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Disegno

JOURNAL OF DESIGN CULTURE

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Disegno publishes original research papers, essays, and reviews on all aspects of design cultures. We understand the notion of design culture as resolutely broad: our aim is to freely discuss the designed environment as mutually intertwined strands of sociocultural products, practices, and discourses. This attitude traverses the disciplinary boundaries between art, design and, visual culture and is therefore open to all themes related to sociocultural creativity and innovation. Our post-disciplinary endeavor welcomes intellectual contributions from all members of different design cultures. Besides providing a lively platform for debating issues of design culture, our specific aim is to consolidate and enhance the emerging field of design culture studies in the Central European academy by providing criticism of fundamental biases and misleading cultural imprinting with respect to the field of design.

All research articles published in Disegno undergo a rigorous double-blind peer review process.

This journal does not charge APCs or submission charges.

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The full content of Disegno can be accessed online: disegno.mome.hu

Published by: József Fülöp

Publisher: Moholy-Nagy University of Art and Design, 1121 Budapest, Zugligeti út 9-25.

ISSN: 2064-7778 (Print) **ISSN:** 2416-156X (Online)

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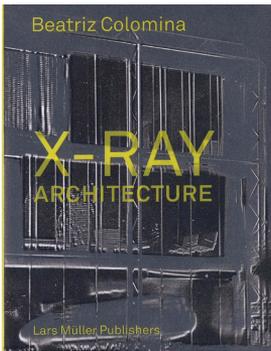
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Beatriz Colomina: *X-Ray Architecture.*

Book review

Ágnes Anna Sebestyén

https://doi.org/10.21096/disegno_2021_1-2aas



Beatriz Colomina:
X-Ray Architecture.
Zürich: Lars Müller
Publishers, 2019.
200 pages,
ISBN 978-3-03778-443-3

“The bond between architecture and illness is probably my longest pre-occupation.” (7) The first line of Beatriz Colomina’s book entitled *X-Ray Architecture* has never been more relevant than now, during the coronavirus pandemic in 2021. The renowned architectural historian’s book was published in early 2019, before the outbreak of the disease, and it turned out to be quite timely as the pandemic determines our interaction with the built environment and other people. Yet, as Colomina mentions in the Introduction of her book, she has been preoccupied with the connection between architecture and illness at least since 1980, when she arrived in New York after studying architecture in Barcelona. (7) As a visiting fellow at the New York Institute for the Humanities, Colomina was surrounded by such prominent thinkers as Susan Sontag, whose book *Illness as Metaphor* (1978) proved to be hugely influential on her. Although the main fields of her research were elsewhere, she started to study modern architecture in terms of its related pathologies. This interest persisted and more recently the topic of architecture and its relationship with illness has reappeared in her publications. She published essays¹ and the book *Are We Human? Notes on an Archaeology of Design* (Colomina and Wigley 2018), which address this subject to some extent and also includes some of the arguments she has developed in *X-Ray Architecture*. In addition to Colomina, the historians Margaret Campbell and Paul Overy have also studied the relationship between architecture and illness. They also emphasized the modern ideas of health and hygiene that reformed architecture and design in the first half of the twentieth century (see, for example, Campbell 2005; 2012, Overy 2007).

The book *X-Ray Architecture* represents Colomina’s latent and occasionally re-emerging interest in the relation between architecture and illness. The emergence of modern architecture from the 1920s has generally been understood in terms of functionalism, the machine aesthetic and new construction materials and techniques. In contrast, however, the hypothesis of Colomina’s book “is that modern architecture was shaped by the dominant medical obsession of its time—tuber-

¹ See Colomina’s list of selected articles in *X-Ray Architecture* (11 n.1)

culosis—and the technology that became associated with it—X-rays.” (10) According to Colomina, architects became modern by designing sanatoriums and other health buildings, and adapted the lessons learnt from these buildings to residential houses and other projects (fig. 1). At the same time, Colomina also points out that we still live in a built environment that was created under the influence of modern architecture, tuberculosis and X-ray. (10) True to its title, the book indeed focuses on tuberculosis and its main diagnostic tool, but not exclusively. It expands its timeframe and the suggested scope of diseases by incorporating the psychological ailments of the post-war period as well as the allergies and sick building syndrome of current times.

