a juridical one, it is the opportunity to reinterpret the care architecture.

The goal is not just to increase the number of beds, but to transform the building from closed to permeable: rethinking access, reconnecting with urban society, activating new common spaces, opening up to the surrounding landscape, combining healthcare with public and social functions. Because illness can’t be confined to a distant, upper floor in isolation. The ill must be reminded that life continues, that there is still movement, contact, city. They must be able to look out not on a sterilized horizon, but on an honest, grimy, living day-to-day.

Thus, architecture itself is care: not merely in intimate rooms, but in the

way it enables contacts, crossings, and meeting.

The choice of warm materials, visible thresholds, and pedestrian courtyards is not merely about looks, it’s a political and therapeutic decision. Hospice design is not about building a threshold, but imagining an arena of presence, even in absence.

¹ FARO to GTT: “Isolated hospice, strengthen bus line 73.” The general director of the facility also requests additional public parking spaces near the San Vito Hospital. *La Repubblica*, February 28, 2020

Schael puts the San Vito Hospital up for sale, the FARO Foundation is interested in purchasing it.

The starting price is 11,652,000 for a building that requires renovation

La Repubblica, Apr. 25 2025

Piedmont Region – Official Bulletin No. 12
20/03/2025
Authorization for the removal of a real estate asset from the unavailable public domain and its subsequent registration in the available assets, for the purpose of future disposal. Authorization pursuant to Art. 5, paragraph 2 of Legislative Decree 229/1999, concerning the property located in Turin, Strada Comunale San Vito Revigliasco No. 34.

REGIONE PIEMONTE BU12 20/03/2025

Codice A1415D
D.D. 14 marzo 2025, n. 139
AOU - Città della Salute e della Scienza di Torino (CSST) Presidio Ospedaliero San Vito - Autorizzazione per la cancellazione di bene immobile dal patrimonio indisponibile e conseguente iscrizione in quello disponibile ai fini di successiva alienazione. Autorizzazione ex art. 5 del comma 2 del D.lgs 229/99 dell'immobile sito in Torino Strada Comunale San Vito Revigliasco n. 34 -.



ATTO DD 139/A1415D/2025 DEL 14/03/2025

DETERMINAZIONE DIRIGENZIALE
A1400B - SANITA'
A1415D - Politiche degli investimenti

OGGETTO: AOU – Città della Salute e della Scienza di Torino (CSST) Presidio Ospedaliero San Vito – Autorizzazione per la cancellazione di bene immobile dal patrimonio indisponibile e conseguente iscrizione in quello disponibile ai fini di successiva alienazione. Autorizzazione ex art. 5 del comma 2 del D.lgs 229/99 dell’immobile sito in Torino Strada Comunale San Vito Revigliasco n. 34 -

Premesso che:

la Giunta regionale ha approvato la D.G.R. n. 17-2093 del 24/05/2011 ad oggetto: *“Iter procedurale per l’autorizzazione alla cancellazione dal patrimonio indisponibile, conseguente iscrizione in quello disponibile ed alienazione o diverso uso, dei beni mobili, mobili registrati ed immobili di proprietà delle Aziende Sanitarie Regionali Locali, Ospedaliere ed Ospedaliero-Universitarie. Aggiornamento. Revoca D.G.R. n. 37-7963 del 09/12/2002”*.

Con D.P.G.R. 71 del 06/12/2013 è stata costituita, a far data dal 1°gennaio 2014, l’Azienda Ospedaliero-Universitaria Città della Salute e della Scienza, con sede in Torino Corso Bramante 88/90.

Con D.P.G.R. n. 74 del 06/09/2021, a rettifica del D.P.G.R. 23 del 19/03/2014, è stato disposto, a far data dal 1° gennaio 2014, il trasferimento alla A.O.U. Città della Salute e della Scienza di Torino dei beni immobili, esistenti al 31/12/2013, con vincolo di destinazione sanitaria, ai sensi dell’art. 5 del D.Lgs. 30/12/1992, n. 502 e successive modificazioni, così come sostituito dall’art. 5 del D.L.Gs. 19/06/1999 n. 229, dalla ex A.O.U Città della Salute e della Scienza di Torino, tra i quali rientra il Presidio Ospedaliero San Vito ubicato a Torino in Strada Comunale S.Vito Revigliasco n. 34.

La Giunta regionale con D.G.R. del 17/02/2025 n. 26-801/XII ad oggetto *“Approvazione della programmazione regionale per l’adozione dei programmi aziendali di riorganizzazione, di riqualificazione e/o di potenziamento del Servizio sanitario regionale. Riparto delle risorse del*

condotta sulla base dei dati forniti, con il quale la Soprintendenza segnala che non risulta attualmente presente agli atti di questo Ufficio alcun provvedimento di tutela espresso ai sensi della Parte II – Titolo I del D.Lgs. 22.01.2004, n. 42 per il bene di cui trattasi. Resta salvo il fatto che, ai sensi dell’art. 10 c.1 del D.Lgs. citato, i beni di proprietà di enti risultano sottoposti a tutela ope legis sino all’esito della verifica dell’interesse culturale così come previsto dall’art. 12 del medesimo Decreto, secondo la procedura individuata sul sito www.bentutelati.it .

L’AOU CSST P.O. San Vito ha fornito CDU in documento informatico autentico 377-2023 protocollo edilizio 2023-07-21533 acquisibile all’indirizzo web: <http://www.torinofacile.it/cue> e firmato digitalmente dal Dirigente Oscar Caddia in data10 novembre 2023.

Ritenuto, in considerazione di quanto precede, di autorizzare l’*AOU CSST* ai sensi dell’art.14 della legge regionale n.8/95 alla cancellazione dell’ immobile dal patrimonio indisponibile e conseguente iscrizione in quello disponibile ai fini di successiva alienazione del P.O. San Vito sito in Torino Strada Comunale San Vito Revigliasco n. 34, ed identificato catastalmente nel seguente modo:

- Foglio 1354, Mappale 43, Sub 1-2-3-4-5, è attualmente classificato come indisponibile a sensi dell’art. 8 della L.R. n. 8/95.

Dato atto che il Responsabile Unico del procedimento ai sensi dell’art.31 del D.L.gs 50/2016 e s.m.i. e della legge n. 241/90 e s.m.i. S.C. Gestione del Patrimonio é il DR. Alessandro Stìari dell’AOU CSST P.O. San Vito.

IL DIRIGENTE

Richiamati i seguenti riferimenti normativi:

- l’ art 14 L.R. 8/95;
- l’art 15 L.R. 8/95;
- l’art. 5 comma 2 del D.lgs n.229/99 s.m.i.;
- l’art. 24 della L.R. n.18 del 06/08/2007;
- la D.C.R. n.136-39452 del 22/10/2007;
- l’art.17 della L.R. n.23 del 28/07/2008;
- la D.G.R. n.17-2093 del 24/05/2011;
- la D.G.R. n. 26-801/2025/XII del 17 febbraio 2025;

determina

1. di autorizzare per le motivazioni citate in premessa la cancellazione di bene immobile dal patrimonio indisponibile e conseguente iscrizione in quello disponibile ai fini dell’alienazione ai sensi dell’art. 14 L.R. n 8/95 s.m.i., dell’immobile costituente patrimonio dell’A.O.U. CSST P.O. denominato San Vito - sito in Torino Strada Comunale San Vito Revigliasco n. 34 - Identificato catastalmente foglio 1354, Mappale 43, Sub 1-2-3-4-5, attualmente classificato come indisponibile a sensi dell’art. 8 della L.R. n. 8/95, ed è sede, per porzioni minore, delle attività di dialisi e, per parte prevalente, è in uso contrattuale alla Fondazione ONLUS F.A.R.O. per le attività di degenza hospice per malati in fase terminale per effetto del Protocollo d’Intesa stipulato in data 01.07.1999;

2.di prendere atto della relazione tecnica estimativa predisposta dall’Arch. Cinzia Modonese, iscritta all’ordine professionale degli Architetti di Torino al n. 2095 incaricata con Determinazione

fondo sanitario 2025-2027 e assegnazione degli obiettivi economico-finanziari agli Enti del SSR.” ha deliberato tra l’altro, al punto 6 del disposto, di modificare parzialmente i punti 2 a) e 3 della D.G.R. n. 17-2093 del 24 maggio 2011 e di revocare il punto 4 della medesima deliberazione, vincolando la destinazione sullo specifico utilizzo delle somme introitate dall’alienazione del bene e relative tempistiche di attuazione a provvedimento di giunta regionale, da adottarsi a seguito dell’alienazione effettiva dell’ASR e, comunque, entro 90 giorni dall’avvenuto incasso aziendale del corrispettivo pattuito per l’alienazione, fermo restando che l’azienda è tenuta a dare informativa nella nota integrativa del primo bilancio successivo.

Considerato che ai sensi dell’art. 14 della L.R. n. 8/95 la cancellazione di beni dal patrimonio indisponibile e la conseguente iscrizione nel patrimonio disponibile è disposta dal Direttore Generale su deliberazione del Direttore Generale.

Preso atto che L’A.O.U. CSST è proprietaria dell’immobile denominato P.O. San Vito sito in Torino Strada Comunale San Vito Revigliasco n. 34, ed identificato catastalmente nel seguente modo: Foglio 1354, Mappale 43, Sub 1-2-3-4-5, è attualmente classificato come indisponibile a sensi dell’art. 8 della L.R. n. 8/95, ed è sede, per porzioni minore, delle attività di dialisi e, per parte prevalente, è in uso contrattuale alla Fondazione ONLUS F.A.R.O. per le attività di degenza hospice per malati in fase terminale per effetto del Protocollo d’Intesa stipulato in data 01.07.1999.

Preso atto che con deliberazione n. 991 n. del 11/07/2023 trasmessa con Posta Certificata alla Regione Piemonte il 19/078/2023, il Direttore Generale dell’ A.O.U. Città della Salute e della Scienza di Torino Presidio Ospedaliero San Vito, ha approvato la perizia di stima redatta dall’Arch. Cinzia Modonese, iscritta all’ordine professionale degli Architetti di Torino al n. 2095 incaricata con Determinazione n. 991 n. del 11/07/2023 e asseverata in data 12/06/2023 presso il Tribunale Ordinario di Torino al numero cronologico 14629/2023, unita in allegato alla sopra citata deliberazione per farne parte integrante e sostanziale e con i relativi allegati conservati agli atti d’ufficio, per l’alienazione per mezzo di asta pubblica dell’immobile sito in Torino Strada Comunale San Vito Revigliasco n. 34 - per un valore complessivo di Euro 7.920.000,00 (euro sette milioni novecentoventi mila/00).

Preso atto della deliberazione n.1521 del 11/11/2024 con la quale il Direttore Generale dell’AOU Città della Salute e della Scienza di Torino richiede l’autorizzazione alla Regione Piemonte per la cancellazione di bene immobile dal patrimonio indisponibile e conseguente iscrizione in quello disponibile ai fini della successiva alienazione-Integrazione alla D.G.R. n. 991 n. del 11/07/2023, in quanto il bene in esame non è più strettamente funzionale all’esercizio delle attività istituzionali aziendali.

Preso atto della comunicazione prot. 32864 del 12/03/2025 dell’AOU Città della Salute e della Scienza di Torino, con la quale il Commissario comunica la piena disponibilità ad operare in ottemperanza alle disposizioni della D.G.R. del 17/02/2025 n. 26-801/XII.

Preso atto che il valore stimato risultante dalla citata perizia è stato determinato ai sensi dell’art. 11, comma 1, lett. b della L.R. 8/95; alle condizioni attuali del compendio ed è ritenuto congruo dall’Azienda.

Preso atto della documentazione e delle seguenti dichiarazioni:

L’AOU CSST P.O. San Vito ha fornito facendo seguito alla nostra nota pervenuta via PEC in data 06/07/2023 il provvedimento di tutela relativo all’immobile denominato “Ospedale San Vito” in Strada Comunale San Vito di Revigliasco n. 34 nel comune di Torino, e a fronte della verifica

n. 991 n. del 11/07/2023 e asseverata in data 12/06/2023 presso il Tribunale Ordinario di Torino al numero cronologico 14629/2023;

3. di prendere atto che l’Azienda dovrà provvedere all’alienazione dell’ immobile in oggetto della presente determinazione nel rispetto delle procedure previste dalla normativa vigente in materia;

5. di prendere atto che l’Azienda dovrà procedere alla predisposizione delle pratiche amministrative e di tutta la documentazione ai fini dell’ottenimento delle eventuali necessarie autorizzazioni da parte degli Enti od Autorità competenti;

4. dovranno essere rispettate le nuove indicazioni di cui alla D.G.R. del 17 febbraio 2025 n. 26-801/2025/XII sull’utilizzo delle somme che verranno introitate a seguito dell’alienazione dell’immobile in esame.

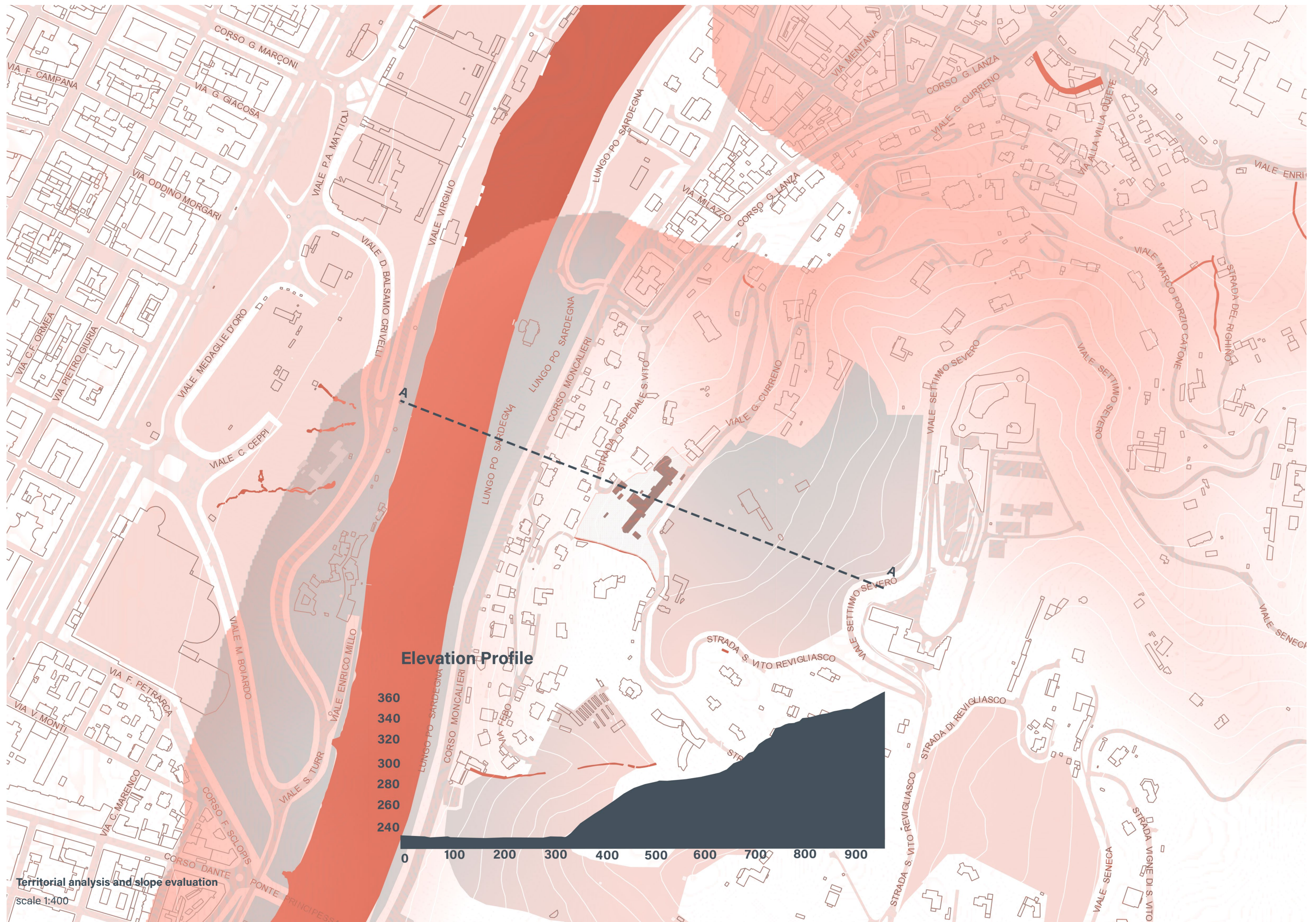
La presente determinazione sarà pubblicata sul Bollettino Ufficiale della Regione Piemonte ai sensi dell’art. 61 dello Statuto e dell’art. 5 della L.R. n. 22/2010.

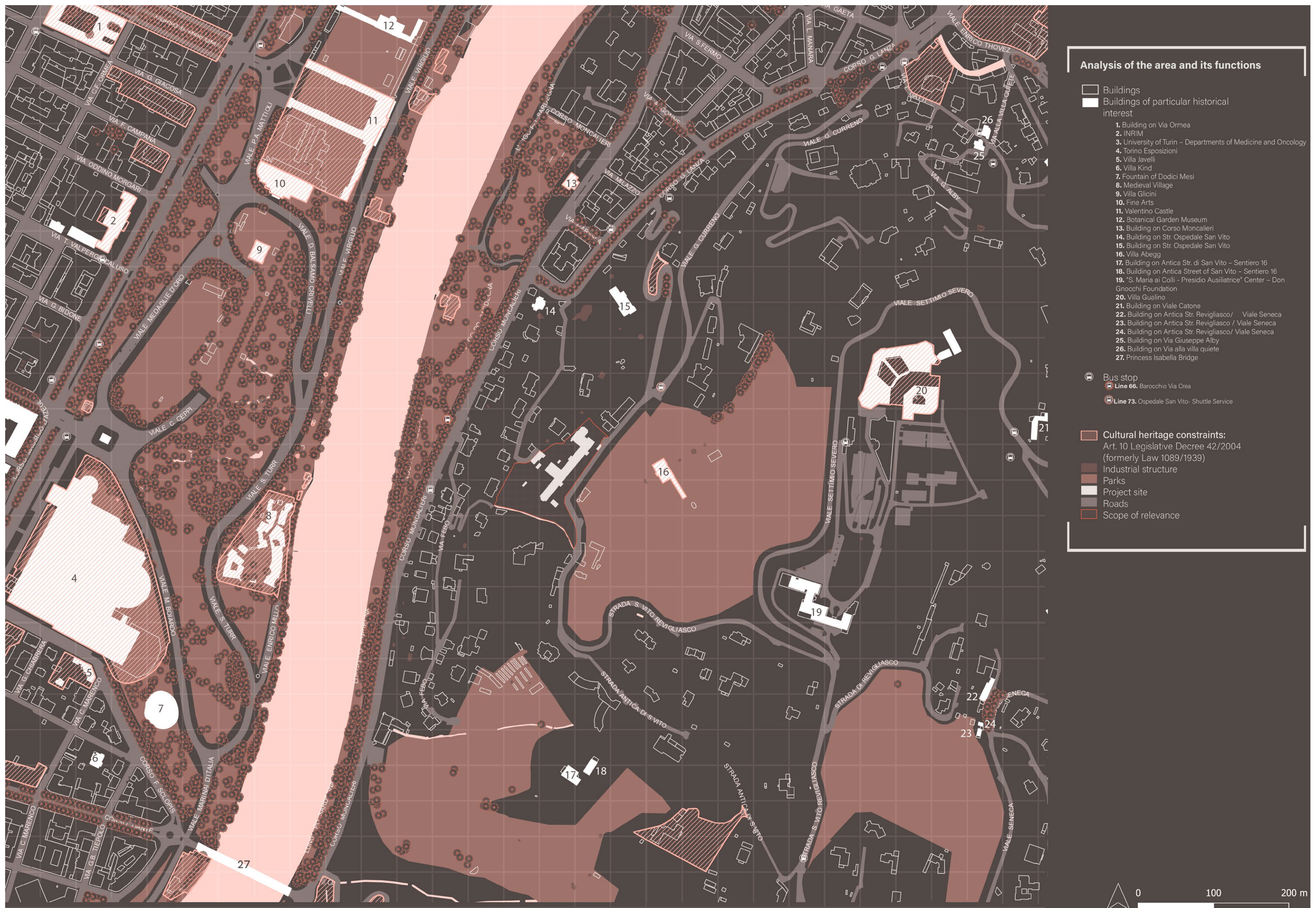
La presente determinazione non è soggetta alla pubblicazione ai sensi del D. Lgs. 33/2013.

IL DIRIGENTE (A1415D - Politiche degli investimenti)
Firmato digitalmente da Sandro Petruzzi



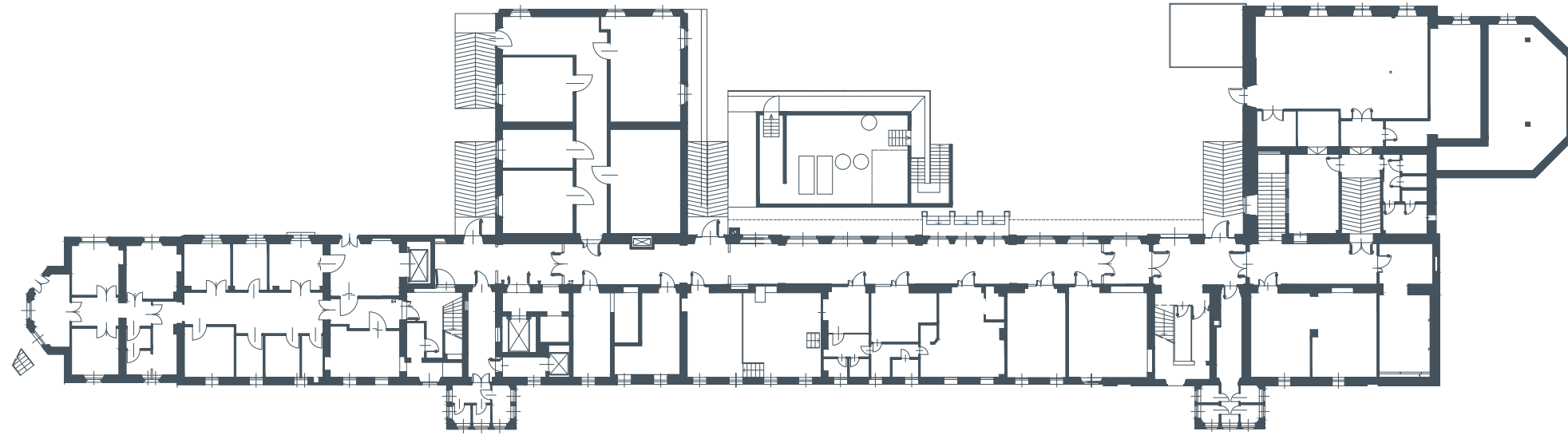
Territorial Framework
str. comunale san vito revigliasco, 34



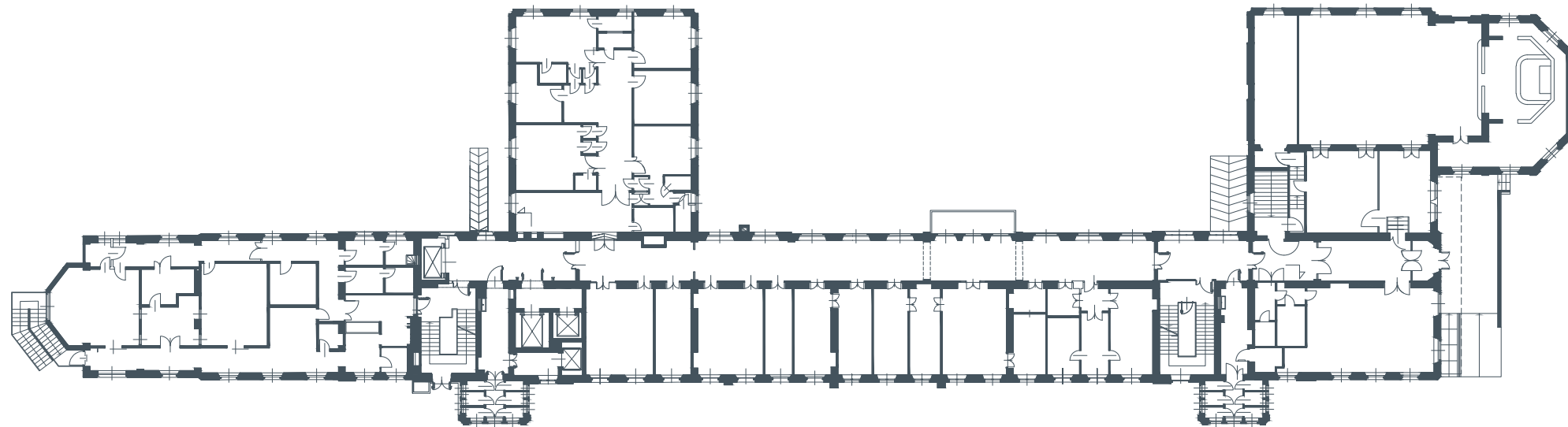


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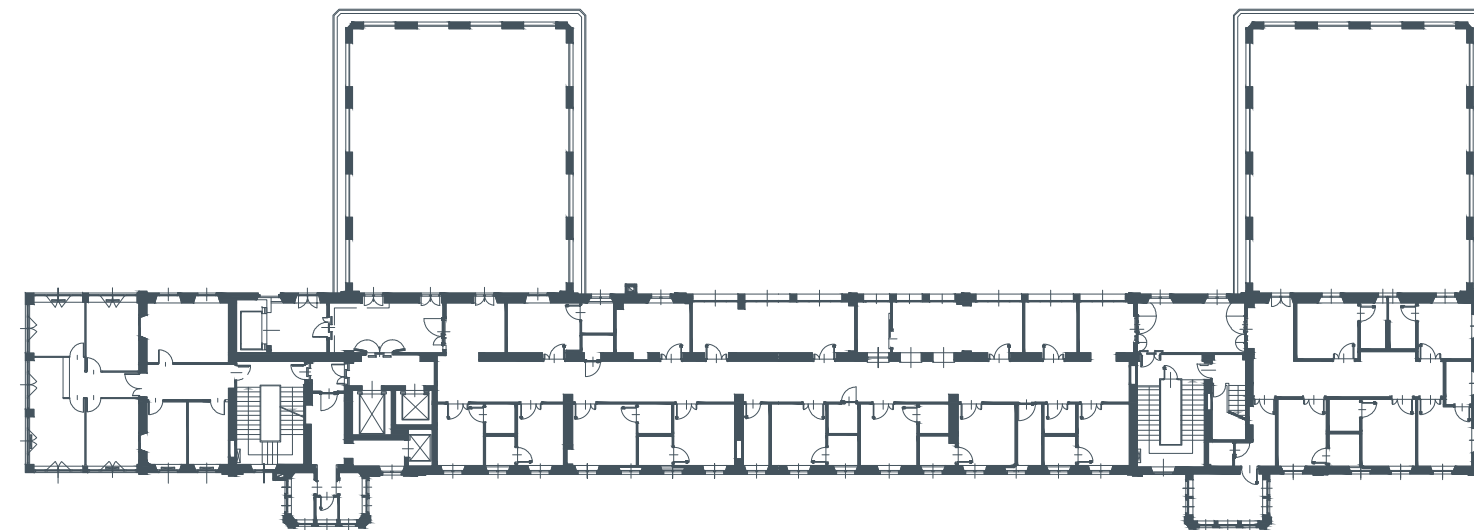




EXISTING CONDITION
Basement floor
1:400



EXISTING CONDITION
Ground floor
1:400



EXISTING CONDITION
Third floor- Sergio & Ida Bocca's Hospice
1:400

legend

documents:

normative act

feasibility study

project

actors & actant:

aou

arch

faro foundation

conflict and negotiations:

effects:

on the space

on the collective

1999

2012

2023

first site visit

2024

decisional area

aou

ff

arch

conflicts

documents

effects

effect 1: spatial organization to foster integration between Molinette and the foundation

effect 2: expansion of the hospice (20+14 => new unit)

effect 3: produces feasibility study [Offices, meeting rooms, medical areas]

project a1=> molinette relocates to parco della salute, FARO acquires the entire building , making the fesibility projects achievable

the process as a diagram

here start the project!

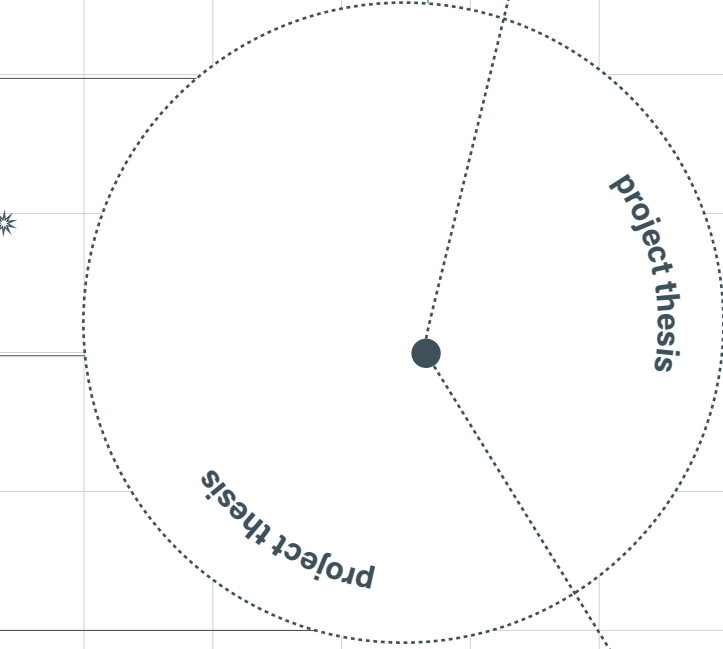
2025

① whats the future of the stucture?

X



alienazione



scenario 1: they win and they realize the project

scenario 2: they have to move

città della salute => urban hospice



rejected by Luigi Stella

Reason: desire to stay in natural/green surroundings=> key: solve isolation via integration

go back to first scenario

scenario 1.1

a. work on floor plans=> realize the spaces requested by Fondazione FARO partially clear the ground floor to create community spaces

transform the first floor: from dialysis unit to a Maggie's Centre

scenario 1.2

a + focus on outdoor integration

how can the hospice be better integrated into the urban context?
how can isolation be overcome?

create a surrounding therapeutic garden



steep slope and elevation difference

scenario 1.3

create a semi-surrounding green system
a green belt that partially wraps around the building



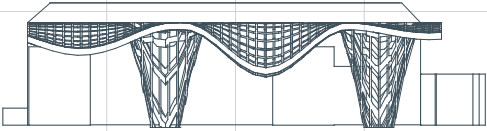
the hospice remains poorly integrated into the urban environment

how can the hospice become more visible?

how can it become part of a community?

scenario 1.4

creation of a reticular structure



transform the hospice into a landmark

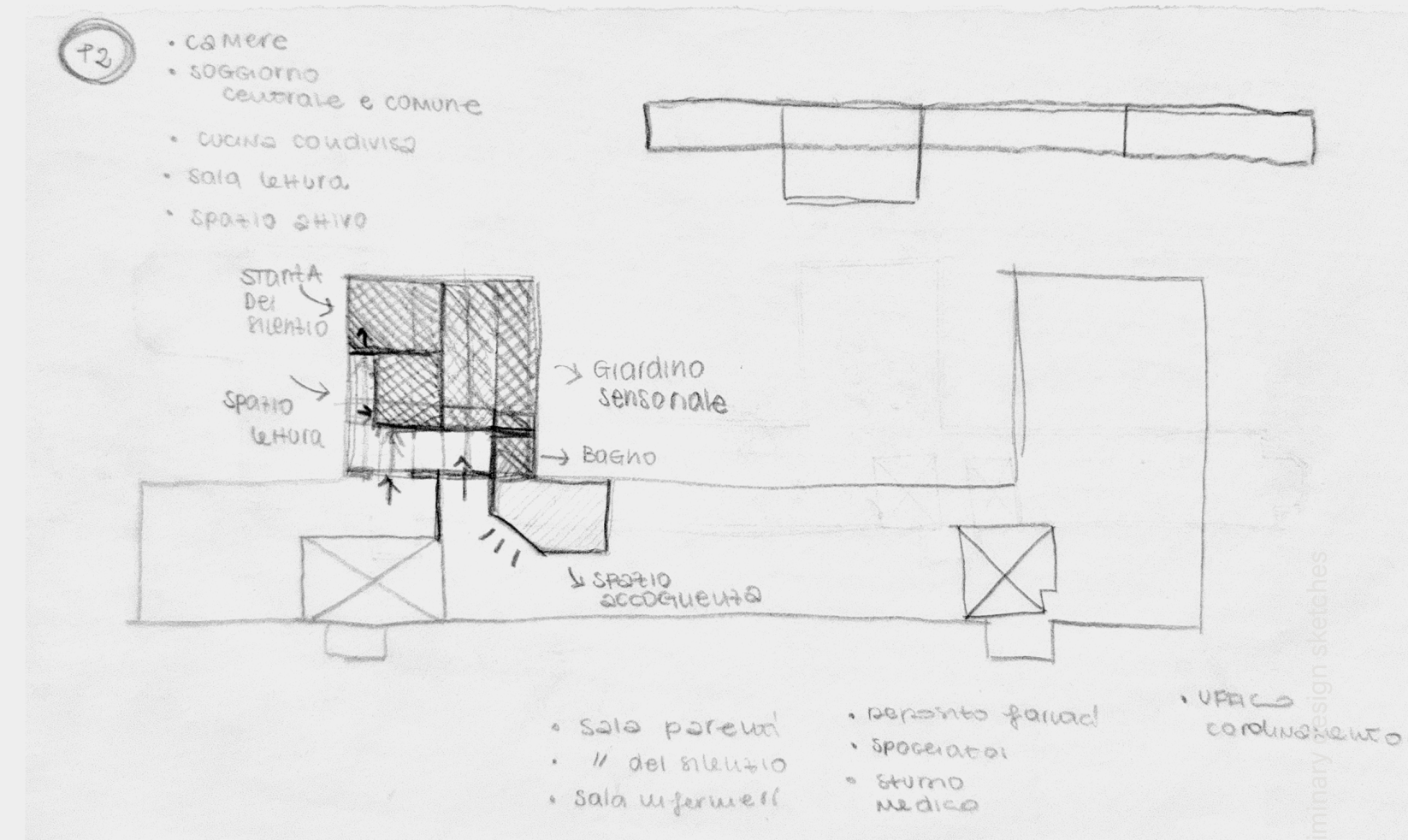
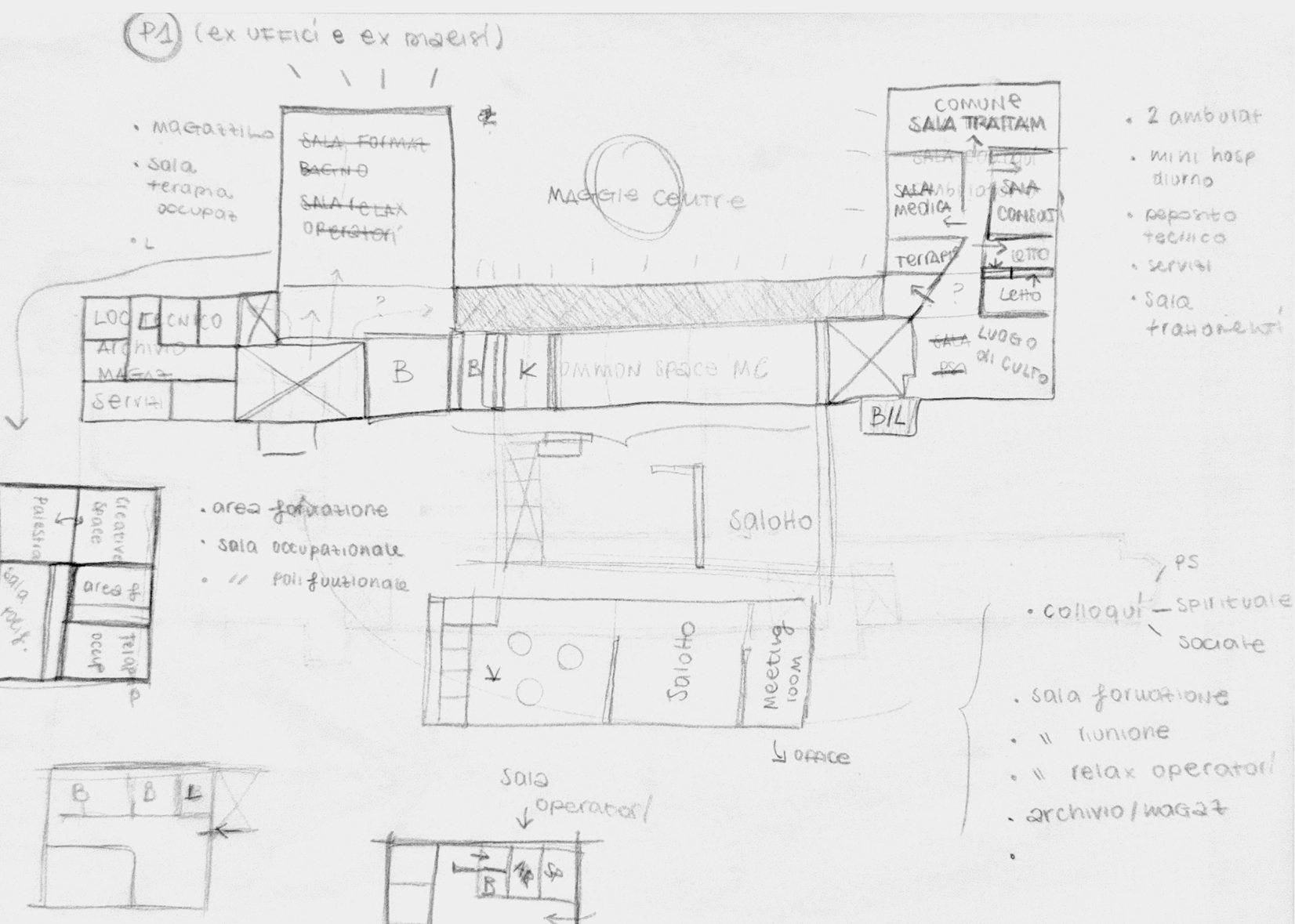


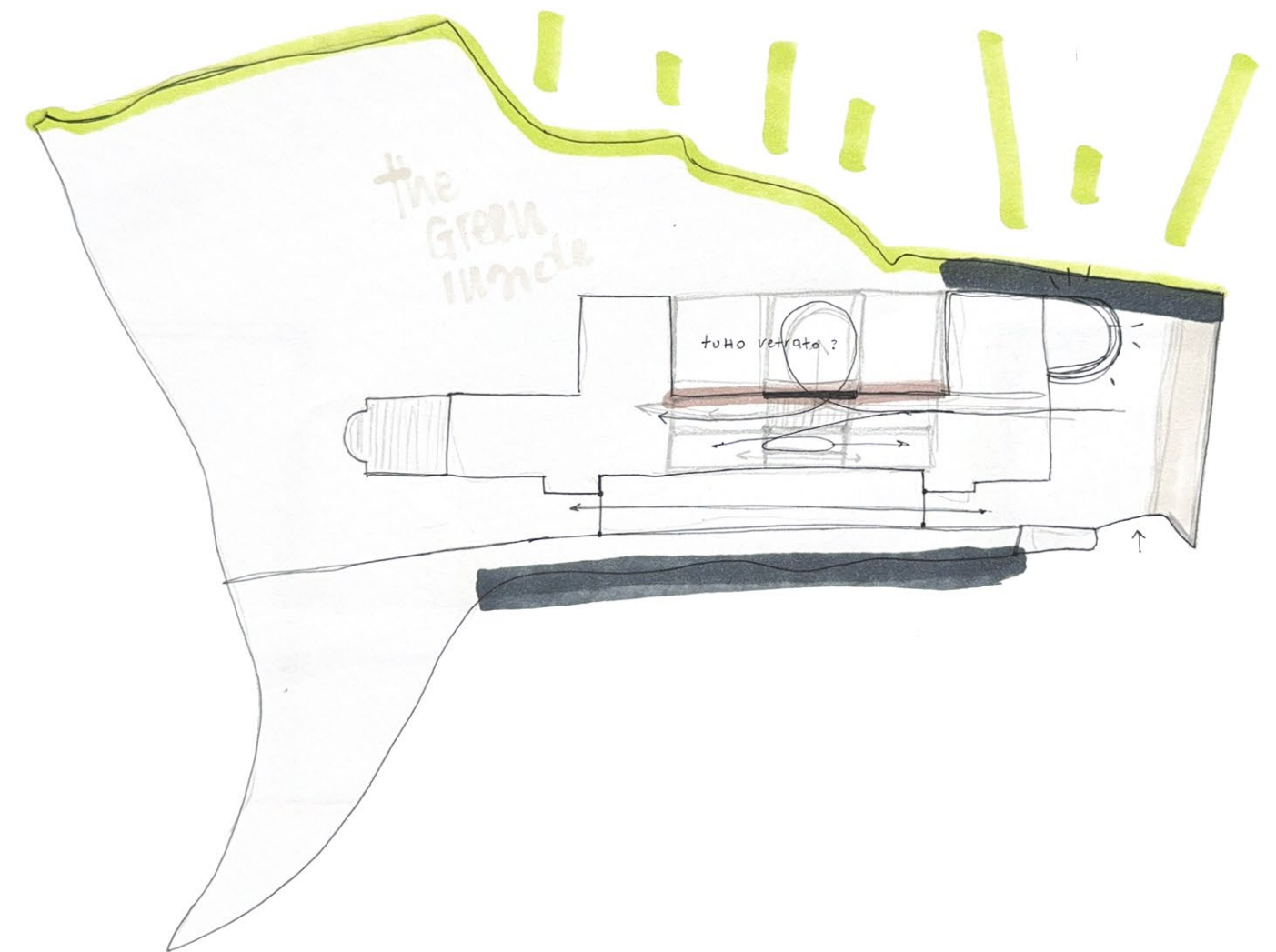
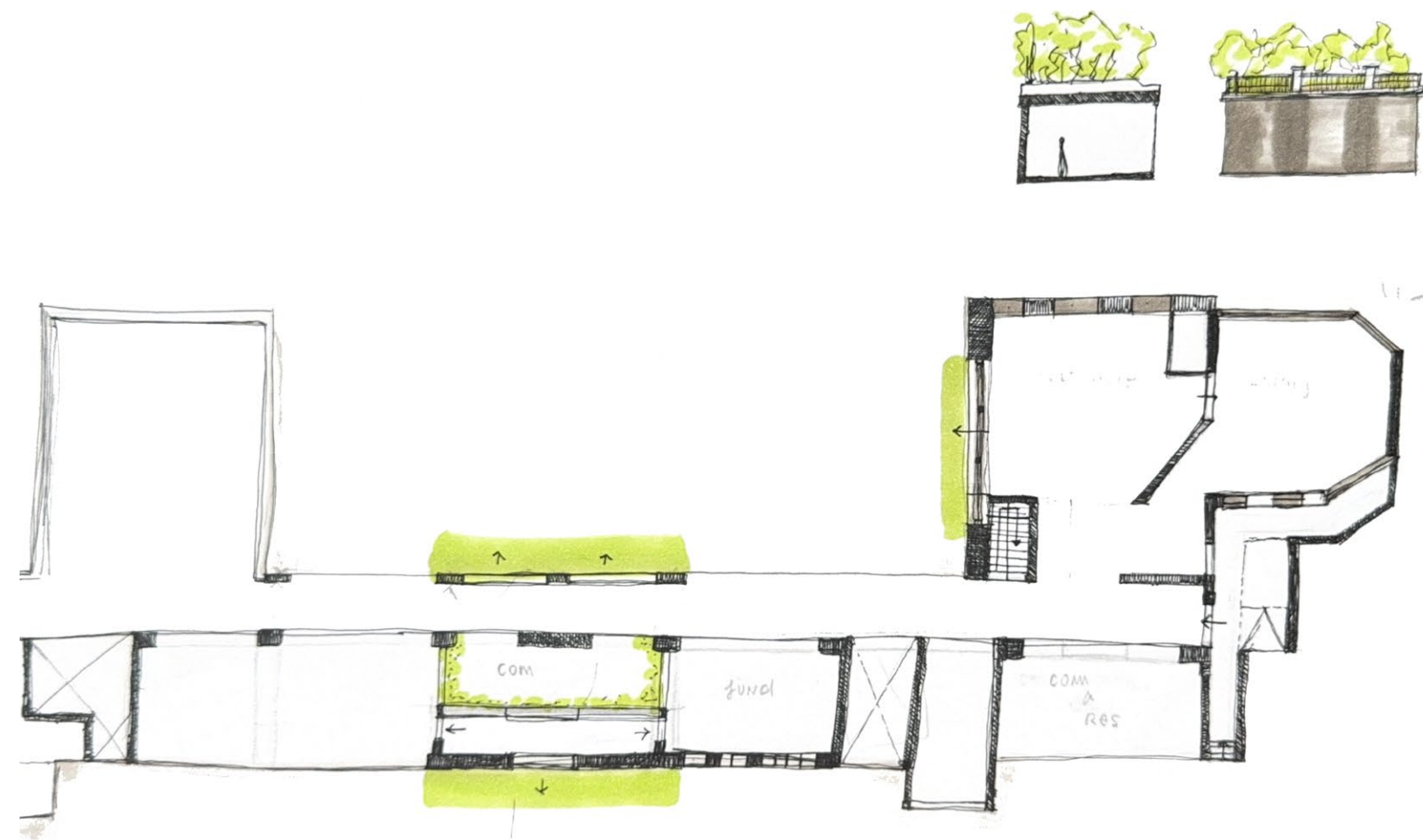
who'll fund it?
what's the cost?
what's the actual benefit of creating a landmark?

scenario 1.5

reticular structure integrated with the building

how can it be integrated?

