

A Clinical Corpus: The Most Immacu- late of Intentions.

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Project Description

A life deemed good inevitably leaves room for the projection of idealised conditions and aspirations. The Good Life, in this sense, is a constructed concept. It is also one that advances the possibility of being interpreted and reinterpreted constantly. But what life should one aspire to, and under what conditions should one seek to convey it? To a large extent, health is a guarantee for the good life.

The vehicle for this healthy life has always been the body. And not just the literal body, as flesh and bone, but the body as metaphor, the body politic, the civic body, the divine body and the artful body. Indeed, in going beyond medieval superstition, the body—in all its artistic, religious and medical depictions—found in the clinical a timeless universality. Shaped by constructed cultural narratives, the words we use to describe what we see build up the human body.

So did, too, the spaces built to contain it.

Since the eighteenth century, medical perception has dominated the observation and treatment of the human body. The rigour embedded in medical practice brought into light the truth about it, the things that afflicts it, the things that made it sick. Therefore the body, its treatment, was never questioned when framed through medical gaze. The clinic, as the threshold between the two, embodied their encounter.

The project of modernity found in health as a universal value an enhanced interpretation of the good life by the assimilation of the clinical truth. As a consequence of the search for a sterile background that enabled an unaltered observation of diseases, an increasingly unadorned and austere vocabulary defined the interior space in which the history of illness could not escape medical examination. The aesthetics of the an-aesthetics granted modern architecture a language that was both rational and abstract. Rational and abstract enough in order to make speculations about illness, or its subjective reading, disappear.

Today, the privilege we still grant to the medical appears in the conception of a domestic space which, as in consonance with modern tradition, is an artificial device intended to prevent diseases. What is different now is that any reference to the medical is been disguised. Since hygienic qualities can now be found in any surface, new aesthetic qualities can be found inside of the contemporary hospital and clinic. This is due to the fact that the distance between medical surveillance and bodies

is been reduced, and this responsibility is increasingly transferred to the individual instead of the institution. Patients narratives have—even if the medical still do— a regained importance.

The clinical, reduced to be a collection of signs or signatures, etched onto things by time, act like all things rendered universal, like spectres. This notion introduces the idea that the clinic is defined by the allegories it evokes, manifested in the aesthetics associations it makes to the clinical.

Thus the clinic, no longer an actual defined space, is a symbolic presence that takes over other typologies only by borrowing their vocabulary to other uses. Their apparent collapse challenges certain assumptions regarding use and style.

As a revision on the notions of the body and the aesthetic associations manifested in the clinic, this project takes the form of 4 projective sections. The presented scenes are layered compositions permanently exposed as historical fragments that come together as an essay on clinical aesthetics.

Like a corpus built from historical circumstantial paradigms relative to clinical aesthetics, it is not accidental for this project to seek to undermine the once traditional cartesian distinction between illness and space, architecture and abstraction, universality and health.

This backwards looking into history is not motivated by a desire to restore an older order or aesthetic experience but rather a desire to inspire a different kind of future. This future lies there where this historical cycle closes its own loop. Detaching the clinic from its own rigour, because it is somehow insufficiently rigorous. Rendering the mask of universality a mundane act.

Fig. 1:
Hospital Recovery Room.

Site Information



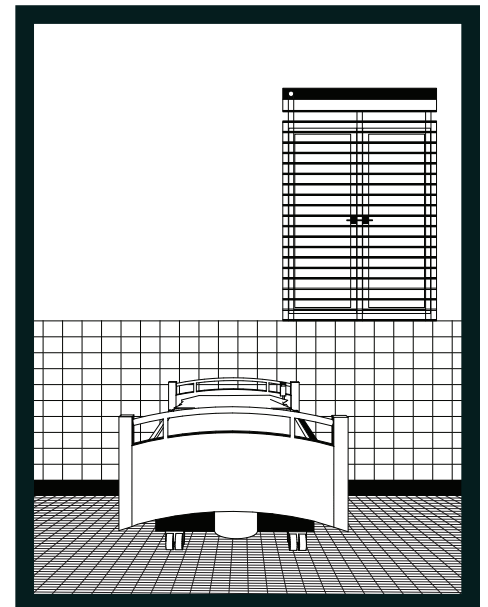
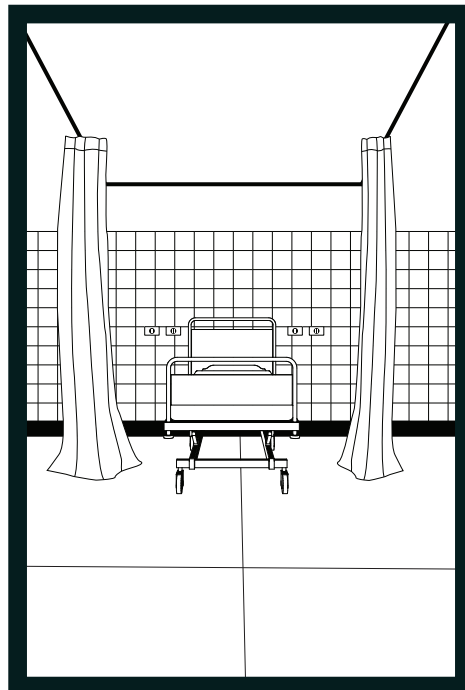
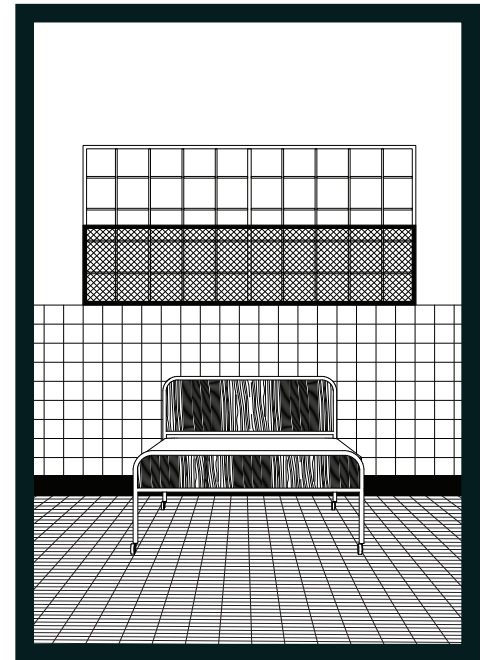


Fig. 2-11

A Genealogy of the Hospital Bed.

