

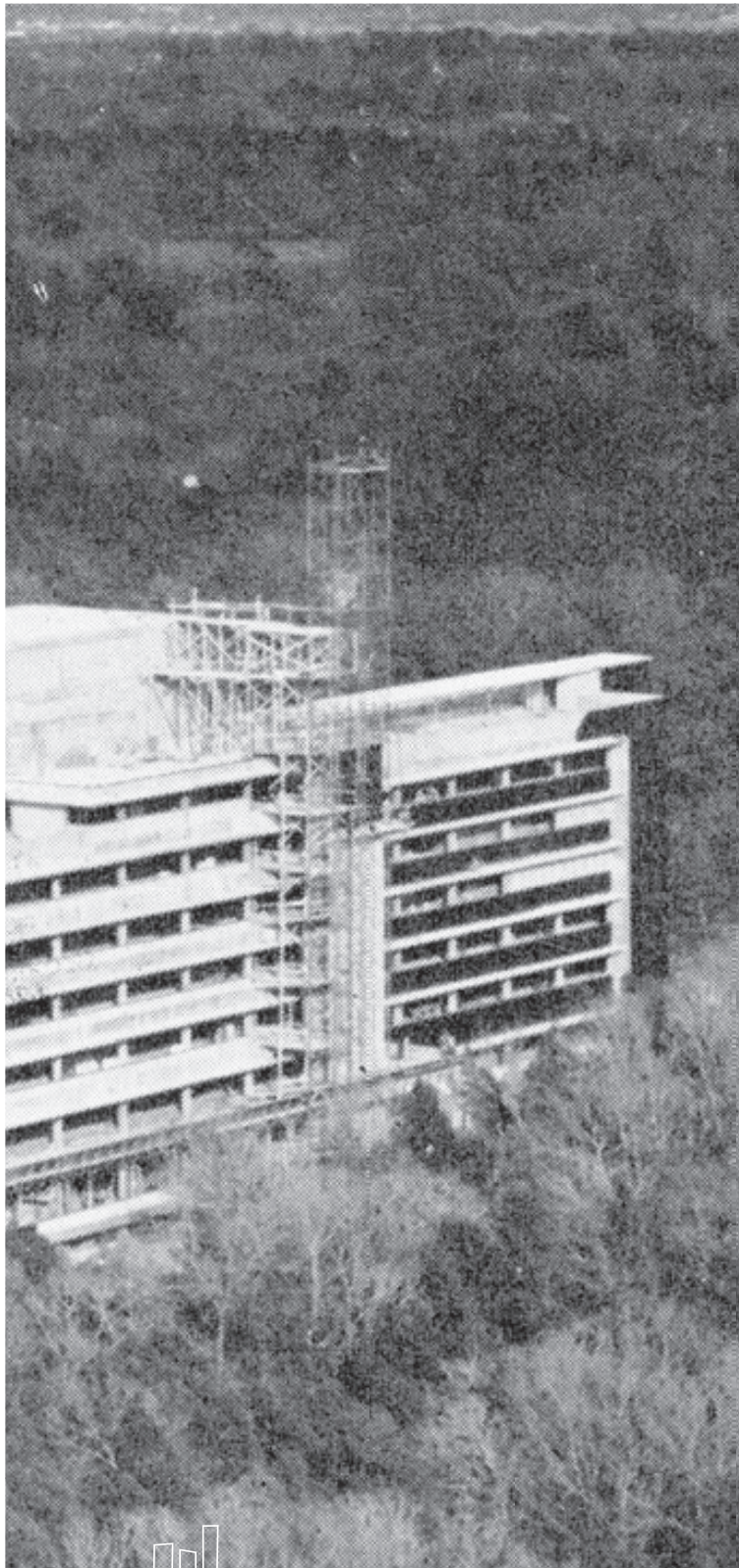


HOPE FOR GROWTH AND COMMUNITY

THE DEVELOPMENT OF THE TEXAS MEDICAL CENTER

1945 - 2012

M.D. Anderson Hospital and Tumor Institute, completed 1954. Photograph from *Architectural Forum*, February 1952.