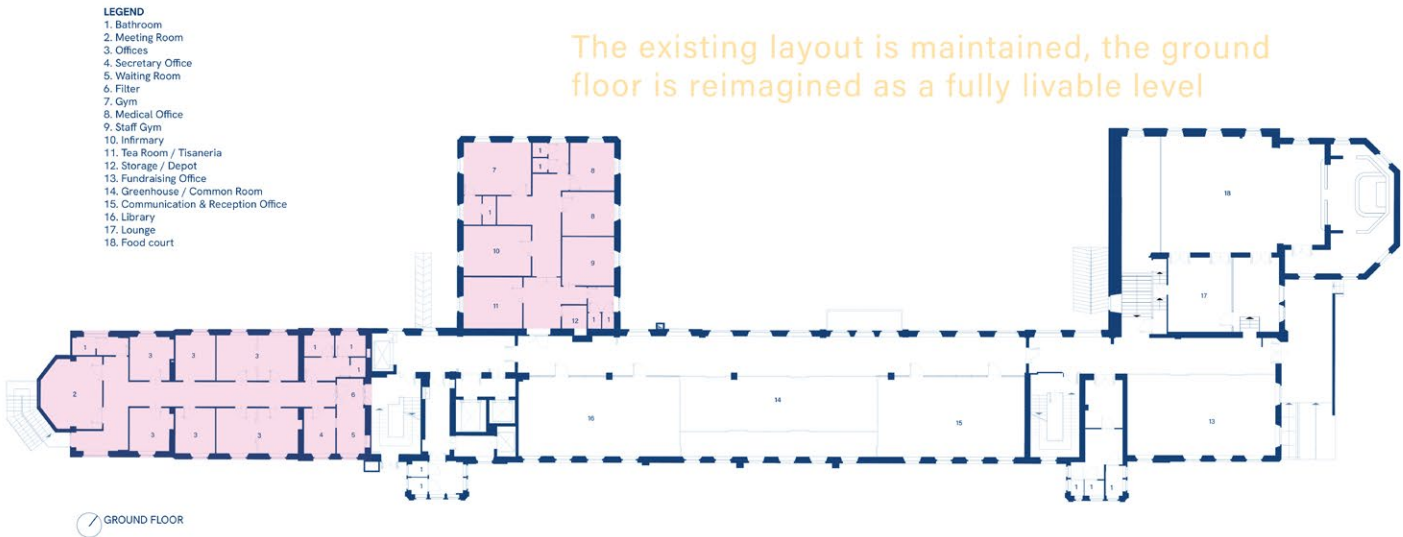




Scenario 1.2 recommends an intervention based on the logic of adaptation: the spaces are reorganized based on the needs of Fondazione FARO, without intervention in the structural organization. The internal changes could be minimal and the intention is to advocate the options that would address functionality and allow for greater usability of the existing building:



The intervention introduces new relational areas, making the complex more open and welcoming, and reinforcing the connection between the hospice, its natural surroundings and the community.



The existing layout is maintained, the ground floor is reimagined as a fully livable level

The new design introduces shared common areas, activating the space and creating a welcoming environment for both the foundation and the community.



scenario 1.2

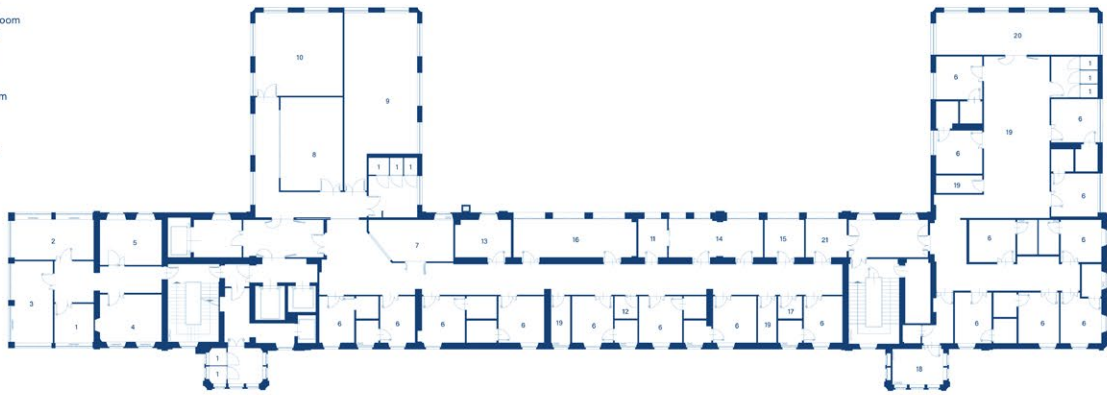
Project scenario

The most significant changes are on the first and second floors, where the different views have been organized to meet the foundations use and care.
On the exterior, the proposal adds a new relational space, designed to make the complex more habitable and reiterate its relationship to the ecological, natural and social context.

The proposal reorganizes the distribution of spaces, ensuring greater efficiency and flexibility to support Fondazione FARO's daily activities and operational needs.



- LEGEND
- 1. Bathroom
 - 2. Personal Relax Room
 - 3. Medical Office
 - 4. Medical Director's Office
 - 5. Clean Utility
 - 6. Inpatient Room
 - 7. First Acceptance
 - 8. Reading Room
 - 9. Green Common Room
 - 10. Room of Silence
 - 11. Kitchenette
 - 12. Clean Storage
 - 13. Main Kitchen
 - 14. Living Room
 - 15. Head Nurse Room
 - 16. Medical Room
 - 17. Laundry
 - 18. Dirty Utility
 - 19. Storage / Depot
 - 20. Family Room
 - 21. Filter



SECOND FLOOR
Sugliano's Hospice

The reconfiguration into more livable and patient-centered environments, enhancing privacy, dignity, and quality of care.

- LEGEND
- 1. Bathroom
 - 2. Personal Relax Room
 - 3. Medical Office
 - 4. Office
 - 5. Clean Utility
 - 6. Waiting Room
 - 7. Inpatient Room
 - 8. Kitchenette
 - 9. Medical room
 - 10. Kitchenette for Families
 - 11. Living Room
 - 12. Head Nurse Room
 - 13. Closet
 - 14. Dirty Utility
 - 15. Terrace
 - 16. Laundry



THIRD FLOOR
1200

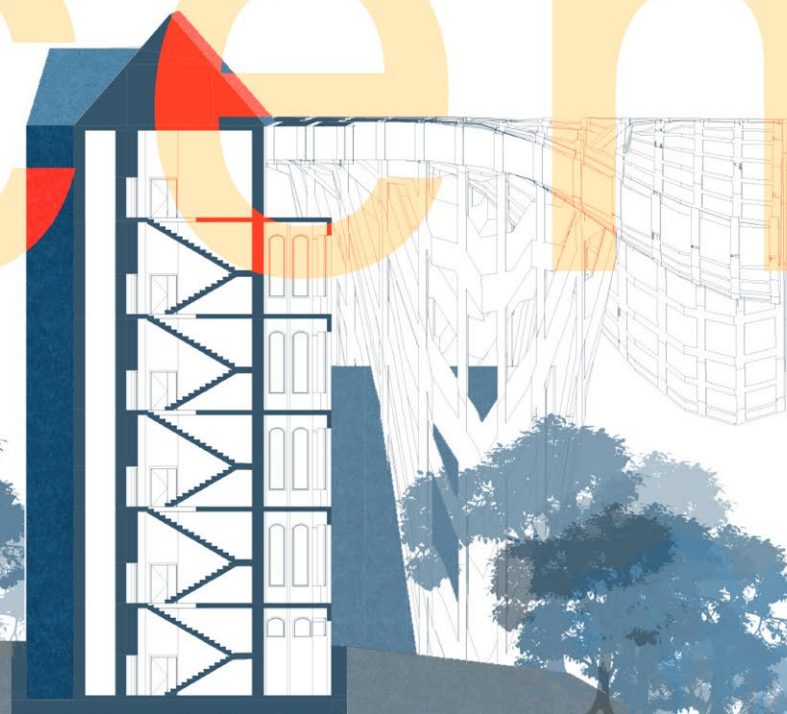
Few modifications are introduced on the third floor, since the hospice ward is recent.

scenario 1.2

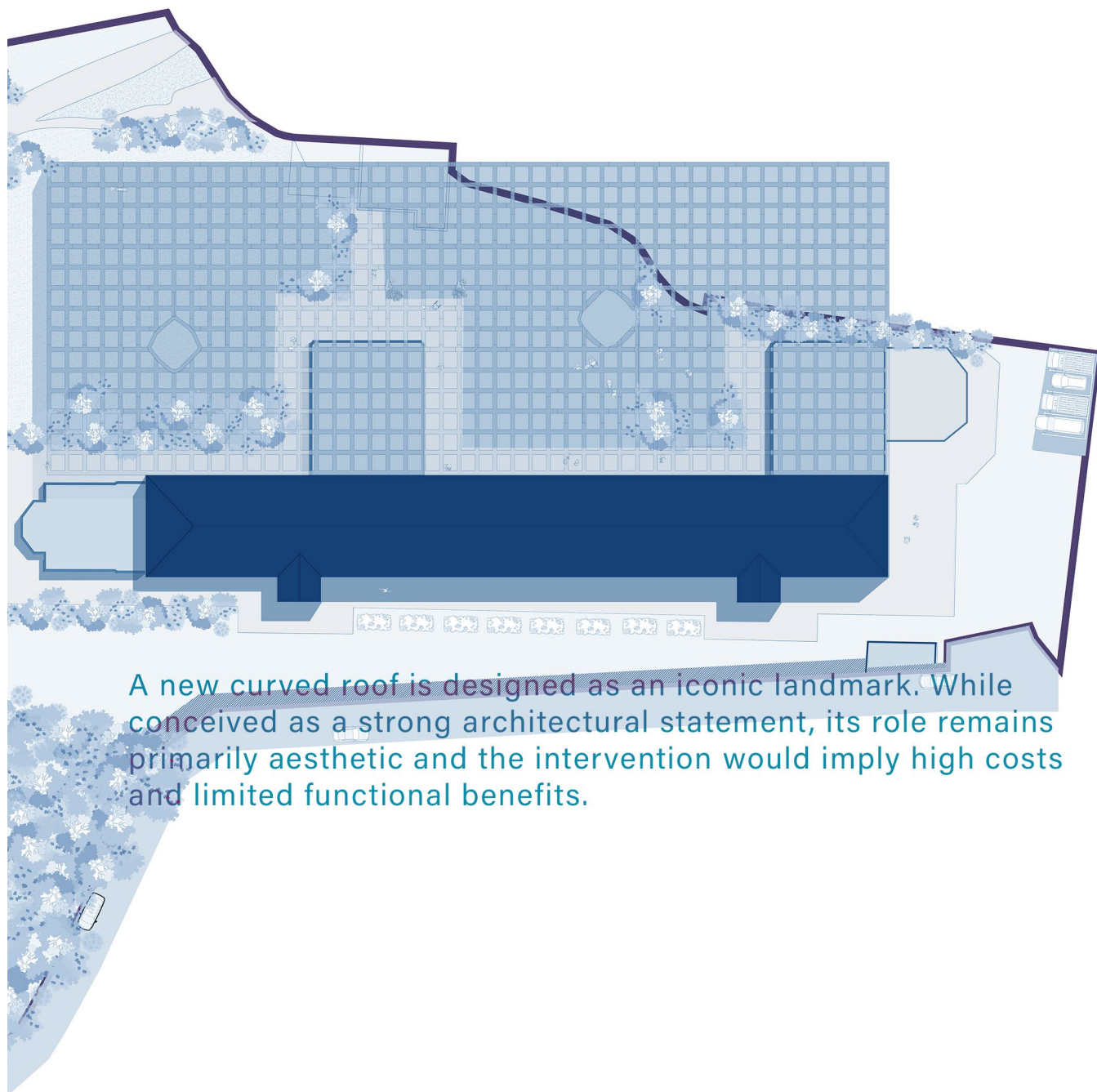
Project scenario



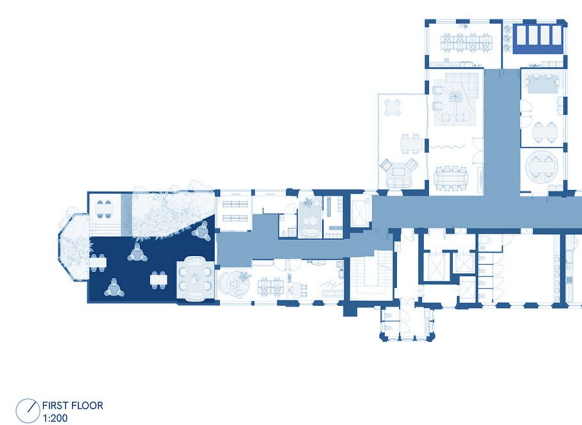
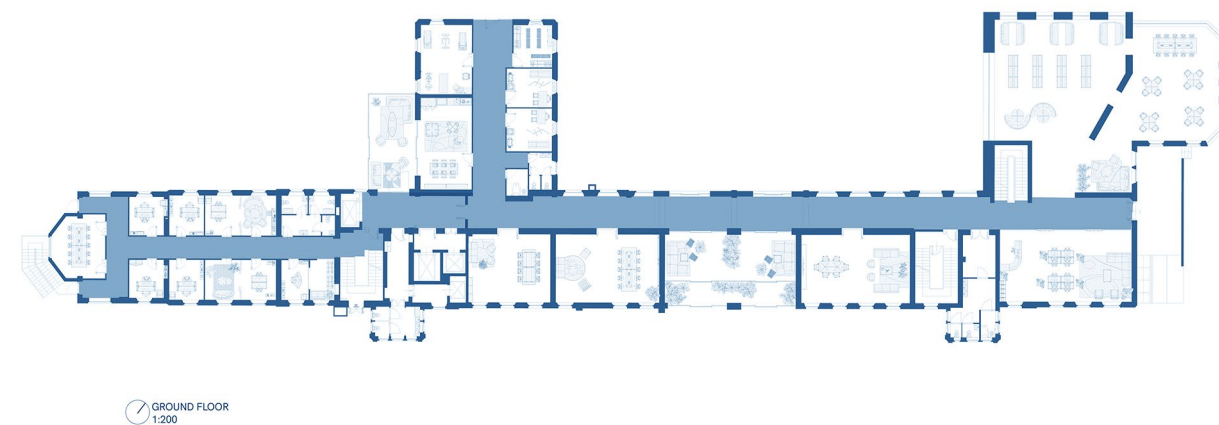
Scenario 1.4



Scenario 1.4 introduces a curved roof structure envisioned as an iconic architecture piece that could turn the hospice into a landmark in its extended environment. The intervention is symbolic and aesthetically based, aiming to transform the building's image and give the building a more significant urban presence. The approach would involve excessive building costs while limiting functional - secondary benefits. The ground floor still follows the narrative of securing currently unused spaces to support the building's relational vocation.



The ground floor is reimagined as a community space, transforming today's unused areas into accessible and welcoming environments.



scenario 1.4

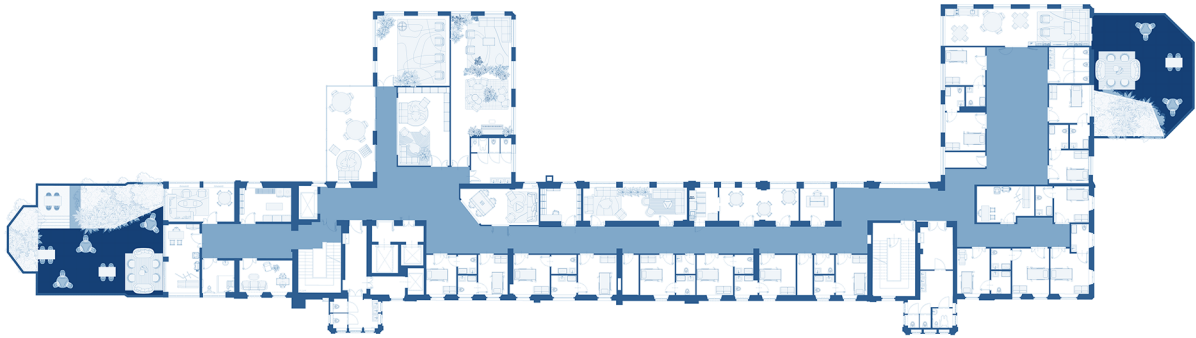
Project scenario

On the first floor, the project delivers a Maggie’s Centre, conceptualized as a space of support for patients, families and the community, with opportunities for counselling, activities and informal association. The second floor adds new rooms for further opportunities and a few additional patient units, which expands the range of services while maintaining the intent of the ward. The third floor, which is the most recent floor of the hospice ward, would include a minor intervention that is limited to technical and support spaces with no change to the formal arrangement.

The first floor hosts a new Maggie’s Centre, conceived as an open and supportive space for the community. This addition strengthens the social role of the hospice beyond its strictly medical function.

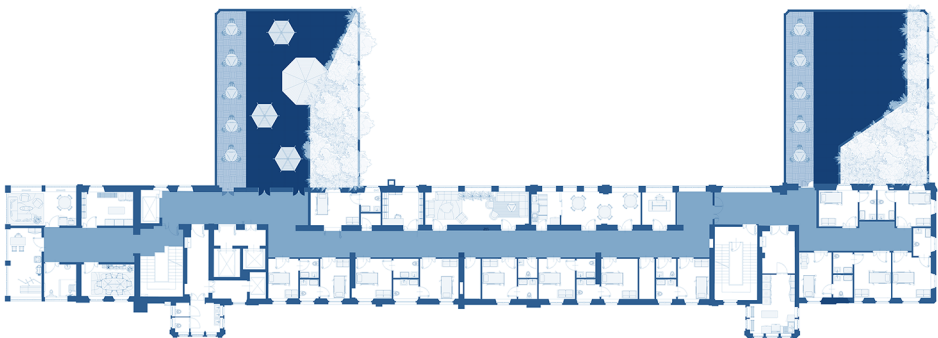


New rooms are introduced to accommodate additional functions and a few more patient units.



SECOND FLOOR
1:200
Sugliano's Hospice

The layout expands the range of services while maintaining continuity with the existing ward



THIRD FLOOR
1:200
Sergio & Ida Bocca's Hospice

The intervention focuses on functional refinements without altering the general organization.

scenario 1.4

Project scenario

Scenario 1.5 is the most similar to the ultimate design solution. The proposal has an annex attached to the existing building through a walkway system, which provides a continuous flowing relationship between the two blocks. The new block has the shared spaces and the terraces, conceived as intermediary spaces where patients, families, and community can gather.



Reclaimed as a community-oriented level, with new common areas activating previously unused spaces.

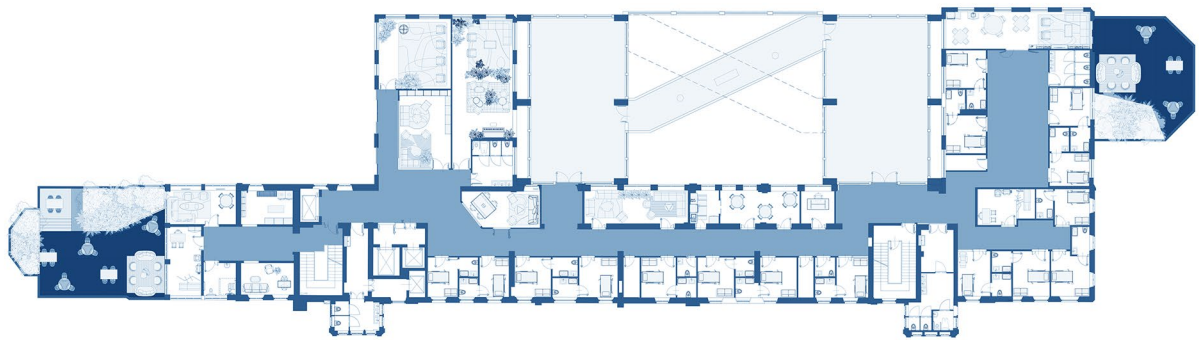


scenario 1.5

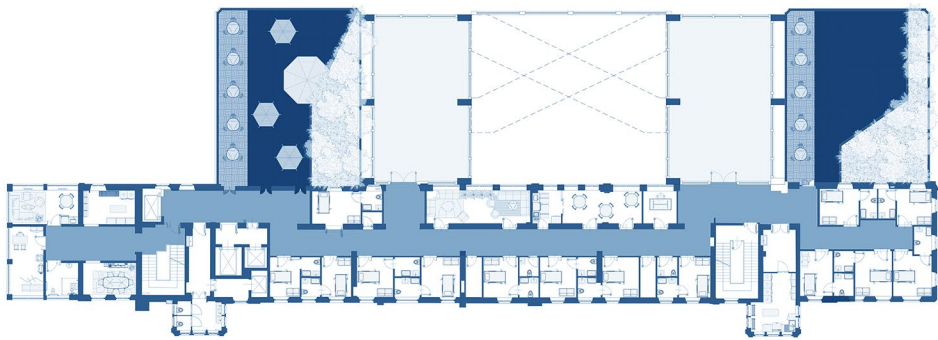
Project scenario

Ground level has the plan continuing with the idea of repurposing underutilized areas to create community-oriented functions, emphasizing openness and accessibility. The first floor contributes to the program with new shared and relational space, and the second floor includes terraces and collective spaces that provide visual and physical continuity with the hospice ward. The third floor, recently constructed, experiences only slight modifications, consistency with the annex while preserving its functional separation.

Terraces and communal areas act as **in-between spaces**, connecting patients with the surrounding



SECOND FLOOR
1:200
Sugliano's Hospice



THIRD FLOOR
1:200
Sergio & Ida Bocca's Hospice

A new annex connected by elevated walkways strengthens spatial continuity and creates an extended community dimension.

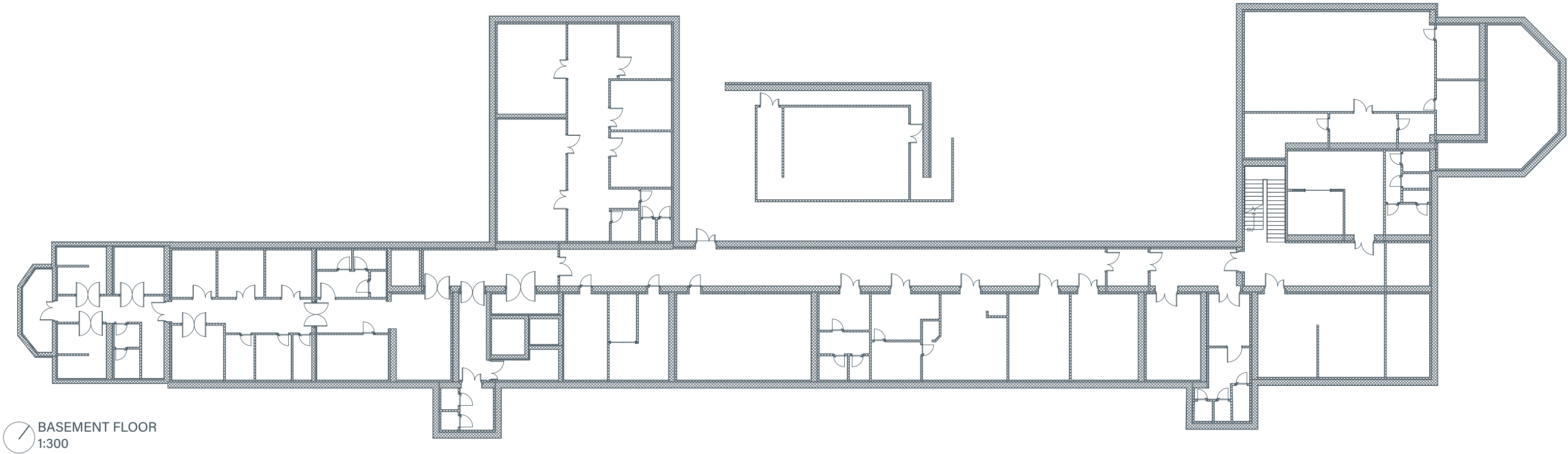
scenario 1.5

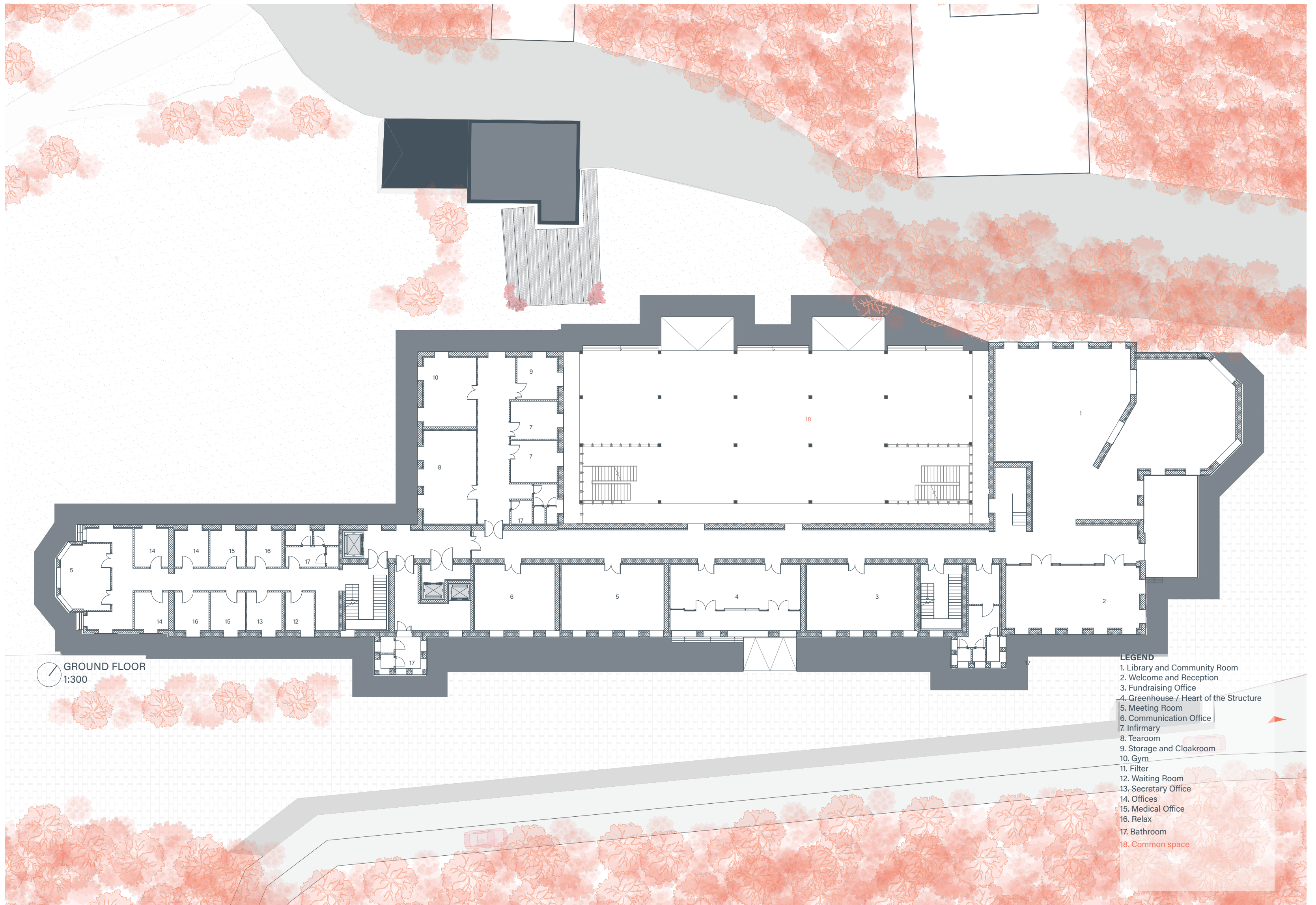
Project scenario



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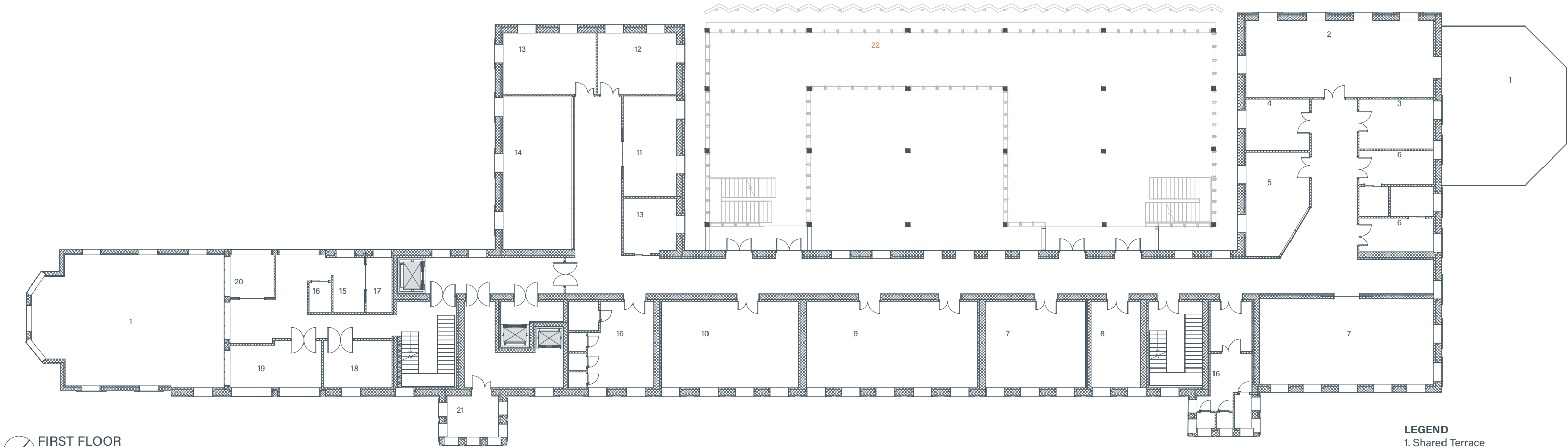
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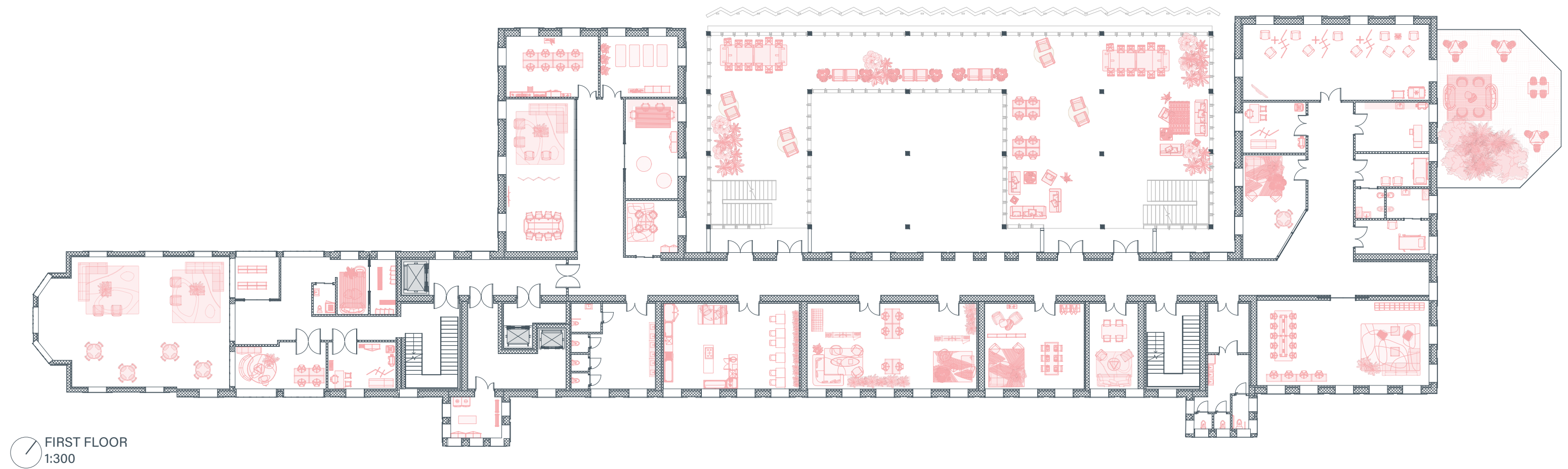


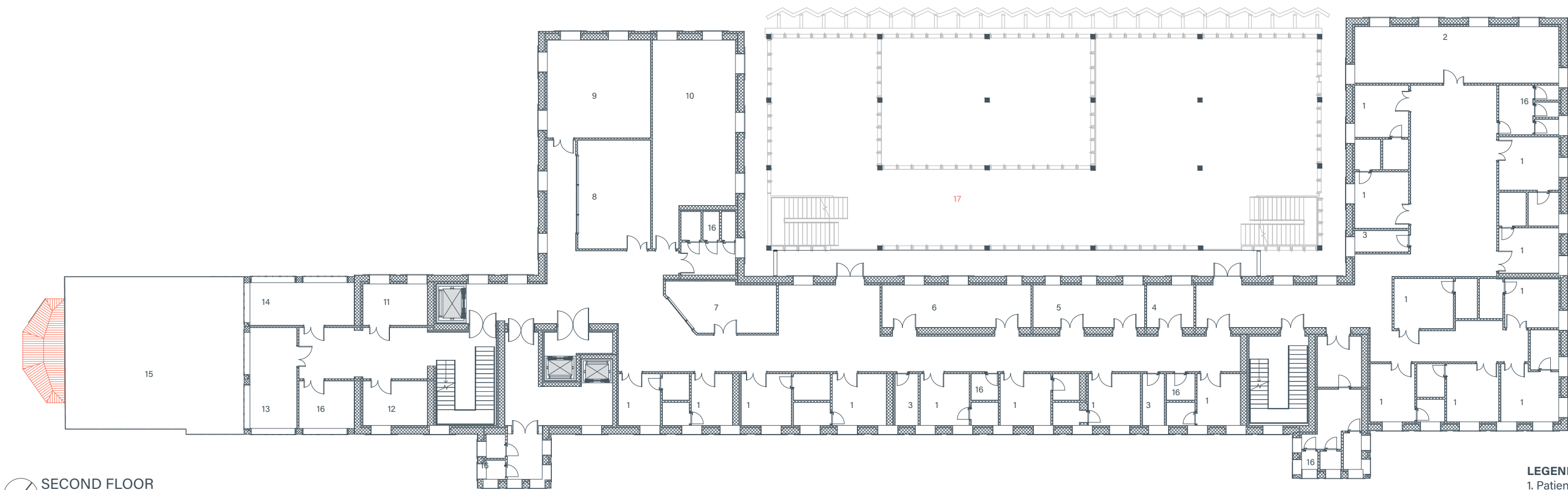
GROUND FLOOR
1:300



FIRST FLOOR
1:300

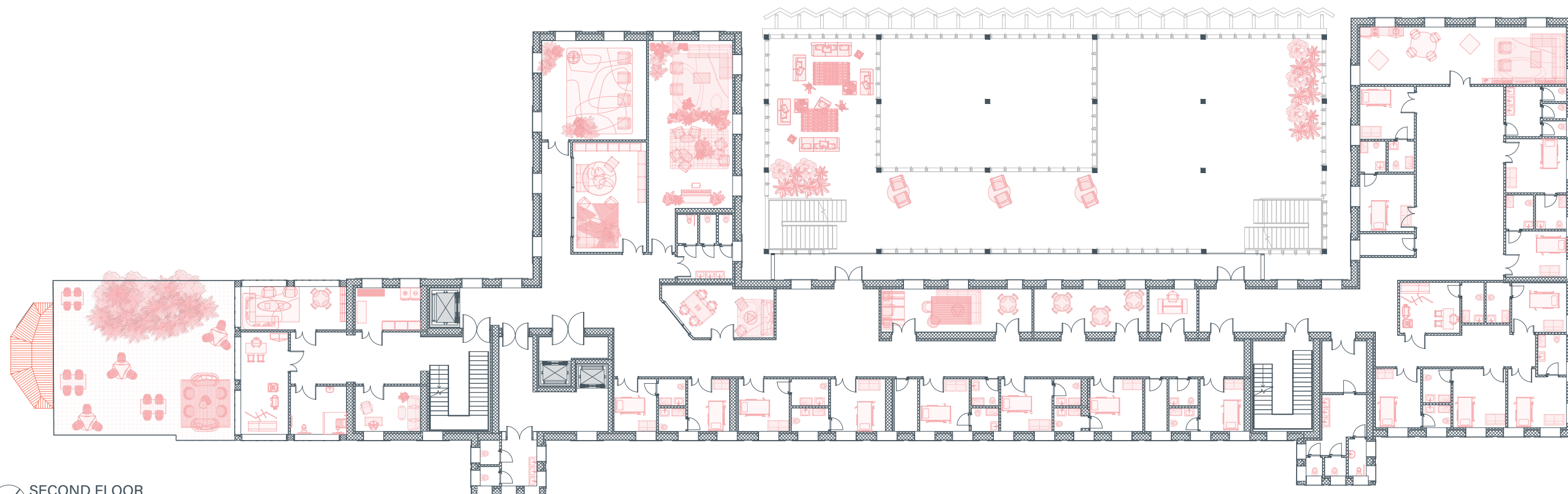
- LEGEND**
- 1. Shared Terrace
 - 2. Treatment Room
 - 3. Infirmary
 - 4. Medical Examination Room
 - 5. Silence and worship room
 - 6. Hospital Stay Room
 - 7. Common Room
 - 8. Private meeting Room
 - 9. Shared Living Room
 - 10. Shared Kitchen and Dining
 - 11. Occupational Therapy
 - 12. Training Room
 - 13. Meeting room
 - 14. Creative Space
 - 15. Changing Room
 - 16. Bathroom
 - 17. Staff Room
 - 18. Consultation Room
 - 19. Multipurpose Room
 - 20. Archive
 - 21. Laundry storage
 - 22. Common space