Beds are related to the etimological originin of the word "clinic", derived from the Latin word clinicus, and this in turn to the greek term klinikos originated in kline, meaning bed, place to sleep or rest.

In addition to its clinical importance, it has become a symbol with extended values: epidemiological, cultural, statistical, financial, organizational, engineering, aesthetic and cultural; Its changes are linked , on the one hand, to the beds in general and, secondly, to medical advances, scientific, industrial and technological.

The body is not only the site of scrutiny by the power structures of society, it is also the site of a process of embodiment of those same structures, in which the vulnerability of its limits and definition becomes visible. The bed is its unit of measurement.

References / Precedent Studies

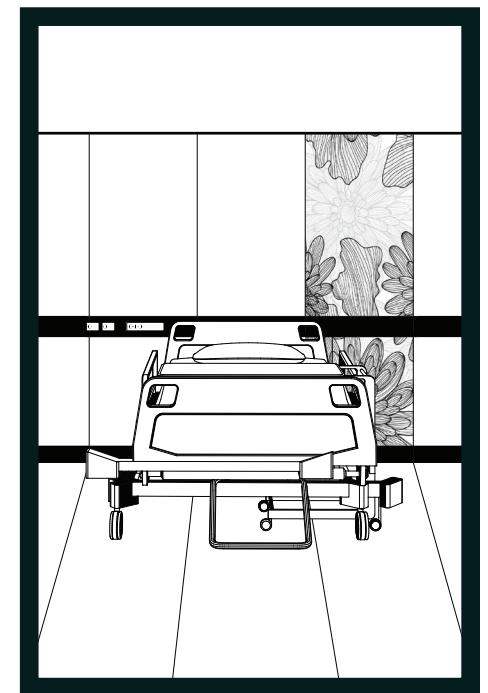
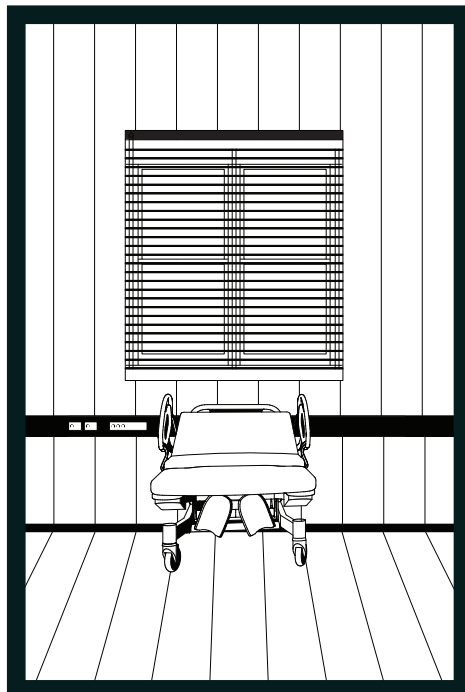
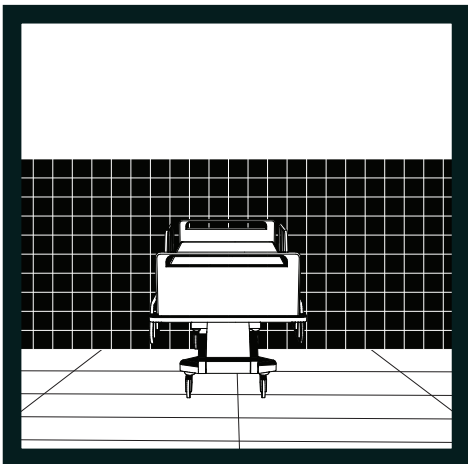
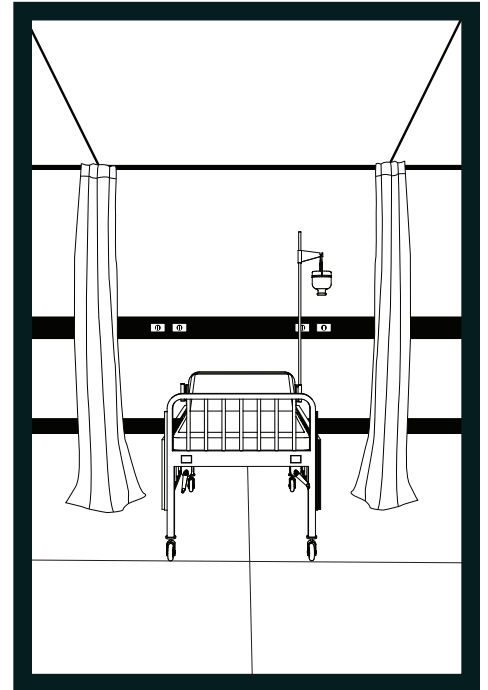
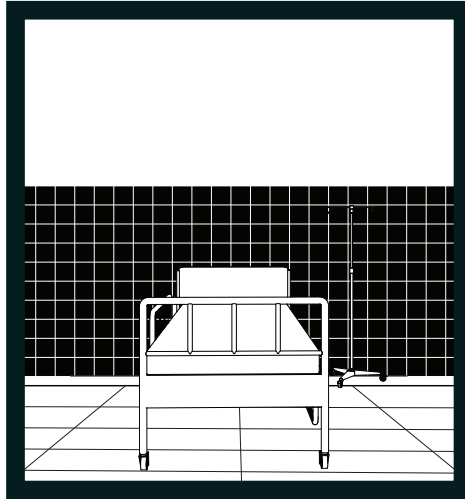
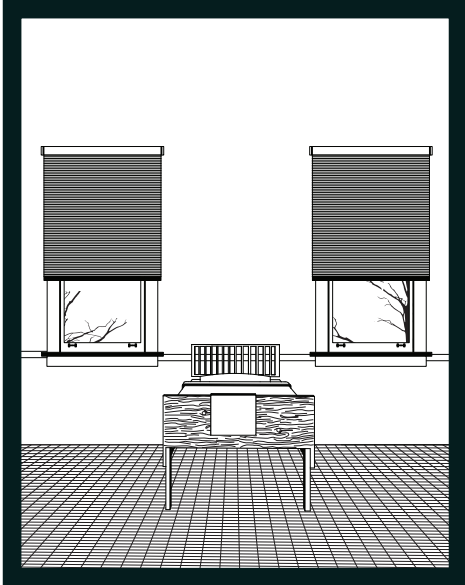




Fig. 12:

Brass & iron bedsteads. Popularized in the 1840's, their use followed practical reasons: to avoid the bed bug, which harboured disease and sickness in the wooden beds previously available.