THE TEXAS MEDICAL CENTER, PERHAPS HOUSTON'S GREATEST institutional campus of the postwar era, is intriguing if for no other reason than that it has grown so large. According to its own statistics, by the end of 2011 it was expected to surpass downtown Houston in square footage and become the equivalent of the seventh largest central business district in the country. Since the Texas Medical Center includes both a large number of buildings and the impressive infrastructure to support them, the growth of this "city of medicine" can be seen as a representation of modern Houston in a condensed form.

The development history of the Texas Medical Center consists of a series of cycles where an often thoughtful master plan and architectural controls are proposed, then systematically ignored due to the exigencies of the separate expansion projects of the various member institutions. It is a history driven by Houston's excruciatingly pragmatic pro-growth, pro-private civic ethos, which puts new commercial development in any shape or form—"growth"—as a priority over public or communal (the wicked word that sounded so close to "communist" to postwar ears) concerns. As Suzy and Clyde Burleson observed in their book-length *A Guide to the Texas Medical Center* (1987): "A most unusual fact about the Texas Medical Center is that it was not originally conceived by doctors. Businessmen generated the idea, sold it to the community and guided the early planning.... Any outcome other than growth was inconceivable." The good news, however, is that this one-sided approach seems to be tapering off and assuming, ever so slightly, a more balanced vision of growth and community.

THE ORIGIN OF THE TEXAS MEDICAL CENTER WAS ALMOST ACCIDENTAL. In 1936, Monroe Dunaway Anderson (1873–1939), the wealthy founding partner of Anderson, Clayton & Co., then the world's largest cotton merchandiser, established the M. D. Anderson Foundation, a charitable trust. When Anderson died three years later, he bestowed his entire \$19 million fortune on the foundation. As documented in *Monroe Dunaway Anderson* (1994) by N. Don Macon, the trustees of the foundation, whose somewhat vague goal was "the improvement of working conditions among workers generally, as well as among particular classes of unskilled, skilled, and agricultural workers," were at first unsure how to proceed in their charitable endeavors. An early donation, for example, was \$1,000 to the Junior League Eye Fund for eyeglasses. However, in 1941, once they learned that the Texas Legislature had appropriated a sum of \$500,000 to establish a cancer research hospital somewhere in the state under the auspices of the University of Texas, they acted. They offered to match the entire appropriation with funds from the M. D. Anderson Foundation if the regents of the university would agree to locate the facility in Houston. The regents accepted, and the trustees quickly bought the six-acre former house and grounds of Captain James A. Baker, known as "The Oaks," for \$68,000 for temporary use until wartime building restrictions were lifted. Meanwhile the trustees sought a larger property for a permanent facility.

They soon fixated upon a 134-acre tract of land that had origi-



BY BEN KOUSH

nally been purchased by philanthropist, civic leader, and real estate developer Will Hogg (1875–1930) in 1923 as an addition to Hermann Park. (This was the same year that Will and his brother Mike Hogg, in a fit of philanthropy, purchased the 1,503 acres that would become Memorial Park). By 1930, the roughly triangle-shaped Hogg tract, bounded on its south by Bellaire Boulevard, on its northwest by Main Street, and on its northeast by the remainder of Hermann Park, had been incorporated into the master plan for the park by the landscape architects Hare & Hare, who designated it for playing fields and a running track. However, the prevailing attitude of the entrepreneurial elite was that public land was not an amenity to be conserved for future generations, but was really more like a natural resource to be exploited immediately, preferably for a money-generating enterprise. This thinking is evident in the description of the Hogg tract by Colonel W. B. Bates (1889–1974), a lawyer at Fulbright & Crooker and one of the trustees of the M. D. Anderson Foundation: “I guess everybody thought that the City would one day make that land a part of Hermann Park. But they weren’t using it for much of anything at the time. They had a few baseball diamonds there, but most of it was unused. It was heavily wooded with dense undergrowth, a little like a swamp in some places.” Ralph Ellifrit (1909–1999), then the beleaguered director of the city’s planning department, strenuously objected to the appropriation of the land for a medical center:

The whole thing was planned on the quiet with Mayor Pickett, and of course this meant millions of dollars for Houston. When it finally broke open, we opposed the use of park land. We were brushed aside by the mayor, and we were practically told it was none of our business. There was a great deal of open land just beyond Holcombe drive to the west—hundreds of acres. They could have gotten twice the land that they got. The Medical Center site was a beautiful wooded area.... And, of course, at that time there weren’t these great amounts of money to build hospitals.... It was just like beat-

ing your wife for someone to oppose it, and we were just whipped down completely. (“Planning the City: An Interview with Ralph Ellifrit.” *Houston Review*. Winter 1981.)

In December 1943, after a referendum on selling the land in which only 951 votes were cast, the city proceeded to sell the Hogg tract to the M. D. Anderson Foundation for \$400,000. As publicity mounted around the plans for the cancer research hospital, the trustees were able to persuade the medical school of Baylor University, then located in Dallas, to relocate to Houston with the promise of \$1 million for a new building adjacent to the new facility, another \$1 million to be paid over ten years to fund medical research, and a 20-acre parcel on the newly acquired property.

The trustees hired the engineer Herbert A. Kipp (1883–1968) to plan the site. Kipp, who had laid out the street plans for the initial sections of River Oaks in 1924, created what Stephen Fox referred to in *Cite 35* in 1996 as “a new Houston hybrid.” It is a model that combines the visual imagery of the college campus, as exemplified by the Rice Institute across the street, with the street layout and legal covenants of the private, restricted subdivision, with which Kipp was intimately familiar. (Kipp was also vice president of the River Oaks Corporation until its dissolution in 1954.) Architectural “recommendations” were even developed by a committee headed by James Chillman, Jr. (1891–1972), longtime director of The Museum of Fine Arts, Houston, and an architecture professor at Rice since 1916. The suggestions included height restrictions (eight stories) and recommended stone or brick exteriors with a “limited amount of stucco,” light colors, sparing use of architectural decoration, and low, sloped roofs covered with terra-cotta tiles. In essence, the medical center buildings were to be much simplified versions of the original Byzantino-Spanish-inspired buildings of the Rice Institute as well as other public buildings of the 1920s like the original Hermann Hospital (1925) and the Houston Public Library (1926). These buildings were then considered to be some

LEFT: Herbert A. Kipp master plan, 1946
BELOW: Master plan, 1947.



HOUSTON POST, FEB 1946



JOHN P. MCGOVERN HISTORICAL COLLECTIONS AND RESEARCH CENTER

THE BUILDINGS OF THE TEXAS MEDICAL CENTER THROUGH THE YEARS
(Thumbnails on bottom of pages)
by Ben Koush

1940s
WELL-BEHAVED
“FORBEARS”

(1) An addition to **Hermann Hospital** and the 15-story **Hermann Professional Building** were both designed by Kenneth Franzheim and Wyatt C. Hedrick, and completed in 1949.

1950s TO MID-1960s
GOLDEN AGE OF
POSTWAR
MODERNISM

(2) **Texas Children’s Hospital** (1953, extensively altered), designed by Milton Foy Martin, was three stories tall with a four-story section above the main entry. The long north-south elevations were distinguished by the consistent use of overhanging, flared aluminum fins that served as solar shades for the patient rooms. The short end elevations were solid brick. In 1955, the building won a design award from the Houston Chapter of the American Institute of Architects (AIA), as well as a national design award from the AIA.

(3)(4) MacKie & Kamrath, Houston’s best-known proponents of Frank Lloyd Wright’s Usonian architecture, designed the **University of Texas M. D. Anderson Hospital and Tumor Institute** (1954, extensively altered) and the **University of Texas Dental Branch Building** (1954, currently scheduled to be demolished). Both were distinguished by their use of Georgia Etowah pink marble. The celebrated furniture designer Florence Knoll designed the interiors of the M. D. Anderson Hospital. Only one exterior wall of the original hospitals remains visible. In 1954, *Time* magazine dubbed the hospital the “Pink Palace of Healing” in a feature article on its architectural innovations, and in 1955 the building won a medal of honor from the Houston AIA.