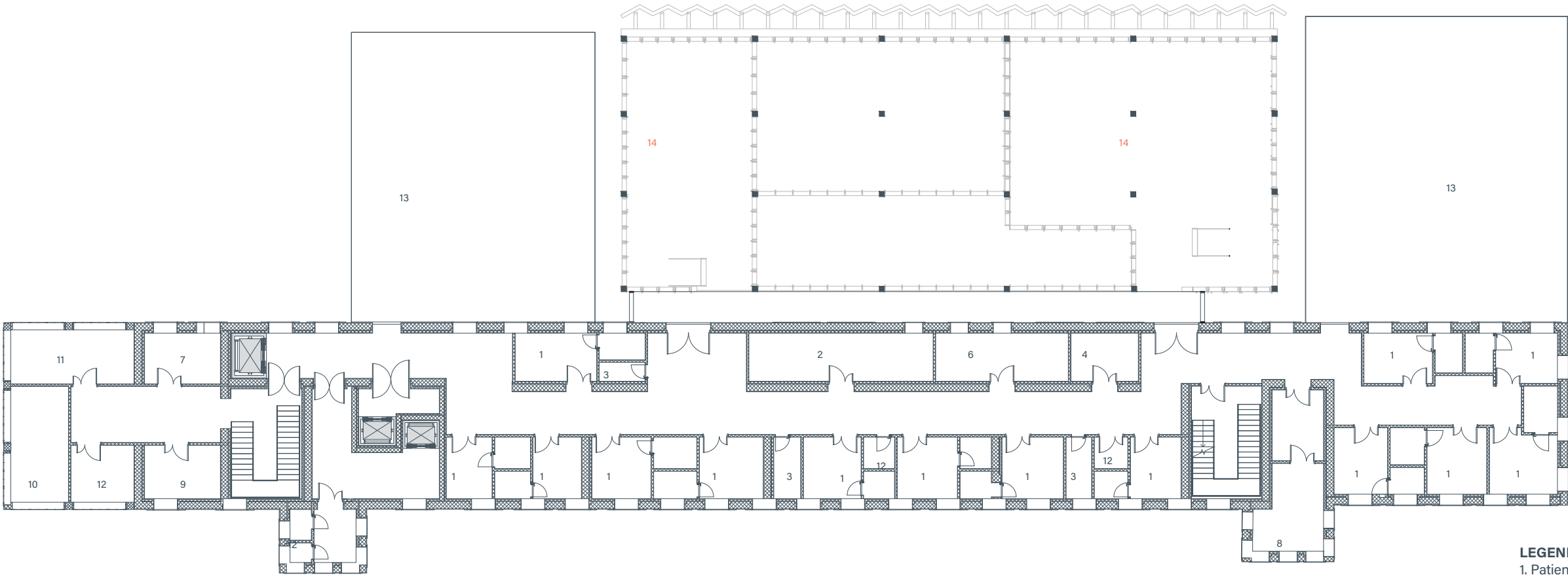


SECOND FLOOR
1:300
Sugliano's Hospice

- LEGEND**
- 1. Patient Room
 - 2. Family Room
 - 3. Storage
 - 4. Head Nurse Office
 - 5. Family Break Room
 - 6. Kitchenette
 - 7. First Admission
 - 8. Reading Room
 - 9. Room of Silence
 - 10. Green Common Room
 - 11. Clean Utility
 - 12. Medical Director's Office
 - 13. Medical Examination Room
 - 14. Staff Relax Room
 - 15. Shared Terrace
 - 16. Bathroom
 - 17. Common space

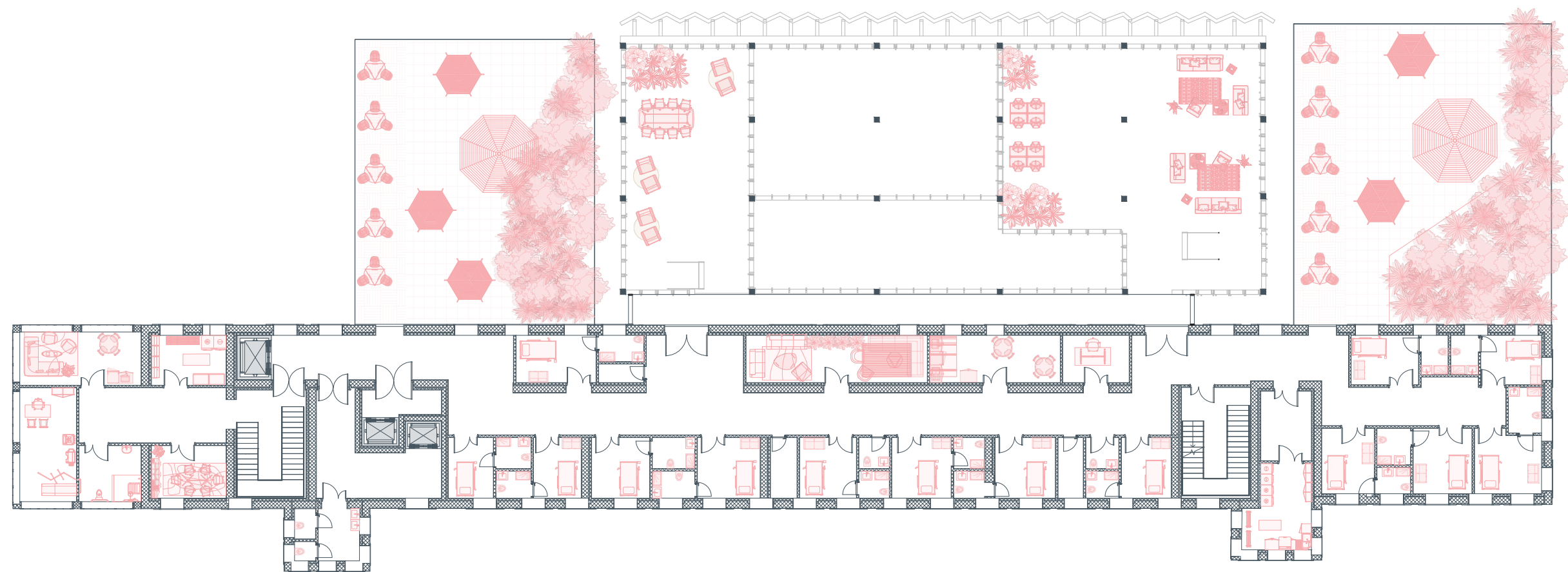


SECOND FLOOR
1:300
Sugliano's Hospice

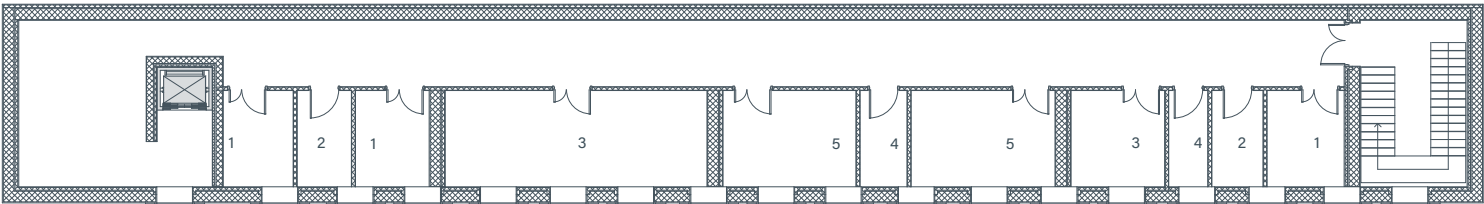


THIRD FLOOR
1:300
Sergio & Ida Bocca's Hospice

- LEGEND**
- 1. Patient Room
 - 2. Family Room
 - 3. Storage
 - 4. Nurse Office
 - 5. Family Room
 - 6. Kitchenette
 - 7. Clean Utility
 - 8. Dirty Utility
 - 9. Office
 - 10. Medical Examination Room
 - 11. Staff Relax Room
 - 12. Bathroom
 - 13. Common Terrace
 - 14. Common space

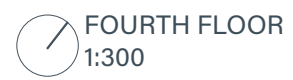
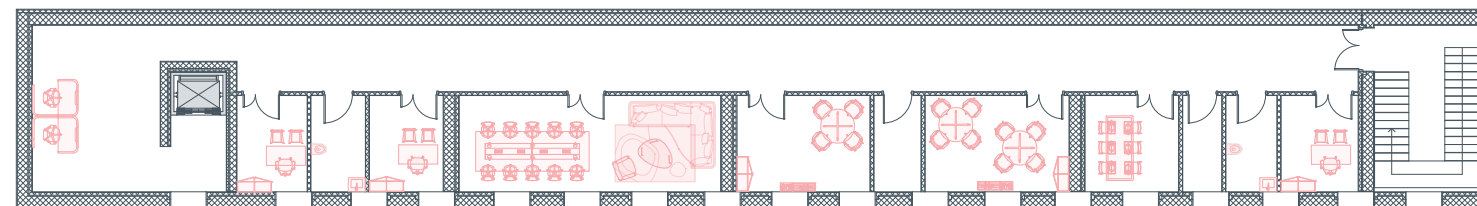


THIRD FLOOR
1:300
Sergio & Ida Bocca's Hospice



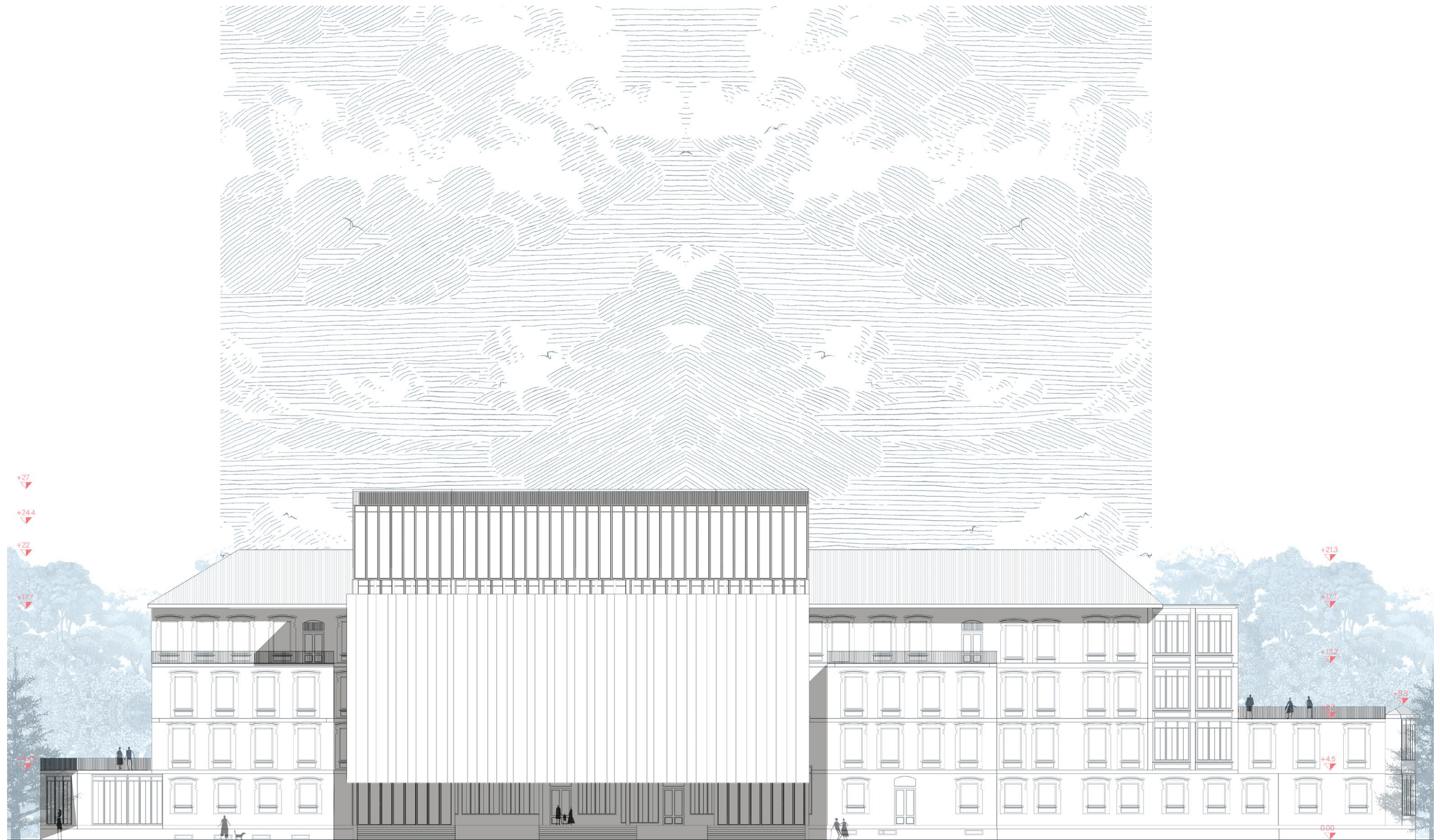
FOURTH FLOOR
1:300

- LEGEND**
- 1. Office
 - 2. Bathroom
 - 3. Training & Meeting Room
 - 4. Storage
 - 5. Co-Working Space
 - 6. Meeting & Discussion Room

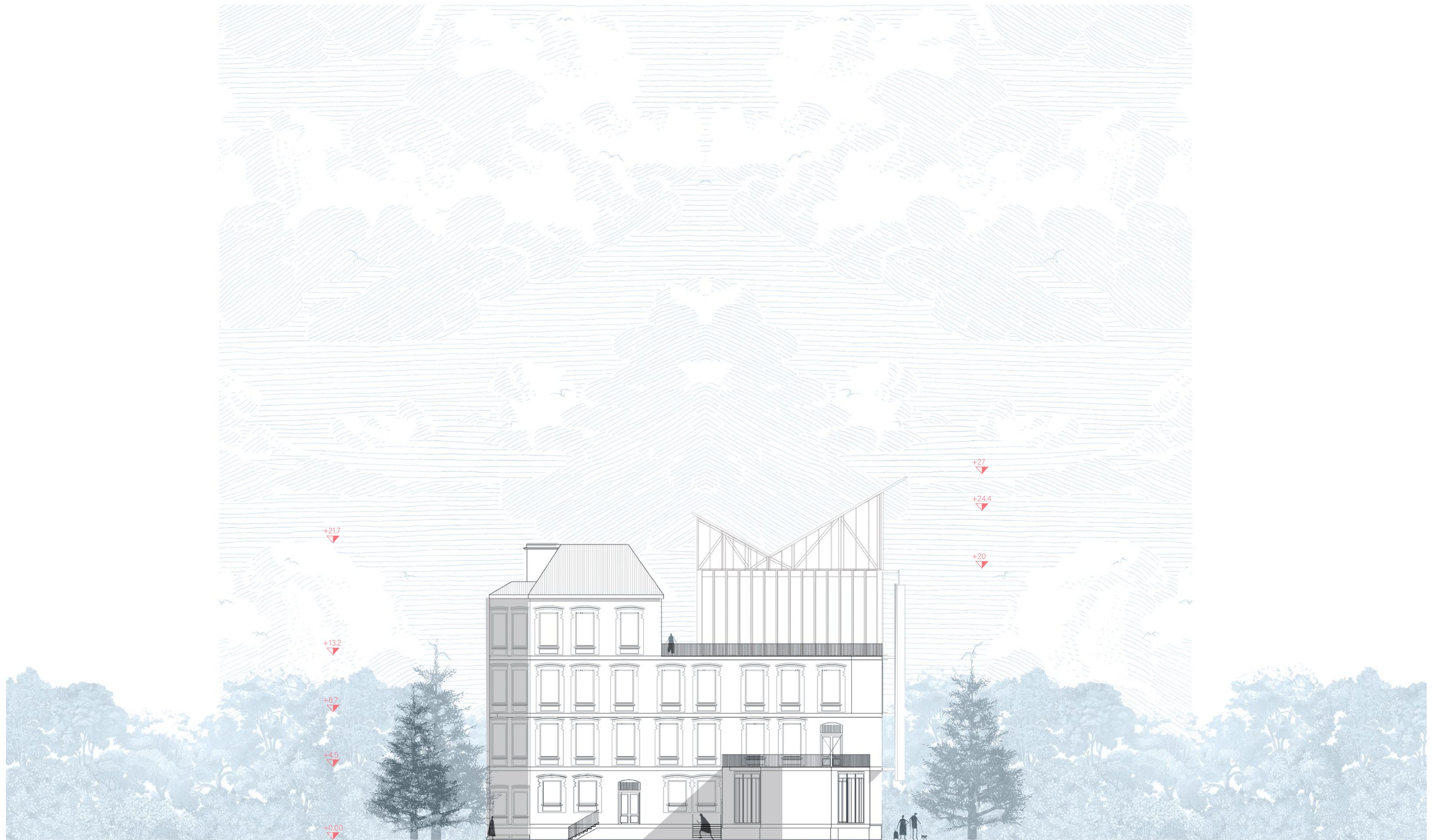


ROOF PLAN
1:1000





NORTH elevation
1:300



EAST elevation
1:300



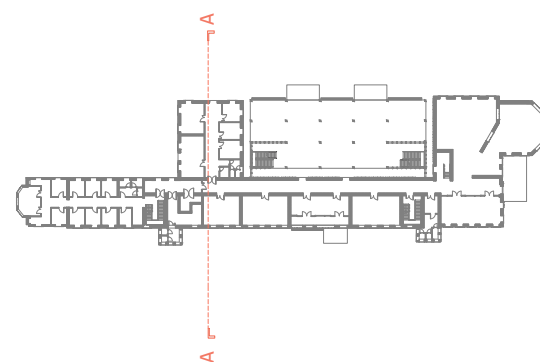
WEST elevation
1:300



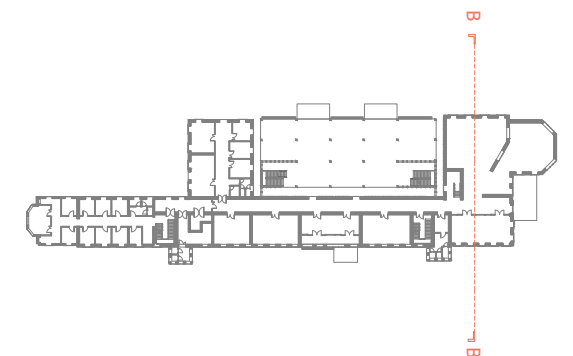
SOUTH elevation
1:300



Section A-A
1:300

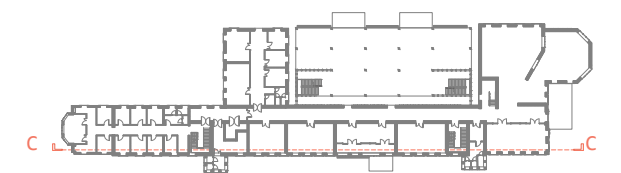


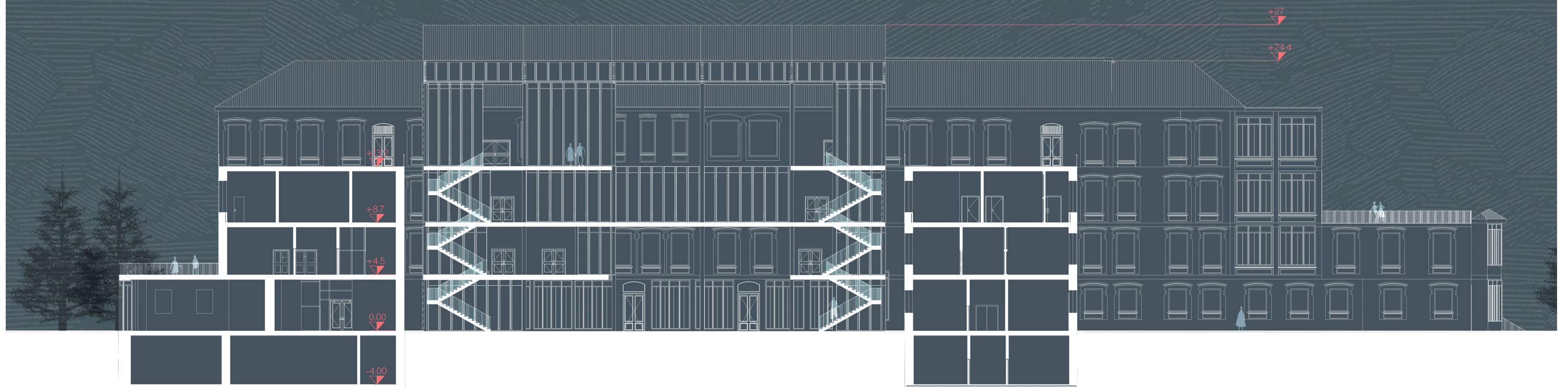
Section B-B
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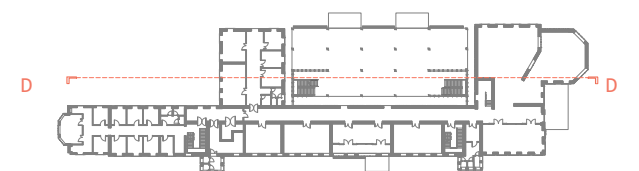


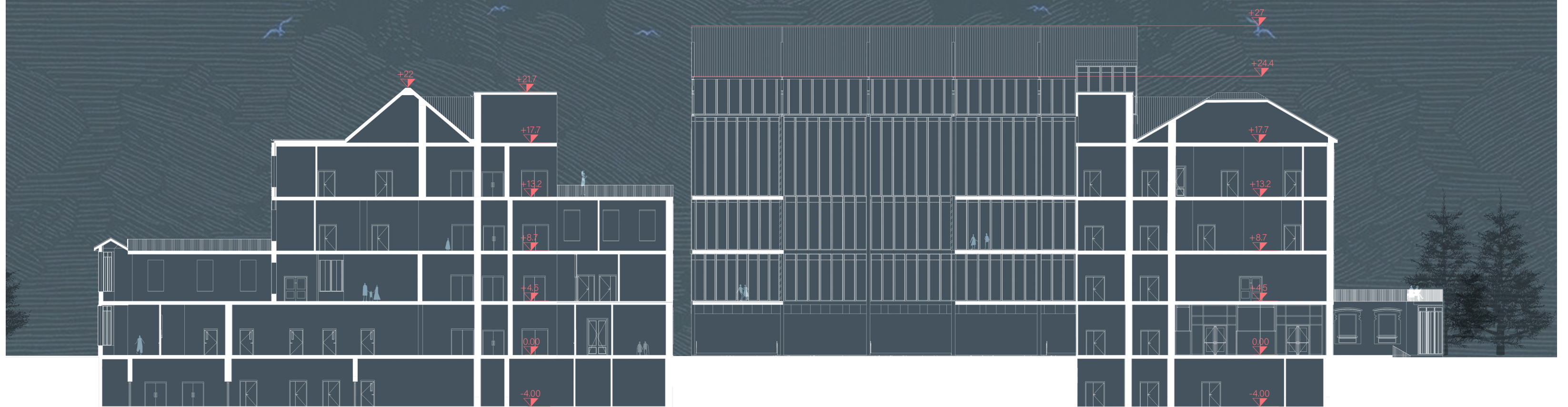
Section C-C
1:300



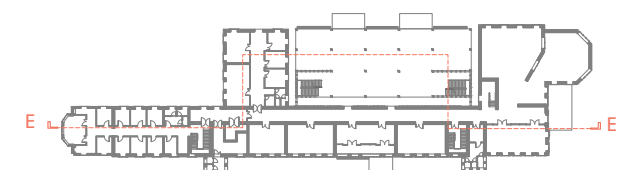


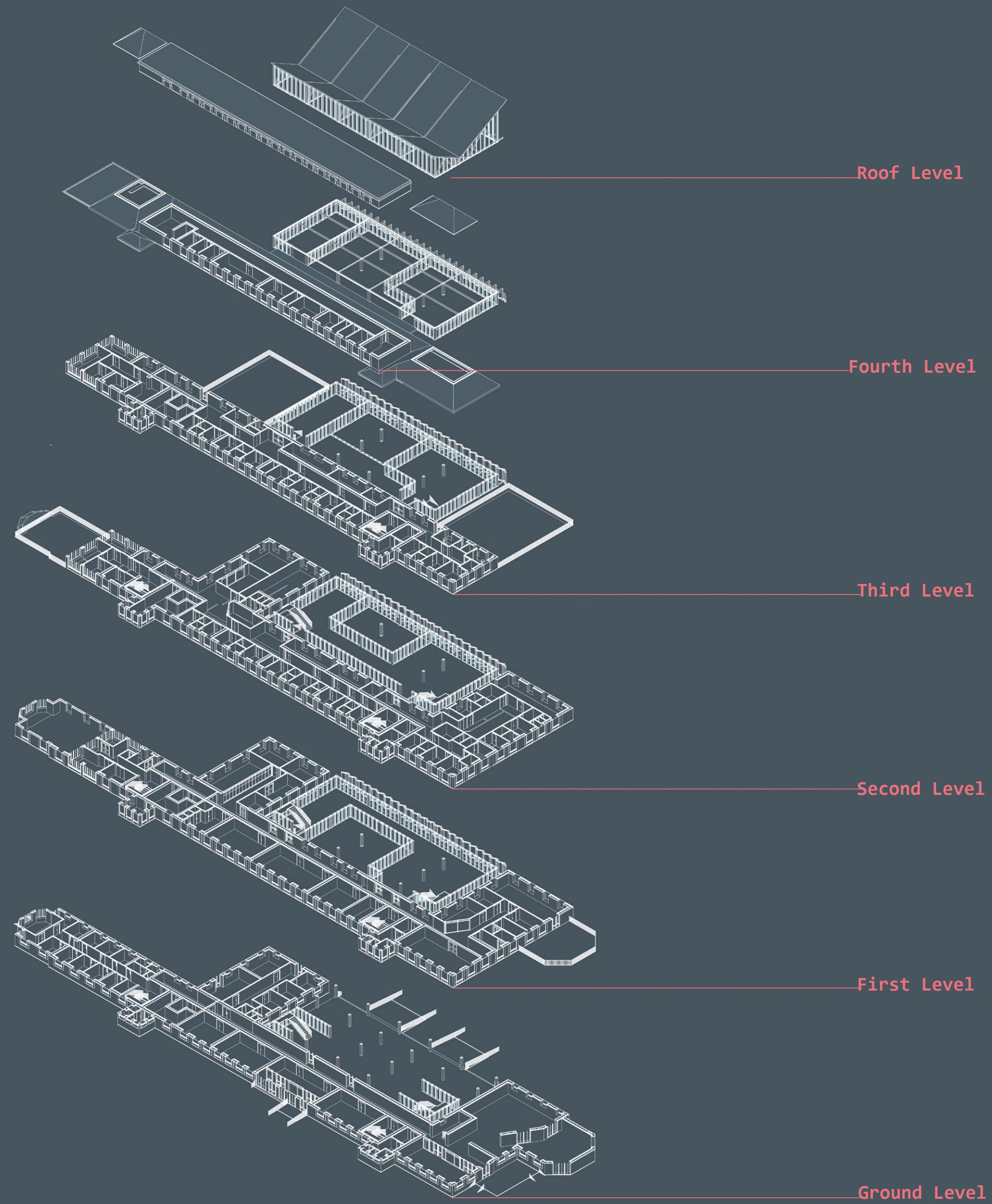
Section D-D
1:300





Section E-E
1:300





SOCIAL CORE
lower level

- Library and Community Room

Welcome and Reception

Fundraising Office

Greenhouse

Meeting Room

Communication Office

Infirmery

Tearoom
- Storage and Cloakroom

Gym

Filter

Waiting Room

Secretary Office

Offices

Medical Office

Relax Space

SPACES OF CARE
Middle level

- Community Spaces

Shared Terrace

Common Room

Shared Living Room

Shared Kitchen and Dining

Green Common Room

Multipurpose Room

Creative Space

Reading Room

Silence and Worship Room

Occupational Therapy Room

Training Room

Meeting Room
- Patient & Family Areas

Family Room

Family Break Room

First Admission Room

Hospital Stay Room

Medical Examination Room

Consultation Room

SPACES OF HEAL AND KNOWLEDGE
Upper level

- Patient & Family Areas

Patient Room

Family Room

Kitchenette
- Staff Facilities

Nurse Office

Staff Relax Room
- Community & Shared Spaces

Common Terrace

Training & Meeting Room

Co-working Space

Meeting & Discussion Room
- Support & Service Areas

Storage

Clean Utility

Dirty Utility

Medical Examination Room

Bathroom

- Staff Facilities

Head Nurse Office

Medical Director's Office

Staff Room

Changing Room
- Support & Service Areas

Kitchenette

Bathroom

Laundry

Storage

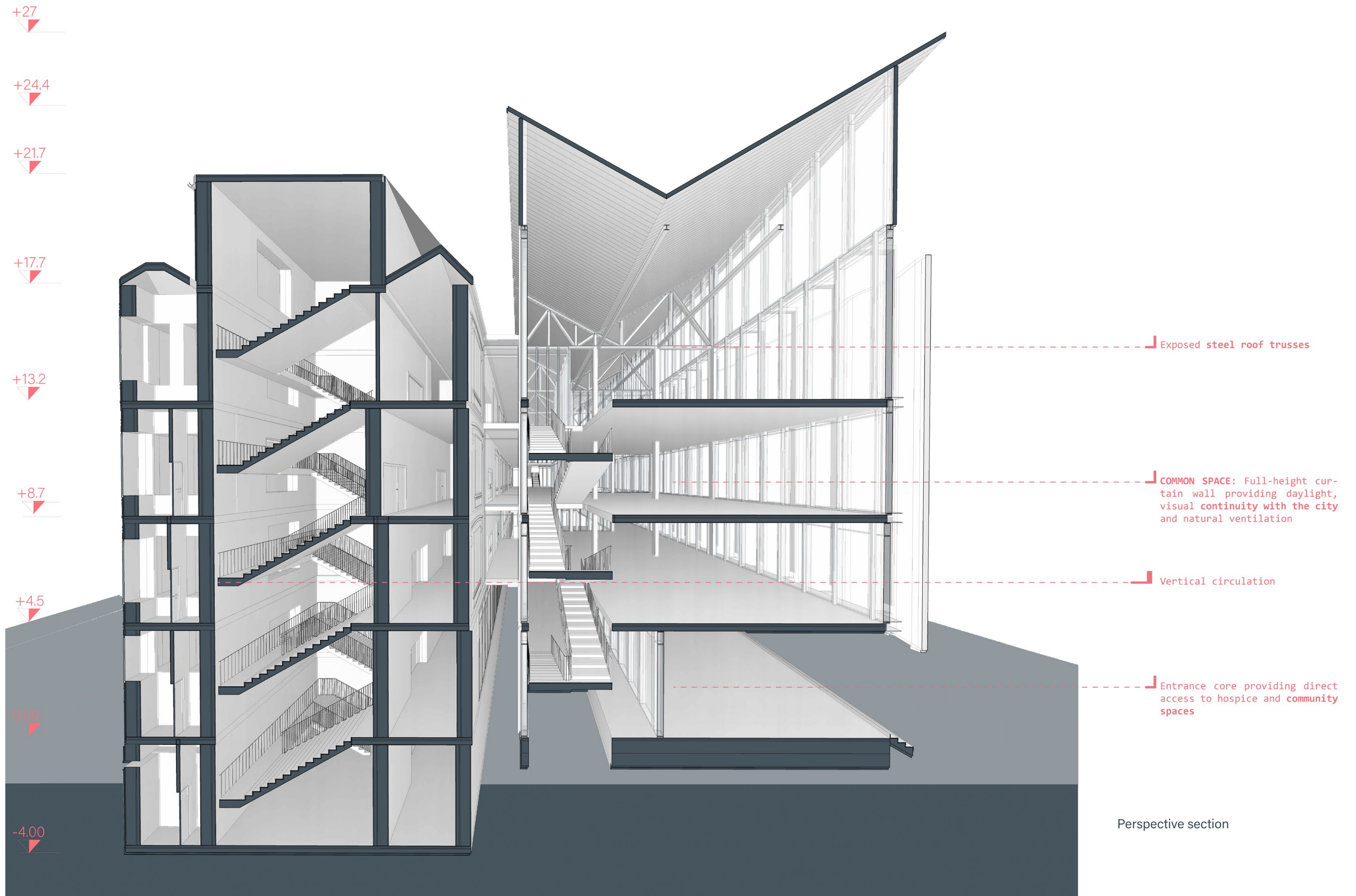
Clean Utility

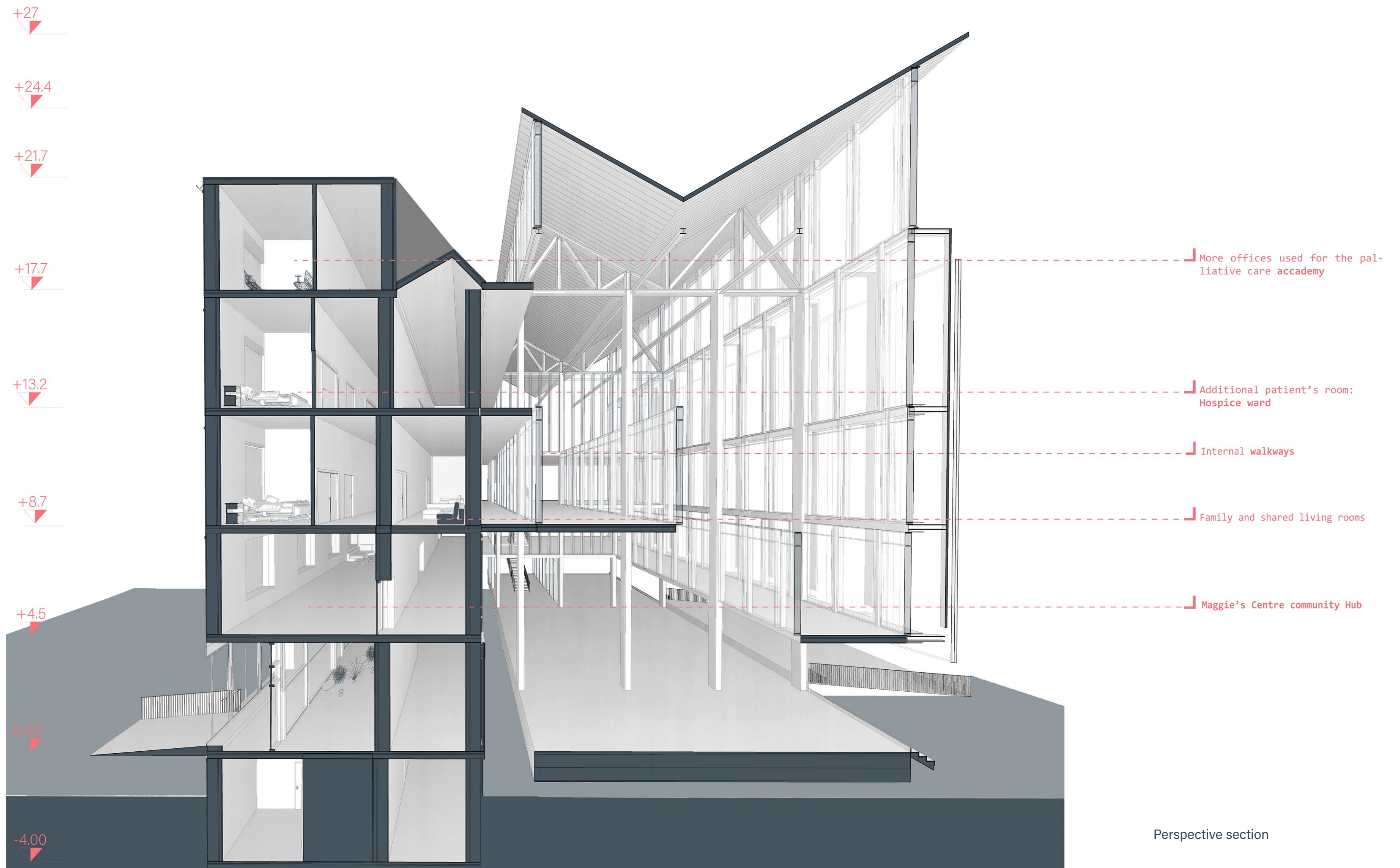
Archive

Perspective layout diagram



Upper level
Middle level
Lower level





Perspective collage of the building



Perspective View



Perspective View





Aerial perspective of the project
visual simulation



Faro prende l'ospedale San Vito con un'offerta da oltre 11 milioni

La trattativa per il centro specializzato in cure palliative è in dirittura d'arrivo: ottenuto il via libera alla proposta

di ADELE PALUMBO

Dalla terrazza dell'ospedale San Vito si vede tutta Torino: la città si snoda ai piedi del presidio sanitario specializzato in cure palliative. All'interno le stanze hanno nomi di piante e, dalle finestre, fa capolino la macchina verde della collina. A portare avanti le attività di assistenza è la Fondazione Faro, che ora sta acquistando l'ospedale da Città della salute. Con un'offerta del valore di 11 milioni e 650 mila euro, la trattativa è in dirittura d'arrivo: ottenuto il via libera alla proposta di acquisto, ora la Faro può pensare ai lavori di ristrutturazione da mettere in campo per altri 8 milioni.

L'operazione è resa possibile grazie al Fondo Cornaglia, un lascito testamentario di 22 milioni di euro, gestito dalla Fondazione Sanpaolo e vincolato ad alcuni interventi particolari, tra cui proprio l'acquisto dell'ospedale. «Se l'operazione andrà a buon fine prevediamo un incremento che va dai 7 ai 14 posti letto» racconta il direttore generale della Faro Luigi Stella, mentre ci mostra la



La fondazione Faro sta acquistando da Città della Salute, l'ospedale San Vito specializzato in cure palliative

«stanza del silenzio», un ambiente laico dove le famiglie e i pazienti possono trascorrere il tempo insieme. «Per il futuro immaginiamo di attivare un focus particolare sulle malattie neuro degenerative e di creare una vera e propria Academy delle cure palliative», aggiunge, ma non trascura di segnalare le difficoltà di gestione della struttura, a causa dei rimborsi esigui delle tariffe mai aggiornati dal 1999 a oggi.

«In questo momento la situazione è insostenibile», denuncia Stella. La quota coperta dal Servizio sanitario nazionale, per ciascun ospite presente nelle strutture private, è di

258,23 euro (e si dimezza dopo 120 giorni di degenza). Di contro, la spesa media per la Fondazione è di 370 euro al giorno. «Abbiamo un disavanzo medio di 120 euro» fa di conto il direttore, costretto a convivere con un deficit strutturale da due milioni di euro l'anno.

Oggi la Fondazione sopprime al rosso con donazioni e lasciti, ma la richiesta è quella di aumentare il contributo pubblico a fronte dell'aumento dei costi di gestione. «Anche la sostenibilità economica è un tema etico», sottolinea Stella e ricorda come l'accoglienza in hospice sia completamente gratuita per i pa-

zienti e le loro famiglie, in quanto le cure palliative sono comprese nei Lea (Livelli essenziali di assistenza) statali. «Sono un diritto» chiosa il direttore.

L'occasione per tornare a discutere del tema delle tariffe nelle strutture di accoglienza si è presentata durante le audizioni del nuovo piano sociosanitario della Regione, dove la Fondazione ha potuto far presente all'assessorato le proprie difficoltà. Al momento l'offerta complessiva della Faro è di 48 posti letto, 34 a San Vito e 14 nell'hospice di Carignano. E l'occupazione nelle strutture si mantiene stabile intorno al 95 per cento. La lista di attesa per entrare equivale a circa 10 persone per Torino e potrebbe azzerarsi con l'aumento dei posti letto.