Fig. 13:

Surgical Instruments as depicted in the copperplate engravings from Denis Diderot & Jean le Rond d'Alembert's *Encyclopédie, ou dictionnaire raisonné des sciences, des arts et des métiers*. Published in Paris between 1751 and 1776.



Visualized Evidence

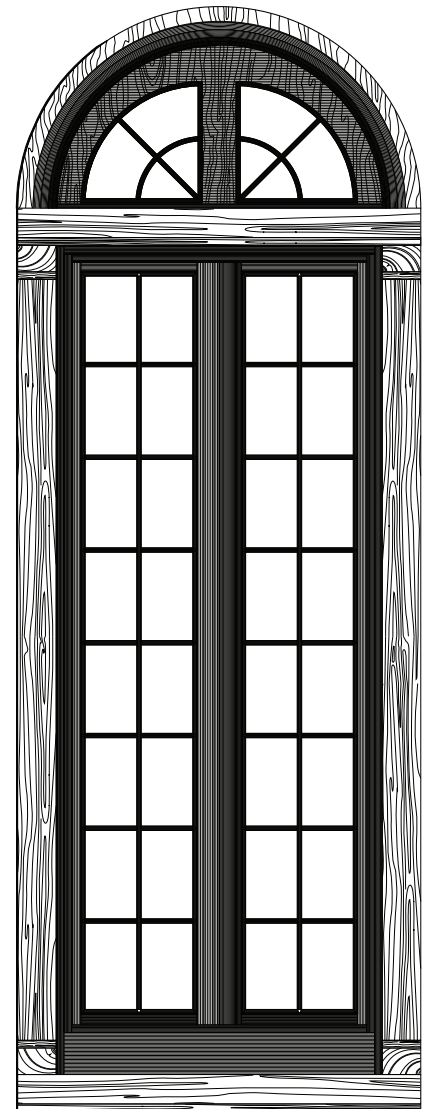
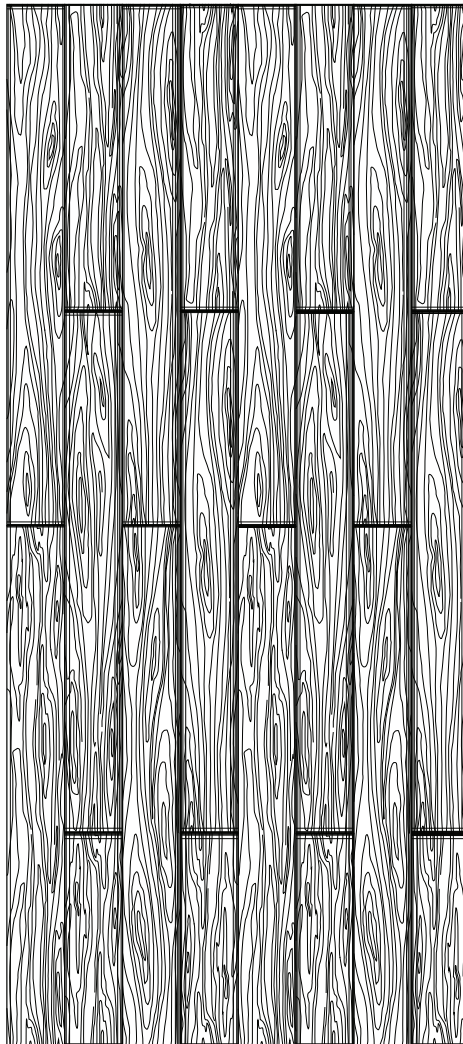


Fig. 14:
Bedside medical education was coined as the beginning of the clinic as an institution. The chair by the bed of the sick represents medical care. As a symbol of the medical gaze, the chair, or whatever artifact is placed by the bed, represents changes in the technology medicine uses to observe the body.

Fig. 15:
Used to cover transitions between surfaces or for decoration, moldings constitute a vocabulary found at the core of both classical architecture and Gothic architecture. To render a space hygienic and sanitary these types of ornament had to be avoided.

Fig. 16:
Parquet floors are often found in bedrooms and hallways. They are considered better than regular floor tiles (i.e. ceramic tiles) since they feel warmer underfoot. They appeared only in the homes of the most affluent and royal families.

Fig. 17:
The development of lead glass in the late 17th century propelled England to the forefront of the glass industry and paved the way for advancements in the Industrial Revolution. The term lead crystal is, by technicality, not an accurate term to describe lead glass, as glass, an amorphous solid, lacks a crystalline structure. The use of the term lead crystal remains popular for historical and commercial reasons. It is retained from the Venetian word *cristallo* to describe the rock crystal imitated by Murano glassmakers.