(5) As the **Dental Branch Building** appears more or less in



(1) Hermann Hospital additions



(2) Texas Children’s Hospital



(3) M.D. Anderson Hospital and Tumor Institute then



(4) M.D. Anderson Hospital and Tumor Institute now

its original state, it allows one to still see the wonderful detailing that MacKie & Kamrath devised for it. In 1951, the editors of *Progressive Architecture* declared it one of the most innovative new medical buildings in the nation, in an annual survey that a few years later would become formalized as the P/A Awards program.

(6)(7) Skidmore, Owings and Merrill (SOM) is the New York-based architectural firm that single-handedly defined classy corporate architecture in the United States for the first two decades after World War II. They designed their first building in Houston, the **Medical Towers Building** (1956), as design consultants to the Houston firm Golemon & Rolfe. The building takes the tower and podium parti of SOM's recently completed Lever House (1952), but where Lever House has office space in the podium, the Medical Towers has parking space, and where the ground level of the Lever House is open and raised on columns to allow for public access, the Medical Towers has shops. In a concession to Houston's hot, sunny climate, the long elevations of the rectangular tower are clad with a curtain wall of turquoise, enameled steel panels that alternate with narrow strips of dark gray, tinted solar glass. The narrow end walls, roughly facing east and west, are solid brick. In 1954, the building won a design award in the first annual P/A Awards program. The Medical Towers Building went on to win a national design award from the AIA and a statewide design award from the Texas Society of Architects, both in 1957. It also won a design award from the Houston AIA in 1960.

(8) George Pierce-Abel B. Pierce designed the **Houston State Psychiatric Institute** for Research and Training Building (1962, demolished). They made extensive use of pierced concrete blocks to create patterned screen walls. The building won a design award from the Houston AIA in 1962.

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of the most prestigious examples of public and institutional architecture in Houston. According to the author of an article about the planning of the Texas Medical Center that appeared in the Chamber of Commerce magazine *Houston* in August 1946, "Unity rather than uniformity is the goal sought by the board, this to be accomplished through harmony of material and attention to the related mass of each building in relation to the group of buildings."

A plan of the Texas Medical Center published in the *Houston Post* in February 1946 suggests how the trustees of the M. D. Anderson Foundation at first hoped to integrate the new development into the urban fabric of the city. In it the Texas Medical Center is shown as formally addressing not only the Rice Institute and the United States Naval Hospital, but also wildcatter Glen McCarty's Shamrock Hotel and community center (1949, demolished), which had been designed by Wyatt C. Hedrick and was then being planned and built, and the Southgate and Shadyside subdivisions. Even the Parklane Apartments (1940, demolished) that were designed by F. Talbot Wilson and S. I. Morris, Houston's grandest Federal Housing Authority-sponsored garden apartment complex of the New Deal era, is depicted in the plan along the northern edge of Hermann Park. It also shows in dashed lines the future route that Fannin Street would take through the western side of the park to provide better access from Downtown, about three miles north.

Kipp's initial street plan for the Texas Medical Center consisted of straight, angled, and curved streets that created a number of roughly equal-sized, trapezoidal-shaped plots for each of the existing member institutions as well as additional plots for future use. Perhaps because the trustees of the M. D. Anderson Foundation wanted all institutions to feel equally important, there was no consistent use of axial alignments—as at the Rice Institute, for example—which would have created a hierarchy

of streets and subsequently of the plots adjacent them. As Elifrit later recalled, the immediate model for Kipp's scheme was that of the 1920s garden subdivision, with traffic limited to homeowners and their servants and gardeners: "[H]is idea was to discourage automobiles.... Mr. Kipp designed it as if he were designing a setting for a group of estates." Early renderings of the Texas Medical Center indeed show a carpet of greenery over which the low, symmetrical buildings were to be systematically arrayed.