Resta da chiarire che cosa ne sarà del servizio di dialisi che, al momento, si svolge al piano terra dell'ospedale San Vito, ma è gestito dalle Molinette. Due le possibilità: che resti dov'è, nonostante l'acquisto da parte della Fondazione, oppure che venga spostato in corso Bramante. Si tratta dell'unico centro per dialisi attualmente attivo in città, per un totale di circa 100 pazienti a settimana che transitano da strada di Revigliasco.

In attesa di ultimare gli atti dell'acquisto, la Fondazione sta lavorando anche sul tema della sensibilizzazione all'anticipo delle cure palliative, per poter trascorrere il fine vita con il miglior grado di assistenza possibile.

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Faro acquires San Vito Hospital with an offer of over 11 million

Negotiations for the palliative care center are nearing completion: the proposal has been approved

Article by Adele Palumbo, La Repubblica, translated in english

From the terrace of San Vito Hospital, you can see all of Turin: the city unfolds at the foot of the healthcare facility specialized in palliative care. Inside, the rooms are named after plants, and from the windows, the green hillside peeks through. Carrying out the care activities is the Fondazione Faro, which is now purchasing the hospital from the Città della Salute. With an offer worth 11 million and 650 thousand euros, negotiations are in their final stages: with the proposal approved, Faro can now plan renovation works amounting to a further 8 million.

The operation is made possible thanks to the Cornaglia Fund, a bequest of 22 million euros managed by Fondazione Sanpaolo and allocated to specific projects, including the purchase of the hospital itself. "If the operation is successful, we expect an increase of between 7 and 14 beds," says Faro's general director, Luigi Stella, as he shows us the "room of silence," a secular space where families and patients can spend time together. "For the future, we envision a particular focus on neurodegenerative diseases and the creation of a true Palliative Care Academy," he adds, without neglecting to point out the challenges of managing the facility, due to the very low reimbursement rates that have not been updated from 1999 to today.

"At this moment, the situation is unsustainable," Stella says. The portion covered by the national health service, for each guest in private facilities, is 258.23 euros (and it is halved after 120 days of hospitalization). By contrast, the Foundation's average daily expense is 370 euros. "We have an average shortfall of 120 euros," calculates the director, forced to live with a structural deficit of two million euros per year.

Today, the Foundation covers the shortfall through donations and bequests, but the request is to increase public funding in light of rising management costs. "Economic sustainability is also an ethical issue," Stella emphasizes, recalling that hospice care is completely free for patients and their families, since palliative care is included in the state's LEA (Essential Levels of Assistance). "They are a right," the director concludes.

The opportunity to revisit the issue of reimbursement rates in care facilities came during hearings on the new regional social and health plan, where the Foundation was able to present its difficulties to the regional health department. Currently, Faro's total capacity is 48 beds, 34 at San Vito and 14 in the Carignano hospice. Occupancy in the facilities remains stable at around 95 percent. The waiting list for admission is about 10 people in Turin and could be eliminated with an increase in beds.

It still remains to be seen what will happen to the dialysis service, which is currently located on the ground floor of San Vito Hospital but is managed by the Molinette. Two possibilities remain: that it stays where it is, despite the purchase by the Foundation, or that it is moved to Corso Bramante. This is the only dialysis center currently active in the city, treating about 100 patients a week who pass through Strada di Revigliasco.

While awaiting the completion of the purchase process, the Foundation is also working on raising awareness about early access to palliative care, so that the end of life can be spent with the highest possible level of assistance.

The scenario described in the design chapter comes from a research process that began with many site visits and direct meetings with the FARO Foundation. In the initial phase, careful observation of the spaces and conversations with the staff helped identify the key issues, potential, and specific needs of the Hospice San Vito. Next, the insights gathered were translated into a design proposal that connects architecture, care, and openness to the community.

The recent confirmation by la Repubblica of the successful completion of the hospital's purchase by the Foundation reinforces this proposal. While the increase in patient rooms was already part of the project, the idea for a Palliative Care Academy was not initially included. It came later, after rethinking the building's layout. It was suggested that the fourth floor could be turned into offices and shared classrooms, making it an ideal spot for a small academy.

The main aspect of the project is the first floor, which is currently home to the Molinette dialysis unit. This unit is set to move to the Città della Salute.

The design proposes creating a Maggie's Centre: an open and welcoming space inspired by international models. This center will have meeting areas, psychological support services, and community activities, along with a small therapy ward and two patient rooms. Overall, the plan includes 2 rooms in the Maggie's Centre, 16 rooms in the Sugliano ward, and 14 rooms in the

Sergio and Ida Bocca ward.

Additionally, the project features an annex with a double-skin system, designed as both a symbolic and physical extension of the hospice's walls. This flexible space can host various functions: from family gatherings to community work, from informal meetings to shared activities. It broadens the range of experiences and improves the common areas.

In this vision, the hospice is rethought as a public space where architecture helps convert a marginal area into a meeting point. If, as Foucault suggests, heterotopias are real yet distinct places, this project seeks to move beyond isolation by reintegrating the hospice into a network of urban and social connections. Designing a hospice is not just about organizing healthcare functions; it's about creating a home for fragility, a place where people can remain connected to the world as they approach the end of life.

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p. 328	<div>Doc 67. Urgency report dated 10 November 1948 issued by the Civil Engineering Office of Turin regarding the immediate replacement of glass panes damaged by air raids at the San Vito Hospital site. Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e la Valle d’Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall’ospedale “S. Vito” 1945–1952.</div>
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p.330	<div>Doc 71. Invitation to tender issued by the Civil Engineering Office of Turin on 30 July 1949, summoning selected companies to submit offers for the repair works at San Vito Hospital. Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e la Valle d’Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall’ospedale “S. Vito” 1945–1952.</div>
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Città di Torino

1714

SERVIZIO TECNICO

DEI

18.1911
206.1916
622.1923.

ARCHIVIO EDILIZIO

LAVORI PUBBLICI

Anno 1914

N. 751 d'ordine

SEZIONE EDILITÀ

Non esiste il progetto per le opere
inferiori dell'edificio di fabbrica in allora
ottenuto - N. Antico 17 del 1906
(Militare) Pura di S. Giuseppe) che per
manca agli atti -

Proprietario Ospedale S. Giovanni

Opera Modifiche

Località St. di S. Vito

PROGETTO

Autore Eug. Salvadori

Tavola N.º 1

Data 30 = Set. 1914

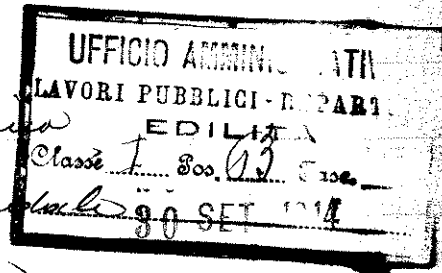
N. e data del permesso 789 = 12 = 11 = 1914

Doc 6. Building Permit for Modifications - 1914.
Cover sheet from the Building Archive of the City of Turin concerning architectural modifications to the San Giovanni Battista Hospital, St. Vito branch. The project, authored by engineer G. Salvadori, was approved with permit no. 789 on November 12, 1914.



1122 di Protocollo

Sp. Sig. Sindaco
della Città di Torino



Il sottoscritto, Presidente dell' Ospedale di San Giovanni, fa domanda alla S. V. V. affinché gli sia concesso il permesso di eseguire alcuni rimodernamenti interni dell' edificio ad uso Ospedale di S. Giovanni, Succursale di S. Vito, come risultano dagli uniti disegni in doppio originale.

San Vito
Torino, 29 Settembre 1914 - D. Ordine
Il Presidente
Il Direttore
Ferraro

Doc 7. Request for authorization to carry out internal renovation works at the San Giovanni Hospital, San Vito

Letter dated 29 September 1914 sent by the President of the San Giovanni Hospital to the Mayor of the City of Turin, with attached drawings of the planned works.

Building Projects archive 1914/751

Doc 8. Opinions on Sanitation Works

Official report regarding the compliance of new sanitation and drainage works at the San Giovanni Battista Hospital with municipal hygiene regulations. Issued by the Health Office following the deliberation of the Municipal Council on November 11, 1925. Signed by the Chief Section Physician and the Sanitary Officer.

Building Projects archive 1914/751

PARERI E COMUNICAZIONI

5-X-1914 - L' edificio di cui trattasi è posto a monte delle strade delimitanti il piano regolatore della collina adottato dal Consiglio comunale il 1-XII-1913.

J. Molinari

L'Amministrazione dell'Ospedale di S. Giovanni presenta all'approvazione l'unito progetto redatto dall'ing. Formigoni Salva, dove comprendendo alcune opere di riassetto e ristrutturazione da eseguirsi nel proprio fabbricato in strada di S. Vito per ridurre il fabbricato stesso ad uso ospedale.

Le opere progettate consistono essenzialmente nella demolizione e ricostruzione di tramezzi, nella formazione di portici, nella ricostruzione di veranda e facciata, rifacimento di terrazzo, nella formazione di gradini di livello, impianti ascensori ecc.

L'Ufficio, esaminato il progetto, visto che si mantengono i risultati a norma delle disposizioni regolamentari vigenti, ritiene che nulla vi sia all'amplicazione dell'unità domanda, e che le condizioni a cui il fabbricato dovrà corrispondere per la sua futura destinazione.

Torino 19 Ottobre 1914

S. Ing. Capo Divisione

ma non la leggenda illustrata
dei locali numerati.

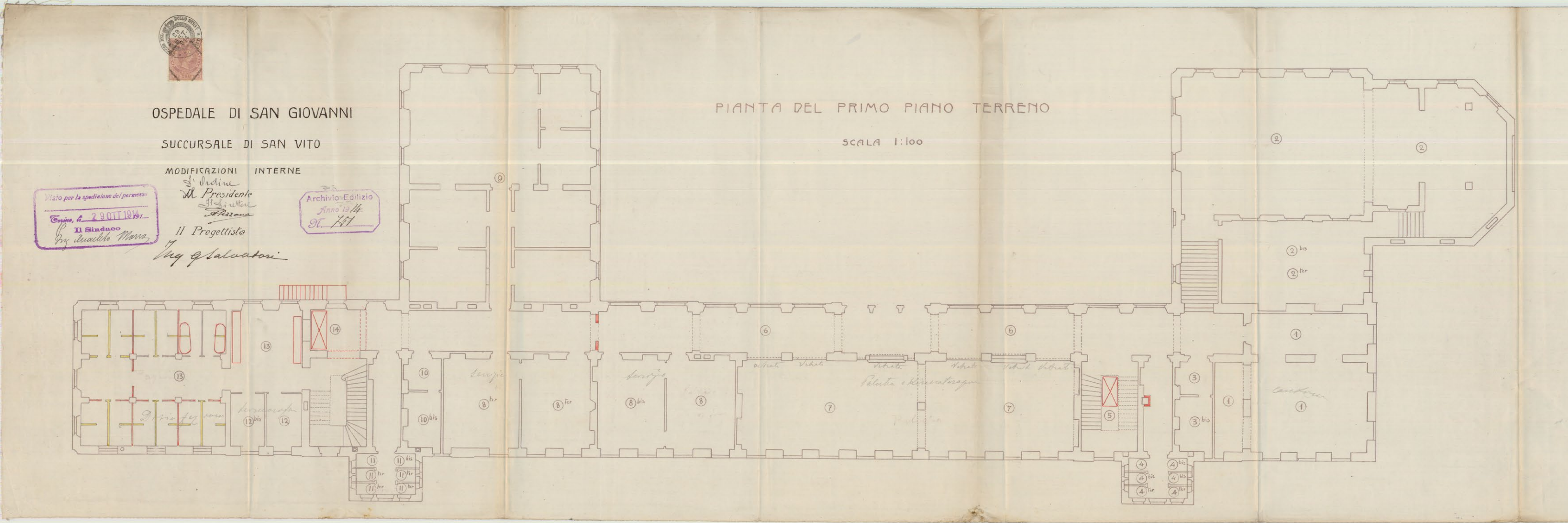
22. 6. 1914

IL MEDICO CAPO SEZIONE III

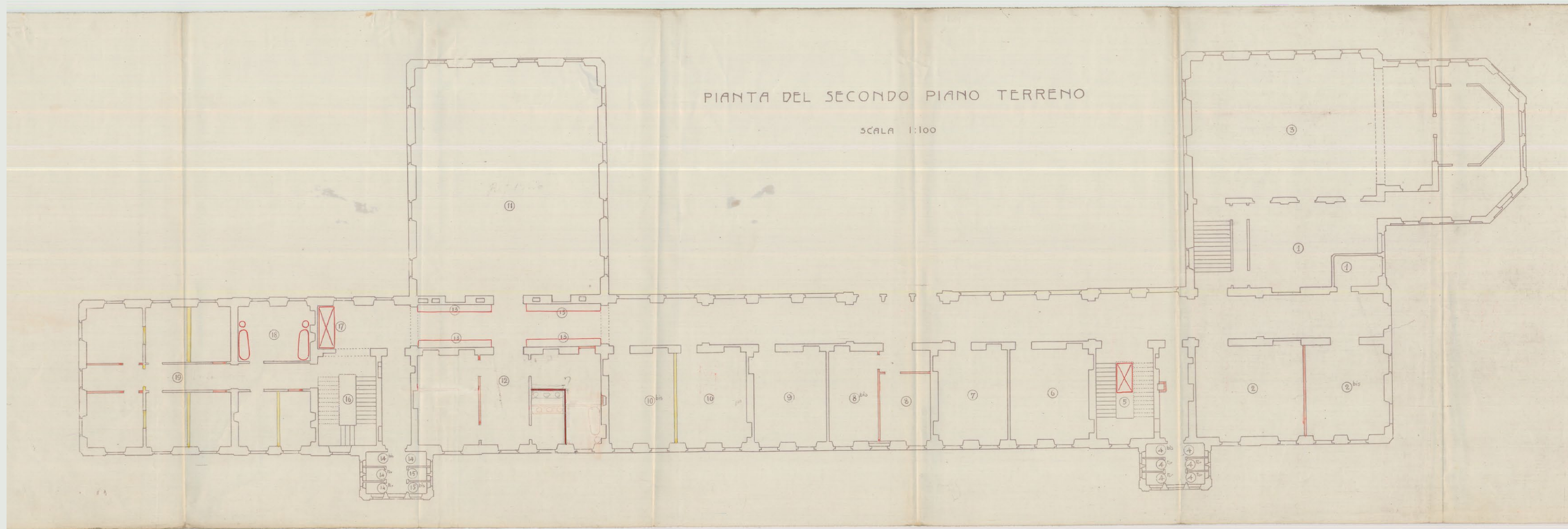
L'Ufficiale Sanitario

S. Benvenuti

Benvenuti

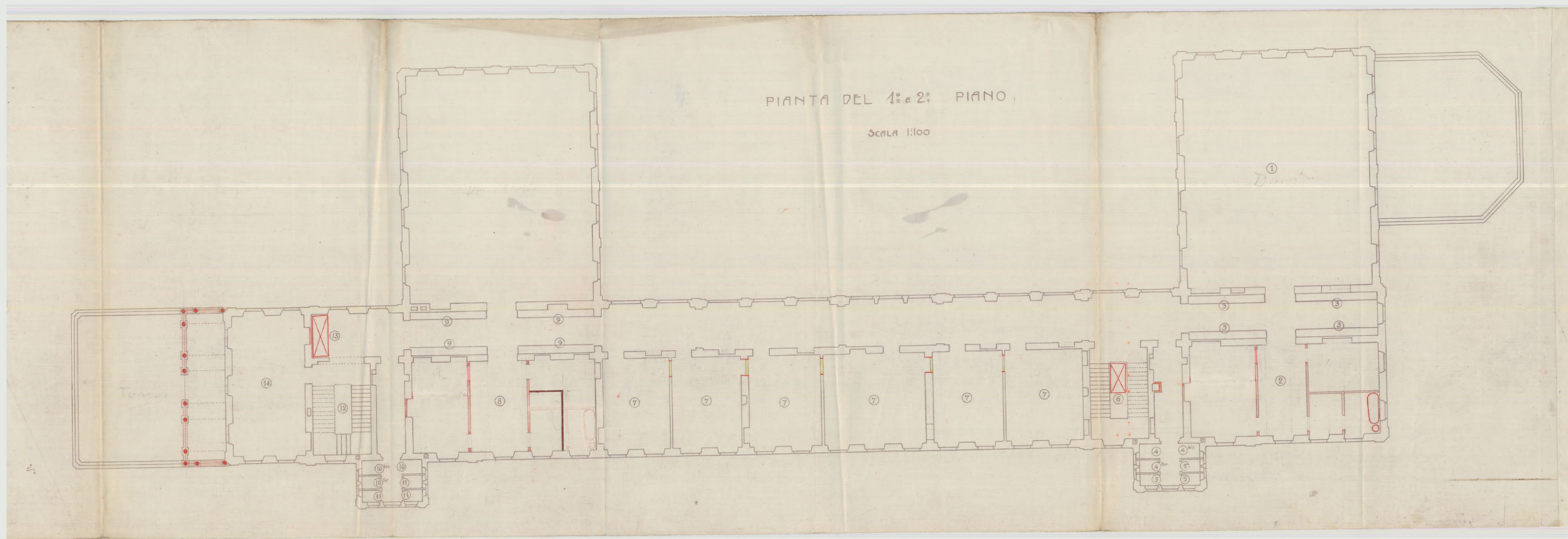


Doc 9. Basement floor, 1914
Internal organizational modifications



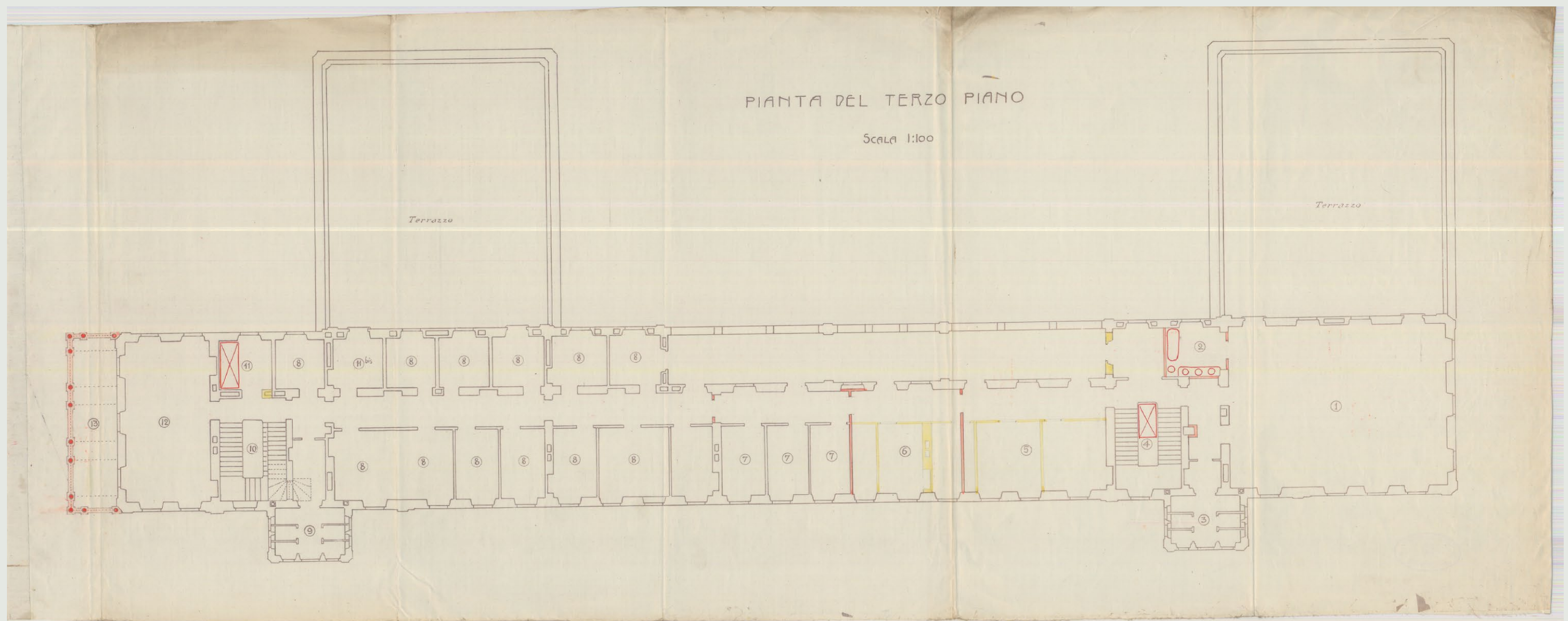
Doc 10. Ground floor, 1914
Internal organizational modifications

Building Projects archive 1914/751



Doc 11. First and Second floor,
1914
Internal organizational modifi-
cations

Building Projects archive 1914/751



Doc 12. Third floor, 1914
Internal organizational modifications

Building Projects archive 1914/751

Città di Torino
ARCHIVIO EDILIZIO

1714 SERVIZIO TECNICO

DEI

LAVORI PUBBLICI

Anno 1915

N. 18 d'ordine

SEZIONE EDILITÀ

Proprietario Ospedale di S. Giovanni

Opera Costruzione di veranda

Località Succursale di S. Vito

Autore Ing. Salvadori

Tavola N.º 1

Data 26 Nov. 1914

N. e data del permesso 21 - 20 Gennaio 1915

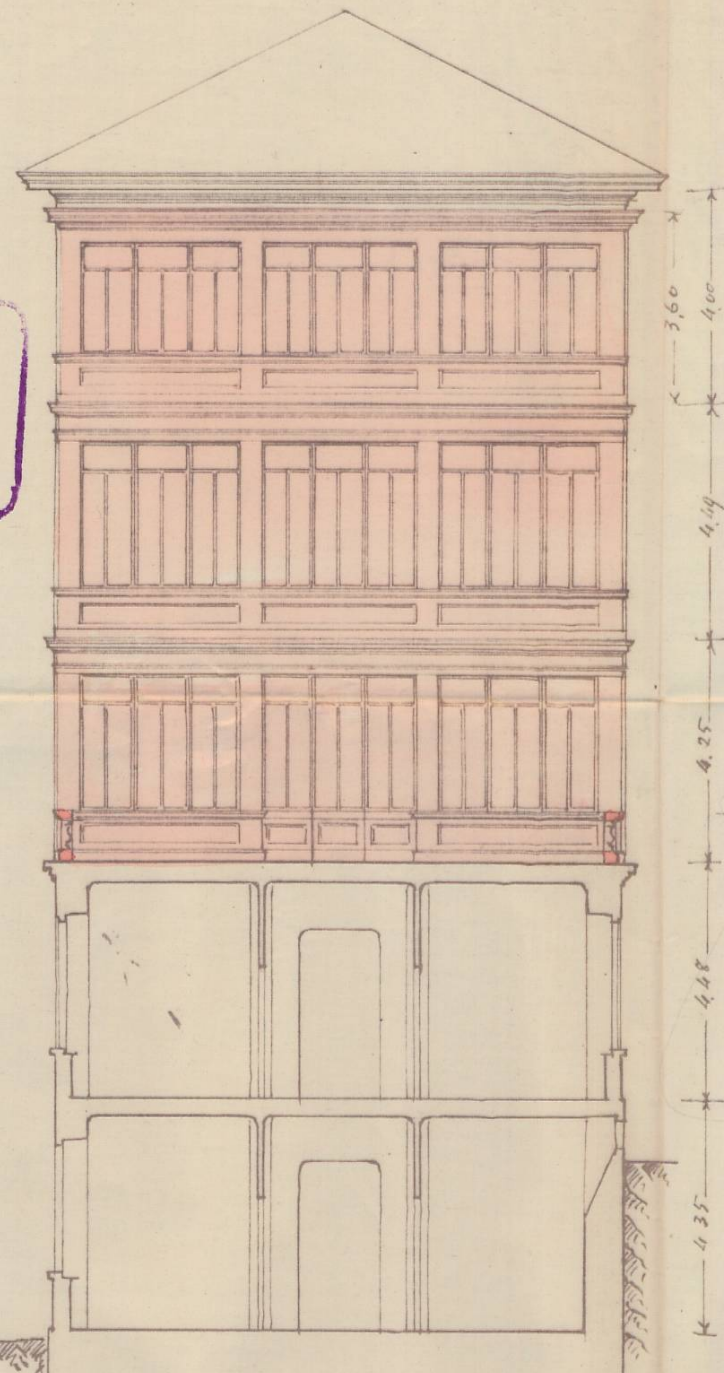
Doc 13. Building permit record for the construction of a veranda at the San Giovanni Hospital, San Vito annex.
Archive sheet from the Technical Service of Public Works of the City of Turin with the permit issued on 20 January 1915.
Project signed by Engineer Salvadori.

Building Projects archive 1915/18

Visto per la spedizione del permesso
 Torino, li _____ 191____
 Il Sindaco
Ing. Augusto Morra



Corrispondenza per la spedizione del permesso

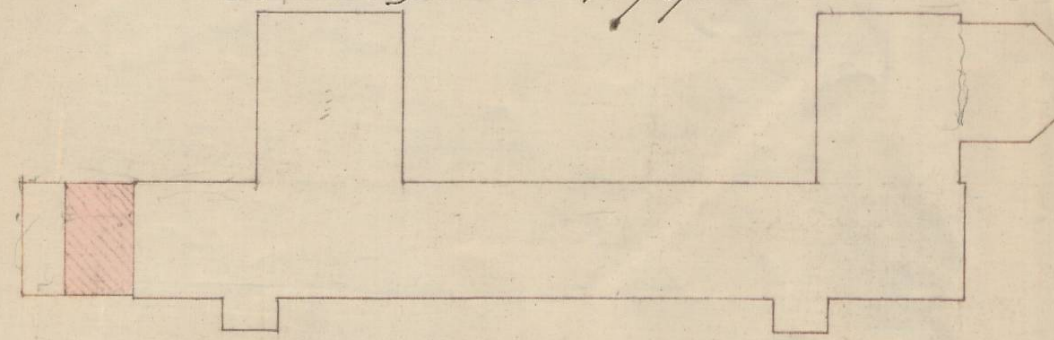


FIANCO

OSPEDALE MAGGIORE DI SAN GIOVANNI
 SUCCURSALE IN S. VITO
 PROGETTO DI VERANDA

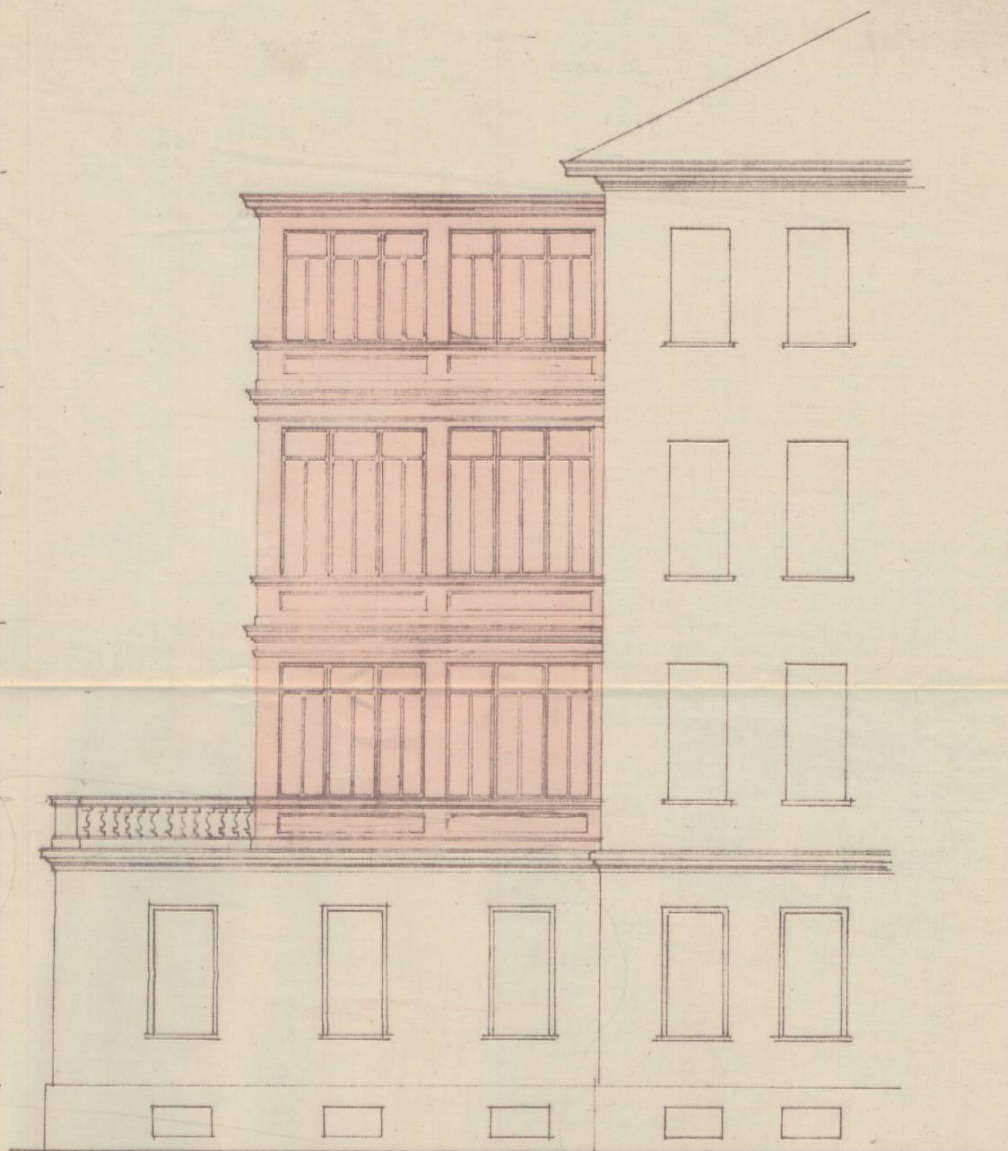
Il Proprietario

Il Progettista *Ing. Galvagnoni*

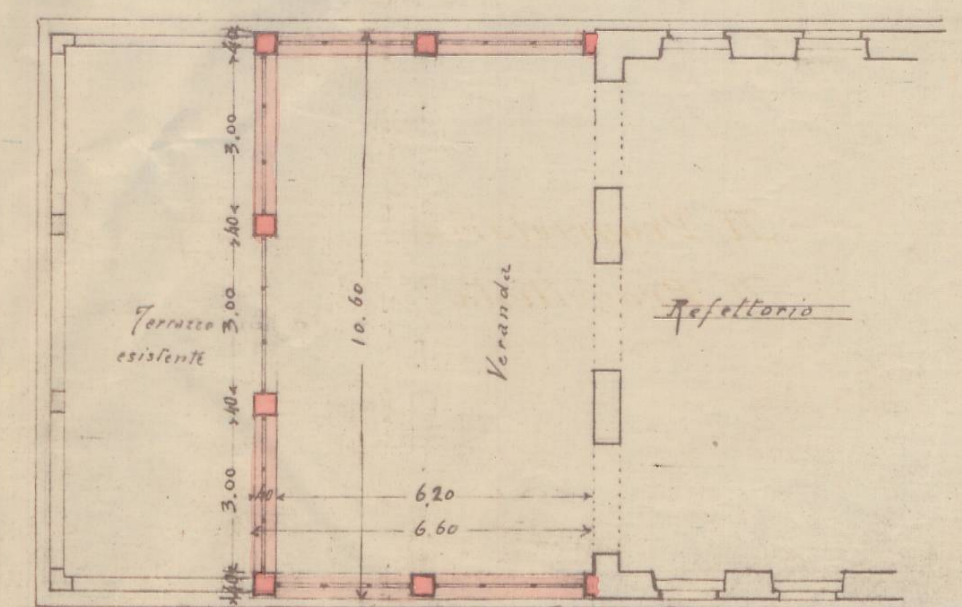


PLANIMETRIA

Scala 1:500



PROSPETTO
 scala 1:100



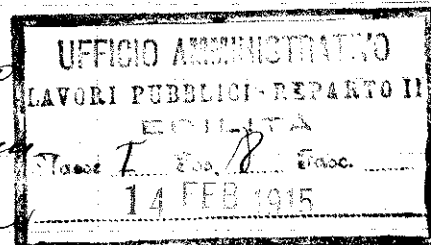
PIANTA



N. 170 di Post.

M. Leon Sindaco della Città

Torino

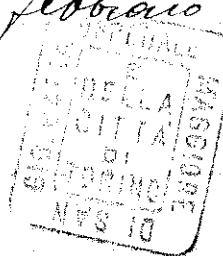


*Il sottoscritto quale Presidente dell'Amministrazione dell'Ospedale Maggiore
S. S. Giovanni Battista per sommario
alla S. V. per ottenere il permesso di sopraelevazione della casa n. 12 in via
alla proprietà già Istituto S. Giuseppe
sulla strada di S. Vito e ora succursale
di questo ospedale.*

*Si unisce i disegni a firma
dell'Ingegnere Salvadori*

Con ossequio

Torino 11 Febbraio 1915



*Il Presidente
L. Novati*

Doc 15. Request for authorization to carry out road repair works along Strada di San Vito adjacent to the San Giovanni Hospital property.

Letter dated 10 February 1915, addressed to the Mayor of Turin by the President of the hospital administration, with attached plans prepared by Engineer Salvadori.

Building Projects archive 1916/206



CITTÀ DI TORINO

DIREZIONE DEL DAZIO



Torino, addì 25 - II - 1915

Alla Divisione III

EDILITA'

Avuto riguardo alla relazione di cotesta
Divisione da cui risulta che il fabbricato
da sopraelevarsi cade in parte nella zona
di m. 25 esterna alla futura cinta daziaria,
questa Direzione è d'avviso che il permesso
debba essere rilasciato in via precaria ed
alla condizione che attuandosi la esecuzione
della cinta stessa il proprietario dovrà
ottemperare alle condizioni, che in allora
saranno determinate dall'Amministrazione daziaria.

IL DIRETTORE

Berni

1914 - 1911 - 2000

Doc 16. Communication from the Customs Office regarding the reconstruction permit for the San Giovanni Hospital.

Letter dated 25 February 1915, stating that the planned reconstruction partially affects the 25-meter buffer zone outside the future customs boundary wall. The document specifies that any authorization must be issued as a temporary concession (via precaria) and that the property owner will be required to comply with any conditions set by the customs administration at the time the boundary is implemented.

Building Projects archive 1916/206

Città di Torino, **1714-** SERVIZIO TECNICO
 ARCHIVIO EDILIZIO DEI LAVORI PUBBLICI
 Anno 1916
 N. **205** d'ordine SEZIONE EDILITÀ

Proprietario Ospedale di S. Giovanni

Opera ricostruzione di muro di cinta

Località Strada di S. Vito

PROGETTO { *Autore Ing. Salvadori*

Tavola N.º uno

Data 13 Settembre 1915

N. e data del permesso 251- 9 Agosto 1916

Doc 17. Building permit record for the reconstruction of a boundary wall at the San Giovanni Hospital, San Vito Annex
 Archive sheet from the Technical Service of Public Works of the City of Turin, Strada di San Vito location. Project drafted by En-
 gineer Salvadori, dated 13 September 1915, with the permit issued on 9 April 1916.

PARERI E COMUNICAZIONI

27-IX-1915 - Il costrutto muro di cinta cade sulla
 sede del viale dei bolli da aprirsi in conformità al
 piano regolatore ^{adottato} ~~adottato~~ dal Consiglio comunale
 il 1-XII-1913 -

Inoltre si osserva che il futuro piano della nuova
 strada ^{più basso} sarà sensibilmente ~~più basso~~ rispetto
 al piano attuale della strada di S. Vito -

Molinari

Alla Dir. II per il suo parere e per le
 eventuali osservazioni alle quali dovute
 essere subordinate la concessione da farsi
 in ogni caso provisionalmente

30-9-15

Diomede

Si prega la Dir. ne 3^a di far segnare sulla
 planimetria le distanze del manufatto sotto
 stradale dal ciglio opposto, non potendo
 l'Architetto Municipale pronunciarsi in merito
 senza conoscere l'esatta posizione del corrente
 estremo longitudinale.

1-10-15. L'Ing. Cape Dir. ne 2^a.

Diomede

Si rimanda la pratica completata sulle
 relative indagini. 2-10-15 Diomede

PARERI E COMUNICAZIONI

In seguito alle indicazioni date e alle dimensioni
 quotate in disegno, quest'Ufficio ritiene preferibile
 considerarsi, per quanto riguarda la condotta del
 l'Architetto, il nulla osta per l'impiego dei lavori.

4-X-1915

Diomede

Alla Dir. II

Trattandosi di concessione precaria
 nulla osta per quanto riguarda la Dir. II.

4 ottobre 1915.

Il capo Div. 2^a

Diomede

Doc 18. Technical opinions and communications regarding the reconstruction of the boundary wall at the San Giovanni Hospital, Strada di San Vito.

Notes dated between September and October 1915, issued by the Technical Service of Public Works of the City of Turin. The documents discuss the alignment of the wall with the boulevard established by the 1913 master plan, recommendations for provisional fencing, and clarifications on the legal status and execution of the perimeter wall.

Building Projects archive 1915/18

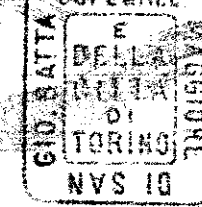


1304
di Protocollo

1

Ill^{mo} Signor Sindaco della Città di Torino
 Il sottoscritto nell'interesse della
 Amministrazione dell' Ospedale di
 San Giovanni chiede alla S. V. Ill^{ma}
 il permesso di procedere alla ricostruzio-
 ne del muro di cinta posto a sud
 della proprietà dell' Ospedale sulla
 Strada di S. Vito, secondo gli
 allegati disegni e firma dell'ing.
 Giacomo Salvadori

Torino 13 settembre 1915



Per il Presidente
 I. M. G.

16 SET 1915

Doc 19. Request for authoriza-
 tion to reconstruct the boundary
 wall along the northern side of
 the San Giovanni Hospital pro-
 perty on Strada di San Vito.

Letter dated 13 September 1915,
 addressed to the Mayor of the City
 of Turin, submitted on behalf of
 the hospital administration and
 accompanied by drawings signed
 by Engineer Giacomo Salvadori.

C I T T A' D I T O R I N O

SERVIZIO TECNICO DEI LAVORI PUBBLICI
DIVISIONE III EDILITA'

RELAZIONE ALLA GIUNTA MUNICIPALE

(13 Ottobre 1915)

OGGETTO

Ospedale Maggiore di S. Giovanni Battista e della Città di Torino.

Strada di S. Vito 34
Concessione precaria per costruzione di opere cadenti su terreno destinato a suolo pubblico.

L'Ospedale Maggiore di S. Giovanni Battista e della Città di Torino, proprietario della Casa di convalescenza situata in strada di S. Vito 34, ha fatto domanda il 16 Settembre u.s. per essere autorizzato a ricostruire due tratti di muro, rovinati in seguito a franamento di terreno, secondo l'apposito progetto redatto dall'Ing. G. Salvadori.

Dall'esame del progetto l'Ufficio ha rilevato :

DOCUMENTI ANNESSI
(Pratica).

1°) Che, mentre in base all'ultimo alinea dell'art. 78 del Regolamento edilizio, i terreni fronteggianti strade della Collina, oltre l'attuale cinta daziaria, non possono venir recinti che con siepi vive o cancellate, nel caso attuale la chiusura si farebbe con muro di cinta ;
2°) Che le opere da eseguirsi cadono sulla sede del Viale dei Colli da aprirsi in conformità al piano regolatore e d'ampliamento della collina adottato dal Consiglio Comunale il 1° Dicembre 1913 .

Il chiesto permesso pertanto non potrebbe venir concesso.

Però, visto che trattasi di semplice ricostruzione di opere esistenti ; ritenuto che l'apertura del Viale dei Colli non si farà tan-

Doc 20. Technical report to the Municipal Council regarding the reconstruction of boundary walls at the San Giovanni Hospital, Strada di San Vito.

Document dated October 1915 by the Technical Service of Public Works of the City of Turin. The report examines the request submitted on 16 September 1915 to rebuild two sections of collapsed walls and grants a temporary concession subject to specific conditions, including the recognition of the precarious nature of the authorization, the payment of an annual fee, and the City's right to revoke the concession at any time without compensation.

