

Review: [untitled]

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Reviewed work(s):

The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England, 1850–1914 by Jeremy Taylor

Source: *Victorian Studies*, Vol. 41, No. 3, Victorian Ethnographies (Spring, 1998), pp. 550–553

Published by: Indiana University Press

Stable URL: <http://www.jstor.org/stable/3829373>

Accessed: 06/04/2010 14:14

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contributes a fascinating chapter on “Fabricating Africa: Livingstone and the Visual Image, 1850–1874.” He notes that the images in the texts of African travelers reveal as much “about the Victorian culture that created them as about the African cultures and landscapes they claim to represent” (171). Wood-engraving illustrations were small, vivid, and easily understood, even by those for whom reading was difficult. Among the illustrations in this chapter, particularly striking is a proof engraving from *Missionary Travels and Researches in South Africa* (1857) drawn by a draftsman who depended on verbal descriptions, as was usually the case. In the margin are Livingstone’s own comments suggesting where changes were needed to better approach “reality,” as well as the publisher’s instructions (181).

In the final essay John MacKenzie documents the monuments and memorials erected for Livingstone after his death, and the many place names in Africa which recall the explorer and remain unchanged. Livingstone’s reputation as one of the few Victorians who could begin to understand African culture—albeit in a paternalistic mode—treat his servants humanely, and blaze trails without excessive violence, seems to have stood this test of academic scrutiny. MacKenzie also revisits the work of Horace Waller, who edited Livingstone’s last journals, carefully sanitizing the text, elevating the saintly image, and crucially contributing to the saintly myth.

Altogether, this is a distinguished contribution to our understanding of Livingstone and the Victorian encounter with Africa. A small negative comment might be that the organization of the work makes for unavoidable repetition of the essential elements in the life as they are visited and revisited from different academic perspectives. In this latest accounting, it must also be said that David Livingstone does not fare particularly well. Far from being a heroic figure, his deficiencies as a scientist, explorer, husband, father, missionary, and colleague are laid bare, even if his contributions to science and to the popularity of empire are exposed. At times the relentless deconstruction of the myth seems to overwhelm our understanding of the man. However, this may only be a problem for this particular reviewer. It must be confessed that, raised in a Protestant Sunday School in lowland Scotland, thrilled as a child by pilgrimages to Livingstone’s birthplace and museum at Blantyre, and enthralled in elementary school by African maps criss-crossed by the travels of Scottish explorers, she is quite reluctant to give up the heroic image. Great lives and powerful myths die hard.

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The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England, 1850–1914, by Jeremy Taylor; pp. xiv + 240. London and New York: Leicester University Press, 1997, £75.00, \$125.00.

My favorite photograph in Grace Goldin’s 1994 pictorial history of hospitals, *Work of Mercy*, is a tiny image of a doctor riding a bicycle inside Copenhagen’s Rigshospital. “How to get around a pavilion hospital corridor,” explains the caption below the photo. The seemingly endless corridor is one of a host of architectural features characteristic of the so-called

pavilion-plan hospital. These corridors separated open wards, often called Nightingale wards, the signature features of this ubiquitous Victorian building type. Surrounded on three sides by open space, the wards' large windows permitted complete cross-ventilation.

The best-known American example is Johns Hopkins Hospital in Baltimore, constructed in 1877–89; the pavilion-plan hospital, however, became truly an international standard in the late nineteenth and early twentieth centuries, with major examples in India, Persia, Russia, Australia, and Canada, in addition to the better-known European models. In its heyday it was considered the ideal plan for a large general institution, adaptable to every imaginable scale, site, and context.

Jeremy Taylor's second book on hospitals, *The Architect and the Pavilion Hospital*, explores the British development of the pavilion-plan hospital in great depth and makes a major contribution to the scholarship on the history of hospital architecture. The volume is ordered thematically in six chapters which explore, as the subtitle of the book suggests, the heated debates and remarkable innovations which took place within a fairly tight circle of (mostly) London architects between 1850 and 1914.