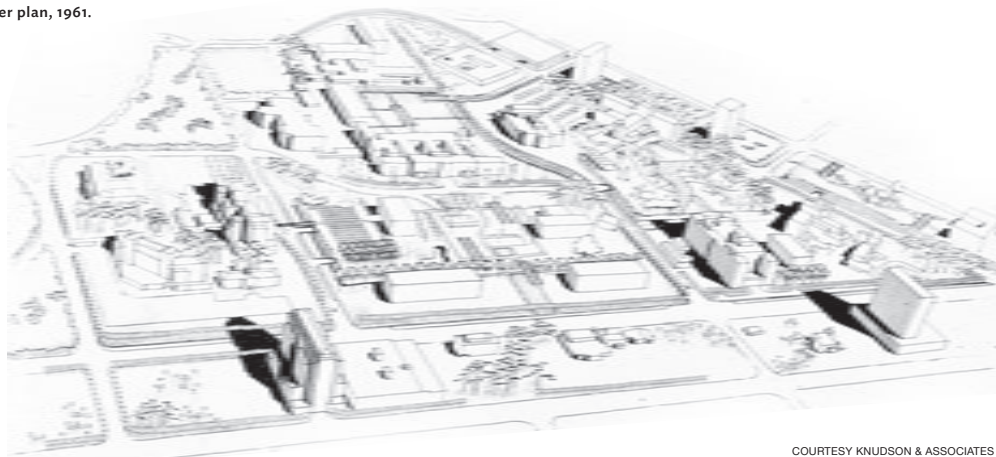
Chillman's architectural suggestions were followed for the first buildings of the Texas Medical Center. They include the Baylor College of Medicine (Hedrick & Lindsley, 1947), the new wing of the Hermann Hospital (Kenneth Franzheim and Hedrick & Lindsley, 1949), and the Hermann Professional Building (Kenneth Franzheim and Wyatt C. Hedrick, 1949). However, the guidelines were ignored by the architects of the next set of buildings, which opened from the mid-1950s to the mid-1960s. (The only guideline that seems to have remained was the height restriction, which was finally abolished in 1964.) These buildings, the most architecturally distinguished in the

history of the center, were strictly modern, flat roofed, asymmetrical, and clad in a variety of multicolored surfaces. Unfortunately, they were sometimes placed at what seems to be random on their properties and in no way responded formally to their neighbors, as did the earlier buildings. In this respect, they reveal the conundrum of modern Houston, whereby good architectural design on the scale of individual buildings is unable to translate on the larger scale into a coherent urban form. A comparison of aerial photographs of the Texas Medical Center in the 1940s and in 1950s shows that the formerly green and forested grounds suddenly disappeared, to be almost entirely replaced by crowded parking lots. By 1979, only 360 of the estimated 4,700 original native trees remained standing.

Growth quickly spilled outside the center's official bound-

IN THIS RESPECT, THEY REVEAL THE CONUNDRUM OF MODERN HOUSTON, WHEREBY GOOD ARCHITECTURAL DESIGN ON THE SCALE OF INDIVIDUAL BUILDINGS IS UNABLE TO TRANSLATE ON THE LARGER SCALE INTO A COHERENT URBAN FORM.

BELOW: Fred Buxton and Associates master plan, 1961.



COURTESY KNUDSON & ASSOCIATES



(5)

UT Dental Hospital



(6)

Medical Towers Building then



(7)

Medical Towers Building now



(8)

Houston State Psychiatric Institute

aries. The Medical Towers Building (1956), like the Hermann Professional Building, was built on the strip of land between Fannin and Main that was not technically included in the Texas Medical Center site. Buildings in this area were not required to be nonprofit, as they were in the Texas Medical Center, and so tended to be office towers for doctors and bank buildings.