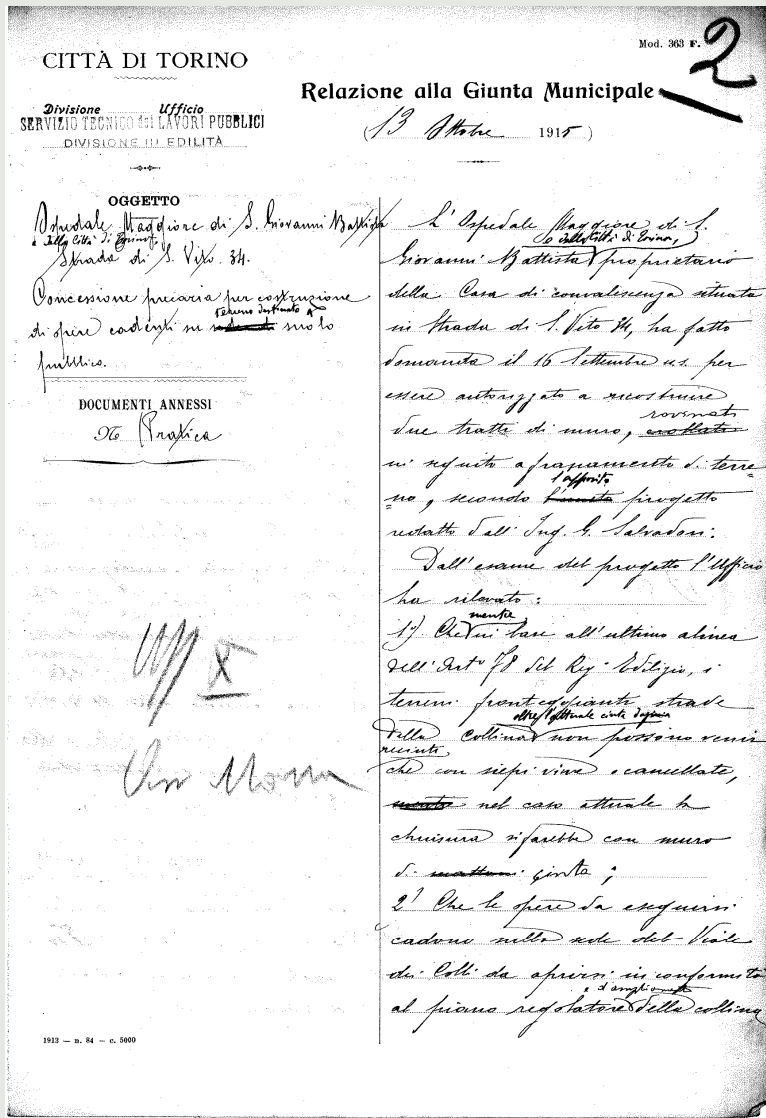
Building Projects archive 1915/18

to presto; ed avuto riguardo alla speciale destinazione dell'edificio, si ritiene che il chiesto permesso possa concedersi subordinatamente alle seguenti condizioni :

1°) Che i lavori sulla sede stradale siano eseguiti in modo da non recare alcun impedimento al libero transito nella via ;
2°) Che la concessione sia fatta in via assolutamente precaria, per la durata, ad ogni modo, di non oltre 29 anni, a decorrere dalla data della stipulazione dell'atto di sottomissione ;
3°) Che in riconoscimento della precarietà della concessione venga pagato dall'Ospedale l'annuo anticipato canone di L. 5,00 a partire dalla data dell'atto di sottomissione ;
4°) Che sia riservata all'Amministrazione Comunale la facoltà di revocare la concessione in qualunque momento, ed a suo esclusivo giudizio, con l'obbligo da parte dell'Ospedale o suoi aventi causa di demolire od anche semplicemente modificare le opere oggetto della concessione precaria a semplice richiesta della Città e senza diritto a compensi od indennità di sorta ;
5°) Che la concessione risulti da apposito atto di sottomissione da stipularsi e trasciversi a totali spese dell'Ospedale.

L'INGEGNERE CAPO DIVISIONE

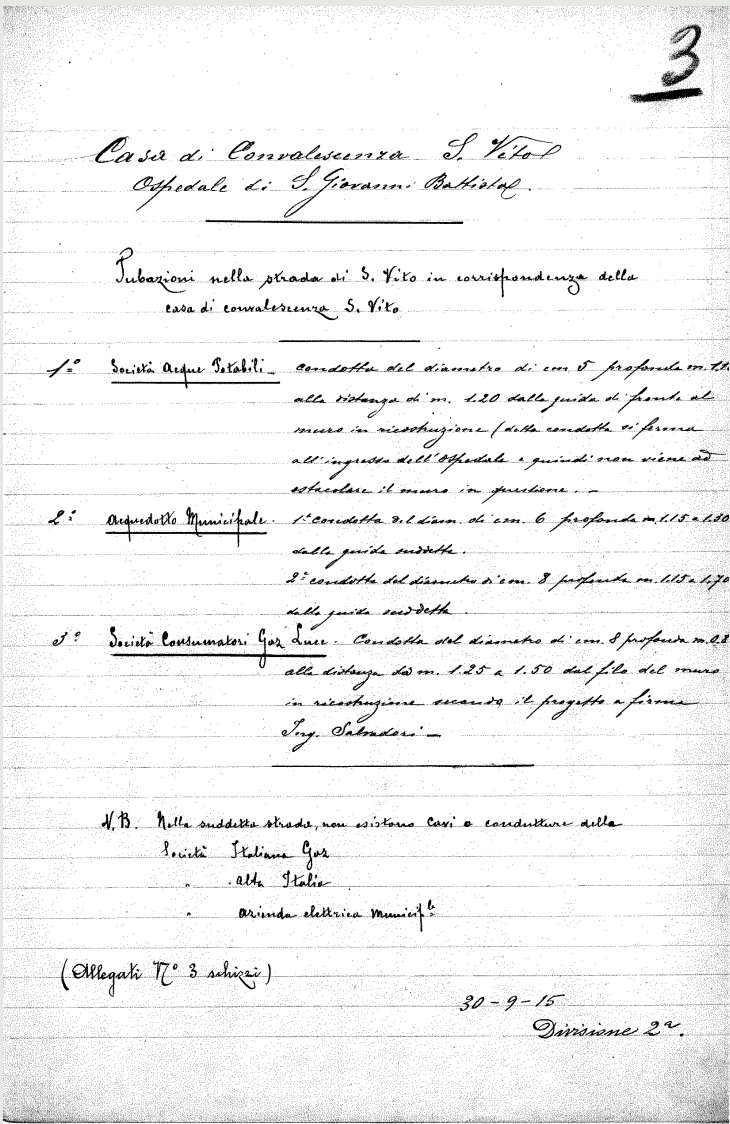
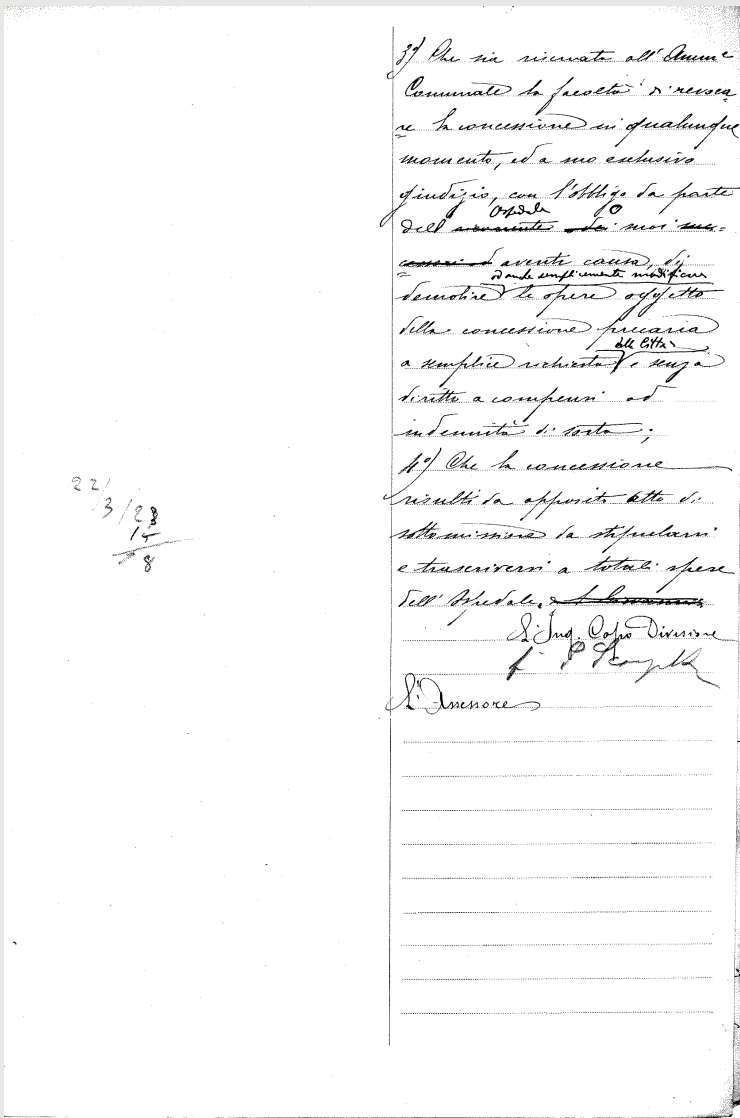
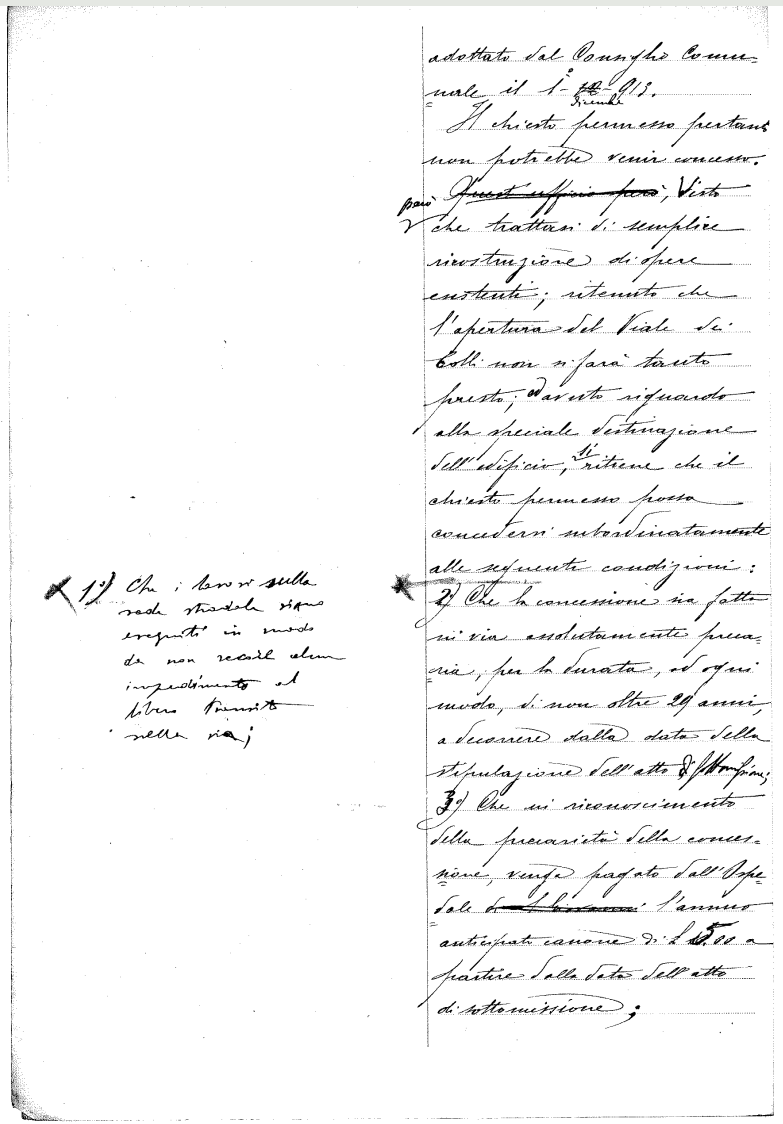
L'ASSESSORE

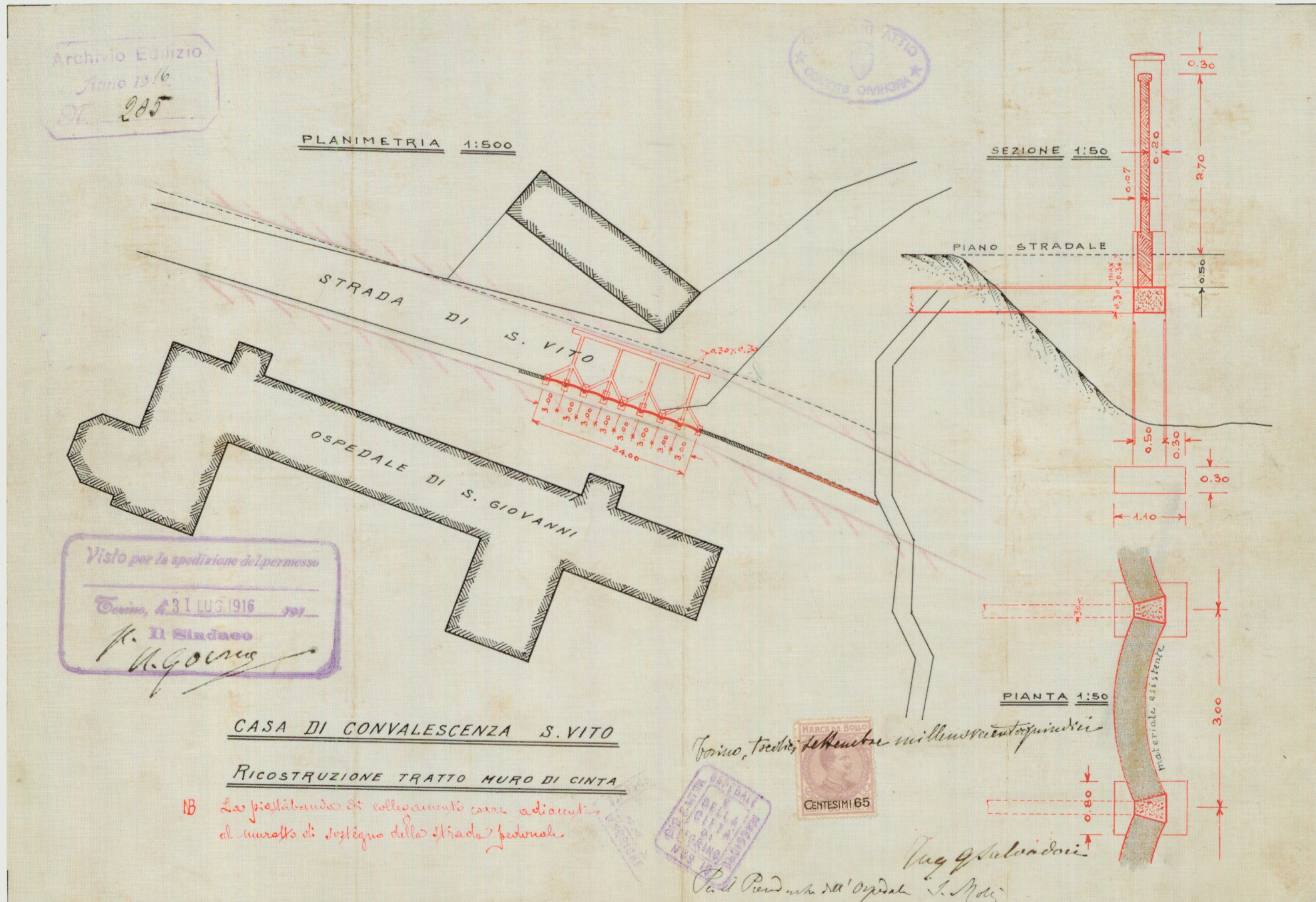


Doc 21. Technical report to the Municipal Council regarding the reconstruction of boundary walls at the San Giovanni Hospital, Strada di San Vito.

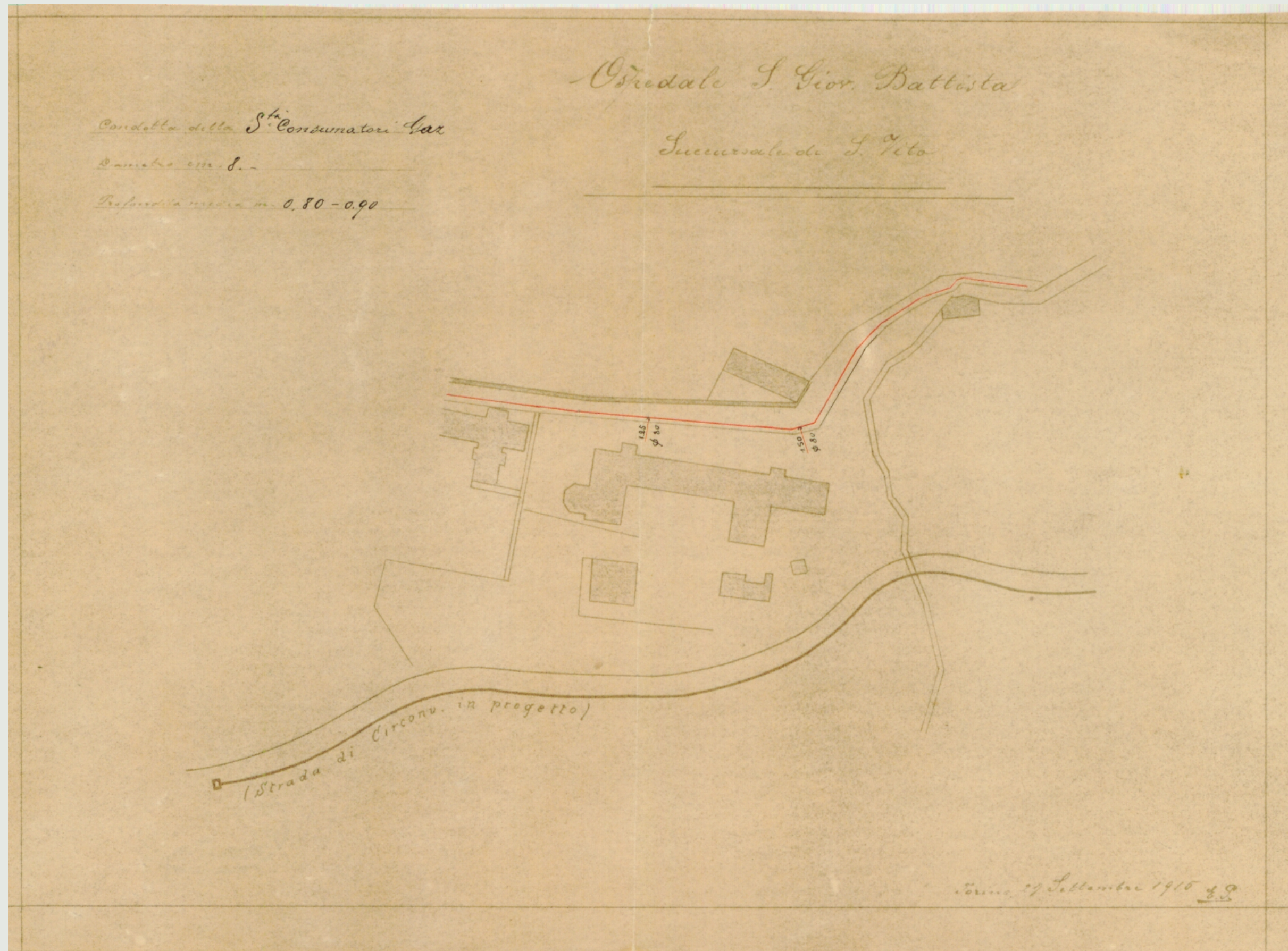
Official document dated 13 October 1915, prepared by the Technical Service of Public Works of the City of Turin. The report reviews the application submitted on 16 September 1915 by the hospital administration to rebuild two sections of the boundary wall that had collapsed due to a landslide, based on plans drafted by Engineer G. Salvadori. Although the 1913 urban expansion plan and the building regulations prohibited the construction of solid walls along the planned Viale dei Colli, the document recommends granting a strictly temporary concession in consideration of the special function of the hospital and the urgent need to restore the enclosure. The authorization was subject to several specific conditions:

- the works must be carried out without obstructing public transit;
- the concession is strictly temporary and limited to a maximum duration of 29 years from the date of the formal undertaking;
- the hospital must pay an annual fee of 5 lire in advance;
- the City retains the right to revoke the concession at any time and at its sole discretion, obliging the hospital to demolish or modify the structures without any right to compensation;
- the concession must be formalized in a notarized deed of submission, to be drafted and registered at the hospital's sole expense.





Doc 22. Site and construction drawings for the reconstruction of the boundary wall at the San Vito Convalescent Home, San Giovanni Hospital. Approved technical plan dated 31 July 1916, showing location, section, and plan views of the new wall along Strada di San Vito.



Doc 23. Site plan of the San Vito branch of the San Giovanni Battista Hospital showing the alignment of the gas pipeline, 1915.

Città di Torino **1714** SERVIZIO TECNICO
 ARCHIVIO EDILIZIO DEI
 LAVORI PUBBLICI
 Anno 1916
 N. 206 d'ordine SEZIONE EDILITÀ

Proprietario Ospedale di S. G. Battista
 Opera sopraelevazione
 Località Strada S. Vito

PROGETTO { Autore ing. L. Salvadori
 Tavola N.º uno
 Data 2 Febbraio 1915

N. e data del permesso 252. 9 Agosto 1916

Doc 24. Building permit record for additional storey at the San Giovanni Battista Hospital, Strada di San Vito.
 Archive file dated 2 February 1915 prepared by Engineer L. Salvadori, concerning approval for repair interventions, with
 permit No. 252 issued on 9 August 1916.

PARERI E COMUNICAZIONI

²⁴
 22-II-1915 - Il fabbricato di cui trattasi cade
 in parte nella zona di m. 25 esterna alla futura
 cinta laziale da costruirsi in conformità al piano
 regolatore e di ampliamento della collina adat-
 tato dal Consiglio comunale il 1-XII-1913.

Molinari

All'Ufficio Dazio con preghiera di riferire in merito all'istante domanda
 tenuto conto che il fabbricato da demolirsi cade in parte nella zona
 di m. 25 esterna alla futura cinta laziale -

Torino li 24-II-1915

2° Reg. Capo Divisione

Buscetta

Regionale

L'Amministrazione dell'ospedale che l'Amministrazione presenta nell'apposita
 pratica l'istante progetto e chiede che l'Amministrazione compendiale la demolizione
 di una casa esistente all'interno della proprietà già di proprietà del Principe di ora
 l'Amministrazione dell'ospedale stesso, per far posto di nuovo costruzione e di
 locali che si necessitano -

Contro che in linea d'ordine all'approvazione del progetto, rispondendo di
 massima alla disposizione regolamentare in vigore, tenuto conto però che il fab-
 bricato da demolirsi cade in parte nella zona di m. 25 esterna alla futura cinta
 laziale da costruirsi in conformità al piano regolatore e di ampliamento della
 collina adattata dal Consiglio comunale il 1-XII-1913, il permesso dovrà essere integrato
 in una pratica nel senso che, ottenendosi la concessione della cinta laziale, l'Am-
 ministrazione interessata dovrà adempire alle condizioni che in detta pratica
 determinate dall'Amministrazione stessa.

Torino li 27 febbraio 1915

2° Reg. Capo Divisione
 Buscetta

Doc 25. Technical opinions and communications regarding the reconstruction of a boundary wall at the San Giovanni Battista Hospital, Strada di San Vito, 1915.

Document dated January 1915, noting that part of the planned construction encroaches on the area reserved for a future road according to the 1913 urban expansion plan. The correspondence records the request for verification of underground utilities and the hospital's formal commitment to carry out the works at its own expense, maintain the road in coordination with the municipal offices, and remove the construction without any compensation if required by the City.

Contratto del 28 Luglio 1916 -

1° La Città di Torino concede allo Spedale di San Giovanni, proprietario di stabile in Torino, regione San Vito numero 34, il permesso di riedificare un fabbricato rustico, annesso alla proprietà già Istituto ecc. ecc.

2° Il fabbricato da riedificarsi cade in parte nella zona di metri 25 adiacente alla futura cinta da innalzarsi da costruirsi in conformità del piano regolatore e di ampliamento della Collina approvato ecc. ecc.

... potrà essere revocato dalla Città di Torino, quando l' Ospedale venisse meno alle prescrizioni sanitarie di cui al seguente articolo terzo, mediante preavviso di tre mesi da darsi con semplice lettera d'ufficio senza che occorra adire l'autorità giudiziaria.

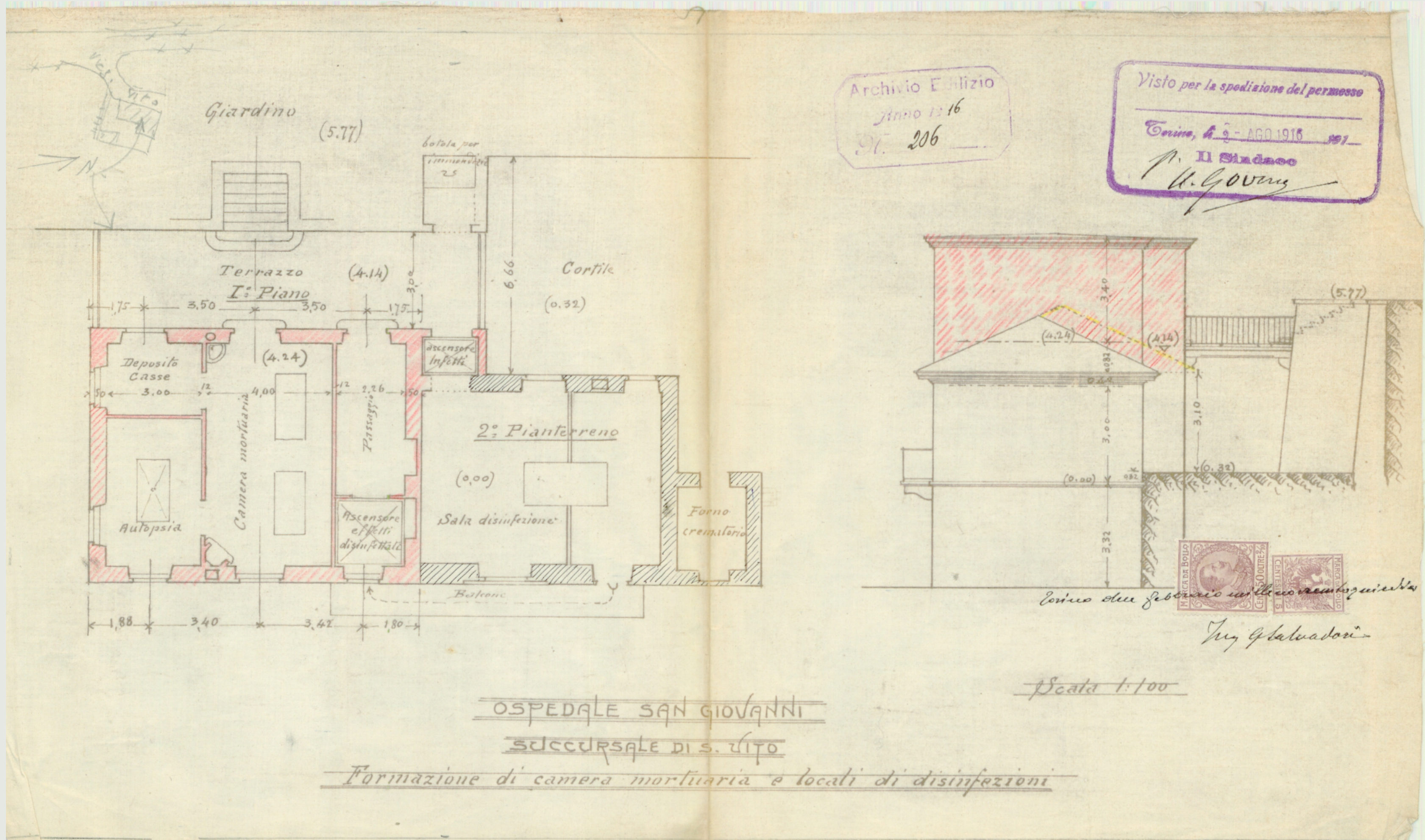
3° Allorché si effettuerà la cinta da innalzarsi ... l'Ospedale dovrà attenere alle condizioni che saranno determinate dall'Amm. San. ecc. ecc.

durata non oltre 9 anni da oggi


canone annuo di L. 500

Doc 26. Contract dated 28 July 1916 concerning the reconstruction of a collapsed structure at the San Giovanni Hospital, Strada di San Vito.

The City of Turin granted authorization to rebuild the structure under the existing conditions of use, specifying that part of the construction encroached on land reserved for a future road widening project. The agreement explicitly states that the City reserves the right to order demolition at any time without compensation and that the hospital must comply with any technical conditions established by the municipal offices.



Doc 27. Plans and section for the mortuary and disinfection rooms at the San Vito branch of the San Giovanni Hospital.



CITTÀ DI TORINO
DIVISIONE XVII
EDILITÀ
ARCHIVIO EDILIZIO

MAGLIA

1714

ANNO 1923

N. 677 d'ordine

Interessato

Ospedale San Giovanni

Opera

Sopraelev. e ampliam. fabbricato

Località

Strada San Vito

PROGETTO

Autore

ing. Giacomo Salvadori

Tav.

/ N. 3

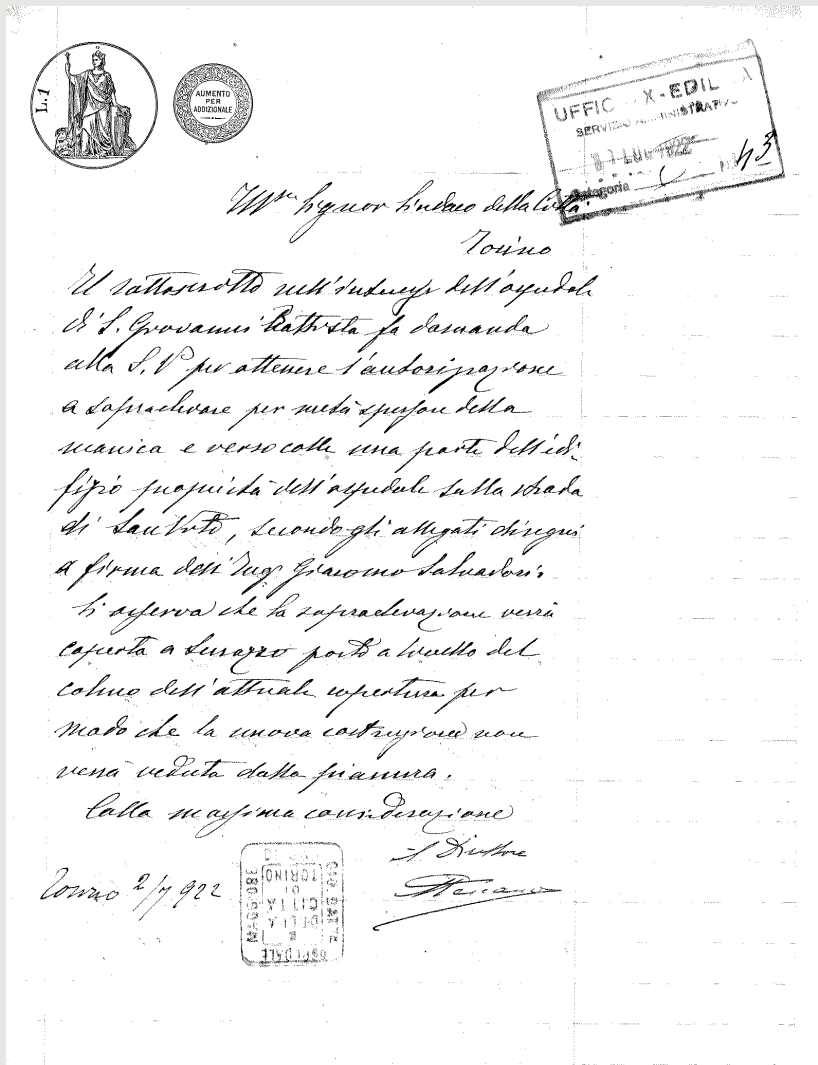
Data

4 luglio 1922

Licenza N.

796 del 19 Settem. 1923

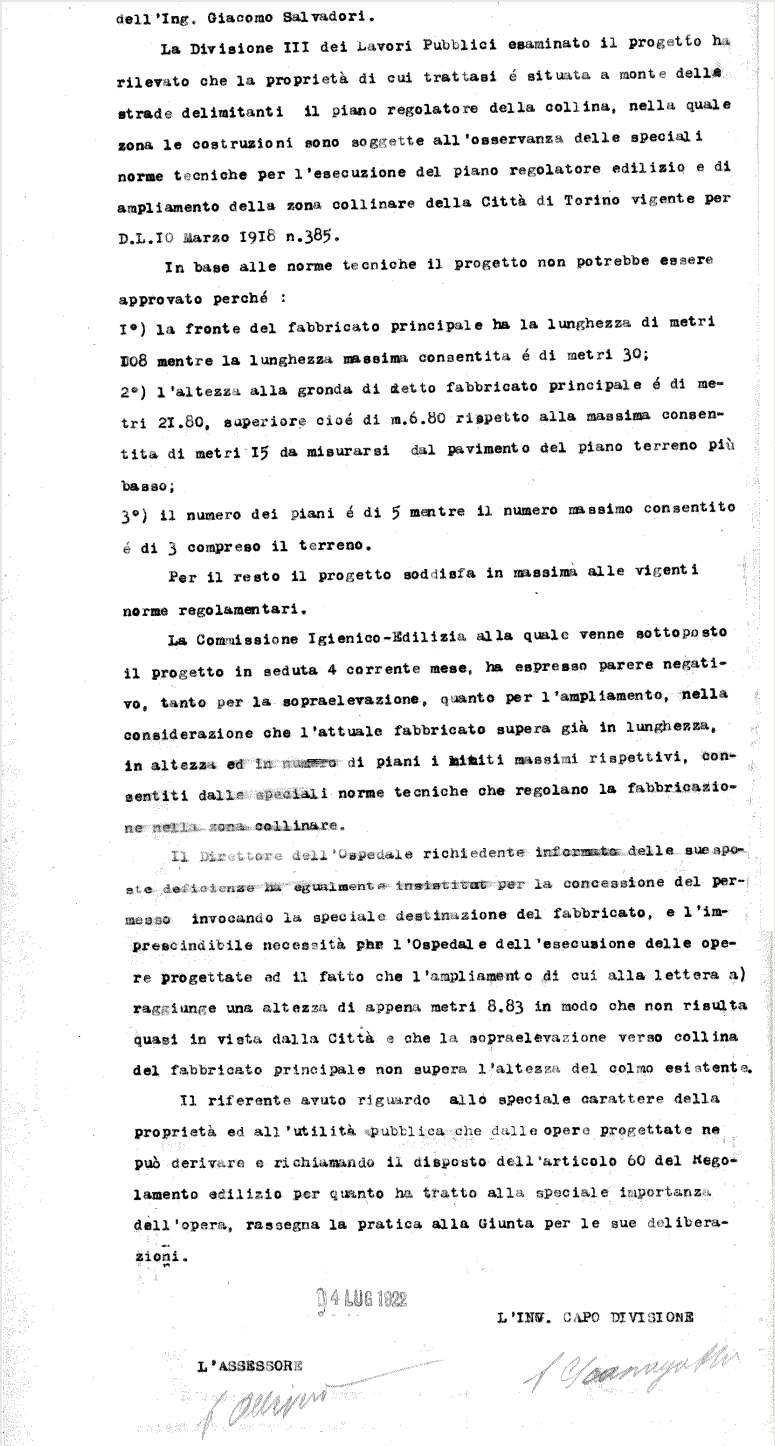
Doc 28. Building permit application.
Project no. 677 concerning the Ospedale San Giovanni, for the construction of a dormitory and auxiliary building (dormitorio e ampliam. fabbricato) on Strada San Vito. Design by engineer Giacomo Salvadori, dated July 4, 1922.
License no. 796 issued on september 19, 1923.



Doc. 30 Request to the Mayor for Building Authorization

In this petition, the Director of the hospital asks the Mayor for authorization to add an additional storey to part of the building, based on the designs of Engineer Salvadori. It is emphasized that the new construction should be roofed in such a way that it would not be visible from the plain.

Building Projects archive 1923/667



Doc 31. Municipal Council resolution draft

This internal report outlines the reasons for the City Council's initial rejection of the expansion project at the San Vito branch of the Ospedale San Giovanni. The technical departments raised objections based on urban regulations concerning building height, volume, and visibility on the hillside. Despite acknowledging the public utility of the hospital and the limited visual impact of the proposed additions, the council ultimately did not approve the project in its current form.

Building Projects archive 1923/667

A series of communications between the technical offices of the City of Turin and the Ospedale San Giovanni address modifications to the proposed extensions. The hospital requests authorization for two separate additions: one towards the hillside and one in line with the existing building. The final municipal note reaffirms the City Council's decision not to approve the expansion project due to violations of urban height and volume limits.

via con maggior taglio d'aria della collina sia con
vieta dalla città e sopraelevazione di più di tre piani
della strada di S. Vito .-

Con deferente ossequio

IL PRESIDENTE

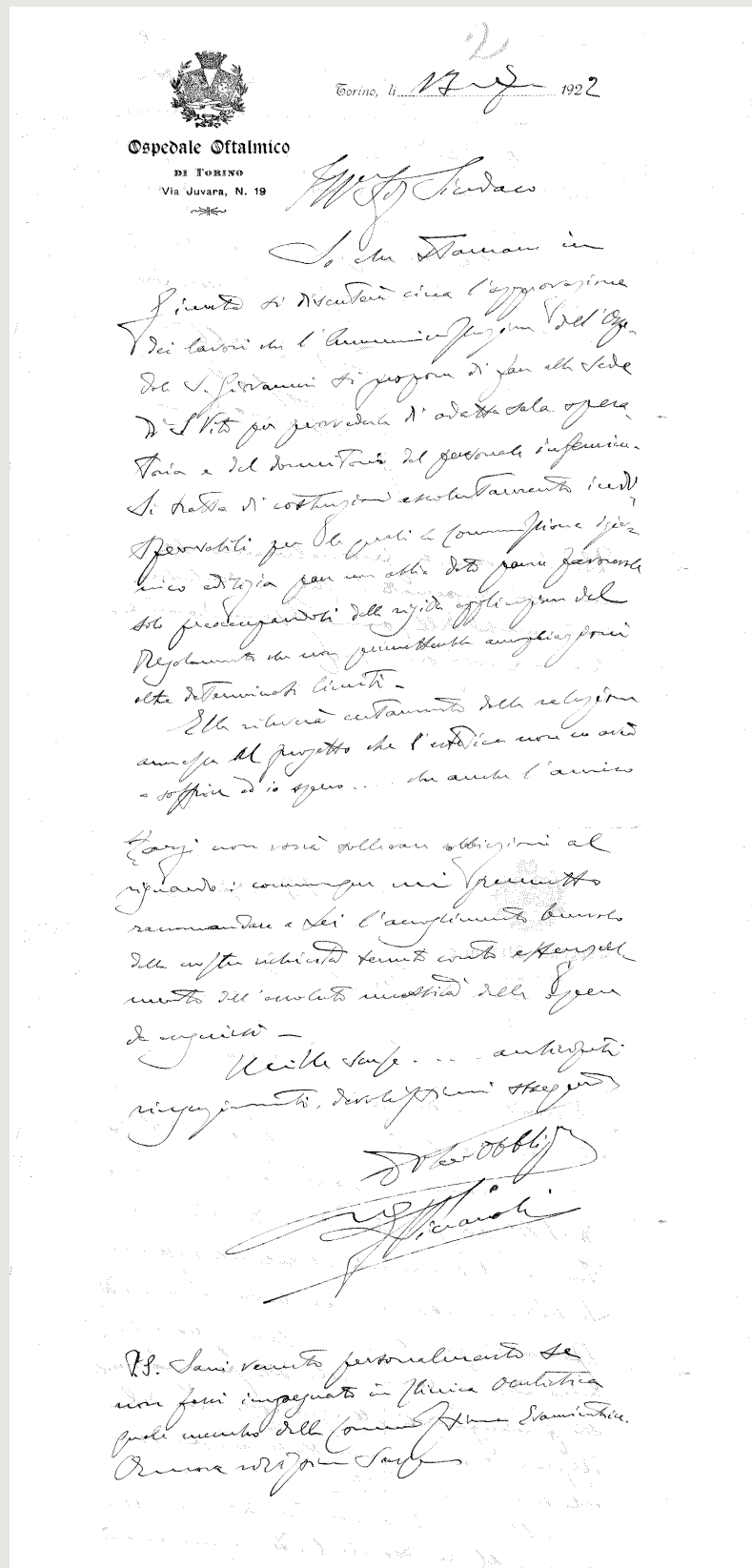
Min. Du. Scis.

SAN GIOVANNI BATTISTA E DELLA CITTÀ DI TORINO

The hospital urges the municipality to facilitate authorization for the redevelopment of the San Vito site, including replacing the attic with a new construction not visible from the city. The letter emphasizes the urgent need to house personnel and establish a nursing school, highlighting the project's public value despite minor deviations from current building regulations.