Following the Introduction, the book consists of five chapters, which roughly follow the chronology of the architects and the dominant illnesses included in the argument. The first chapter, entitled “Health and Architecture: From Vitruvius to Sick Building Syndrome”, presents a historical overview with a parallel analysis of dominant diseases and architecture as well as medical and architectural representations characteristic of certain eras. At the same time, emphasis is placed on the relationship between architecture, the body and the psyche. Colomina positions the architect in the role of the medical professional, and the occupant of the building in the role of the patient. In Colomina’s analysis: “[t]he occupant is a patient, with modernity itself being both a disease and a possible cure.” (55) The second chapter entitled “Tuberculosis” focuses on the links between TB and the architecture of the first half of the twentieth century. Colomina underlines that tuberculosis was so widely spread that “sickness was no longer seen as the exception, but as the norm”. (70) It often affected both the client and the architect, so the latter was able to design health buildings based on personal experiences (see for example, the Finnish architect Alvar Aalto’s design for the Paimio Sanatorium). (65) (Fig. 2) Before the discovery of antibiotics in the 1940s, sun-and-air-therapy was used as the cure for tuberculosis in sanatoriums ideally located in high altitude with fresh air. For the sun and fresh-air cure, sanatoriums were built with big windows, balconies and roof terraces. But, according to Colomina, the sanatorium is not simply a building with additional balconies and terraces to catch the sun, it is a crucial medical instrument, a building transformed into a solar device. (74) “In fact, the sanatorium modernized architecture”. (74) “The hospital had to be thought as a new kind of house. And in reverse, the generic house needed to be a sanatorium.” (69) The third chapter entitled “X-Ray Intimacy” examines the connection between architecture and the main diagnostic tool of tuberculosis, X-ray. Colomina’s interest is in “how X-ray images had transformed the visual field long before the so-called avantgarde.” (128) Colomina draws a parallel between the X-ray and the transparency of glass architecture. She highlights that similarly to the tissues outlined around the bones in X-ray, glass architecture presents only a blurred insight into the interior. However, the link between X-ray and glass architecture in Colomina’s understanding is not only visual.

Both X-ray and glass architecture blur the boundaries between the private and the public: X-ray exposes the inside of the body and the modern building reveals its interior to the public eye, thus changing the relation to private spheres. (147) This idea is brilliantly conveyed by Lars Müller Publishers' excellent book cover design, which depicts an illuminated nighttime image of George Keck's Crystal House (1933–1934, Chicago) with a negative print of the same image on the semi-transparent jacket, and which leans onto the hardcover creating a captivating visual effect. The fourth chapter titled "Blurred Visions" continues to study the topic of transparency. The focus here is also placed on the lack of real transparency and on the manipulation of the surfaces and spaces by glass and other transparent materials. The last chapter "Hyperpublic: An Afterword" considers the recent diagnostic tools and visualization technologies (CAT scan, MRI scan, FLIR scan, etc.) and their visual connections with contemporary architectural representations. At the same time, Colomina reflects on today's diseases such as allergies, autoimmune disorders and sick building syndrome. As Colomina concludes her book "[t]he correlation of architecture with the medical body has finally come full circle with the rise of the 'sick building syndrome.' The type of architecture that was meant to inoculate its occupants against disease has become a source of disease. We are becoming physically allergic to buildings. New bodies will probably have to be designed. A new theory of architecture is likely to follow." (184)

The relationship between architecture and the human body is key in this book as well as Colomina's recent scholarship. "Design always presents itself as serving the human but its real ambition is to redesign the human." (Colomina and Wigley 2018, 9) This was the opening sentence of the book *Are We Human? Notes on an Archaeology of Design*, which continues by remarking, for example, how our meals, our breath, our touch, our movements and our thinking redesign us continuously. This idea prevails in *X-Ray Architecture*. "The modern house was understood not just as a kind of medical equipment, a mechanism for caring for the body, but as a piece of exercise equipment designed to enhance it, to produce a strong and healthy body." (27) In Colomina's understanding, Le Corbusier's *machine à habiter* is transformed into the *machine for health*. This engagement between the human body and its environment largely implies the man-made environment. And, according to Colomina's position, illness helped make modern architecture modern. In a book published over two decades ago, *Privacy and Publicity: Modern Architecture as Mass Media*, Colomina argued that "modern architecture [...] becomes modern with its engagement with the media." (Colomina 1996, 14) With *X-Ray Architecture*, we can say that *modern architecture becomes modern with its engagement with illness*.