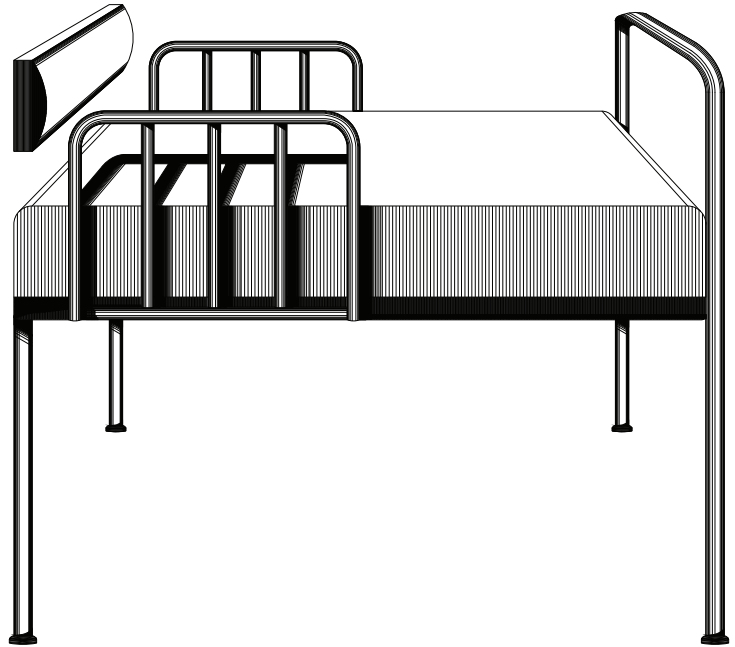


Fig. 18:

Coating processes extended the usable life of medical devices. Some of the salient features of coated metal make it a logical choice for medical furniture. The advantages included improved corrosion resistance.

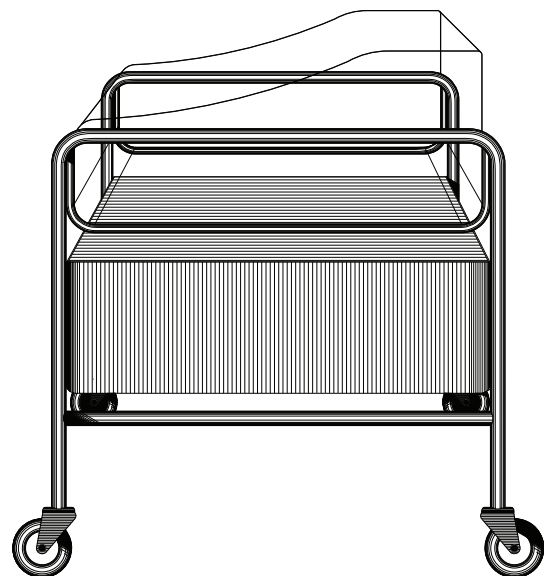
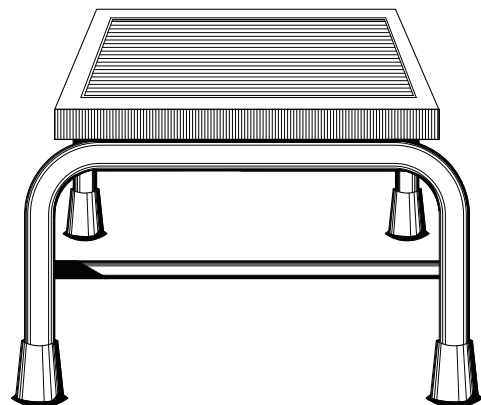
The elevated bed proposed by Le Corbusier for the Venice Hospital project was designed for the patient to keep his view at the height of the doctors and nurse that came for aid.

Fig. 19:

High Chrome Rigid Step Stool is made of 1" chrome plated steel. It is durable and easy to clean. Slip resistant rubber mat adds safety. Designed with safety in mind, these handy step stools are placed in every room where items are beyond reach or for stepping into the hospital bed.

Fig. 20:

Accommodating infants, hospital bassinets are constructed of 100% stainless steel; polished for appearance and corrosion resistant for years of reliable service.



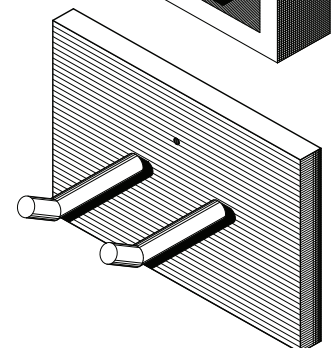
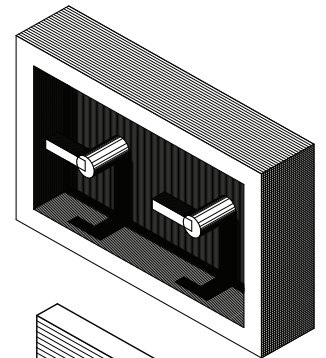
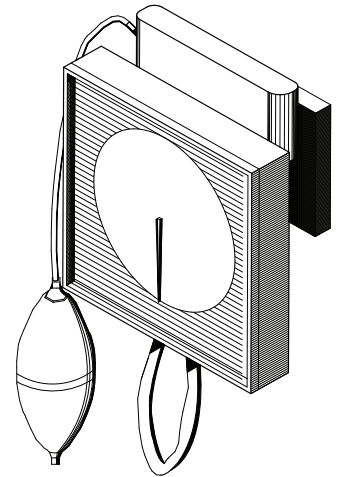
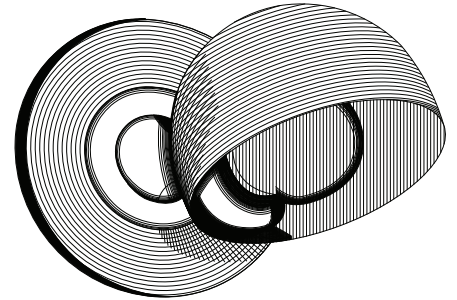
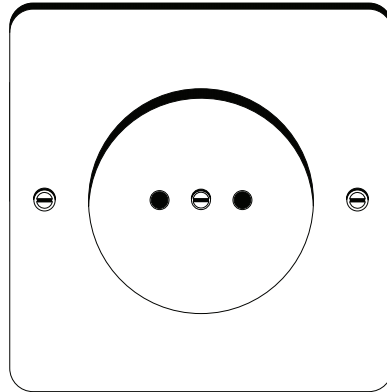


Fig. 21:
Bed Assist Rails, also known as bed safety rails, bed rails, handles or poles, are specially designed to provide stability for those who need extra help getting in and out of bed or help in changing positions while in bed. Bed assist rails are often found in homes, long-term care facilities and nursing homes and help provide a safe, secure transfer for patients who need some assistance to get out of bed but do not necessarily always need the assistance of a caregiver.