This internal report outlines the reasons for the City Council's initial rejection of the expansion project at the San Vito branch of the Ospedale San Giovanni. The technical departments raised objections based on urban regulations concerning building height, volume, and visibility on the hillside. Despite acknowledging the public utility of the hospital and the limited visual impact of the proposed additions, the council ultimately did not approve the project in its current form.

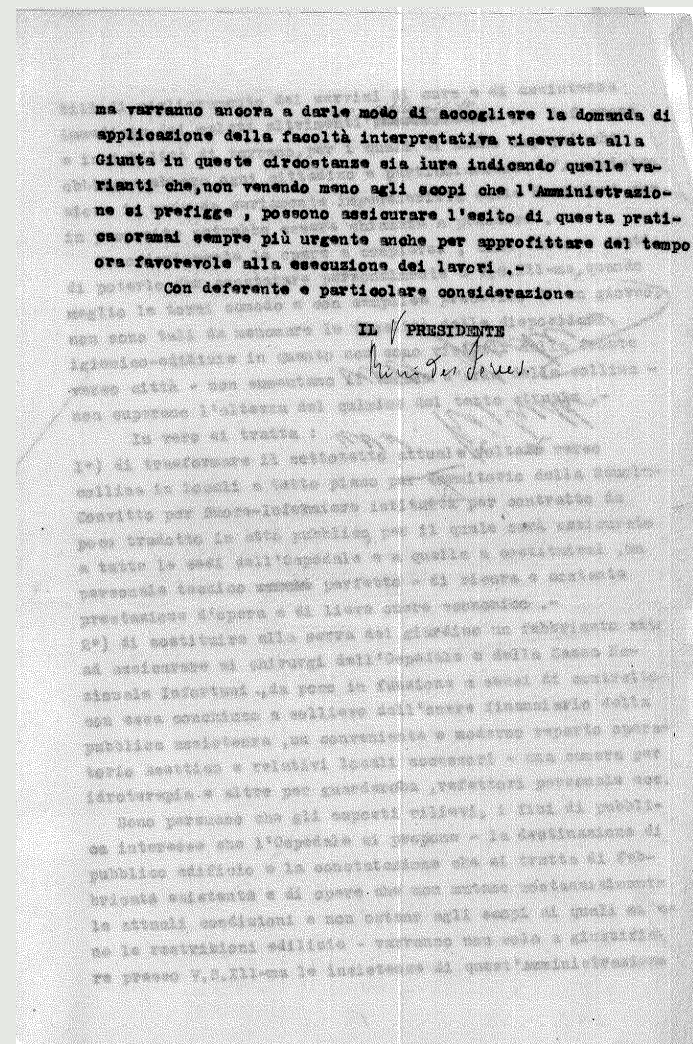
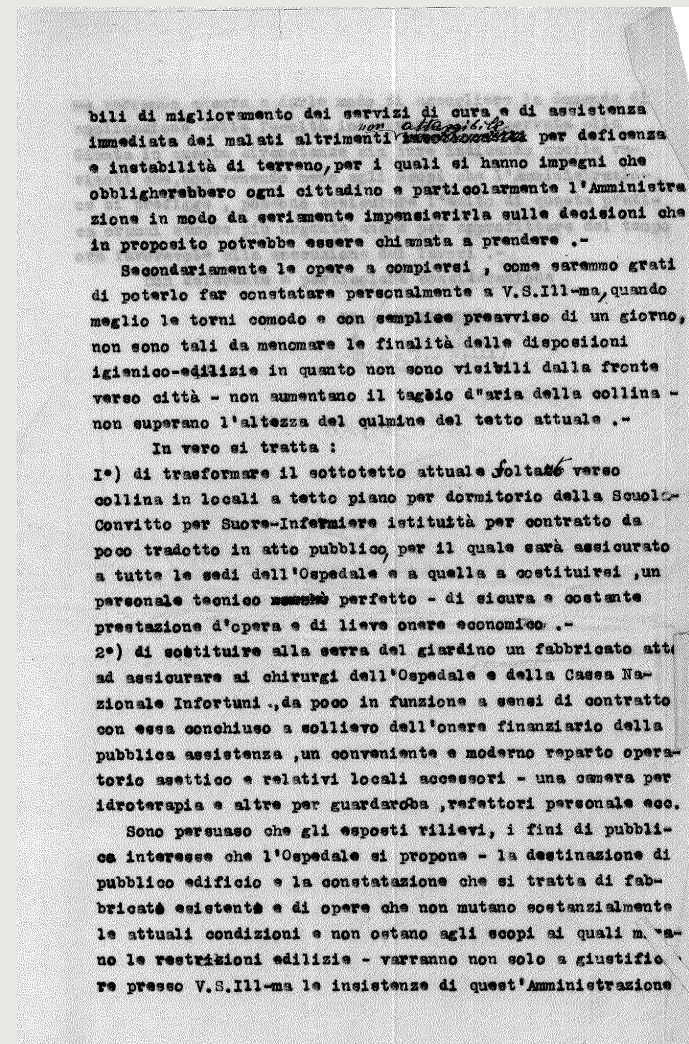
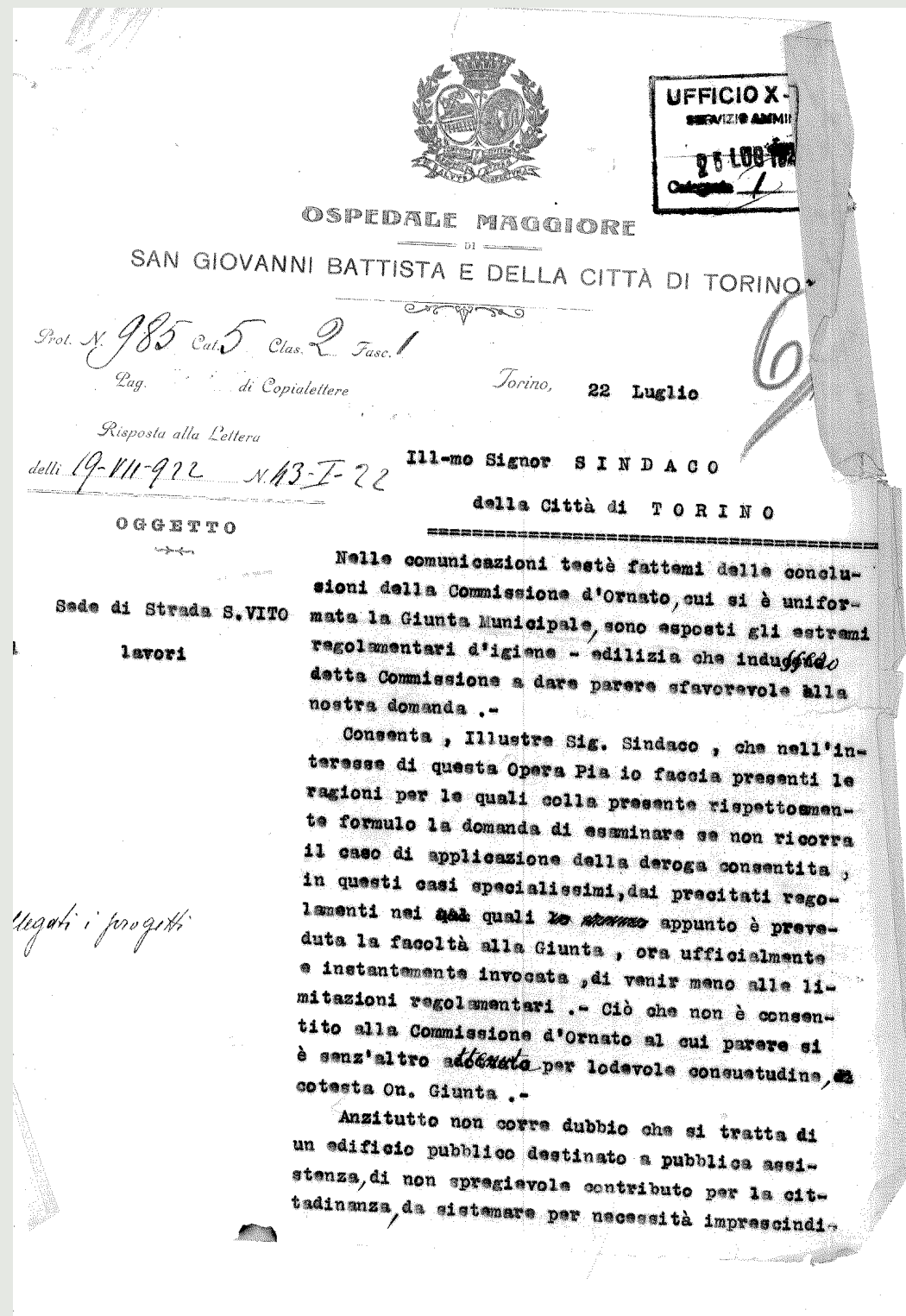
Building Projects archive 1923/667

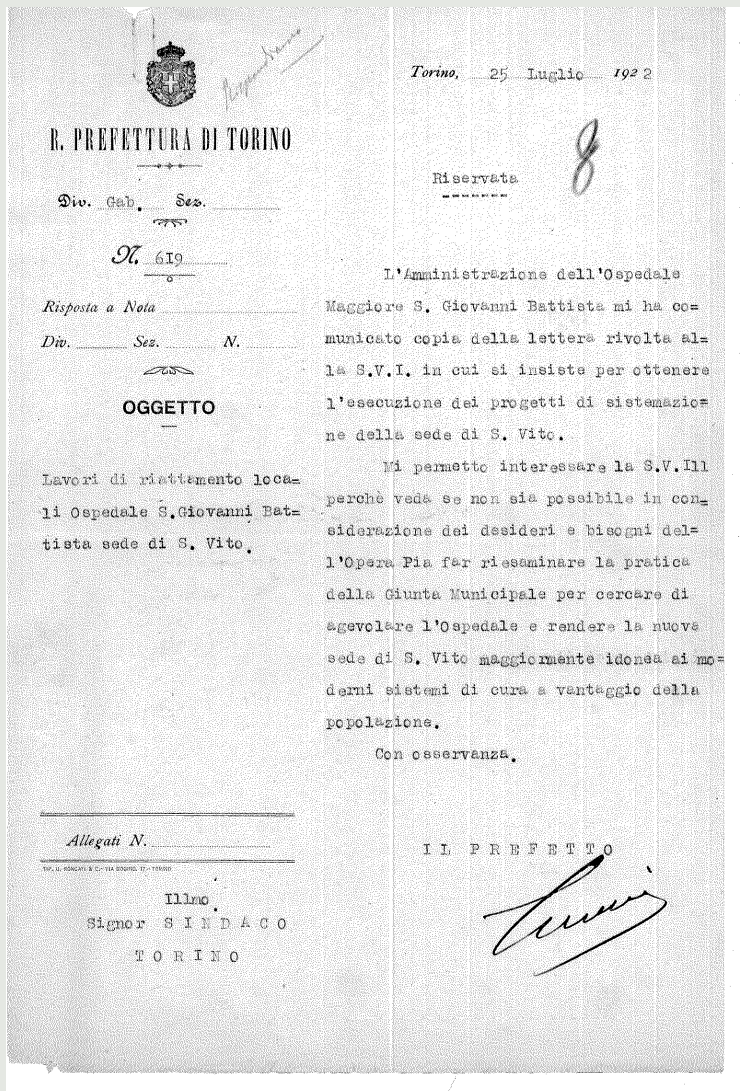


Doc 36 Letter from the Ospedale Maggiore San Giovanni Battista, 22 July 1922.

The hospital defends the public relevance of the planned works in Strada San Vito and requests a revision of the negative opinion expressed by the Ornato Commission.

Building Projects archive 1923/667

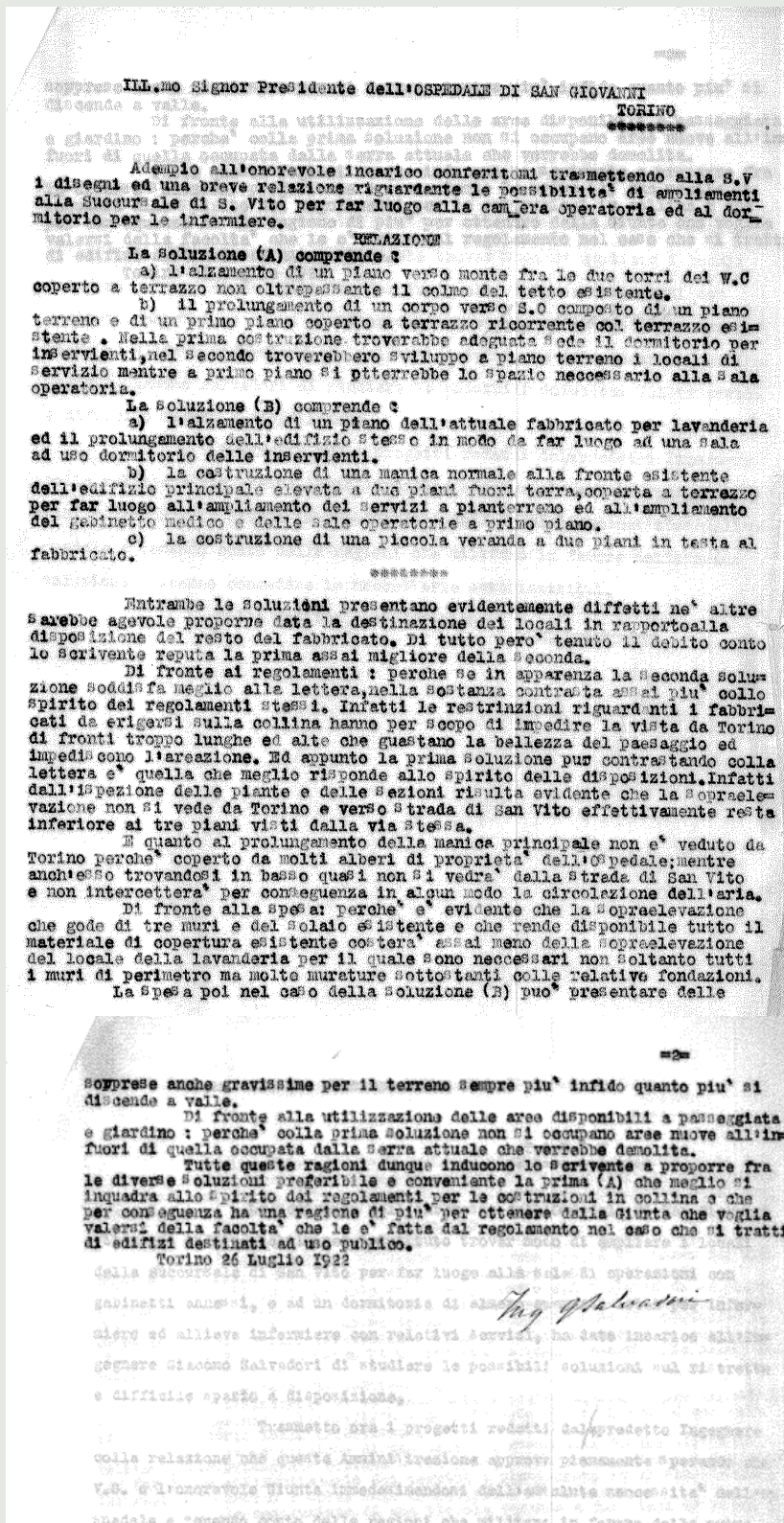




Doc 37. Letter from the Prefect of Turin, 25 July 1922.

The Prefect informs the Mayor of the hospital's request to proceed with the redevelopment of the San Vito facility and urges the City Council to reconsider the project in light of the hospital's public service role and the advantages it would bring to the population.

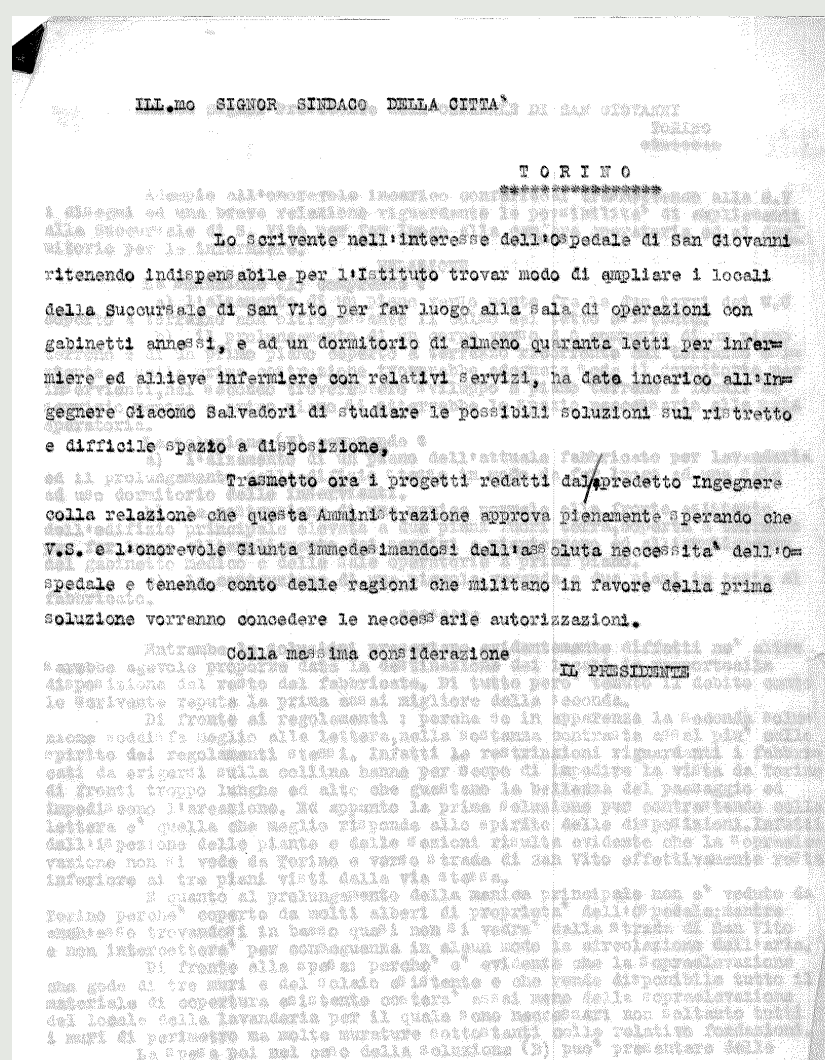
Building Projects archive 1923/667



Doc 38. Technical memorandum by engineer Giacomo Salvadori, 26 July 1922.

In this detailed report addressed to the Mayor, engineer Salvadori analyzes various spatial solutions for the expansion of the San Vito branch of the Ospedale San Giovanni. Among the proposed options, he recommends solution (A), which includes extending the west wing and creating a dormitory for trainee nurses. The report emphasizes compliance with urban regulations, minimal visual impact from the city, and the functional and hygienic advantages of this configuration.

Building Projects archive 1923/667



Doc 39. Proposal for expansion

In the interest of the San Giovanni Hospital, the Administration considered it essential to expand the facilities of the San Vito branch by adding an operating room with adjoining rooms, and a dormitory with at least forty beds for nurses and auxiliary staff, with related services. Engineer Giacomo Salvadori was tasked with studying possible solutions within the limited space available.

Building Projects archive 1923/667

CITTA' DI TORINO
DIVISIONE LII = LL. PP.

SCHEMA DI DELIBERAZIONE DELLA GIUNTA MUNICIPALE

OGGETTO: Ospedale di San Giovanni Battista - succursale di S. Vito.
Domanda di ampliamento e sopraelevazione del fabbricato principale. - Ricorso a precedente deliberazione negativa.

L'Assessore Ollivero riferisce :

L'Amministrazione dell'Ospedale Maggiore di S. Giovanni Battista con domanda in data 2 corr. ha chiesto l'autorizzazione ad eseguire nella sua succursale di S. Vito le seguenti opere :

a) Costruzione di un fabbricato a due piani fuori terra in ampliamento del fabbricato principale a 4 piani fuori terra sul lato sud ovest comprendente locali di servizio ed una nuova sala di operazioni chirurgiche con gabinetti annessi.

b) Sopraelevazione di un piano verso la strada di San Vito ossia verso la collina, del fabbricato principale, limitatamente però alla metà dello spessore del fabbricato stesso, coperta a tetto piano, e comprendente 4 sale ad uso dormitorio per infermiere ed allieve infermiere coi relativi servizi; il tutto in conformità del progetto allegato alla domanda a firma dell'Ing. Giacomo Salvadori.

La Divisione III dei Lavori Pubblici ha rilevato che tale progetto non soddisfa alle speciali norme tecniche per l'esecuzione del piano regolatore edilizio e di ampliamento della zona collinare della Città, vigente per D.L. 10 marzo 1918 N° 385.

La Commissione Igienico-edilizia, in seduta del 4 corr. ha espresso in merito parere negativo nella considerazione che l'attuale fabbricato supera già in lunghezza, in altezza e

Doc 40. Letter from the Ospedale Maggiore San Giovanni Battista, 29 July 1922.

The hospital defends the public relevance of the planned works in Strada San Vito and requests a revision of the negative opinion expressed by the Ornato Commission.

Building Projects archive 1923/667

Per numero di piani i limiti massimi rispettivi stabiliti dalle succitate norme tecniche che regolano la fabbricazione in collina, e la Giunta in data 17 corrente per gli stessi motivi, non ha approvato il progetto.

Il Direttore dell'Ospedale richiedente, informato dell'esito negativo della sua domanda, con ricorso in data 22 corrente mese insiste per la concessione del permesso, invocando specialmente l'assoluta necessità per il funzionamento dell'ospedale delle opere progettate; successivamente ha presentato altra soluzione del problema su disegni dello stesso Ingegnere Salvadori, ma dichiarando di preferire la prima soluzione.

La Commissione igienico-edilizia, in seduta del 27 corrente, ripreso in esame il Progetto principale insieme alla soluzione subordinata, ha osservato che quest'ultima mediante taluni ritocchi potrebbe in massima ritenersi regolamentare, pur riconoscendo che dal lato estetico, oltrechè da quello pratico in rapporto ai fini da raggiungere, sia preferibile la prima soluzione caldeggiata dalla Direzione dell'Ospedale.

Riferendosi pertanto al primo progetto la Commissione, tenuto conto che in base ai risultati del sopralluogo fatto dal Capo della Divisione III, il progettato ampliamento coperto da terrazza alto appena m.8 non risulta visibile dalla Città, per la sua speciale ubicazione, come pure dalla Strada di S. Vito, ha ritenuto che per l'ampliamento stesso possa farsi luogo alla chiesta concessione.

Per quanto riflette la sopraelevazione, considerando che in progetto la fronte attuale verso la Città risulta inalterata e che verso la strada di S. Vito i piani inferiori del fabbricato ^{sono} posti ad un livello ^{più} ~~alquanto~~ ^{meno} più basso e cioè a valle del piano stradale ^{sono} risultano ~~nascherati~~ ^{nascherati} dal muro di cinta anteposto;

Ritenuto che i nuovi locali corrispondono ad una

vera necessità per la provvida istituzione di una scuola per infermiere già idonee all'assistenza sanitaria del personale era disponibile sotto ogni aspetto deficiente;

Visto che le disposizioni restrittive di cui al N° I delle ripetute norme tecniche possono non essere applicate nel caso di edifici pubblici, come quello di cui trattasi, ha espresso parere favorevole anche per la progettata sopraelevazione.

Ciò esposto, il referente sottopone la pratica alla Giunta per le sue deliberazioni.

GABINETTO DEL SINDACO

Minuta di lettera del Sindaco di Torino

addl 29-luglio 1922

Classe *7^e*

Posiz. 2

In risposta alla lettera della S.V.Ill.ma n.619

Div. Gabinetto, riservata, mi pregio significarle che la Giunta municipale, nella seduta di **stamane**, tenuto conto delle condizioni in cui si trova l'Ospedale di San Giovanni Battista e per considerazioni di riguardo verso il nostro più importante Istituto Ospitaliero, ha deliberato a maggioranza di consentire alla esecuzione dei progetti di sistemazione della sede di San Vito.

La concessione è subordinata alla condizione di precarietà nel senso che, cessando la destinazione del fabbricato ad uso di ospedale, debbano demolirsi le sopraelevazioni ed aggiunte eseguite.

Con osservanza

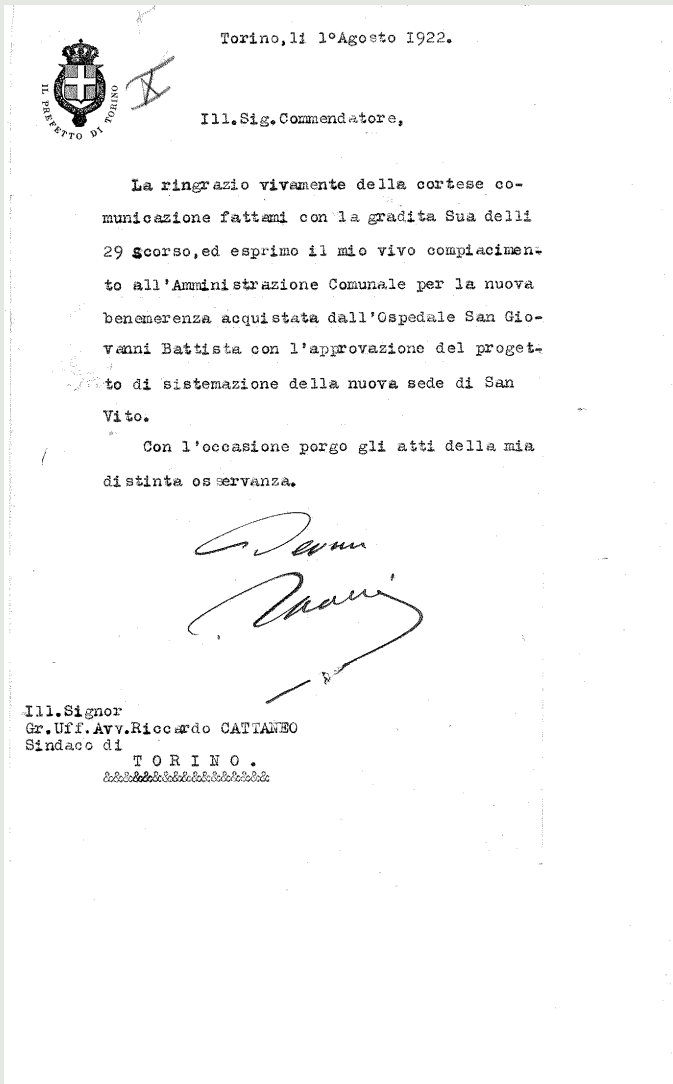
IL SINDACO

On mo Sign or

Senatore Gr.Cord. Paolo Taddei

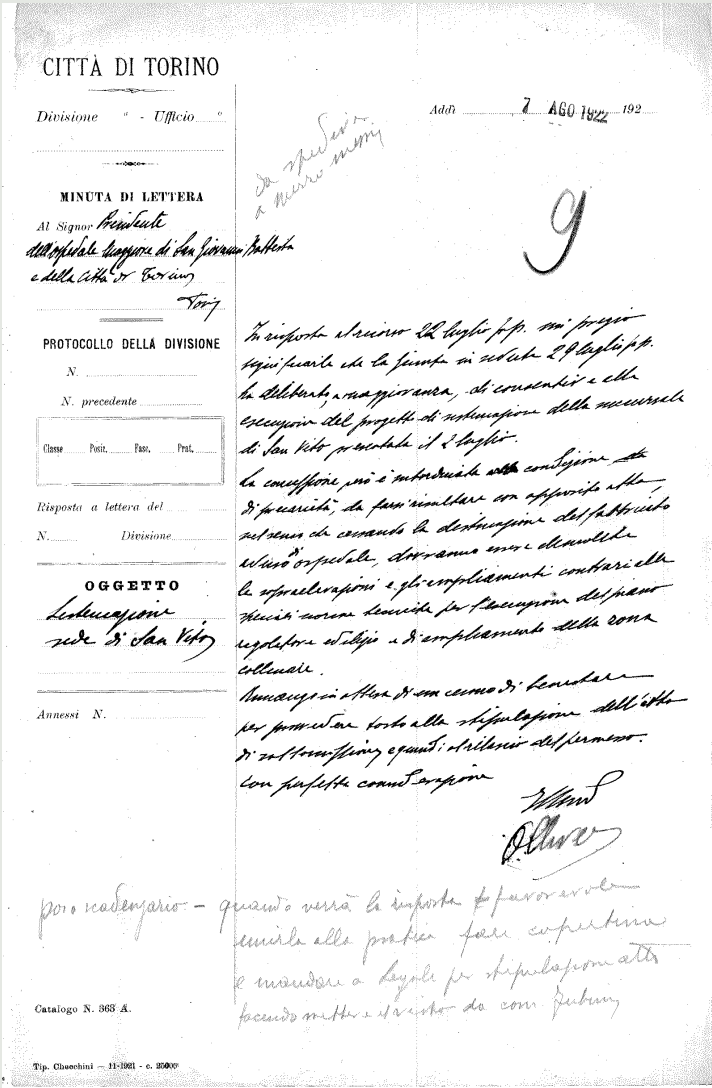
Prefetto della Provincia di

TORINO



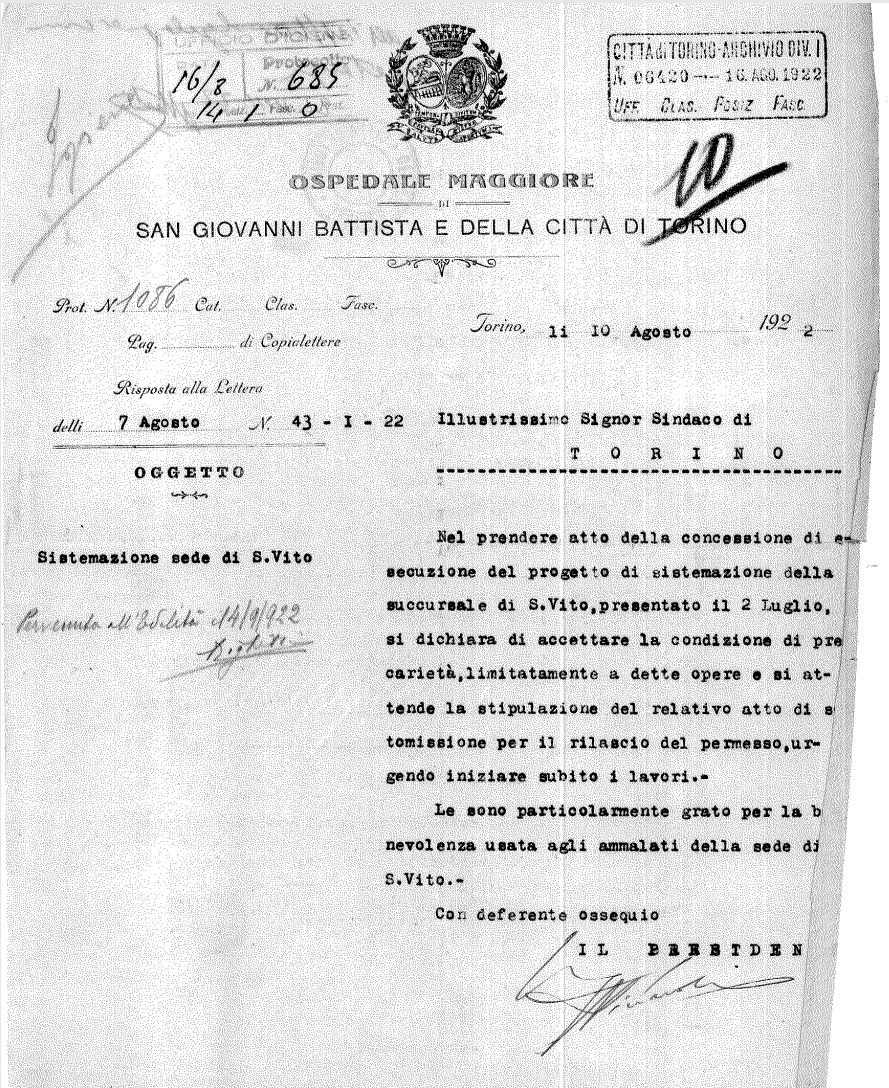
Doc. 43 Exchange of letters between the Mayor of Turin and the Prefect, July-August 1922.

In response to the Prefecture's request, the Mayor confirms the City Council's approval for the redevelopment of the San Vito hospital site, under the condition that future changes in use will require the demolition of any added volumes. The Prefect replies expressing appreciation for the municipality's support of the Ospedale San Giovanni Battista.



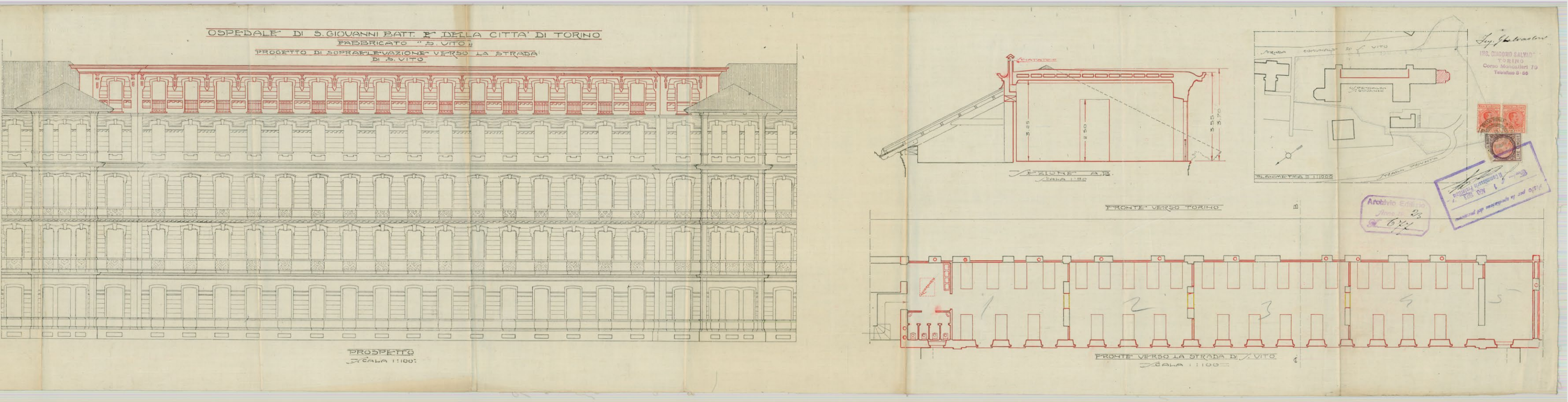
Doc 44. Municipal letter to the Ospedale San Giovanni, undated (circa 1922).

Draft communication from the City of Turin regarding the implementation of works at the San Vito site. The letter outlines the city's conditional approval for the project, including compliance with planning regulations and alignment with broader urban strategies for health infrastructure.

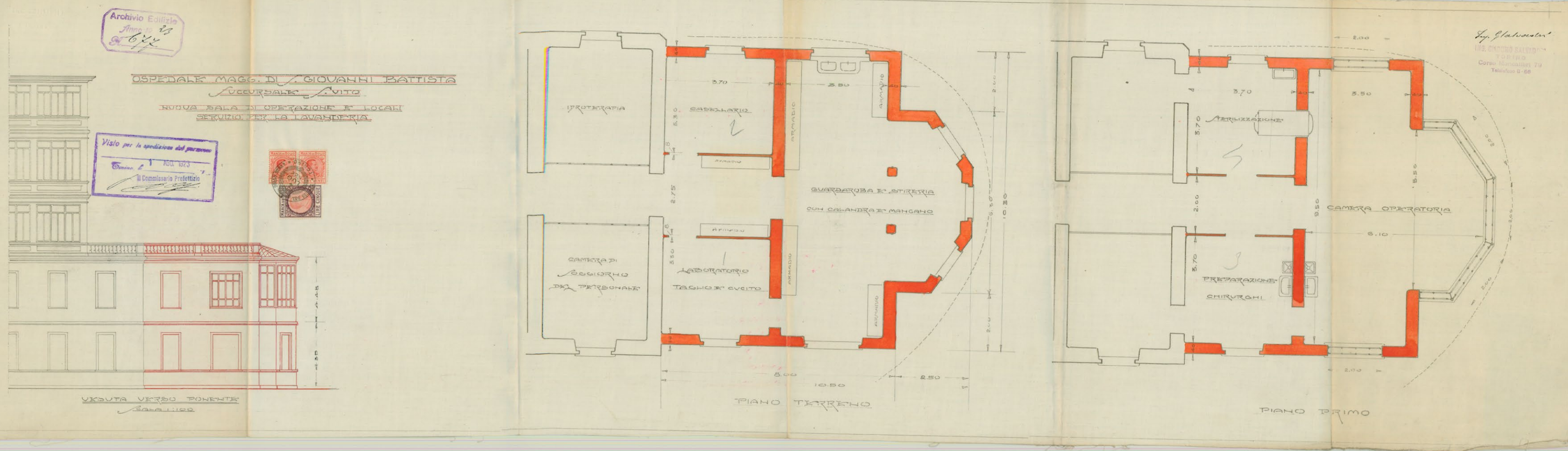


Doc 45. Letter from the Ospedale Maggiore San Giovanni Battista, 11 August 1922.

The hospital acknowledges the authorization to proceed with the redevelopment of its San Vito branch, accepts the conditions imposed by the municipality, and expresses gratitude for the attention shown to the patients of the facility.



Doc 46. Architectural drawing, project no. 677/1923 - Sheet 150-2.
Technical plan related to the expansion works of the Ospedale San Giovanni in Strada San Vito, submitted as part of the municipal building permit application.



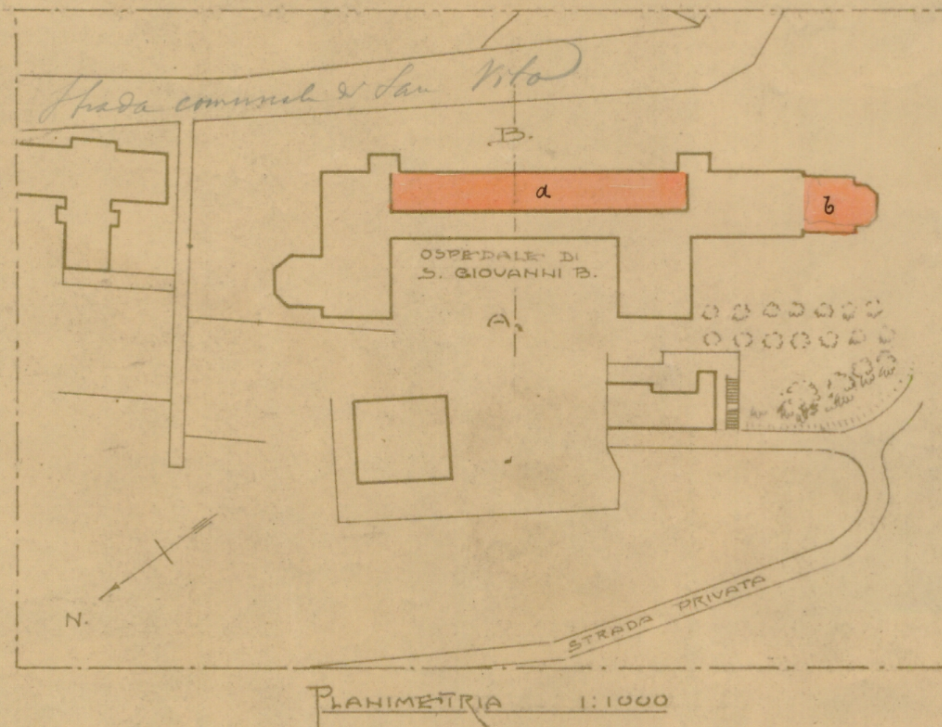
Doc 47. Ospedale Maggiore San Giovanni Battista - San Vito

"New operating room and auxiliary rooms" - architectural drawing, 1923.

