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David J. Fine

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cern of creating visual homogeneity" (54–55, 91)? Although Mierse is usually (and laudably) reluctant to assume imperial patronage or initiative for construction, the coin evidence he uses to argue that Hadrian embellished Gades's sanctuary of Melqart-Heracles (275–277) is equivocal at best.

In the absence of explicit data, Mierse attributes most shrines to local elites, supported by a vibrant economy: second-century (A.D.) sanctuaries, for example, are explained by the potential local patrons' "awareness of architectural developments happening elsewhere in the Roman world"; by the wealth that individuals derived from exports such as garum and olive oil, which they kept on the peninsula by in-marrying among elites; and by a "clear desire to embellish cities" (270). Although he is probably correct, he names few patrons and cites few specific data in his book. Thus, when he concludes

[t]he local elites and probably the local society as a whole determined the nature of the influences that were to be allowed to inform the Romanization process. What happened on the peninsula is not the same as what happened in Gaul or in North Africa. The choices made were different, and the outcomes produced were distinct (303),

the statements fall flat in the absence of previous documentation.

Mierse's other main conclusion, that there was no "readily identifiable Iberian style of architecture during the Roman period" because "[t]he peninsula was not a culturally homogeneous region at the time the Romans first arrived[, n]or did the process of Romanization spread at an equal rate" (300), is undoubtedly correct. Again, however, it lacks cogency, for the book generally neglects the peninsula's great diversity, enormous distances, and geographical difficulties. (Figure 1, a simple line drawing of the Iberian peninsula marked with the sites discussed but with no roads, is telling.) Nor does the book either establish the cultures and religions of Iberia before the Roman conquest (e.g.,

Celtiberian culture is mentioned only on p. 44), or sufficiently bring out the variety of response to Rome through the centuries. For these topics one should turn to A. T. Fear, *Rome and Baetica: Urbanization in Southern Spain, c. 50 BC–AD 150* (Oxford and New York, 1996), a well-documented and nuanced discussion of Romanization in this area.

What is the anticipated audience for *Temples and Towns*? Readers interested in Roman architecture will benefit from Mierse's introduction of shrines and temples in Roman Iberia and from his illuminating comparison of their designs and methods to buildings elsewhere in the Roman world. (Beginning students would have been better helped had a glossary, metric measures on all maps and plans, and uniformly crisp photos been included.) Mierse straightforwardly describes sites that may be unfamiliar: Romano-Iberian sanctuaries are rare in John B. Ward-Perkins, *Roman Imperial Architecture* (Harmondsworth and New York, 1981) and in William L. MacDonald, *Architecture of the Roman Empire*, vol. 2 (New Haven and London, 1986). More advanced architectural scholars can use this as a starting point, but they must disregard frequent typos (e.g., *Anal.* for *Ann.* on 140) and inconsistencies in the treatment of inscriptions (e.g., 134, 242). They should also realize that Mierse has not updated all his bibliography and seems unaware of recently identified shrines, such as those to Magna Mater and possibly Diana in third-century Corduba.¹ The book will be less useful for those focusing directly on Roman Iberia, or on the problems raised by the abundant but diverse evidence for the lives and material circumstances of provincials during the Roman Empire.

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Note

1. See P. Léon, *Colonia Patricia Corduba: una reflexión arqueológica* (Seville, 1996), 29.

Stephen Verderber and David J. Fine **Healthcare Architecture in an Era of Radical Transformation**

New Haven and London: Yale University Press, 2000, xii + 404 pp., 265 b/w illus., 99 color illus. \$55.00, ISBN 0-300-07839-0.

Why does the postwar hospital endure as a setting for popular television shows? Generic patients' rooms, endless double-loaded corridors, sterile hospital lobbies, and ordinary nurses' stations—not just the emergency room—remain the stuff of daytime and prime-time drama.

As the site where life begins and ends, the hospital is hard to beat for suspense. And in general, the public hospital is a place where family tensions run high, where long-standing notions of class, race, and ethnicity frequently topple, and where accidental meetings may occur. The ubiquitous hospital elevator doors open and—omigod—there appears a whole new storyline.

Despite this potential for dramatic action, the postwar hospital has been a less frequent subject in the literature of architectural history. Perhaps because of the institution's sheer complexity—most hospitals begin renovations the moment they open—many scholars have steered clear of healthcare architecture. Or is it because so few famous architects have designed hospitals? John Thompson and Grace Golden's 1975 study, *The Hospital: A Social and Architectural History*, which covers hospitals in the Western world from ancient Greece to the 1960s, is one of a handful of books devoted to hospital architecture. Our understanding of hospital design as a specialization among architects was considerably enriched in 1997 with the publication of Jeremy Taylor's comprehensive study *The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England 1850–1914*. Yet next to nothing has been published by architectural historians on hospitals designed since 1975.