Like the highly influential *Privacy and Publicity: Modern Architecture as Mass Media*, *X-Ray Architecture* also remains within the canon of the history of architecture. It is characteristic of Colomina that although her discourse belongs to the canon she also reveals the

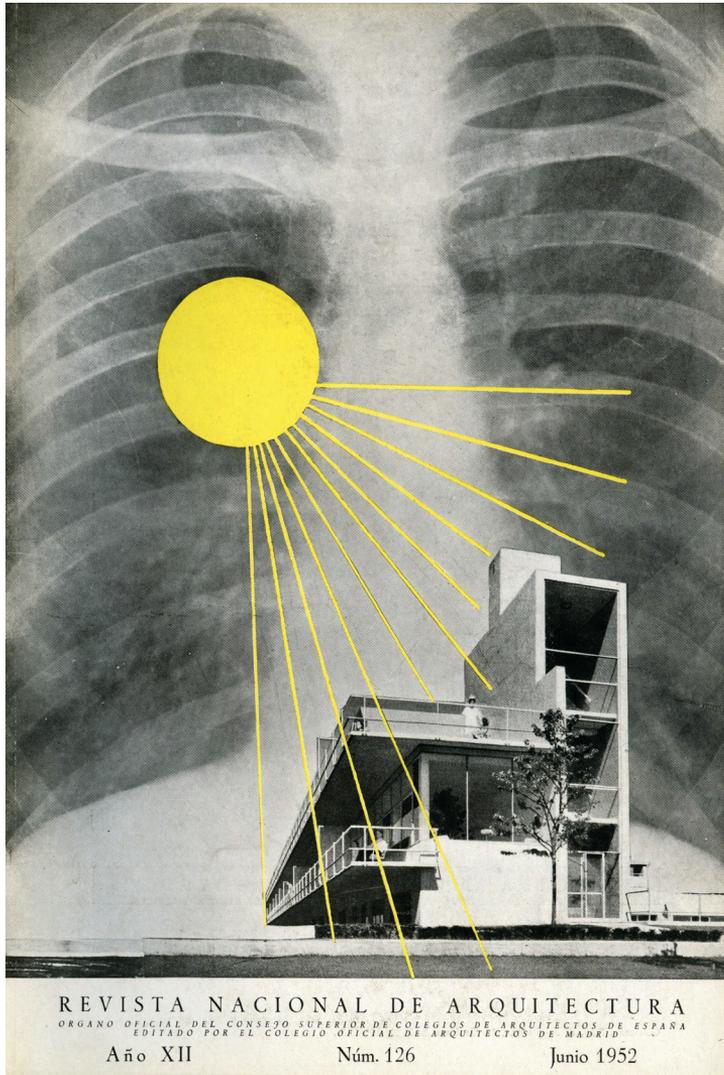


FIGURE 1. Cover of *Revista Nacional de Arquitectura*, No. 126, June 1952, with an image of Lake County Tuberculosis Sanatorium (photographer unknown); composition probably by José Luis Picardo and Fernando Cavestany © Colegio Oficial de Arquitectos de Madrid.

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unexpected that is inherent but never before disclosed as part of it. She remarks: “I think of my research as ‘intra-canonical’—attentive to the unexpected within the canon itself. And in this case, the unexpected is disease.” (9) In *X-Ray Architecture*, the canonized figures of modern architecture appear, including Alvar Aalto, Le Corbusier, Ludwig Mies van der Rohe, Richard Neutra, Charles and Ray Eames. The same applies to the iconic buildings included in the book, such as Alvar Aalto’s Paimio Sanatorium (1929–1933), the Zonnestraal Sanatorium by Bernard Bijvoet and Jan Duiker (1925–1928, Hilversum), Richard Neutra’s Lovell Health House (1929, Los Angeles), as well as Mies van der Rohe’s Tugendhat House (1929–1930, Brno) and Farnsworth House (1949, Plano, Illinois).