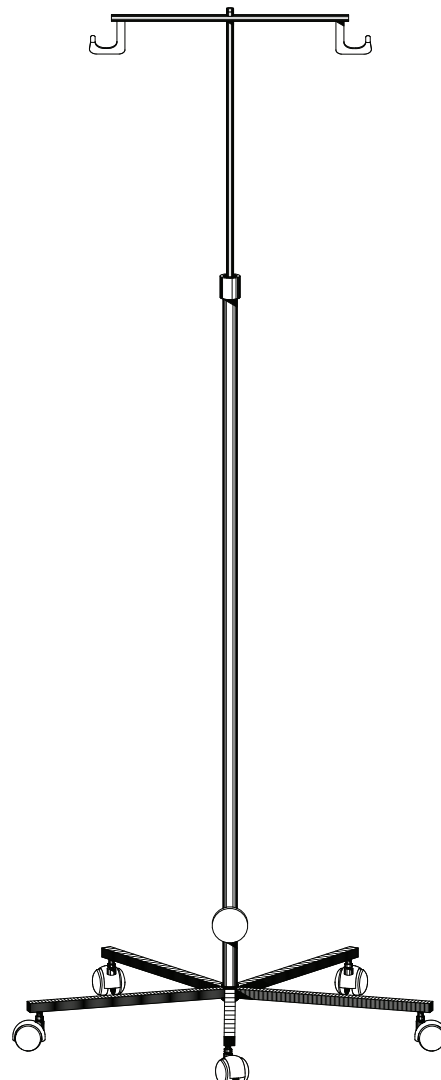
Fig. 22:
Electricity plug of Villa Savoye.

Fig. 23:
Hospital stands are constructed of two ram horn style hooks and four- legged base for stability, which also decreases obstruction in the operating room where floor space is essential. Extensions are secured with friction knobs and allow height adjustment.

Fig. 24:
Lamp for the Villa Savoye by Charlotte Perriand, 1931. "The extension of the art of dwelling is the art of living—living in harmony with man's deepest drives and with his adopted or fabricated environment.

Fig. 25:
A sphygmomanometer, blood pressure meter, blood pressure monitor or blood pressure gauge is a device used to measure blood pressure, composed of an inflatable cuff to collapse and then release the artery under the cuff in a controlled manner, and a mercury or mechanical manometer to measure the pressure.

Fig. 26:
Gas adjustment valves and hung assistants.



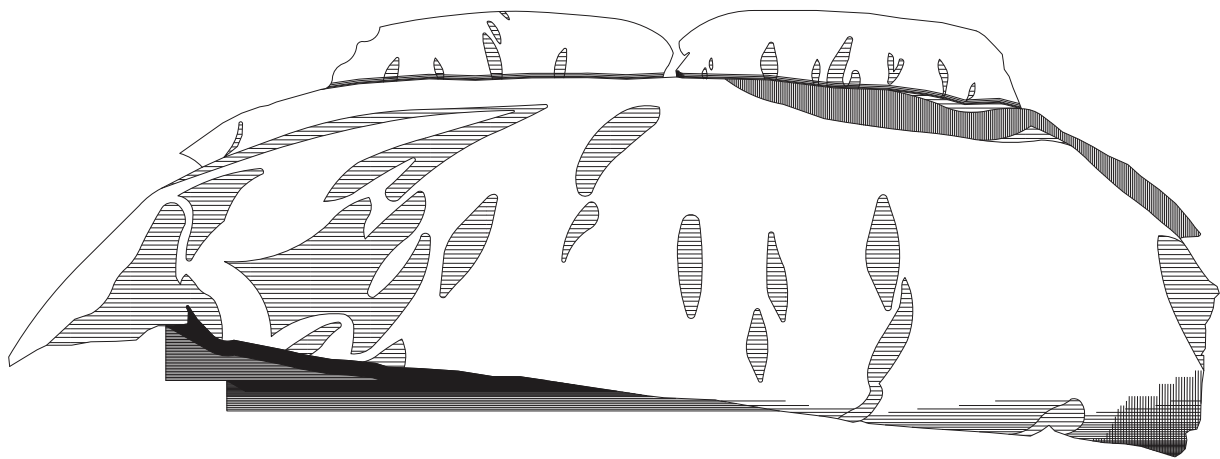


Fig. 27:

Products such as Sanitized® guarantee lasting protection against dust mites and allergens in mattresses. Sanitized AG is the leading Swiss company worldwide in the field of the hygiene function and material protection of textiles and synthetic materials. For more than 60 years the company has been pioneering work in this field and has established itself as a specialist for individual hygiene concepts.

Fig. 28:

The complexity of the Roshe One Nike Shoe lies in this simplicity, in that designer Dylan Raasch chose only the technologies that would help simplify the shoe. The upper consists of a mix of lightweight, breathable materials that are designed to move fluidly with the foot, while offering a canvas to convey an array color-blocking inspiration. Nike's goal was to carry over only the essential elements of a running silhouette, offering support for the heel and cushion throughout. It also lends a soft insole that allows it to be worn with or without socks. This speaks to a versatility suitable for running, walking, or just kicking around.