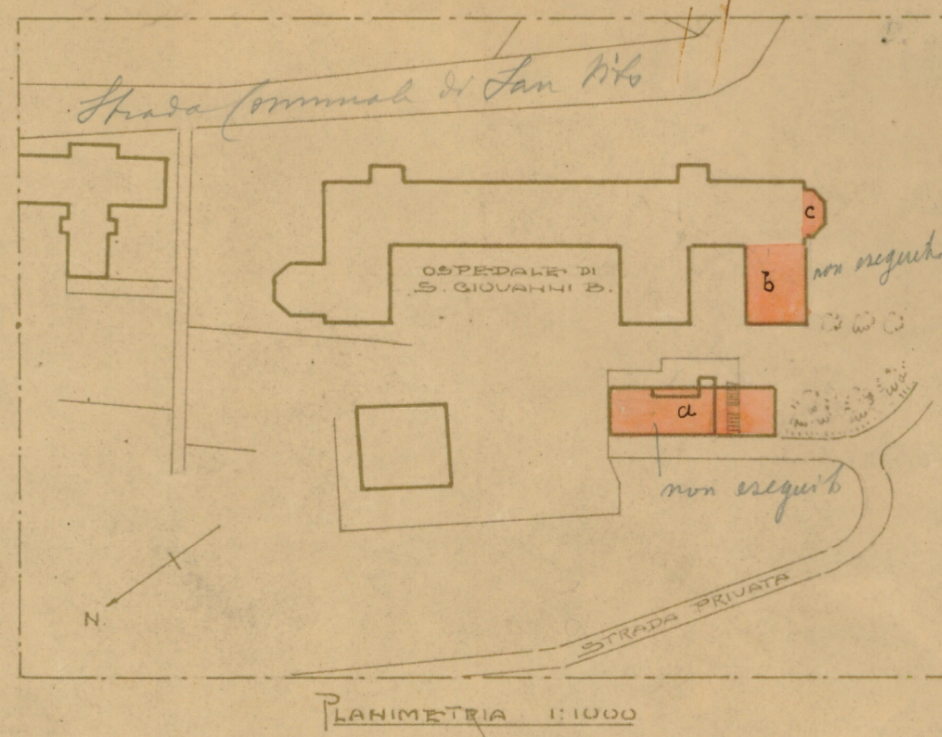
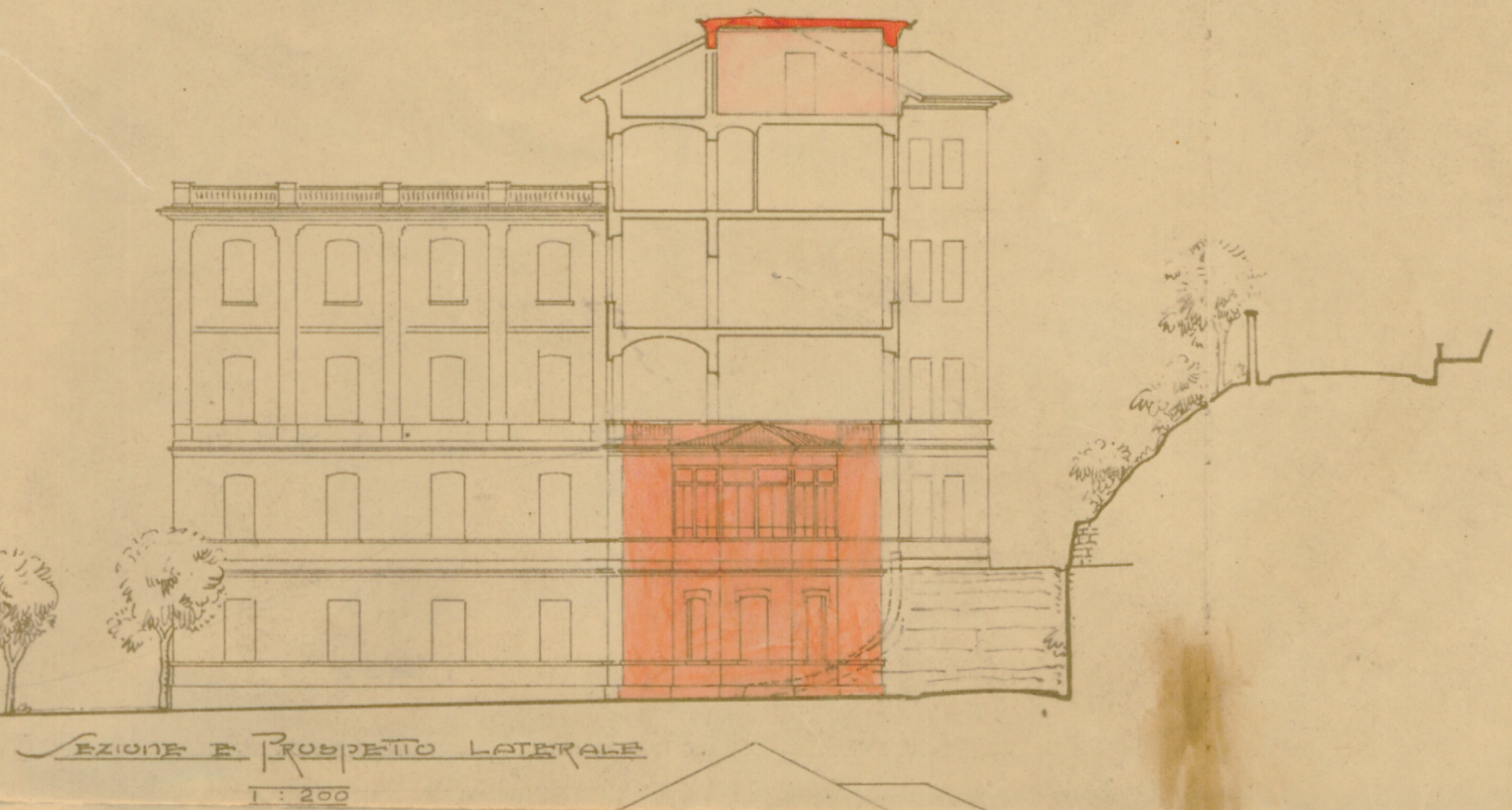
Project no. 677/1923. Longitudinal section, ground floor plan, and first floor plan of the proposed surgical pavilion, designed by engineer Giacomo Salvadori. Stamped and approved by the Ufficio d'Igiene and the Archivio Edilizio of the City of Turin.

OSPEDALE DI S. GIOVANNI BAT.
OCORSALE S. VITO
AMPLIAZIONI

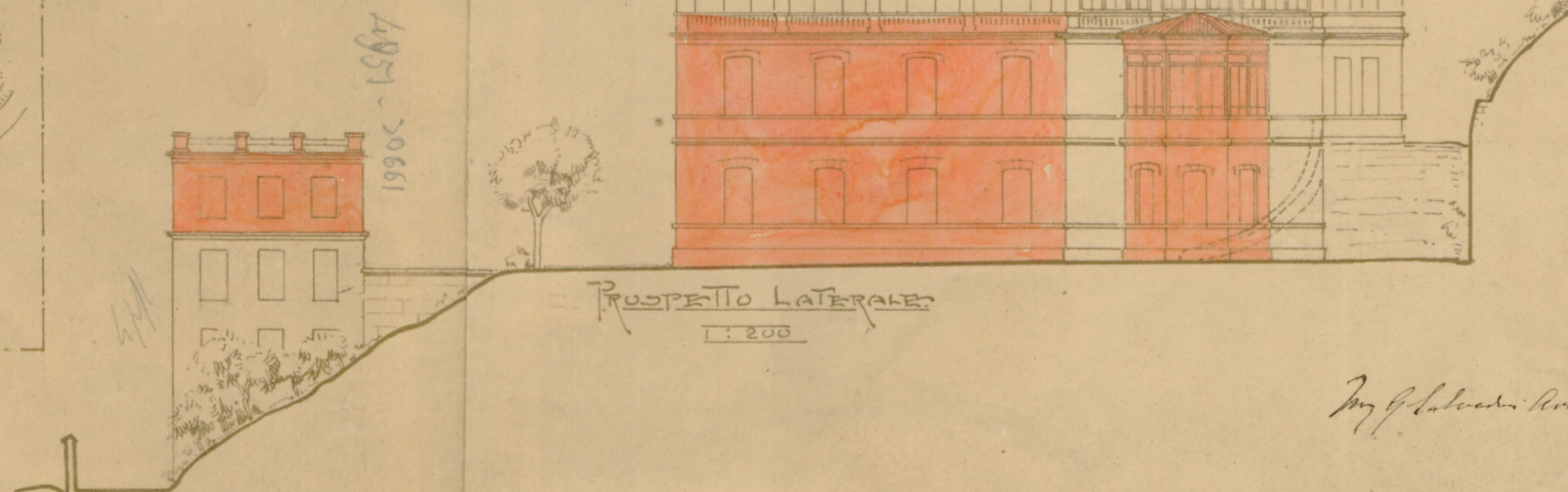
Archivio Edilizio
 Anno 1923
 622



1^a SOLUZIONE A)



2^a SOLUZIONE B)

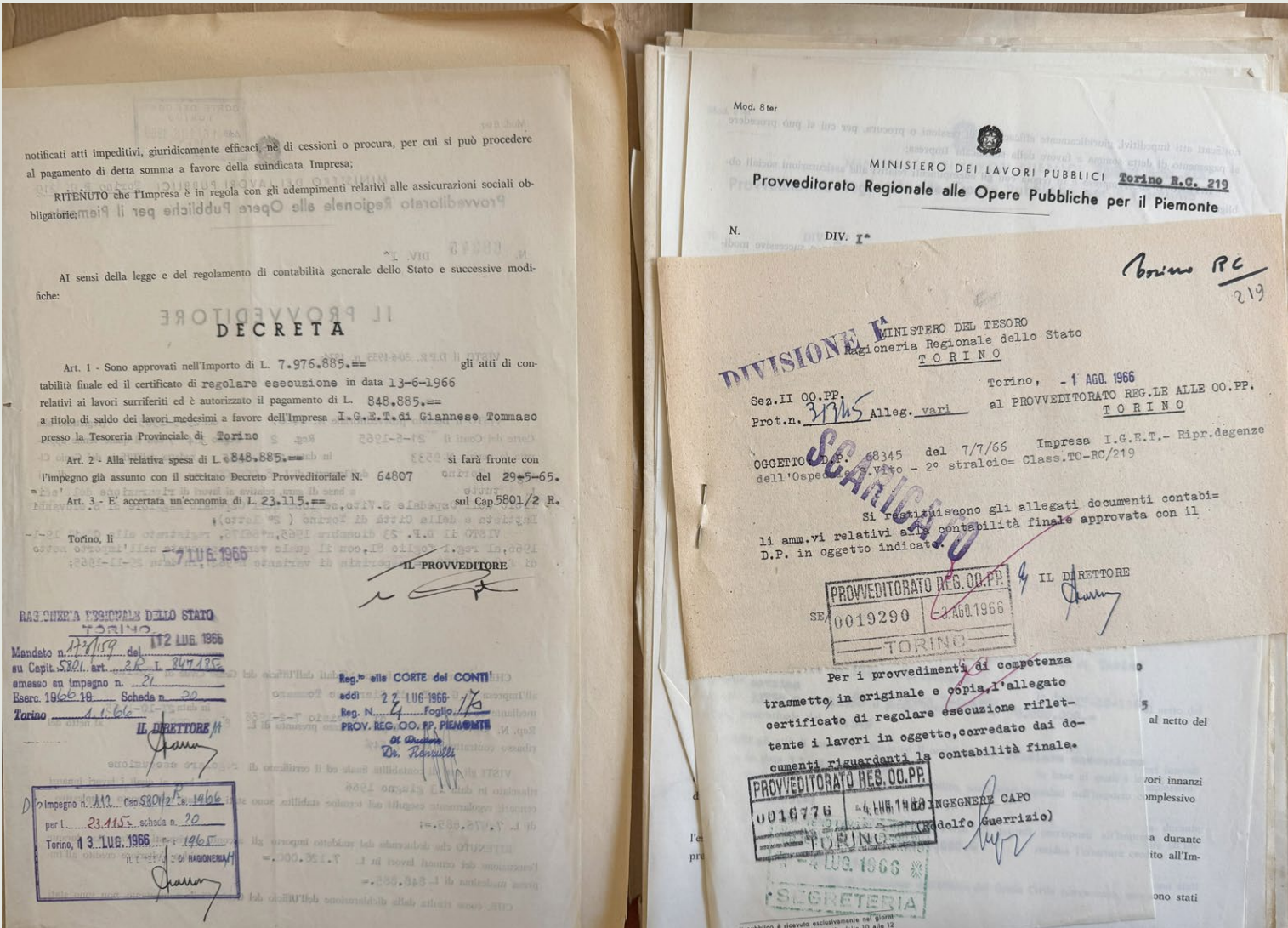


Ing. Giacomo Salvadori Arch. 1922

Doc 48. Ospedale di San Giovanni Battista - San Vito

Comparison of expansion proposals, 1922.

Site plans, sections, and elevations illustrating two alternative solutions (A and B) for the extension of the hospital complex. The drawing highlights the impact of each proposal in relation to the topography and existing structures. Authored by engineer Giacomo Salvadori.



Doc 49. Decrees and accounting certificates relating to the repair works at the San Vito Hospital.

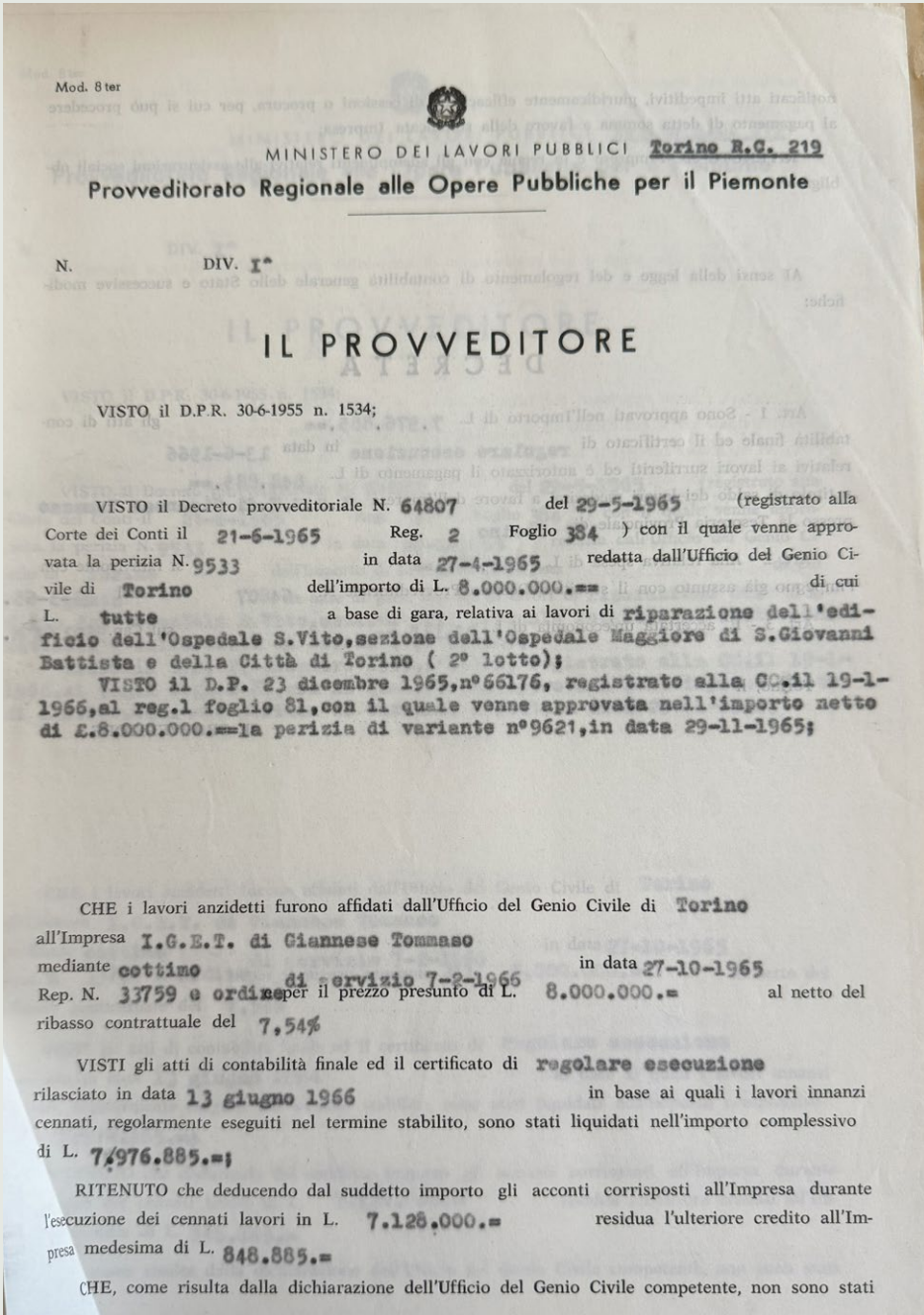
The main document approves an expenditure of 3,827,560 lire for restoration works due to war damage, allocated under Laws No. 657 of 5 August 1954 and No. 357 of 29 May 1965. The decree is signed by the Regional Superintendent for Public Works for Piedmont, registered with the Court of Auditors on 13 July 1965, and accompanied by accounting endorsements certifying the regular allocation of the funds in the State budget.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione I, Opere in dipendenza di danni bellici, mazzo 369, fascicolo 3, Ristrutturazione dell'ospedale "S. Vito" 1962-1974

Doc 50. Decree issued by the Regional Superintendent for Public Works for Piedmont concerning the approval and settlement of the repair works at the San Vito Hospital in Turin.

The document records the awarding of the works to the company I.G.E.Z. di Giannese Tommaso for a contractual amount of 8,000,000 lire, with a discount of 7.54%, and the certification of regular completion issued on 13 June 1966. It states that, after deducting the advance payments made during the execution of the works, the remaining amount due to the company was 848,885 lire.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione I, Opere in dipendenza di danni bellici, mazzo 369, fascicolo 3, Ristrutturazione dell'ospedale "S. Vito" 1962-1974.



CHE i lavori anzidetti furono affidati dall'Ufficio del Genio Civile di Torino all'Impresa I.G.E.Z. di Giannese Tommaso mediante cottimo di servizio 7-2-1966 in data 27-10-1965 Rep. N. 33759 e ordinato per il prezzo presunto di L. 8.000.000.= al netto del ribasso contrattuale del 7,54%

VISTI gli atti di contabilità finale ed il certificato di regolare esecuzione rilasciato in data 13 giugno 1966 in base ai quali i lavori innanzi cennati, regolarmente eseguiti nel termine stabilito, sono stati liquidati nell'importo complessivo di L. 7.976.885.=

RITENUTO che deducendo dal suddetto importo gli acconti corrisposti all'Impresa durante l'esecuzione dei cennati lavori in L. 7.128.000.= residua l'ulteriore credito all'Impresa medesima di L. 848.885.=

CHE, come risulta dalla dichiarazione dell'Ufficio del Genio Civile competente, non sono stati

Doc 51. Report and financial statement of the repair works carried out at the San Vito Hospital.

The technical document from the Civil Engineering Office of Turin provides a detailed description of the works performed, the quantities, and the related expenses, amounting to a total of 6,827,391 lire. The report specifies interventions including demolition, reconstruction of masonry, repair of roofs, and consolidation of structures damaged by war-time events. The document is dated 29 November 1965 and bears stamps confirming accounting verification and approval.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione I, Opere in dipendenza di danni bellici, mazzo 369, fascicolo 3, Ristrutturazione dell'ospedale "S. Vito" 1962-1974.

N. d'ordine	INDICAZIONE DEI LAVORI	DIMENSIONI			QUANTITA'	Prezzo unitario	IMPORTO
		Larghezza	Larghezza	Altezza			
Loc. 19	0,55x0,92				0,51		
	0,45x1,00				0,45		
	3(1,00x1,00)				3,00		
				mq.	207,56	300	62.268
	Importo complessivo della perizia a base asta					£. 8.627.391	
	Deducesi il ribasso d'asta del 7,27%					627.211	
	Resta l'importo netto della perizia					8.000.180	
	Arrotondato in lire					£. 8.000.000	
	Torino li 29 NOV. 1965						
	Redatta dal Geometra						
	CODA Secondino						
	L'INGEGNERE DI SEZIONE						
	(L. Vietti)						
	Visto: L'ISPIETTORE GENERALE						
	Capo dell'Ufficio						
	(E. MONTEBRUNO)						
	PER COPIA CONFORME						
	IL CAPO SEZIONE						

Sez. 4^a COPIA 2

MINISTERO DEI LAVORI PUBBLICI
UFFICIO DEL GENIO CIVILE
TORINO 9621

PERIZIA N. in data 29 NOV. 1965

Opere di riparazione danni bellici

PERIZIA di variante di pari importo a quella contraddistinta al n. 9533 del 27-4-1965 con utilizzazione del ribasso d'asta per il ripristino delle opere murarie ed affini dell'Ospedale S. VITO Sezione dello Ospedale Maggiore di S. Giovanni Battista e della Città di Torino.

RELAZIONE

PREMESSO:

che con D.P. n. 58817 in data 25-6-1962 reg.to alla Corte dei Conti il 27-7-1962 al registro 3 foglio 53 venne approvata la perizia generale n. 8842 in data 13-3-1962 dell'importo di £. 22.450.000=;

che con lo stesso D.P. n. 58817 in data 25-6-1962 venne resa esecutoria la perizia di 1° stralcio della generale suddetta, contraddistinta con il n. 8842/A pure in data 13-3-1962 per un importo a base di asta di £. 8.000.000=;

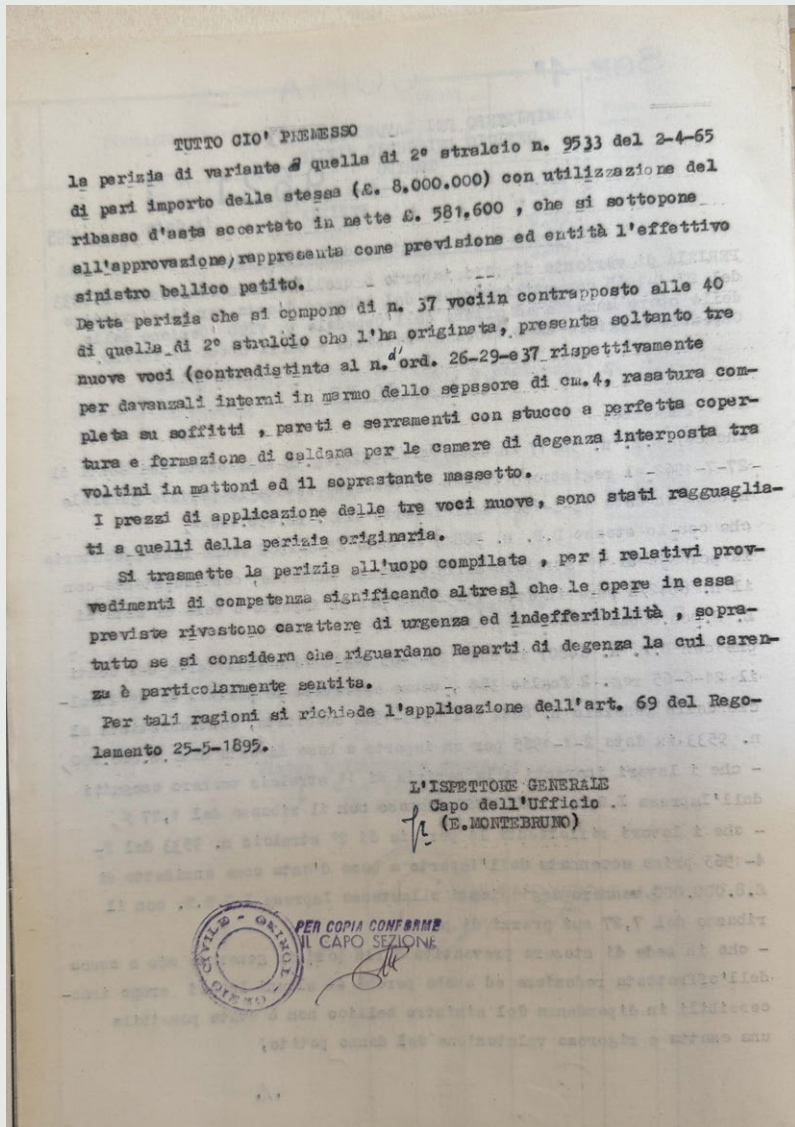
che con D.P. n. 54807 in data 29-5-65 registrato alla Corte dei Conti il 21-6-65 reg. 2 foglio 384, venne approvata la perizia di 2° Stralcio della generale n. 8842 del 13-3-1962 succitata, contraddistinta al n. 9533 in data 2-4-1965 per un importo a base di asta di £. 8.000.000;

- che i lavori inerenti alla perizia di 1° stralcio vennero eseguiti dall'Impresa I.G.E.T. GIANNESE Tommaso con il ribasso del 1,27 %;

- che i lavori riflettenti la perizia di 2° stralcio n. 9533 del 2-4-1965 prima accennata dell'importo a base d'asta come anzidetto di £. 8.000.000, vennero aggiudicati all'Impresa I.G.E.T. con il ribasso del 7,27 sui prezzi di perizia;

- che in sede di stesura preventiva della perizia generale sia a causa dell'affrettata redazione ed anche perchè in alcuni locali erano inaccessibili in dipendenza del sinistro bellico non è stata possibile una esatta e rigorosa valutazione del danno patito;

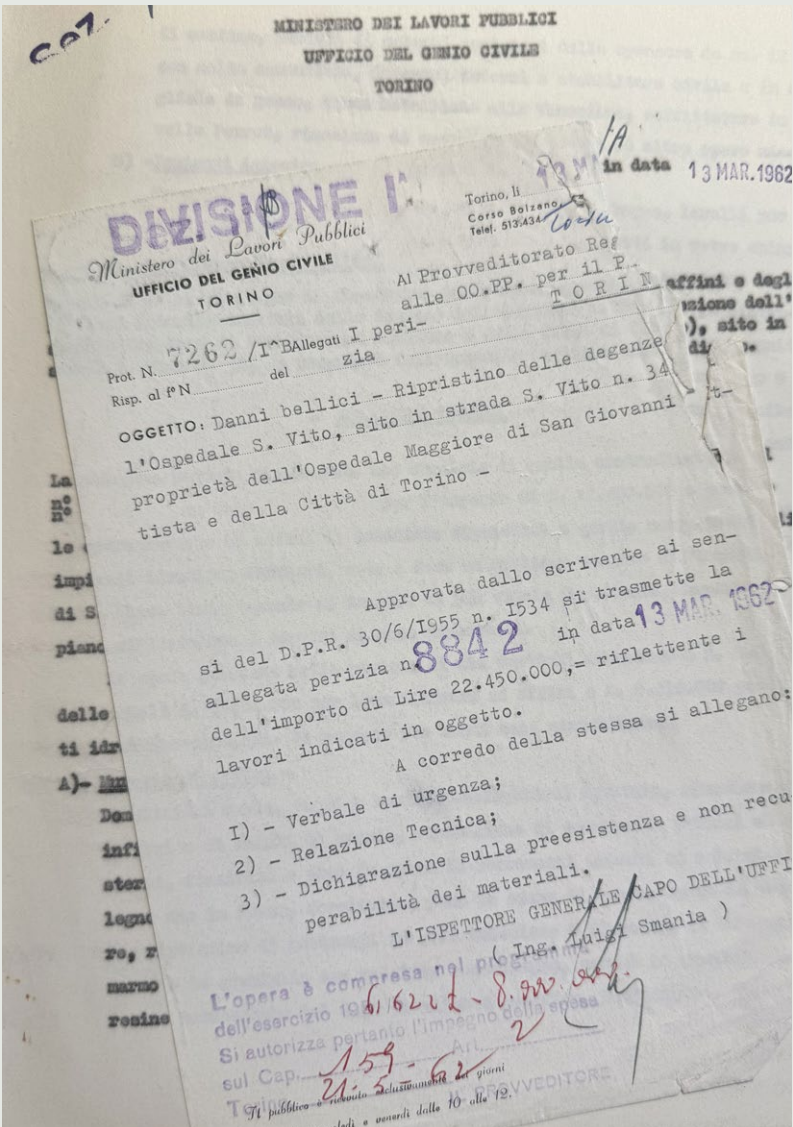
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Doc 52. Technical report describing the second variant estimate for the repair works at San Vito Hospital, dated 2 April 1965.

The document confirms an overall amount of 8,000,000 lire, including a discount of 581,600 lire applied to the tendered price. The text details 37 work items compared to the original 40, specifying the addition of new masonry vaults, plastering, and the reinforcement of internal partitions in the patient rooms. The report emphasizes the urgency and essential character of the interventions, particularly because they concern wards intended for patient care.

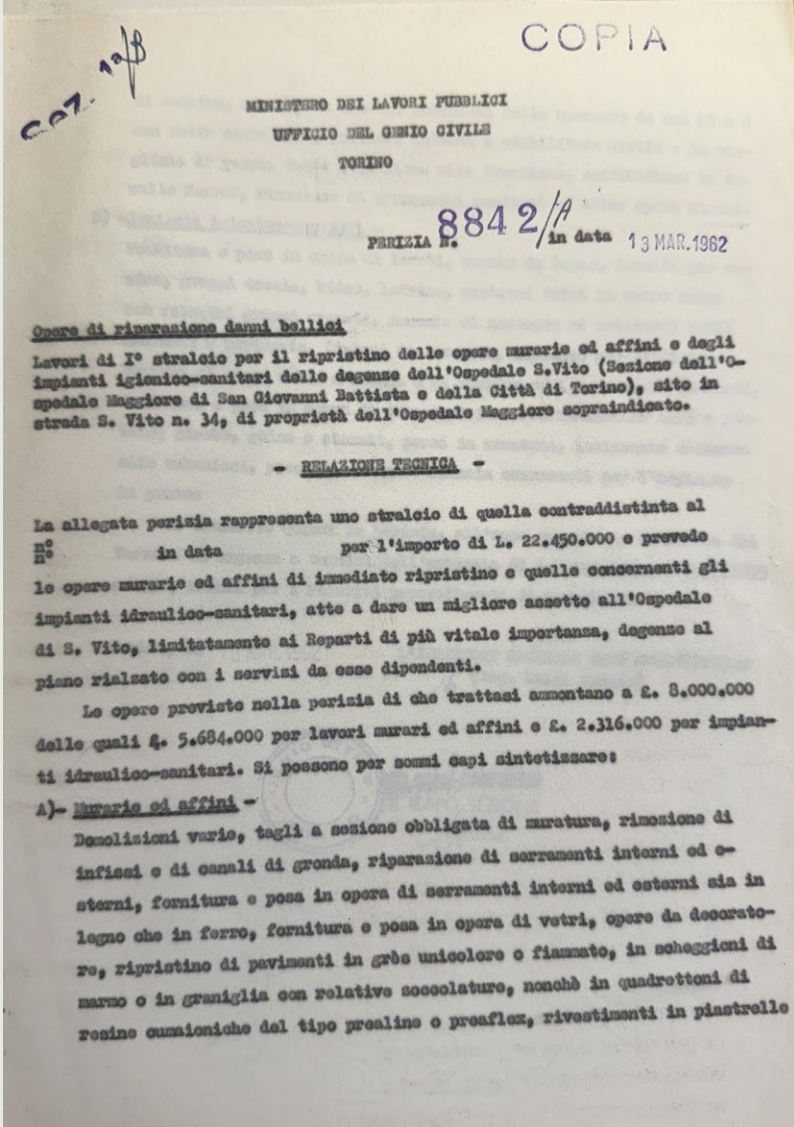
Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione I, Opere in dipendenza di danni bellici, marzo 369, fascicolo 3, Ristrutturazione dell'ospedale "S. Vito" 1962-1974



Doc 53. Letter and attached note from the Civil Engineering Office of Turin, dated 13 March 1962, regarding the repair of the hospital wards at San Vito Hospital following war damage.

The document approves an estimate of 22,450,000 lire for the works, referring to the urgency and necessity of restoring the damaged structures owned by the Ospedale Maggiore di San Giovanni Battista and the City of Turin. The attachments listed include an urgency report, a technical report, and a declaration on the non-recoverability of materials.

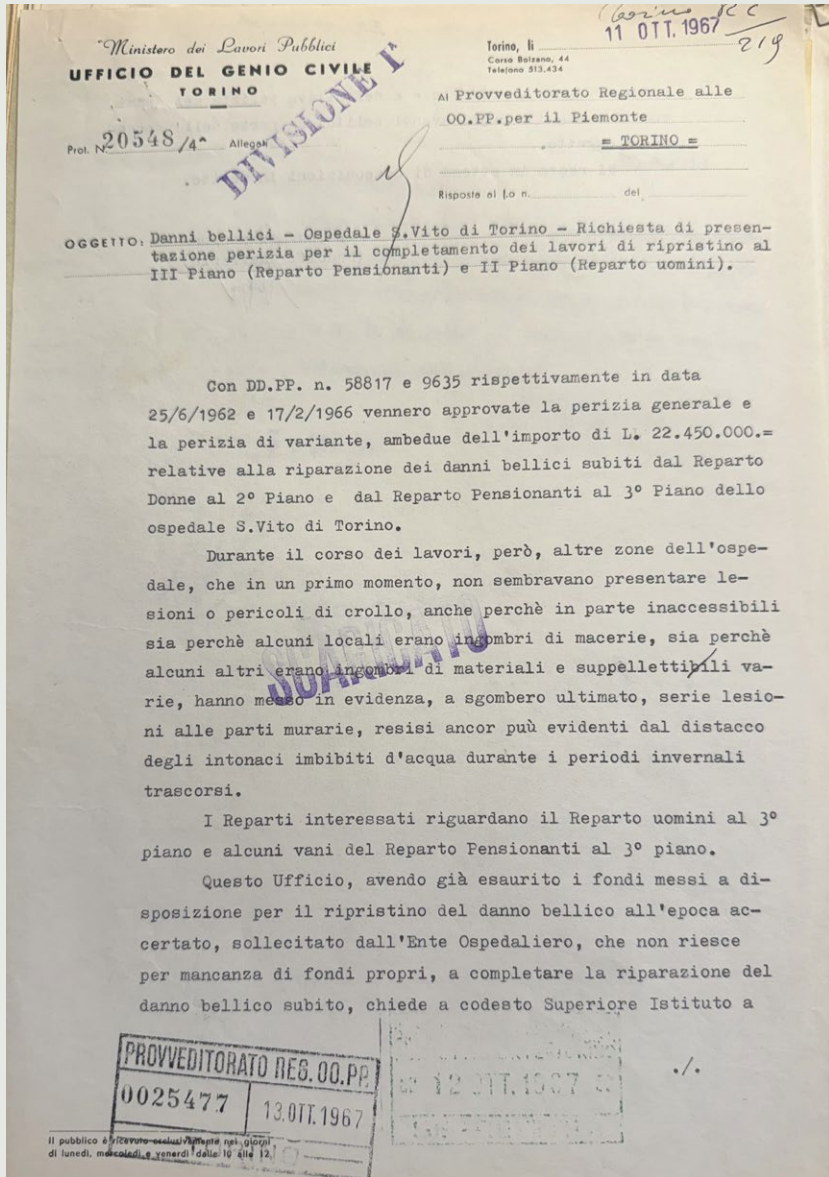
Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione I, Opere in dipendenza di danni bellici, marzo 369, fascicolo 3, Ristrutturazione dell'ospedale "S. Vito" 1962-1974.



Doc 54. Technical report listing the specific sanitary installations planned as part of the war damage repairs at San Vito Hospital, dated 13 March 1962.

The document details the supply and installation of sinks, bathtubs, kitchen sinks, bidets, toilets, and related plumbing fixtures, including ceramic and enamelled accessories. It also describes the water distribution system for hot and cold water, waste drainage, and the necessary metal piping and insulation. The report concludes by transmitting the estimate together with the urgency report for formal approval.

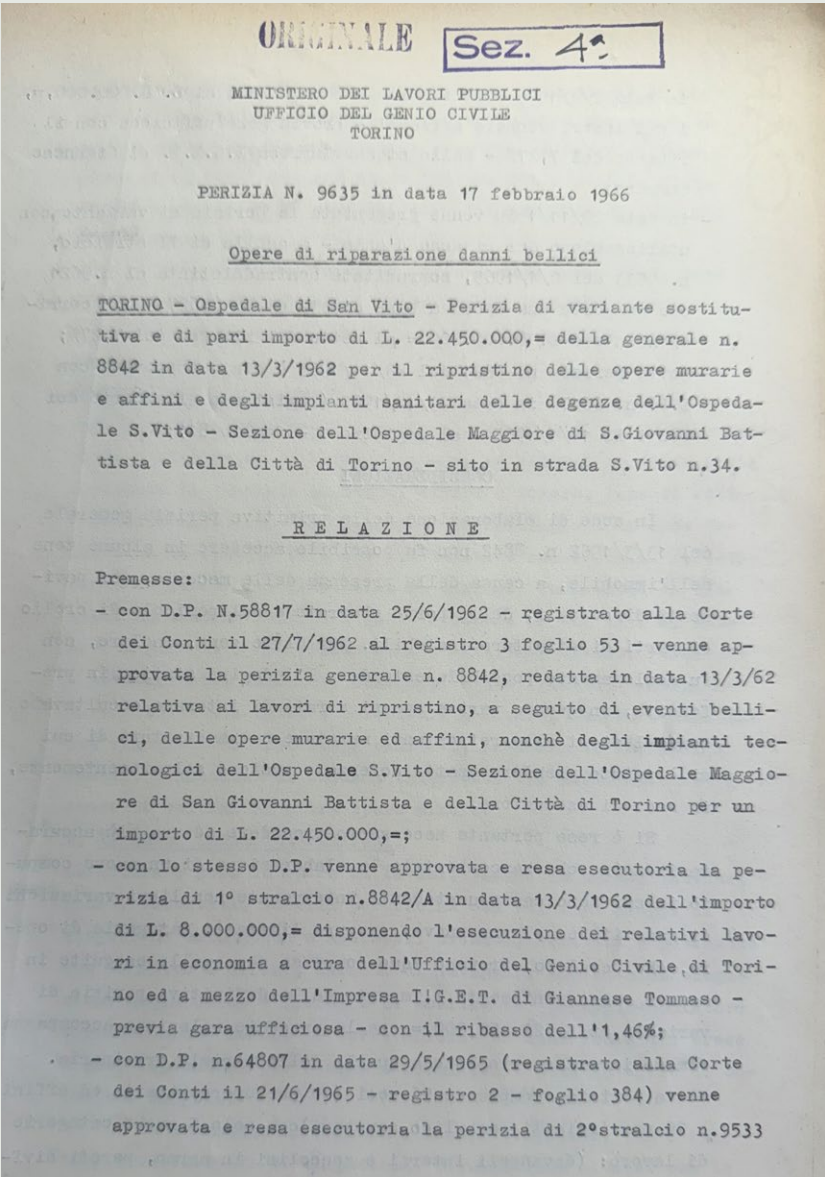
Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione I, Opere in dipendenza di danni bellici, marzo 369, fascicolo 3, Ristrutturazione dell'ospedale "S. Vito" 1962-1974.



Doc 55. Letter from the Civil Engineering Office of Turin, dated 11 October 1967, concerning the request to submit a new estimate for completing repair works on the second and third floors of San Vito Hospital, following war damage.

The document explains that although initial estimates amounting to 22,450,000 lire had been approved in 1962 and 1966, additional structural damage was later discovered after clearing debris and furniture. These damages included severe deterioration of masonry and plaster soaked with water during winter months. The Office requests supplementary funding to finalize the restoration of the affected wards.

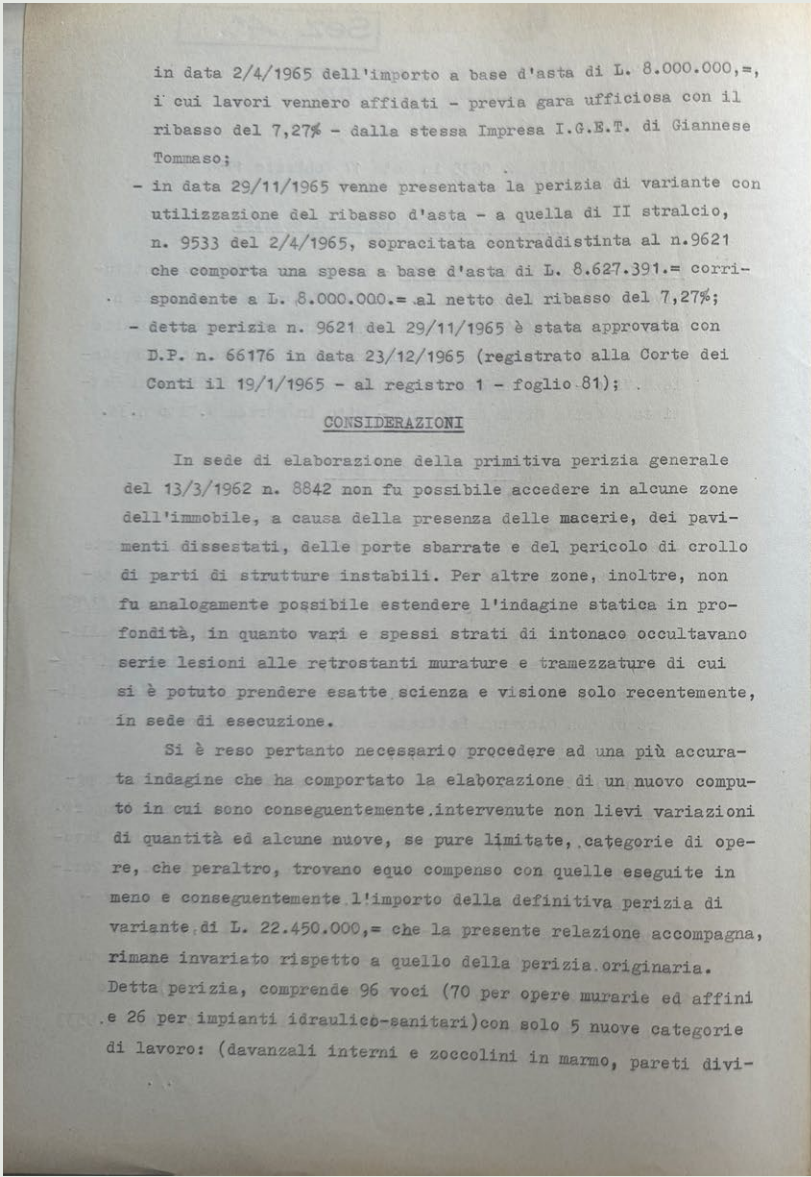
Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione I, Opere in dipendenza di danni bellici, mazzo 369, fascicolo 3, Ristrutturazione dell'ospedale "S. Vito" 1962-1974.