By 1955, progress on the Texas Medical Center was considered sufficiently impressive that the editors of *Fortune* magazine chose to include it in an article entitled “Since 1930,” which featured color photographs by Ezra Stoller of new developments throughout the United States since the Depression. Shortly thereafter, the parking situation, which had so quickly become the Texas Medical Center’s Achilles heel, prompted Susan Clayton McAshan, the daughter of Will Clayton (1880-1966), M. D. Anderson’s longtime business partner, to press the officers of the M. D. Anderson Foundation to seek a new plan for development. In addition to a lack of parking capacity, the disheartening appearance of so many asphalt-covered acres of surface parking lots was becoming intolerable. The officers hired Fred Buxton & Associates, then Houston’s most prominent landscape architectural firm, to devise a new plan. The proposal that Buxton and his associate Charles Tapley presented in 1961 was to establish seven large, communal underground parking garages that would be administered by the Texas Medical Center independently of the member institutions. On their roofs were to be fanciful landscaped gardens with curvilinear paths and planting beds, in the manner of the Brazilian landscape architect Roberto Burle Marx. Sadly, this charming scheme was not implemented. Had it been, the convivial, garden-like atmosphere envisioned by the founders of the Texas Medical Center might have actually taken shape, if only for a short time before growth again overwhelmed it. The major legacy of the Buxton plan was that the Texas Medical Center did eventually take over parking and began to charge fees that would cover its day-to-day operating expenses. In 1965, discussions began to plan for a multilevel parking garage, the first of several throughout the center, which would serve Methodist Hospital and St. Luke’s Episcopal Hospital.

From the mid-1960s to the mid-1990s, many new buildings appeared in the Texas Medical Center, but only a handful came close to the architectural distinction of the second-generation buildings. It was as if the breakneck growth of the member institutions left no time for thoughtful design. Or perhaps architecture took a backseat to the thrilling, daredevil heart operations then being developed by the surgeons Dr. Michael E. DeBakey (1908–2008) and Dr. Denton A. Cooley (b. 1920).

By the mid-1980s, the Texas Medical Center was again choking on its own growth. In aerial photos, it now appears as a tight knot of buildings nearly touching each other, as many of the parking lots of the 1950s had been built over. As Richard Ingersoll wrote in his caustic analysis of the Texas Medical Center that appeared in *Cite 22* in 1989:

In general the buildings of the Medical Center are being transformed by an accretive process that adds new features in response to the need for operational efficiency and programmatic demands, resulting in labyrinthine circulation in the inside and a confused jumble of volumes on the outside. An inchoate snarl of parking structures, unclear points of egress, and difficult connections between structures make the Medical Center an experientially unpleasant place that seems to promote the feeling of illness rather than relieve it.

In contrast, the low-density areas—The Shamrock Hilton Hotel, Rice University, Southgate, Hermann Park, Shadyside, the VA Hospital, and the Parkwood Apartments—surrounding the lumpen mass remained almost as they were in the immediate postwar years. But the opportunity for harmony had been lost. The logic of Herbert Kipp’s master plan first published in 1946, where the original low, pavilion-like buildings of the medical center, designed in the spirit of a college campus, could engage in a meaningful and sympathetic way with those of its nearby neighbors, had clearly been abandoned.

The administrators of the Texas Medical Center were worried enough to commission not one, but two new planning studies. The first was jointly authored by 3D/International and CRS Sirrine in 1986, and the second was presented in 1987 by a team lead by David Scoular, then the director of planning at Baylor. Of the first proposal, no record now seems to exist, despite queries to the helpful Texas Medical Center archivists. Ingersoll’s discussion of the Scoular plan notes that its major design element was “a detached second-level walkway that shelters an exposed portico below,” which would connect to each of the various institutions in the complex. This seems to have been the first official recognition of the embryonic system of tunnels and sky bridges that was beginning to take form, linking the disparate buildings in the Texas Medical Center. However, just as with the original plans by Kipp and those by Buxton, these schemes were discarded almost as soon as they

were prepared.

In the aftermath of a spate of internecine bickering in 1996, including a lawsuit between institutions (see Michael Berryhill’s contribution in *Cite 47* in 2000), the administrators of the Texas Medical Center began efforts to promote more cordial relations among the member institutions. This was no easy task. By the late 1990s, the center had some 42 member institutions, up from the original half dozen—each with its own parcel of land and separate administrative apparatus. In effect, the Texas Medical Center had become an enclave of enclaves, each fiefdom zealously protecting its turf as continual growth made the boundaries between seem ever narrower. The Texas Medical Center itself had also grown: in 1966 it began acquiring land south of Holcombe, and in the ensuing 30 years it had increased its holdings from the original 134 acres to about 700 acres.