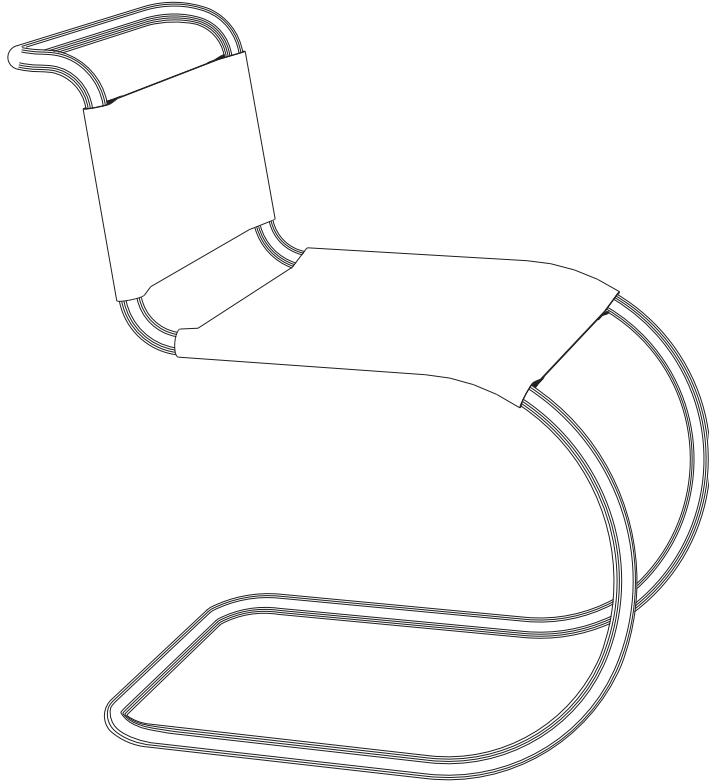


Fig. 29:
MR Chair designed by Mies van der Rohe. Side chair with tubular steel frame in polished chrome. Seat and back in hide leather in a variety of colors. Tubular steel was the catalyst for the extensive experiments in cantilevered seating that resulted in Ludwig Mies van der Rohe's germinal MR Collection of 1927-29.

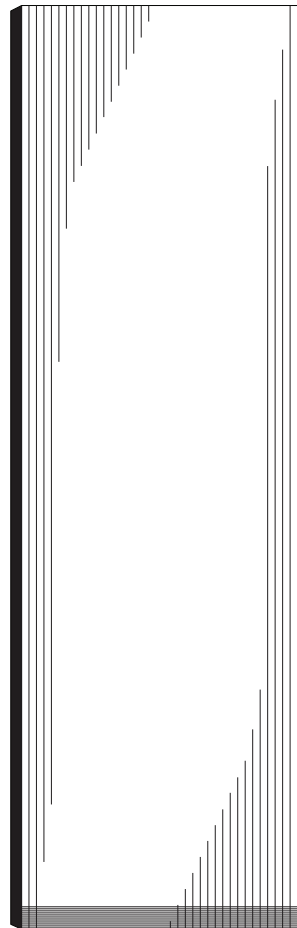
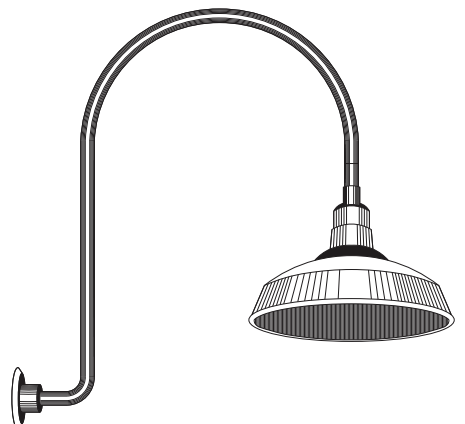


Fig. 30-32:
Industrial Modern aesthetics blends the urban edge of utilitarian design with the warmth of aged woods and worn textures. This interior design trend is industrial and chic. Furniture and lighting utilize aged iron and metals with rich patinas, accented by weathered woods and soft neutral surfaces.



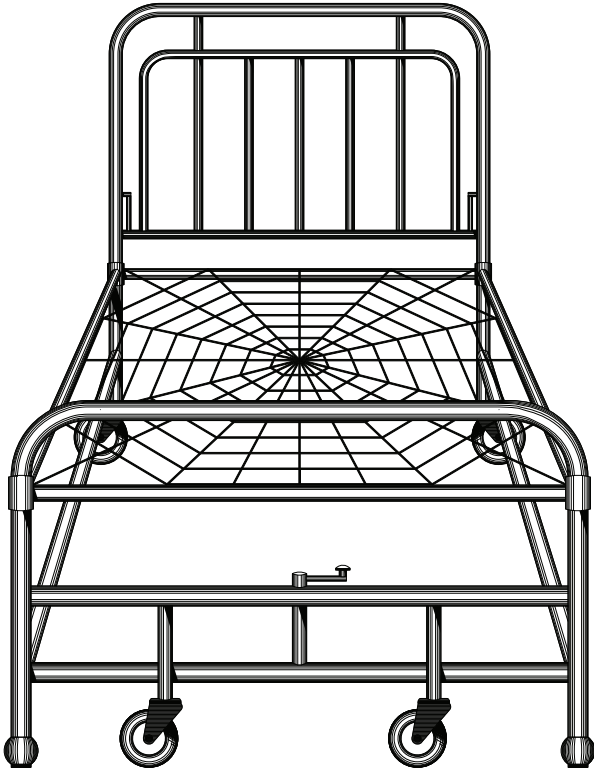


Fig. 33:
Quarters by Mona Hatoum, 1996.
An installation comprising of institutional bunk beds. For this exhibition Hatoum reconfigured a grey metal bed - the kind found in a hospital or similar medical institution - by replacing the bed springs with a fine network of wires that spiral into the centre to form an intricate spider's web. The work is delicate but also uncomfortable, recalling our psychological fear of illness and entrapment of the body. It brings to mind the socialised control of institutions and the ritualised use of furniture as a place where the body is evoked as both a site of aggression or, equally, submission.

Fig. 34:
Nature morte aux grenades by Mona Hatoum, 2007.
A piece from an art installation that consists of a steel trolley supporting tens of brightly coloured hand grenades, crafted from glowing Venetian glass and arranged like a spread of fantastical sweets in a fairytale. Mona Hatoum constructs a provocative visual situation that evokes ideas of consumption, destruction, and illness, all without actually suggesting a narrative.

Fig. 35:
Silence by Mona Hatoum, 1994.
In a version made of glass, this life-size crib threatens any child in its care with shattering collapse and inevitable injury. In spite of its title, neither the crib nor the child would be likely to remain silent for long. The translucent glass tubes evoke medical paraphernalia and the human circulatory system; Hatoum has an ongoing interest in the vulnerability of the body. She has said, "I see furniture as being very much about the body. It is usually about giving it support and comfort," but Silence is part of a series of furniture pieces the artist made which are more hostile than comforting.