Doc 56. Technical report and estimate issued by the Civil Engineering Office of Turin on 17 February 1966, describing the supplementary variant appraisal for war damage repairs at San Vito Hospital.

The document references earlier approvals from 1962 and 1965 and explains that, during the course of the works, further structural problems were identified, including severe damage to masonry, plaster detachments, and infiltration affecting the sanitary installations. The report outlines demolition and reconstruction of walls, installation of ceramic flooring and cladding, application of plaster and paint, and supply of sanitary equipment and plumbing systems. The total estimate confirmed was 22,450,000 lire, corresponding to 96 work items for masonry and 26 for hydraulic and sanitary installations.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione I, Opere in dipendenza di danni bellici, mazzo 369, fascicolo 3, Ristrutturazione dell'ospedale "S. Vito" 1962-1974.



sorie in vetrocemento, vetri smerigliati e trasporto di macerie alle pubbliche discariche altre due voci che non figuravano nella perizia originaria: rasatura di pareti e formazione di caldana sono già state incluse nella perizia di variante a quella di II stralcio con utilizzazione del ribasso d'asta suaccennata.

I prezzi di applicazione delle cinque nuove voci, sono stati ragguagliati a quelli della perizia primitiva generale.

La perizia che si sottopone all'approvazione prevede essenzialmente:

A) OPERE MURARIE E AFFINI

demolizioni varie e tagli a sezione obbligata di muratura, rimozione e ripristino di infissi interni ed esterni in legno abete rivestito in laminato plastico, larice o rovere, lega di anticorodal e scatolati; ripristino di pavimentazioni in grès ceramico e in scaglie di marmo con relative zoccolature; rivestimento di pareti con piastrelle di caolino; formazione di tramezzi in mattoni semipieni dello spessore di cm. 12 e 8; intonaco a platiro a neutrolith ed a stabilitura civile; fornitura e posa di vetri stampati, semidoppi e smerigliati; tinteggiatura a colla e a calce e coloritura a biacca, smalto e cemento; rimozione di apparecchi sanitari, rasatura di soffitti e pareti; formazione di caldana interposta tra massetto e estradosso di voltini ed altre opere minori.

B) IMPIANTI IDRAULICO-SANITARI.

fornitura e posa in opera di lavabi, vasche da bagno, latrine, bidet, vuotavasi, lavelli per cucina con relativi gruppi di erogazione dell'acqua e accessori cromati; scarichi a pavimento con marmitte e sifone, idranti di lavaggio, impianto di erogazione acqua calda e fredda e di scarico per le apparecchiature sopradescritte nonché le opere murarie ad esse inerenti; prese a gas, aspiratori per cucina e fornitura e posa in opera di tubazioni in grès.

Si trasmette la perizia all'uopo compilata, per i relativi provvedimenti di competenza, significando altresì che le

DIVISIONE 1^a

MINISTERO DEI LAVORI PUBBLICI
UFFICIO DEL GENIO CIVILE
TORINO

14139

Prot. n. /Rag.

Allegati: 1 cert.
pagamento

Torino, 11 _____
Al Provveditorato Regionale
alle OO.PP. per il Piemonte
= TORINO =

18 LUG. 1969

OGGETTO: Lavori di ridristino delle opere murarie
e degli impianti sanitari dell'Os
in strada S. Vito, n. 34 - Torino.

RICARICATO

Per i provvedimenti di pagamento si tr
corredato dei prescritti documenti e della d
zione di libertà del credito, il certificato
in data 10.7.1969 al L. 5.020.000 dell'Imp
I.G.E.T. di Giannese Tommaso per i lavori
getto.

Inoltre si comunica quanto segue:

- 1) Domicilio dell'impresa: Torino-via Galvani.
- 2) Luogo di pagamento: Torino.
- 3) La persona delegata a riscuotere e quietanza
il Signor Giannese Tommaso
a Taranto il 15.4.1901 nell
qualità di unico proprietario dell'Impresa di
trattasi.

PROVVEDITORATO REG. OO. PP.

019590 22.LUG.1969

INGEGNERE CAPO
(Roberto Guerrizio)

TORINO

Ministero dei Lavori Pubblici
PROVVEDITORATO REGIONALE ALLE OO.PP. DEL PIEMONTE

MANDATO DI PAGAMENTO
ANNI PRECEDENTI
(Anno fin. 1966)

5 AGO. 1969

CODICE

Titolo
spesa
Stato di
previsione
121

Denominazione Danni Bellini: Ente locale Don B... Chiese
Impegno 1.5 Scheda 1.5 Capitolo 5.200 Art. 2. R Anno fin. 1969
IL TESORIERE PROVINCIALE - Sezione di TORINO
pagherà al C. Tommaso I.G.E.T. di Giannese
dell' Os S. Vito Taranto 15.4.1901

Tommaso Giannese Taranto 15.4.1901
la somma di 6.010.000,00 (Torino)

di lire Seimilacinquecento
DOCUMENTI GIUSTIFICATIVI D.P. n. 13054
Aut. n. 13054
N. 29480 del

IL PROVVEDITORE

Torino, 11
Sig. Giannese Tommaso
Via Galvani n. 1

Doc 57. Administrative correspondence from the Civil Engineering Office of Turin, dated July and August 1969, concerning the allocation of funds and authorisation of payments for repair works at San Vito Hospital.

The documents record the official approval of an expenditure of 5,620,000 lire for masonry repairs, 1,540,000 lire for hydraulic installations, and additional sums for related technical services. Handwritten notes confirm transmission of the documents to the Regional Superintendent and other authorities for further administrative processing.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e la Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione I, Opere in dipendenza di danni bellici, mazzo 369, fascicolo 3, Ristrutturazione dell'ospedale "S. Vito" 1962-1974.

Doc 58. Technical report and estimate prepared by the Civil Engineering Office of Turin on 13 March 1962 for the repair of war damage at San Vito Hospital.

The document describes the restoration of masonry structures, sanitary installations, and heating systems in the wards most affected by air raids during 1942 and later incursions. It specifies interventions including demolition of damaged walls and fixtures, reconstruction of partitions, application of plaster and ceramic cladding, installation of bathtubs, sinks, toilets, and complete renewal of the water distribution and drainage systems. The total estimated cost amounted to 22,450,000 lire.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e la Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione I, Opere in dipendenza di danni bellici, marzo 369, fascicolo 3, Ristrutturazione dell'ospedale "S. Vito" 1962-1974.

Sez. 1^a/B

COPIA

MINISTERO DEI LAVORI PUBBLICI
UFFICIO DEL GENIO CIVILE
TORINO

PERIZIA N. 8842 IN DATA 13 MAR. 1962

Opere di riparazione danni bellici -
Lavori di ripristino delle opere murarie ed affini e degli impianti tecnologici (sanitari e riscaldamento) delle degenze dell'Ospedale S. Vito (Sezione dell'Ospedale Maggiore di San Giovanni Battista e della Città di Torino), sito in strada S. Vito n. 34, di proprietà dell'Ospedale Maggiore sopraindicato.

- RELAZIONE TECNICA -

La Sede dell'Ospedale S. Vito in strada S. Vito n. 34 (Sezione staccata dell'Ospedale Maggiore di San Giovanni Battista e della Città di Torino) venne gravemente danneggiata da eventi bellici nelle incursioni aeree dell'8 e 9 dicembre 1942 e successive.
L'Ente Ospedaliero provvide, con mezzi propri, al ripristino dei Reparti di più vitale importanza (Operatori e Radiologici); Reparti che per la loro destinazione e funzionalità rivestivano carattere di maggiore importanza.
Allo scopo di dare un assetto definitivo e razionale all'intero complesso Ospedaliero è stata redatta la allegata perizia dell'importo di Lire 22.450.000,- che prevede appunto tutte quelle opere atte a dare una completa funzionalità all'Ospedale di che trattasi non eseguite, in un primo tempo, perchè la loro ricostruzione non rivestiva carattere di immediatezza.
I lavori previsti nella perizia che si sottopone all'approvazione sono relativi alle degenze e dipendenze del piano rialzato e di quelle del Reparto pensionati al III° piano e, per sommi capi, vengono sintetizzati:
A) - Murarie ed affini -
Demolizioni varie, tagli a sezione obbligata di muratura, rimozione di infissi e di canali di gronda, riparazione di seramenti interni ed esterni, fornitura e posa in opera di ser-

./.

ramenti interni ed esterni sia in legno che in ferro, fornitura e posa in opera di vetri, opere da decoratore, ripristino di pavimenti in grès unicolore o fiammato, in scheggioni di marmo o in graniglia con relative zoccolature, nonchè in quadrettoni di resine cumaioniche del tipo prealini o preaflex, rivestimenti in piastrelle di caolino, muricci di mattoni semipieni dello spessore da cm. 12 e 8 con malta cementizia, intonaci interni a stabilitura civile e in scagliola di gesso, tende metalliche alla Veneziana, soffittature in tavole di "Perret", rimozione di apparecchi sanitari ed altre opere minori.

B) - Impianti igienico-sanitari -
Fornitura e posa in opera di lavabi, vasche da bagno, lavelli per cucina, gruppi doccia, bidet, latrine, vuotavasi tutti in vetro china con relativi gruppi cromati, mensole di sostegno ed accessori vari; scarichi a pavimento, idranti di lavaggio, impianto per la distribuzione di acqua calda e fredda e di scarico agli apparecchi sanitari; fornitura e posa in opera di tubazioni in ferro Mannesmann nero o zincato, piombo, ghisa e eternit, pozzi in muratura, isolamento coibente alle tubazioni, prese gas e opere murarie occorrenti per l'impianto in genere.

C) - Impianti di riscaldamento -
consistenti nella fornitura e posa in opera di radiatori in ghisa senza piedi, a più colonne completi di mensole, valvole a doppio regolaggio, detentori, ecc., valvole e saracinesche, tubazioni in ferro Mannesmann nero, compenso per attacchi radiatori dalla rete principale alle valvole e ai detentori, rivestimento coibente alle tubazioni ed altre opere di minore importanza.
I prezzi di applicazione sono quelli di mercato commisurati a quelli applicati in lavori analoghi in altri Ospedali.
Si trasmette quindi la perizia, all'uopo compilata, corredata dal Verbale di urgenza a termini dell'articolo 69 del Regolamento 25/5/1895 n. 350, nonchè dalla dichiarazione sulla preesistenza e non recuperabilità dei materiali,

per i relativi provvedimenti di incombenza.

Torino, li 13 MAR. 1962
L'ISPETTORE GENERALE CAPO DELL'UFFICIO
(Ing. Luigi Smania)



MODULARIO
SANITA' 187

MOD. 170

N. 5193

Ministero della Sanità

Ufficio del Medico Provinciale
Torino

IL MEDICO PROVINCIALE DI TORINO DI CONCERTO CON IL PROVVEDITORE
ALLE OO.PP. PER IL PIEMONTE

VISTA la legge 30/7/1959, n.595;
VISTO il D.M. 20/7/1939;
VISTA la perizia n.8842 in data 13/3/1962 dell'importo di L.22.450.000
redatta dall'Ufficio del Genio Civile - relativa al ripristino del-
le opere murarie e degli impianti tecnologici delle degenze dello
Ospedale S.Vito, sezione dell'Ospedale Maggiore S.Giovanni Battista
e della Città di Torino;
RITENUTO che il progetto sia da approvare;

DECRETA:

Art. 1

E' approvata la perizia relativa al ripristino delle opere murarie
e degli impianti tecnologici delle degenze dell'Ospedale S.Vito di
Torino, sezione dell'Ospedale Maggiore di S.Giovanni Battista e
della Città di Torino da eseguirsi dall'Ente medesimo;

Art. 2

I suindicati lavori sono dichiarati di pubblica utilità ed è asse-
gnato all'Ente il termine di due anni per il completamento degli
stessi.

Torino, 12 giugno 1962

IL PROVVEDITORE
ALLE OO.PP. PER IL PIEMONTE
(dr.Adolfo Flescia)

IL MEDICO PROVINCIALE
dr. Carlo Roussetti

Doc 60. Decree issued by the Provincial Health Office of Turin, dated 12 June 1962, officially approving the estimate of 22,450,000 lire for the repair of masonry works and technological systems at San Vito Hospital.

The decree declares the interventions to be of public utility and sets a two-year deadline for their completion.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione I, Opere in dipendenza di danni bellici, mazzo 369, fascicolo 3, Ristrutturazione dell'ospedale "S. Vito" 1962-1974.

COPIA

Ministero dei Lavori Pubblici

Provveditorato Regionale alle OO. PP. per il Piemonte

Ufficio del Genio Civile - Torino

Perizia n° 10393

Legge 23/12/1966 n.1142

OPERE DI RIPARAZIONE DANNI ALLUVIONALI IN COMUNE DI TORINO

ai padiglioni

LAVORI di riparazione del viale di accesso/dell'Ospedale
S.Vito, sito in strada S.Vito n. 34, danneggiata dalle al-
luvioni dell'ottobre 1966 -
Importo a base di gara: £ 5.264.000,-

RELAZIONE

I violenti nubifragi che hanno colpito il territo-
rio della Provincia di Torino nell'autunno 1966, hanno
causato notevoli danni al viale di accesso dell'ospeda-
le S.Vito, sito in strada S.Vito n. 34, del Comune di
Torino.
In particolare i nubifragi hanno provocato il par-
ziale crollo per un tratto di circa ml. 78,00 del muro
di controriva a monte dell'unico viale di accesso ai va-
ri Padiglioni dell'Ospedale, con il conseguente frana-
mento della soprastante scarpata.
Dall'accertamento sopralluogo è risultato che ef-
fettivamente la situazione desta serie preoccupazioni,
per cui occorre intervenire tempestivamente al fine di
ovviare a ulteriori aggravamenti.

Doc 61. Decree and accompanying technical report issued in November and December 1966 by the Ministry of Public Works regarding the allocation of 2,264,000 lire for the repair of flood damage affecting internal roads at San Vito Hospital.

The documents describe the extent of damage caused by the flooding of the Po river in autumn 1966 and detail the interventions planned, including rebuilding road surfaces, restoring pavements, and repairing drainage systems.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Ufficio amministrativo, Divisione II, Opere in dipendenza di danni alluvionali, mazzo 912, fascicolo 10, Ripristino delle strade interne dell'ospedale "S. Vito" 1969-1974.

Si è pertanto redatta la relativa perizia dello
importo a base d'asta di £ 5.264.000.
In essa sono previsti i seguenti lavori:
- taglio a sezione obbligata di muratura;
- demolizione di murature pericolanti;
- scavi di sgombero della frana e per fondazioni;
- costruzione muro di controriva in conglomerato ce-
mentizio armato;
- formazione di cunetta in conglomerato cementizio su*
sottofondo di pietrisco;
- chiusini in muratura.

I lavori di cui sopra sono da ritenersi urgenti
ai sensi e per gli effetti dell'art. 69 del Regolamen-
to 25/5/1895 n. 350, in quanto atti a scongiurare pe-
ricoli di ulteriori smottamenti in previsione di ulte-
riori piogge che potrebbero provocare, per mancanza
di drenaggio in dipendenza degli inconvenienti lamen-
tati, danni alle persone ed ai mezzi di soccorso di
transito lungo le strade interne dell'ospedale.

Torino, li 13 NOV. 1969

L'INGEGNERE CAPO
R. (Rodolfo GUERRIZIO)

PER COPIA CONFORME
L'INGEGNERE CAPO
(R. Guerrizio)

Doc 62. Formal request dated 21 August 1950 by the contractor Mario Baralis to the Civil Engineering Office of Turin, asking for the release of the security deposit related to repair works completed at San Vito Hospital. The document certifies the conclusion of the project and references a guarantee deposit of 370,000 lire initially lodged in October 1949.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall'ospedale "S. Vito" 1945-1952.


Doc 63. Notification dated 2 October 1950 from the Civil Engineering Office of Turin confirming that the security deposit of 370,000 lire, originally lodged by the contractor Mario Baralis for the repair works at San Vito Hospital, had been officially released. The document certifies the completion and final approval of the contracted works.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall'ospedale "S. Vito" 1945-1952.

Doc 64. Contract document issued by the Civil Engineering Office of Turin formalising the fiduciary agreement with contractor Mario Baralis for the repair of war damage at San Vito Hospital. Dated 1949, the contract specifies the scope of works, obligations regarding execution in compliance with technical standards, and a total estimated value of 860,857 lire. Handwritten notes and corrections detail additional provisions and administrative references.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Genio Civi-

Cm. Enrico



D2
13169 Rep

Spett. Ufficio del Genio Civile
di TORINO

La sottoscritta impresa BARALIS Mario
fu Domenico _c. Valdocco n. 19 = Torino=, assuntrice
dei lavori di riparazione dell(b Ospedale di
San Vito, strada di San Vito n. 34, avendo ultimato
i lavori di riparazione del suddetto ospedale ri-
volge rispettosamente domanda affinché gli venga con-
cesso lo svincolo della cauzione.

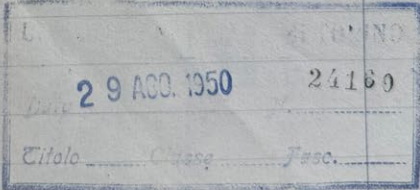
4-9-950
h

Ricevuta N 360/33323pos. dell'importo
di L. 37.000,=(trentasettemila) in data
10 ottobre 1949.

Ringraziando porge distinti ossequi

Torino 21 Agosto 1950

IL RICHIEDENTE
Mario Baralis



Visto : Nella ista per lo svincolo della cauzione. Contratto

a norma dell'art. 21 del R.D. 8/2/1923 N° 422 per
le CC.PP. modificate dal R.D. 28/8/1924 N° 1396 la
Cassa Depositi e Prestiti a restituire a chi di di-
-ritto il deposito cauzionale di Lire 37.000,=
(Lire Trentasettemila e centesimi zero-) risultante
da ricevuta N° 360 e N° 333324 di posizione in de-
-ta 10 Ottobre 1949.

Torino, 11 22 SET. 1950

MINISTERO DEI LAVORI PUBBLICI
UFFICIO DEL GENIO CIVILE TORINO

Prot.n. 24160/S-g. Allegati: 2

Oggetto: Svincolo cauzione.

Torino, 11 2 Ottobre 1950
All'Intendenza di Finanza
Ufficio Prov.le del Tesoro
TORINO

Si partecipa che è stato avvincolato il deposito cauzionale
effettuato dal SIG. BARALIS MARIO fu Domenico;
per contratto dei lavori di riparazione dello stabile Ospedale di San Vito
sito in Torino, Strada di San Vito N° 34.

Il deposito di Lire 37.000,= (Lire Trentasettemila e centesimi zero-)
è rappresentato dalla quietanza della Tesoreria Provinciale N° 360 e -----
N° 333324 di posizione in data 10/10/1949.

SCARICATO / L'INGEGNERE CAPO
(G. Mosca Goretti)
[Signature]

REP. SPEC. D₂ *Chiuso deposito nominale di Lire 20.000,-*
in Cassa N° 28024 del 10-10-1940 **MINUTA**

Esente da tassa di bollo e di registro ai sensi dell'art. 25 della legge 20-10-940 n. 1543.

N. di repertorio *11907*
Vingento da versare anche in
settimane 12-10-1943. Da versare
ogni anno il 17-10-1943

Collaborando (FR)
Ministero dei Lavori Pubblici

UFFICIO DEL GENIO CIVILE
TORINO

OPERE DI RIPARAZIONE DANNI BELlici
(Legge 2 luglio 1940 n. 130 e 20 ottobre 1940 n. 1540)
D.L.R. 27 giugno 1940, N° 55.

Lavori di riparazione del fabbricato sito in Comune di *dell' Ospedale di San Vito, sito in Torino*
Via Madia di San Vito N. 34 di proprietà dell'Ospedale Maggiore di S. Giovanni Battista della Città di Torino.

danneggiato durante l'incursione aerea nemica del 8-12-42 e successivamente

Impresa *Bonalis Mario fu Domenico C. Valdocco N° 19 per l'esecuzione del lavoro*
Prestita N° 3092 del 10-11-1948 dell'imposta di L. 905.000; approvata con D.P. n. 50282 del 15-3-1949, registrata
Coste dei conti: L. 29.349 reg. al F. 159 n. 28.

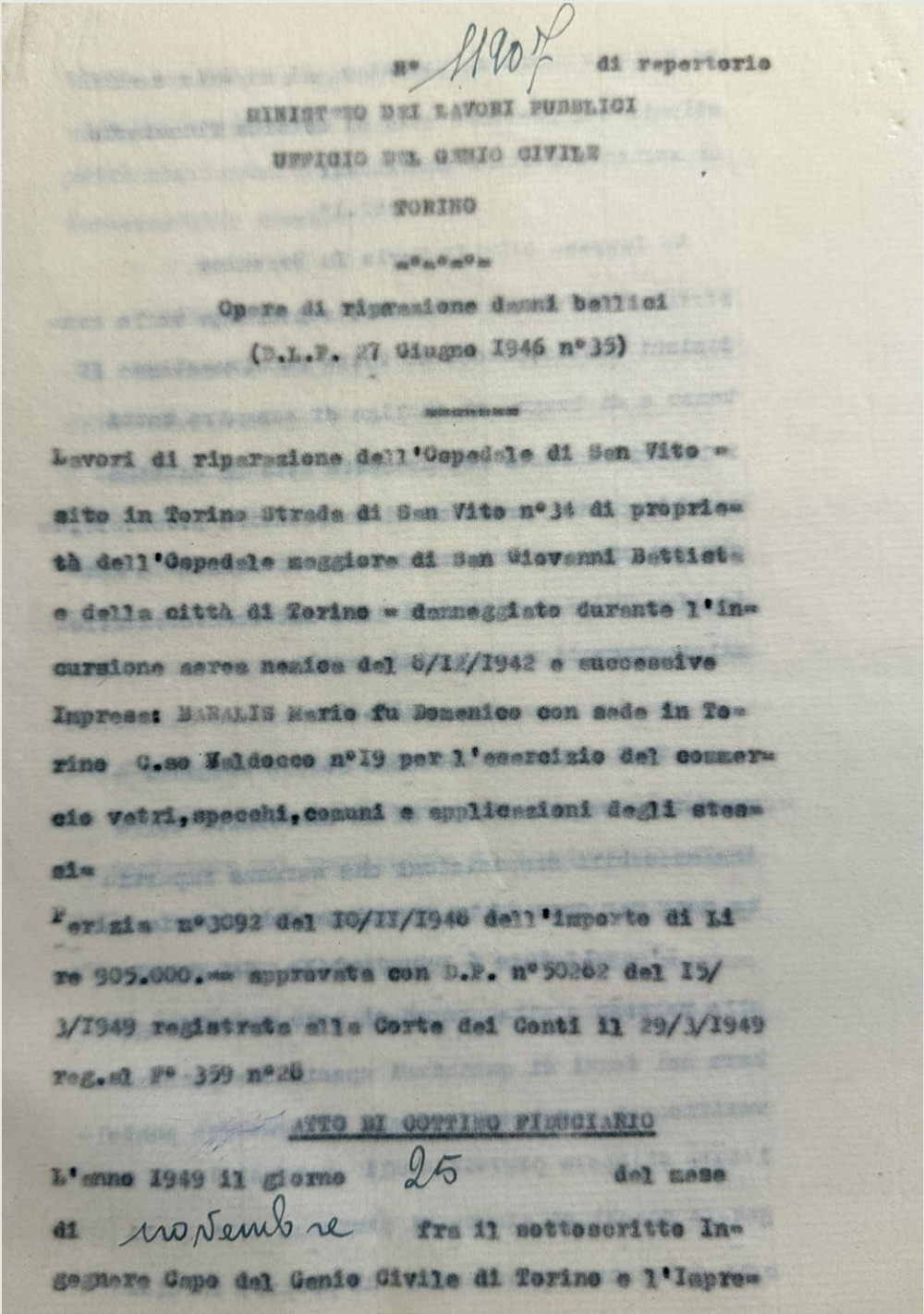
ATTO DI COTTIMO FIDUCIARIO

L'anno *1949* il giorno *25* del mese di *novembre* fra il sottoscritto
Ingegnere Capo del Genio Civile di Torino e l'Impresa *Bonalis Mario fu Domenico*
si addivene alla stipula del presente atto di cottimo fiduciario ai seguenti patti e condizioni:

ART. 1.
La Impresa *Bonalis Mario fu Domenico*
previo accurato accertamento sopralluogo delle condizioni locali, nonché di tutte le circostanze di tempo e di luogo che possono aver influito nella determinazione del prezzo offerto, si obbliga di eseguire tutti i lavori indicati nel *computo metrico allegato per l'importo netto a corpo* di complessive Lire *860.857,- un milione ottocento sessantasei mila e ottanta sette* (che è fisso ed invariabile).
di cui Lire millecentotrentatun mila e cent. 50

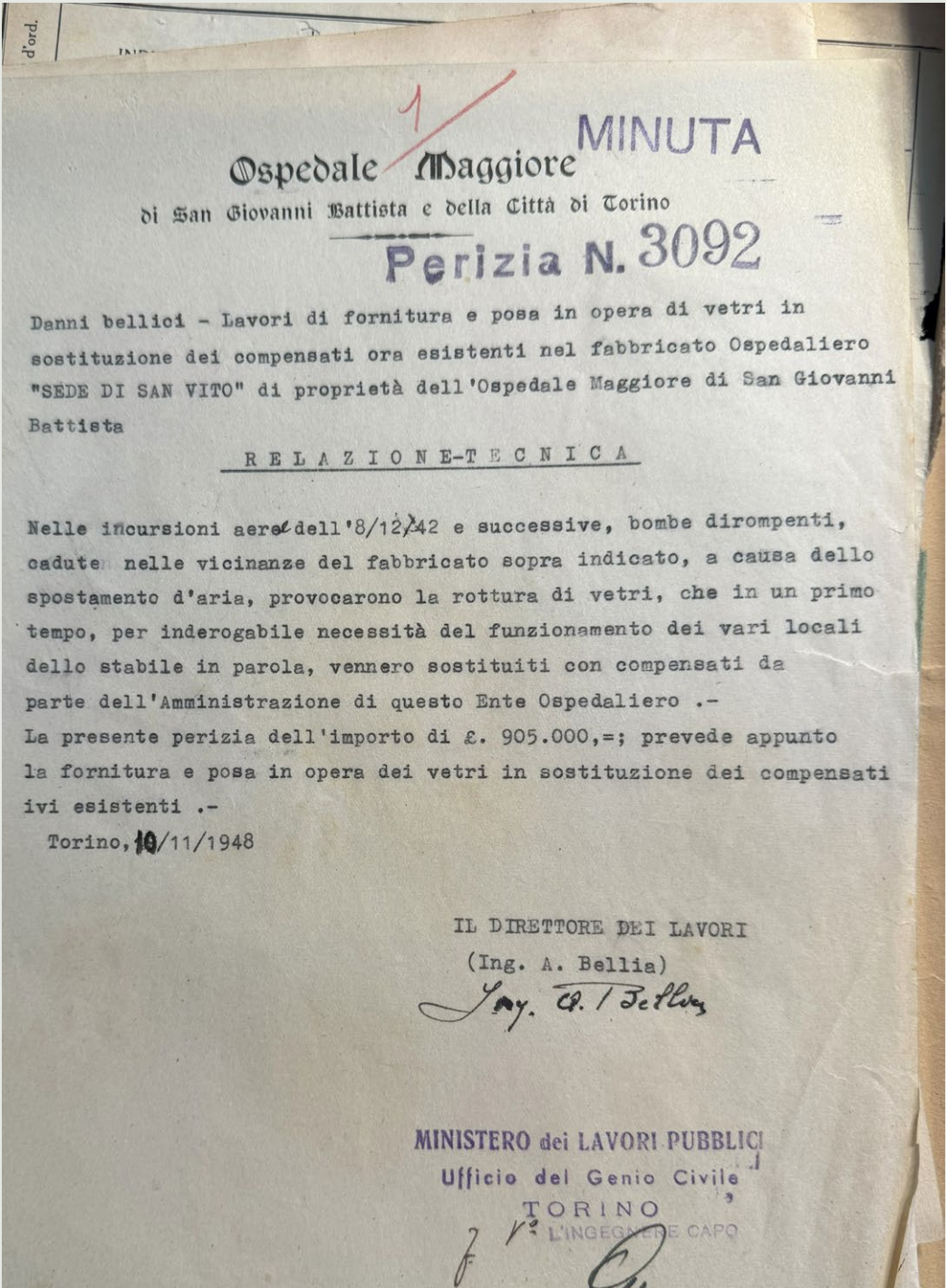
ART. 2.
Tutti i lavori dovranno essere eseguiti a perfetta regola d'arte ed in conformità delle insindacabili disposizioni che saranno impartite, caso per caso, dalla Direzione dei lavori.
L'appaltatore è responsabile dei danni alle persone e alle proprietà private ed in genere dei danni di qualsiasi specie che potessero verificarsi per insufficienza di armatura, puntellatura di opere provvisoriale e presidiarie in genere, nonché di misure di prudenza, alle quali egli è tenuto a provvedere di propria iniziativa ed a proprie spese, senza tralasciare di adottare tutte quelle altre precauzioni che potrà richiedere la Direzione dei lavori a proprio insindacabile giudizio. Gli oneri relativi sono tutti compensati con l'imposta a corpo anzidetto.

ART. 3.
L'Impresa è tenuta alla piena osservanza del Capitolato Generale a stampa approvato con decreto Ministeriale 28 Maggio 1895, modificato con i Decreti Ministeriali 8 Novembre 1900, 9 Giugno 1916 e 4 Maggio 1921, in quanto non sia in opposizione con le condizioni espresse nel presente atto, alla osservanza delle norme e prescrizioni contenute nel regolamento 25 Maggio 1895 n. 350 sulla direzione, contabilità e collaudo.



Doc 65. Introductory page of the fiduciary contract signed on 25 November 1949 between the Civil Engineering Office of Turin and contractor Mario Baralis for repair works at San Vito Hospital. The document references damage caused by air raids in 1942 and specifies interventions including replacement of glass, mirrors, and various interior finishes, with an approved estimate of 905,000 lire.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall'ospedale "S. Vito" 1945-1952.



Doc 66. Technical report No. 3092 issued on 10 November 1948 by the Ospedale Maggiore di San Giovanni Battista describing the supply and installation of glass panes to replace provisional plywood panels at the San Vito Hospital site. The damage was caused by air raids in December 1942 and subsequent bombings, which shattered windows and made immediate repairs necessary to restore the building's functionality.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall'ospedale "S. Vito" 1945-1952.

Mod. 42

MINUTA
PERIZIA N. **3092**

MINISTERO LAVORI PUBBLICI
UFFICIO DEL GENIO CIVILE

OPERE *di riparazione danni bellici*
(Legge *9/1/1943* e *26/10/1940 n°1543*)

Comune di *Torino*

PERIZIA dei lavori di *ristrutturazione di vetri, rotti dal soffio delle bombe cadute nelle vicinanze del fabbricato Ospedale di S. Vito, di proprietà dell'Ospedale Maggiore di S. Giovanni Battista, in sostituzione di compensati già posti in opera dall'Amministrazione dell'Ospedale, dopo il sinistro.*

IMPORTO L. *905000*

VERBALE DI SOMMA URGENZA

Il sottoscritto Ingegnere Capo dichiara che i lavori sopra indicati sono di *somma* urgenza a termini dell'articolo *69* del Regolamento 25 maggio 1895.

Torino, *9/11/48*
10 NOV. 1948

L'INGEGNERE CAPO
[Signature]

Doc 67. Urgency report dated 10 November 1948 issued by the Civil Engineering Office of Turin regarding the immediate replacement of glass panes damaged by air raids at the San Vito Hospital site. The document declares the works, valued at 905,000 lire, to be of utmost urgency in accordance with the regulations of 25 May 1895.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall'ospedale "S. Vito" 1945-1952.

BARALIS MARIO
COMMERCIO VETRI

Magazzini: Corso Valdocco, 19 - tel. 52.397
U. P. I. C. Torino N. 72925

TORINO, 20/ AGOSTO/ 1949.

Spett. UFFICIO DEL GENIO CIVILE
TORINO

Raccomandata

REP. SPEC. D2
Ministero dei Lavori Pubblici
UFFICIO DEL GENIO CIVILE
TORINO
N° 15561/D2
OGGETTO: Invito a gara ufficiosa

ALL'IMPRESA
[Signature]

Per il giorno **81 MAG. 1949** alle ore dieci è indetta presso l'Ufficio del Genio Civile di Torino, Via Duchessa Iolanda 20 una gara ufficiosa per l'appalto dei lavori di *riparazione Ospedale di S. Vito sito in Torino Strada S.Vito n. 34* -

L'importo a base d'appalto è di L. **860.857,=**
(diconsi lire **ottocentosessantamilaottocentocinquantasette**)

Codesta Impresa è invitata alla gara per prendere parte alla quale dovrà far pervenire a questo Ufficio in piego sigillato entro le ore 18 del giorno **30 MAG. 1949**

1°) Assegno circolare ~~L. 28.700~~ di Lire **28.700** intestato all'Ing. Capo del Genio Civile di Torino
(diconsi lire **ventottomilasettecento**)
corrispondente ad 1/30 dell'importo d'appalto quale cauzione provvisoria.

2°) Una dichiarazione in carta libera con la quale codesta Ditta attesti:
a) di aver preso visione del progetto, del Capitolato dell'elenco prezzi nonché dei documenti allegati del Capitolato stesso

N° I Assegno Banca Commerciale Italiana N° 30424 di Lire.. **28.700,==**

Torino 23-VIII-1949
La Ditta sopraccennata è rimasta appiendatissima del lavoro - H. Pett. e d. f. m. Hampson

Doc 68. Correspondence and official tender document dated August 1949 between the Civil Engineering Office of Turin and contractor Mario Baralis for the repair works at San Vito Hospital. The invitation to tender specifies a base contract amount of 860,857 lire and requires a provisional deposit of 28,700 lire.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall'ospedale "S. Vito" 1945-1952.

BARALIS MARIO
COMMERCIO VETRI

Magazzini: Corso Valdocco, 19 - tel. 52.397
U. P. I. C. Torino N. 72925

TORINO, 20/ AGOSTO/ 1949.

Spett. UFFICIO DEL GENIO CIVILE
TORINO

Raccomandata

Oggetto : Appalto dei lavori di riparazione Ospedale di S. Vito sito in Torino Strada S. Vito n° 34 :

La Ditta sottoscritta dichiara di aver preso visione del progetto del capitolato e dei documenti allegati, di essersi recata sul posto dei lavori e di aver preso conoscenza degli stessi. Di aver preso nota delle condizioni contrattuali e presenta la seguente offerta :

RIBASSO 16 % (sedici per cento) sui prezzi di capitolato

In fede

UFFICIO GENIO CIVILE TORINO
Data **23 AGO. 1949** 25221
Città _____ Cassa _____ Fisco _____

[Signature]

Allegato :
N° I Assegno Banca Commerciale Italiana N° 30424 di Lire.. **28.700,==**

Torino 23-VIII-1949
La Ditta sopraccennata è rimasta appiendatissima del lavoro - H. Pett. e d. f. m. Hampson

Doc 69. Offer letter dated 20 August 1949 from contractor Mario Baralis to the Civil Engineering Office of Turin, confirming the acceptance of contractual conditions and submitting a bid with a 16% discount for the repair works at San Vito Hospital.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall'ospedale "S. Vito" 1945-1952.

Doc 70. Record of the tender opening session held on 23 August 1949 at the Civil Engineering Office of Turin, listing the eight companies invited to submit bids for the repair works at San Vito Hospital. Among the bidders was Mario Baralis, who later won the contract. The document notes the presence of officials and records the formal procedure of unsealing the offers.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall'ospedale "S. Vito" 1945-1952.

Doc 71. Invitation to tender issued by the Civil Engineering Office of Turin on 30 July 1949, summoning selected companies to submit offers for the repair works at San Vito Hospital. The document specifies a base contract value of 860,857 lire and requires a provisional deposit of 28,700 lire to participate in the bidding process scheduled for 23 August 1949.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall'ospedale "S. Vito" 1945-1952.

Doc 72. Letter dated 22 July 1949 from the Regional Public Works Superintendent for Piedmont to the Civil Engineering Office of Turin. The document discusses the tender procedure for the supply and installation of glass at San Vito Hospital and recommends launching a new tender through the standard.

Sezione Corte, Provveditorato alle Opere Pubbliche per il Piemonte e La Valle d'Aosta, Primo versamento, Genio Civile, Sezione speciale D, Ospedali ed istituti assistenziali, mazzo 5757, fascicolo 1, Riparazione dei danni bellici subiti dall'ospedale "S. Vito" 1945-1952.

38. - Impresa
via
39. - Impresa
via
40. - Impresa
via

dimorante a
dimorante a
dimorante a

in
in
in

Oggi 23 agosto 1949 alle ore 10 il sottoscritto Ingegnere Capo Mosca-Goretta G. dichiara chiusa la licitazione ed alla presenza del Sig. Visetti Guido e del Sig. Villa Natale ha aperto le buste riservate pervenute da parte di N. 1 imprese in confronto delle anzidette N. 8 invitate e cioè:

REP. SPEC. D2

ELENCO DELLE DITTE CHE SI PROPONE DI INVITARE

1°) Albano Macario e C. - C°Francia 308 Torino

2°) Baralis Mario - C°Valdocco 19 Torino

3°) Chiappero Giovanni - Via Levanna 15 Torino

4°) Davico Vittorio - Via S. Agostino 15 Torino

5°) Fontana Luigi - Via Rovigo 13 Torino

6°) Perucca Renato - Via Vanchiglia 2 Torino

7°) Picco e Martini Via Ariosto 8 Torino

8°) Bocca C. Mariano - Via Saluzzo 23 Torino

17. - L'Impresa

lire e centesimi

per ogni cento lire;

che ha offerto un ribasso del %

16. - L'Impresa

lire e centesimi

per ogni cento lire;

che ha offerto un ribasso del %

15. - L'Impresa

lire e centesimi

per ogni cento lire;

che ha offerto un ribasso del %

14. - L'Impresa

lire e centesimi

per ogni cento lire;

che ha offerto un ribasso del %

Ministero dei Lavori Pubblici
UFFICIO DEL GENIO CIVILE
TORINO

REP. SPEC. D2

ALL'IMPRESA
(V. di ditta allegata)

N. 23728

OGGETTO: Invito a gara ufficiosa

Per il giorno 23 AGO. 1949

Torino, Via Duchessa Iolanda 20 una gara ufficiosa per l'appalto dei lavori di riparazione ospedale di S. Vito sito in Torino - Scheda S. Vito n° 34

L'importo a base d'appalto è di L. 860.857.
(diconsi lire ottocento cinquantasette)

Codesta impresa è invitata alla gara per prendere parte alla quale dovrà far pervenire a questo Ufficio in piego sigillato entro le ore 18 del giorno 22 AGO. 1949

28,700 = inteso al capo del

1°) Assegno circolare a nome di codesta Impresa di Lire
(diconsi lire ventottamilaottocento)

corrispondente ad 1/30 dell'importo d'appalto quale cauzione provvisoria.

2°) Una dichiarazione in carta libera con la quale codesta Ditta attesti:
a) di aver preso visione del progetto, del Capitolato dell'elenco prezzi nonché dei documenti allegati del Capitolato stesso

2° gara -

30 luglio 1949

Ministero dei Lavori Pubblici
UFFICIO DEL GENIO CIVILE
TORINO

Mod. 20-Provv.

Provveditorato Regionale alle Opere Pubbliche per il Piemonte

Procl. N. 11047/Gab.

Risposta al N. Div. del

Allegati N.

Oggetto: Danni bellici - Fornitura e posa vetri nell'Ospedale di S. Vito - Perizia n. 3092

OGGE

di

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ALL'UFFICIO DEL GENIO CIVILE
TORINO

In relazione alla proposta di cui alla lettera 13 giugno u.s. di codesto Ufficio n. 17128/D2 ed attesi i risultati della gara esperita al riguardo, si ritiene sia opportuno esperire nuova gara in proposito, secondo la procedura normale e quindi non più a scheda segreta di massimo e minimo.

IL PROVVEDITORE

UFFICIO GENIO CIVILE DI TORINO
Data 25 LUG. 1949
Titolo Classe Fasc.