Scholars in other disciplines, on the other hand, have ventured into the realm of hospital architecture. Readers might want to peruse Guenter B. Risse's *Mending Bodies, Saving Souls: A History of Hos-*

pitals (1999), which begins, like the Thompson and Golden volume, with the Greek healing temple, and finishes with the AIDS ward at the San Francisco General Hospital. In this alternative survey of hospitals, historian of medicine Risse uses individual patients' narratives to draw penetrating sketches of hospital space (and particular illnesses) through the ages.

Historian David C. Sloane, too, has taken an innovative look at recent hospital design through the influence of shopping malls. In his 1994 article in the *Journal of Architectural Education* (48 [Nov. 1994]: 82–98) and a book manuscript entitled “Mall Medicine” (with Beverlie Conant Sloane; forthcoming), Sloane analyzes America's increasingly commercialized healthcare institutions.

Stephen Verderber and David J. Fine's *Healthcare Architecture in an Era of Radical Transformation* is intended to continue where Thompson and Golden stopped. This large-format, generously illustrated tome looks at hospitals after 1965, the year that saw the beginning of Medicaid and Medicare in the United States. Robert Venturi's postmodern manifesto, *Complexity and Contradiction in Architecture*, as they point out, was published only a year later.

Indeed, the impact of postmodernism on hospital architecture is the central theme of Verderber and Fine's book. It surveys in nine chapters the major changes that have occurred since the demise of the “modernist machine hospital” (17) in the decades immediately after World War II. The chapters cover topics such as the increasingly unsatisfactory modern hospital, the rise of the “antihospitalism” movement, utopian schemes for hospitals, the impact of decentralization, the rise of the private room (and consequent end of the ward), health architecture for the aged, and the rise of community care centers. The final chapter looks at hot issues in healthcare architecture: home care, new technologies, and changing relationships between providers and patients.

Some architectural historians may be disappointed by this book. Although

it is an analysis of architectural trends, it includes little that might be construed as historical. Each chapter, for example, begins with a clear statement relating hospitals to a social or political idea. “By the mid-1960s the nursing home had come to symbolize the negative aspects of aging and the inevitability of death,” begins chapter 7 (223). These introductory remarks are then followed by descriptions and illustrations of several case-study buildings, under bold-type subheadings. None of these passages is lengthy enough to get beyond a mere description of the building, and nowhere do the authors return to their initial assertions.

Historians may also find disconcerting the authors' rather creative use of nouns, especially those denoting architectural issues and movements: monolithism (31), interstitialism (116), new residentialism (167), and window-ness (217), to name a few.

Nonetheless, *Healthcare Architecture in an Era of Radical Transformation* includes valuable information for architectural historians eager to learn more about hospitals. Perhaps its two major strengths are that the book is both a superb introduction to the major hospital architects of the late twentieth century and a useful compilation of benchmark dates in the evolution of the postmodern hospital.

The story is a complex saga of overlapping narratives. By the 1970s, the high-tech mega hospital was fully entrenched. One characteristic of these hospitals was the interstitial floor system, which provided an entire story for building-support systems between each pair of patient-occupied floors. At precisely the same time, however, the hospice movement (begun in Britain in 1967) and postmodern thinking encouraged alternatives to these machinelike forms. A notable change in focus from the treatment of sickness to the maintenance of health was first legible in the architectural literature on hospitals about 1972. And a new focus on patient-centered facilities, which embraced home-like spaces and furniture, regional

symbolism, and humanly scaled buildings, marked the era. The interstitial system was outmoded by 1980.

Since then, Americans have been faced with the construction of “virtual healthscapes,” whereby the home may supplant the hospital as a center for medical care, as more medical advice is disseminated electronically. This “functional deconstruction” of the acute-care hospital, too, has meant a more central role for the outpatient community clinic and the wellness center.

Healthcare Architecture in an Era of Radical Transformation also includes solid material on the relationship of U.S. healthcare funding to particular building programs, such as the Hill-Burton Act of 1946. In addition, the authors are skilled navigators of the complexity of the hospital plan types that have appeared since 1965. And the information on international differences in hospital trends, particularly in Europe and Canada, is also most welcome.

Verderber and Fine's book has much to teach us about the inner workings of contemporary healthcare architecture. But for those who prefer to visit hospitals from a distance, there's always network television.

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John B. Rehder
Delta Sugar: Louisiana's Vanishing Plantation Landscape

Baltimore and London: Johns Hopkins University Press, 1999, 376 pp., 135 b/w illus. \$45.00, ISBN 0-8018-6131-4.

John B. Rehder's *Delta Sugar: Louisiana's Vanishing Plantation Landscape* takes a long, deep, field-based, interdisciplinary look at Louisiana's sugar industry and the cultural landscapes it helped to create. Sugarcane plantations have long stood as important landscape elements in southern Louisiana, a region that now displays a jumble of multiple surface features including swamp and marsh communities, urbanized areas such as New Orleans, and the heavily industrialized