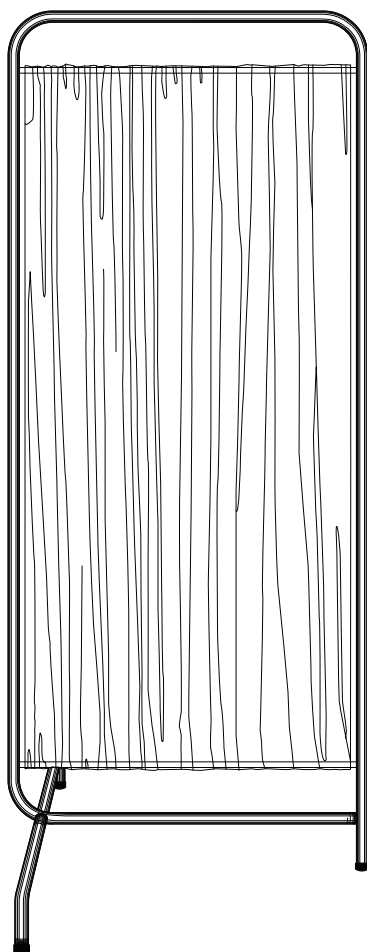
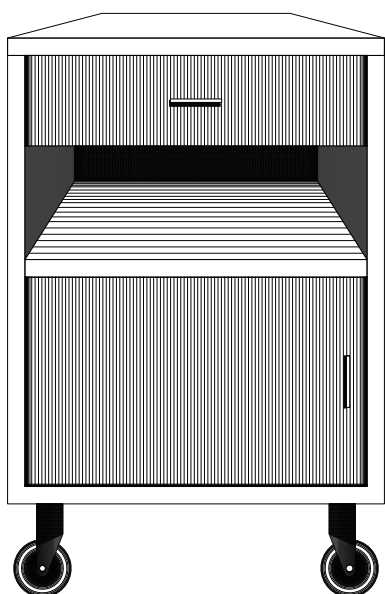
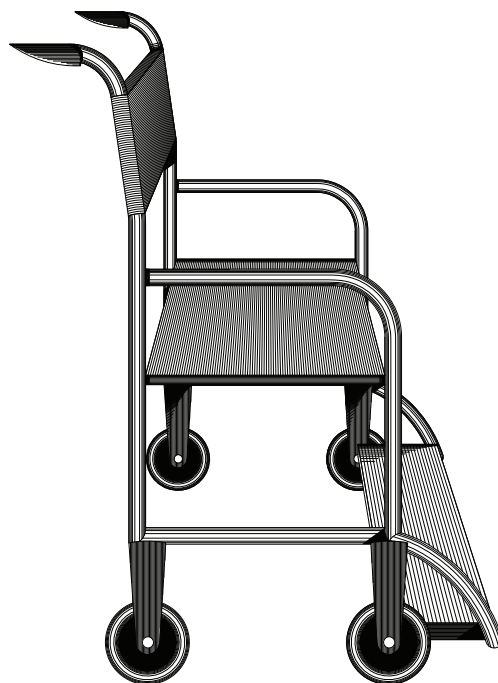


Fig. 36:
Untitled (Wheelchair) 1998 by Mona Hatoum. This is one of a series of works Hatoum has made by adapting the forms of furniture and household objects. The potential relationship of love and support, for which the wheelchair is a metaphor, has become one of abuse in which both parties are the victims. In the scenario it suggests, the person who needs care and who is dependent on another in order to move is forced to injure the person who helps him.

Fig. 37:
Bedside cabinet. Frame work made of epoxy coated mild steel with one drawer and one storage cabinet.

Fig. 38:
Privacy screens, also called privacy panels, can shield an individual from others in a variety of settings involving healthcare, the military, education, or disaster relief. They may be self-standing and portable so they can be located wherever the need arises, or they may be stationary, and permanently attached to a ceiling.

Fig. 39:
Paint Shield™ becomes first EPA-registered paint that kills greater than 99.9 percent of Staph (Staphylococcus aureus), MRSA, E. coli, VRE, and Enterobacter aerogenes after two hours of exposure on a painted surface. By killing these infectious bacteria on painted surfaces, Paint Shield offers customers an important new tool to help prevent the spread of bacteria that can cause hospital-acquired infections.



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Foucault, Michel, and Alan Sheridan. *The Birth of the Clinic: An Archaeology of Medical Perception*. Taylor & Francis E-Library, 2003.

In *The Birth of the Clinic*, Foucault explores the bases of our contemporary understanding about life, death and illness regarding the fact that they are entangled with social discourses related to biology, economics, and politics. The author tries to trace the development of medicine and the clinic as a consequence of the shifts suffered in the changes of medical perception and knowledge during the XVIII century.

It is in this period that the accumulation of medical knowledge is being both illuminated and illuminating the fact that diseases occupy the space of the human body and that the perception of it can be rationalized and regard in a highly developed experience. An experience that, liberated from a prejudiced gaze, reorganized diseases into a structured system of interpretation. Therefore, a reorganization of the hospital became necessary, for it was the place in which the status of the patient and public assistance was provided in an homogeneous collective space. It also becomes, due to the revealing medical gaze, the space in which life, death and language are articulated as a positive experience.

For a better understanding of the history and birth of the clinic, therefore, two notions are vastly exemplified and examined in the text: that of the medical “gaze”, which is no other than the descriptive notion of a field of knowledge relative to the body and also to the cognitive structures that later mixed the human body analysis with power structures, by the placement of the individual as the center of its own knowledge. And the second, the notion that medical discourse did not originate from a progression of empiric accumulation of knowledge rather from a shift in the reorganization of that knowledge to enable a constant discourse about disease and its embodiment in the human body.

Foucault, Michel, Blandine Barret Kriegel, Anne Thalany, François Beguin, and Bruno Fortier. *Les Machines à Guérir (aux Origines De L'hôpital Moderne)*. Bruxelles: Architecture Archive, 1979.

This book includes several research works about the hospital institution at the end of the Eighteenth century, the politics of space in Paris, the medical ideas of the time considered for new hospital

proposals, and the concept of medicine as a tool to impose social order. The discussions try to examine the concepts behind the embedding of hospitals within the city and the notions that governed the political decisions for such actions.