The administrators’ efforts were parlayed into yet another

MID-1960s TO MID-1990s HALTING AND VAULTING
From the mid-1960s to the mid-1990s, many new buildings appeared in the Texas Medical Center, but only a handful come close to the architectural distinction of the second-generation buildings.

(9) One such building is the 25-story **St. Luke’s Medical Tower** (1991), designed by Cesar Pelli & Associates and Kendall/Heaton Associates. In what was becoming a recognizable trend, this building was located in the commercial strip adjacent to the Texas Medical Center between Main and Fannin Streets. Pelli, master of the slick curtain wall, used it to great effect here. The office tower, which rises above a nine-story parking garage, is shaped into twin octagonal towers surmounted by tall, spiky needles. Resembling twin syringes ready to shoot their serum into the heavens, the silvery, mirror-glass-clad St. Luke’s Medical Tower provided a much needed landmark for the center’s otherwise drab skyline.

2000s AND 10s CITY OF MEDICINE
From 2000 onwards, new buildings have moved the Texas Medical Center towards somewhat more urban goals.

(10) **Methodist Hospital Research Institute** (2010), designed by the New York firm Kohn Pedersen Fox Associates and the Houston firm WHR Architects, may look corporate, but it has the virtue of at least being very tasteful. What’s more, the yin-yang relationship it establishes with the convex, curving façade of the neighboring **St. Luke’s Episcopal Hospital Denton A. Cooley Building for The Texas Heart Institute** (2002), designed by Morris Architects, is really quite compelling.

(11) In distinct contrast to the new Methodist building, the **M.D. Anderson Cancer Center’s Lowry and Peggy Mays Clinic** (2005), designed by KMD Architects, is a delirious pile of turquoise-tinted mirror glass and pink precast concrete, complete with a neo-Babylonian hanging garden of healing.

IT WAS AS IF THE BREAKNECK GROWTH OF THE MEMBER INSTITUTIONS LEFT NO TIME FOR THOUGHTFUL DESIGN. OR PERHAPS ARCHITECTURE TOOK A BACKSEAT TO THE THRILLING, DAREDEVIL HEART OPERATIONS THEN BEING DEVELOPED BY THE SURGEONS DR. MICHAEL E. DEBAKEY (1908-2008) AND DR. DENTON A. COOLEY (B. 1920).



(9)

St. Luke’s Medical Tower



(10)

Methodist Hospital Research Institute and St. Luke’s Denton A. Cooley Building for The Texas Heart Institute



(11)

M.D. Anderson Cancer Center’s Lowry and Peggy Mays Clinic

(12) In 1996, the administrators of the University of Texas Health Science Center at Houston hosted an invited architectural competition to design a new building for the **University of Texas School of Nursing**. The ambitious competition's roster of prominent architects who participated included Rodolfo Machado/Jorge Silvetti, Taller de Enrique Norton y Asociados, Lake|Flato Architects, Tod Williams Billie Tsien & Associates, Steven Holl Architects, and the winner, Patkau Architects of Vancouver. The husband and wife team of Patkau, which has a reputation for green architecture, proposed an elegantly louvered, elongated slab for the building. Due to mixed messages from the client (asking the designers to lower the cost to \$40 million, but keep the features that required a \$60 million budget), Patkau eventually resigned from the project in 2000 after having worked on the design for four years. BNIM, a Kansas City-based firm noted for sustainability, and Lake|Flato were subsequently hired. Completed in 2002, the building is marked by an awkward combination of materials and forms. The final cost was \$58 million. Though this author prefers the Patkau proposal, it should be noted the building won a design award, as well as an award for its sustainability, from the Houston AIA in 2005, and a design award from the Texas Society of Architects in 2006.

(13) The University of Texas Health Science Center at Houston's **Fayez S. Sarofim Research Building**, designed by BNIM and Pennsylvania-based Burt Hill Kosar Rittelmann Associates, was completed in 2006. The building's engagement with Brays Bayou heralds the linear green spaces envisioned by the latest medical center master plan.