The Architect and the Pavilion Hospital is particularly refreshing in three ways. Firstly, it is a comprehensive survey of the type, reminiscent of other distinguished typological studies of Victorian buildings such as Stefan Muthesius's *The English Terraced House* (1982), Anthony King's *The Bungalow* (1995), and more recently, Deborah Weiner's *Architecture and Social Reform in Late-Victorian London* (1994), a study of London's Board Schools.

Secondly, by considering architecture in its many guises—built form, unrealized design projects, architectural criticism, architectural editorials—Taylor has painted a picture of Victorian architecture as a dynamic, multifaceted discourse, rather than simply as a series of buildings.

Thirdly, *The Architect and the Pavilion Hospital* says something very different from other, albeit briefer looks at the same subject. In both the classic surveys of hospital architecture and the handful of articles on the development of the pavilion plan, authors such as Adrian Forty and Anthony King have insisted on a direct relationship between various theories of disease transmission (especially miasma) and the plan itself (Forty, "The Modern Hospital in England and France," in *Buildings and Society*, ed. Anthony King [1980]; King, "Hospital Planning: Revised Thoughts on the Origin of the Pavilion Principle in England," *Medical History* 10 [1966]). This is mostly due to the important role played by the most famous miasmatisist, Florence Nightingale, in hospital reform after the Crimean War. Some scholars (Lindsay Prior, "The Architecture of the Hospital: A Study of Spatial Organization and Medical Knowledge," *The British Journal of Sociology* 39 [1988]; J. T. H. Connor, "Hospital History in Canada and the United States," *Canadian Bulletin of the History of Medicine* 7 [1990]) have suggested that the demise of the pavilion plan was tied to the development of the germ theory. Why, then, did pavilion-plan hospitals continue to be built into the 1930s?

Taylor sees no such medical imperative in the construction of his hospitals. "The fact that Florence Nightingale's views on miasmatism were to be discarded and superseded in the 1880s by the germ theory made little difference to the architectural concept," he asserts in the book's Introduction (ix). Indeed, Taylor's protagonists are architects, rather than doctors, and the book is really about how the practice of architecture from 1850–1914 was truly a reiterative process. Highly specialized architects such as

Henry Saxon Snell, Alfred Waterhouse, H. Percy Adams, Henry Currey, and William Milburn, Jr. worked continuously to improve upon the basic model, which Taylor describes throughout the book as an “orthodoxy.” At its height the pavilion plan approached the status of an icon.

Taylor claims that the book is “architect-centred,” rather than “building-centred.” It certainly is not doctor-centred. The author seems rather uninterested, in fact, in the development of medicine from the mid-nineteenth century to the onset of World War I. His analyses of the hospitals are purely formal and the discourse he has uncovered comes mostly from the professional architectural press.

By implication, Taylor suggests that the nineteenth-century architectural press had amazing power. He credits George Godwin, the influential editor of *The Builder*, with setting the agenda for the pavilion plan in a trio of articles published in 1858. Anthony King, too, has noted Godwin’s influence. The beginning of the end of the pavilion-plan monopoly about 1903, which Taylor sees as the construction of the Royal Victoria Hospital in Belfast, is also tied closely to the power of the press. In the pages of the *Journal of the Royal Institute of British Architects* debates raged over Birmingham architect William Henman’s use of artificial ventilation in the Belfast building, which meant that the wards could be toplit and located adjacent to each other, rather than surrounded on three sides by fresh air. While the Belfast hospital’s plenum system of ventilation is often cited in the literature of architectural history as a precursor to modern air conditioning (see Reyner Banham’s *The Architecture of the Well-Tempered Environment* [1969]), its enormous implications for the subsequent development of hospital planning are rarely noted.