This declared “intra-canonical” attention is increasingly challenged today. Jiat-Hwee Chang (National University of Singapore), who reviewed *X-Ray Architecture* in the *Journal of the Society of Architectural Historians* expressed his doubts about the relevance of the “intra-canonical” approach posing two historiographical questions. (Chang 2020, 347) First, he points out that the modern history of illness and architecture is a global topic, which questions the Eurocentric canon of modern architecture. Second, he warns that the “intra-canonical” look preserves disciplinary norms and thus it is incompatible with interdisciplinarity, which is both the ambition of Colomina’s book and contemporary architectural historical scholarship. (Chang 2020, 347) However, it is important to note that the term Eurocentric is also questionable in this context, as this position implies the Western (i.e. Western European and North American) canon, in which, for example, the Eastern European situation is also often marginalized (fig. 3). But this is perhaps scarcely visible from a global point of view. In Evangelos Kotsioris’s interview with Colomina, she reflects on these critiques. “People could accuse me of focusing on canonical figures, like Le Corbusier, or Loos, or the Eameses. But the reason I have paid a lot of attention to these figures is because I am interested in looking at them in a non-canonical way. I think that is my role precisely.” (Kotsioris 2020, 6) Colomina goes on stating that the *X-Ray* book also includes the lesser known “side-men” and “side-women”. So, *X-Ray Architecture* “is both canon and anti-canon.” (Kotsioris 2020, 7) With these in mind, *X-Ray Architecture* is an essential addition to the historiography of modern architecture, because it certainly inspires further research in this topic from either a global or a previously omitted local perspective.

FIGURE 2. *Paimio Sanatorium, patient wing with sun terraces in the 1930s, designed by Alvar Aalto © Alvar Aalto Foundation, photograph by Gustaf Welin.*



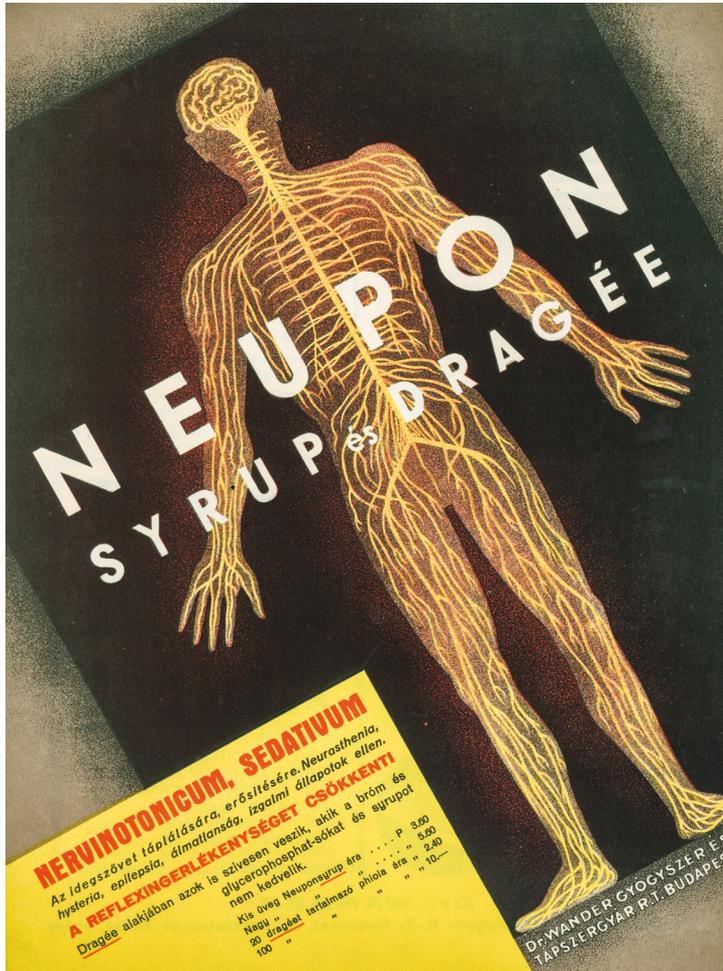


FIGURE 3. Hungarian poster for a medicine curing nervous disorders, design by the architect József Körner, ca. 1928–1930 © private collection (image not included in X-Ray Architecture).

In 2021, however, the reader cannot fail to see a connection between the topic of the book and the coronavirus epidemic. The publication of *X-Ray Architecture* just preceded the outbreak of the disease. This means that the book is strikingly topical, but the publication cannot offer direct reflection on the pandemic. Nevertheless, Colomina's name frequently appears as an expert in speculations surrounding the impact of the coronavirus pandemic on architecture. Kyle Chayka, for example, interviewed Colomina in June 2020 in his article entitled "How the Coronavirus will Reshape Architecture", which appeared in *The New Yorker*. Colomina explained here that the minimal interiors and open spaces promoted by modernism are incompatible with our current state and needs of living. We are not longing for open spaces anymore, but for more walls and corners. Our homes became our refuges. (Chayka 2020) To rethink the relationship between architecture and disease in the light of the coronavirus pandemic, the book *X-Ray Architecture* provides a solid basis.

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