(14) A new addition to the medical center, completed in 2012, the **Texas Children's Hospital Women's Pavilion**, designed by FKP Architects, is distinguished by an enormous, two-story pedestrian bridge separating hospital workers from civilians. Large bridges such as this may be the new norm, as the latest medical center master plan calls for all buildings to reserve space on the second and third floors for pedestrian and utility connections.

non-binding master plan, this one devised by the Chicago office of Skidmore, Owings & Merrill (SOM). Grandly entitled "Vision for Growth: A 50 Year Master Plan," it was published in 1999. It seems to be the first plan to incorporate the lightly developed land south of Holcombe, dubbed the South Campus. The new master plan marked the end of the hybrid model, meshing garden subdivision with university campus, that had informed development of the Texas Medical Center for its first 50-plus years. The Texas Medical Center's problems, the SOM plan stated, were now on the scale of those of the central business district of a large city. Architecturally, this meant that new buildings would no longer be of the pavilion type, but would extend to the property lines and spatially begin to define street corridors, as buildings do in traditional urban settings. The biggest problem was still parking, and the SOM plan proposed that all new buildings be equipped with underground parking garages, and that existing contract parking be moved to peripheral lots linked by a shuttle service. Use of public transportation was suggested as something of an afterthought. However, the plan did suggest that denser development appear at the future light rail stops to be built on Fannin.

The SOM plan was liked well enough for the Texas Medical Center to have it updated in 2006. By this time, some new developments, like the inclusion of Rice University as an official member institution, had prompted specific changes, like the effort to improve the Main corridor, which gave Rice the cold shoulder with a wall largely comprising the backs of the medical center's parking garages. Also some of the suggestions of the 1999 plan had been implemented: parking was being rearranged and moved off-site, and a "commons" building had been erected in the center of the original campus. Severe flooding during

Tropical Storm Allison in 2001 had prompted some additional updates. These included moving power and electrical controls to the second or third floor of new buildings, and making plans for an extensive skywalk system in lieu of tunnels (or ground level sidewalks for that matter)—somewhat in the spirit of Alison and Peter Smithson's famous proposal for the Hauptstadt in Berlin (1957) with its separate system of elevated pedestrian walkways above the city streets. In fact, new buildings are now required to incorporate areas on their second and third floors for future skywalk connections.

Today it seems as if it is not budget that determines the size and character of buildings in the Texas Medical Center, but rather how much parking can be fit in the program. While it seems as if the member institutions of the Texas Medical Center no longer have it in them to commission truly excellent works of architecture, one hopes they at least continue to commission more competent ones than bad ones. The best of the recent buildings, like the Methodist Hospital Research Institute, are so valuable because they start to contribute in a meaningful way to creating a better urban environment. Despite its density of building stock, the Texas Medical Center clearly shows the difficulty of creating a persuasive sense of place. The most recent series of master plans seem to point in a good direction, if only the member institutions agree to adhere to their recommendations. Some of their recommendations, however, do raise troubling questions. In particular is what appears to be an increasing preference for enclosed skywalks for pedestrian circulation in lieu of outdoor sidewalks. According to the Pedestrian Circulation Master Plan of 2002 the proposed new generation of skywalks are described as "streets" and the internal lobbies where they connect are "plazas." If we recall that the Texas Medical Center sits on land

that was intended to be public park space, the further privatization of its already limited public space is indeed troubling. We can only hope that some sort of balance can be struck. In other suggestions, the plans show a lot of promise. The transformation from "campus" to "city," for example, is intriguing and seems full of possibility. Just maybe, if things go well, the Texas Medical Center will someday become a cherished Texas place. ☺



FROM TEXASMEDICALCENTER.ORG/VISION-FOR-GROWTH

SOM masterplan, 1999, revised 2006.



(12)

University of Texas School of Nursing



(13)

Fayez S. Sarofim Research Building



(14)

Texas Children's Hospital Women's Pavilion