General readers will be fascinated with Taylor’s book as an account of professionalism in Victorian England. He explains the important roles played by architectural competitions in the making of extremely specialized practices during the late nineteenth century and the way the architectural press offered valuable feedback to fledgling firms; particularly interesting is how compelled would-be hospital architects felt to visit actual hospitals, rather than simply to learn about them from publications. The Victorian architects in Taylor’s narrative are curious, ambitious, self-educated specialists, acutely aware of the tiniest improvements in their beloved pavilion plan.

Experts will appreciate Taylor’s thorough review of the plethora of Victorian books and articles on hospital planning (and their reviews in the press), his repeated suggestions that architect Keith Young deserves much more credit than previously thought, and the chapter devoted to the conservation and expansion of older hospital buildings, an extremely difficult subject to research. The book’s two appendices include a selection of English pavilion plans drawn to scale for comparison, a vivid illustration of the variations possible within the pavilion theme, and an extremely useful list of pavilion-plan hospitals in fourteen countries, including their dates of construction, architects, and references to primary sources. Less useful, in my opinion, is the pair of indexes: one for names and themes and the second devoted to places and buildings. A single index would be far less confusing.

Although *The Architect and the Pavilion Hospital* is a very thorough study, the book does not give the impression that Taylor has personally explored every hospital described. It is, for all intents and purposes, based on printed primary sources rather than extensive fieldwork. Not surprisingly, the book’s 56 illustrations are reproduced

mostly from contemporary sources: the professional journals and influential books such as H. C. Burdett's *Hospitals and Asylums of the World* (1891, 1893) and Henry Saxon Snell's *Charitable and Parochial Establishments* (1881). It is, nonetheless, a model of scholarship in the history of a building type, a profession, and an idea.

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Co-operative Culture and the Politics of Consumption in England, 1870–1930, by Peter Gurney; pp. ix + 350. Manchester: Manchester University Press, 1996, £45.00, \$69.95.

This delightful and innovative book examines a movement which had 1.7 million members in 1,439 local societies in 1900, and at its peak in the 1940s attracted 8.5 million members. It deals not with the organisation, the bureaucracy, or the business of the co-operative movement, but with the culture of a world which was central to a sense of being working class, particularly in the North of England and in Scotland, in the late nineteenth and early twentieth centuries.

The usual interpretation of the history of the co-operative movement is that during the period of Owenite socialism in the 1820s and 1830s co-operative stores were not an end in themselves but the means by which resources were to be raised to establish co-operative communities. These were to be the vanguard of the “new moral world.” But gradually the wider vision disappeared and the focus switched to consumption. From the establishment of the Pioneers’ Co-operative Store in Rochdale in 1844, the argument goes, the prime concern of co-operators was spending enough to earn a reasonable dividend. The “divi” became a goal in itself, and the earlier social regenerative aspects of the movement largely disappeared from view.

Peter Gurney sets out to challenge these assumptions by a wonderfully fresh rereading of the pages of the *Co-operative News* and the many jubilee histories of individual co-operative societies. He shows how in their speeches and writings co-operators strived to maintain their own interpretation of a “people’s past” against the weight of Liberal progressive interpretations of capitalism, linking back to the visions of the early Owenites. Few had the faith of J. T. W. Mitchell, the president of the Co-operative Wholesale Society from 1874 to 1895, that co-operation would “solve all social problems, destroy poverty, eradicate crime, and secure the greatest happiness to the greatest number.” But it became more difficult to maintain such faith into the twentieth century.

He captures the world of the “active” co-operators, much more than just the leadership or the “passive” consumer. This is the world of the 60,000 who participated in the great annual co-operative festival at London’s Crystal Palace, where choirs from all over the North came to compete. It is the world of the Women’s Co-operative Guild and of co-operative excursions to Blackpool or Scarborough. It is a world of great earnestness and self-improvement, often deeply disapproving of the fashions of the modern age. But it was also an international world of exchange of delegates at conferences and of numerous attempts to develop effective international business links as Co-operative Wholesaling expanded throughout Europe and beyond. National Associations would help one another