The text by Michel Foucault, *The Politics Of Health In The Eighteenth Century*, analyzes the process in which medicine and therefore healthcare became a commodity in a completely utilitarian way by rendering the system a profitable apparatus. By replacing the dedication of charity to the poor and enabling them to become useful for the production machinery. To assure this shift in the conception of aid, the problem of the sickness of the poor became the trigger for a series of policies that, later on, became a mechanism to ensure an ordered society, a guided disposition of wealth, and the conditions through which health and care was provided. Therefore, cities became a medicalizable object for being the social space of the disease and the ill. Medical discourse guided general urban policies by placing under surveillance all ranges of urban development.

It is under this medical scrutiny that society became rationalized, becoming the core of the social economy. It is through this process that the hospital suffered a reform in which, through a complex framework of policies, the hospital came to articulate the medical knowledge and aid efficiency.

Diller, Elizabeth, and Ricardo Scofidio. *Flesh: Architectural Probes*. New York: Princeton Architectural Press, 1994.

Flesh is a monograph, or is presented as such, on the work of the architects Diller + Scofidio. The target of their inquiries is the body, and how the ways in which architecture deals with that notion helps to perpetuated spaces that are complicit with social and cultural conventions. They present *Flesh* as an architectural project that aims to render architecture as a critical mechanism while performing in encoded spaces; spaces in which privacy and publicity can be put into question.

The assessment of the notion of the body and the changes and manipulation of its perception has direct consequences into the creation and projection of spaces. As a formal discourse, this notions entirely affect our aesthetics perception or the quest for an aesthetic ideal. Medical metaphors are recurrent in the way we describe spaces and cities. They also relate to the modern aesthetics of the machines for living. Georges Teyssot, in his essay *The Mutant Body Of Architecture*, analyzes how the total medicalization of the human body,

during the twentieth century, starts to inform art. It is his interpretation of the work of D+S, he argues that within their activity they put into question the aesthetic conception of the human body as an ideal figure.

James, W. Paul, and William Brown. *Hospitals: Design and Development*. London: Architectural Press, 1986.

Hospitals: Design and Development is a reference for the planning of hospitals by an examination of it as whole but also as an accumulation of articulated parts and services. By a thorough revision of projects worldwide, the information presented as the incentive for future planning procedures, is the consequence of an accumulation of experiences that considers healthcare policies (related to growth and technical advancements) and users. Given the method of evaluation used to the presentation of case studies and analysis, the book focuses mainly in an effective and efficient resolution of spaces for the maximization of the response of therapeutic procedures. It is intended to show an alternative way of looking at the presented evidence, not at its innovative parts and practices but into the common guidelines that can be translated from successful strategies taken into consideration while planning.

Wagenaar, Cor. *The Architecture of Hospitals*. Rotterdam: NAI Publishers, 2006.

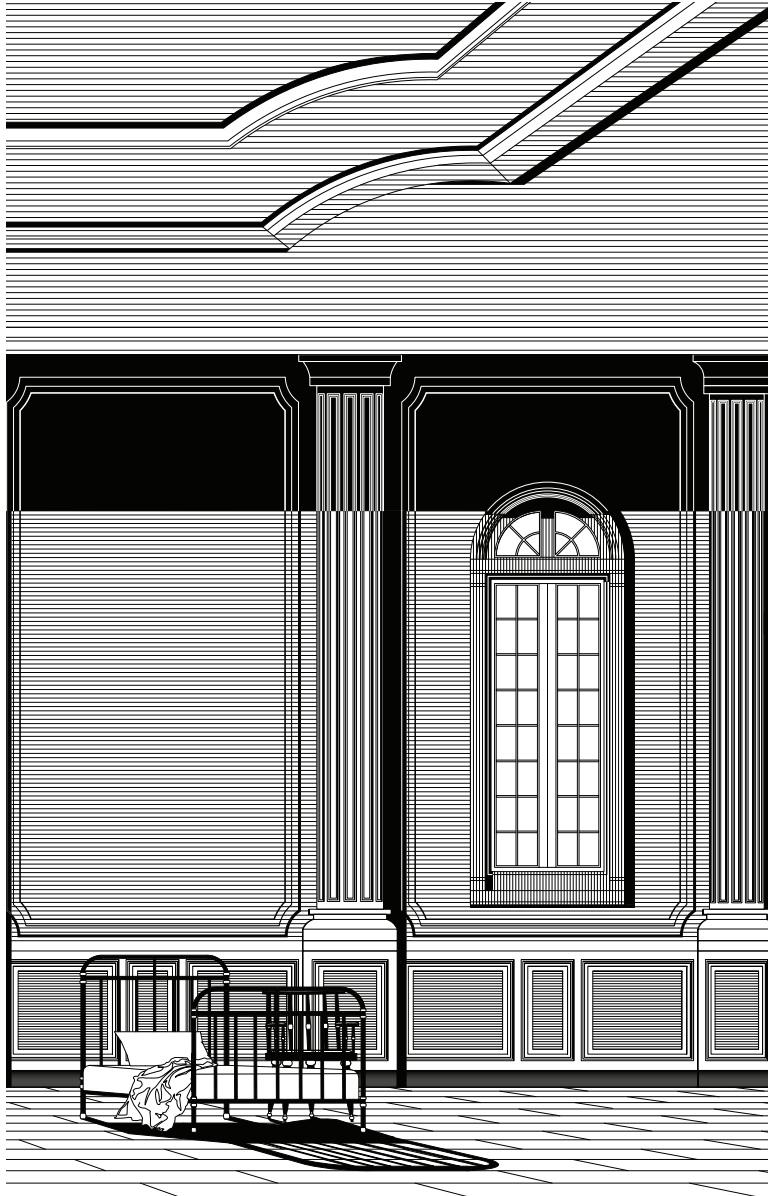
The Architecture Of Hospital tries to address the debate on hospital design through a balanced review on healthcare and architecture. It is therefore the aim of the book to enhance this debate further into the world of medicine and architecture. It seeks to reconcile a field for architectural inquiry in which architecture as a discipline has been relegated by highly specialized medical functions.

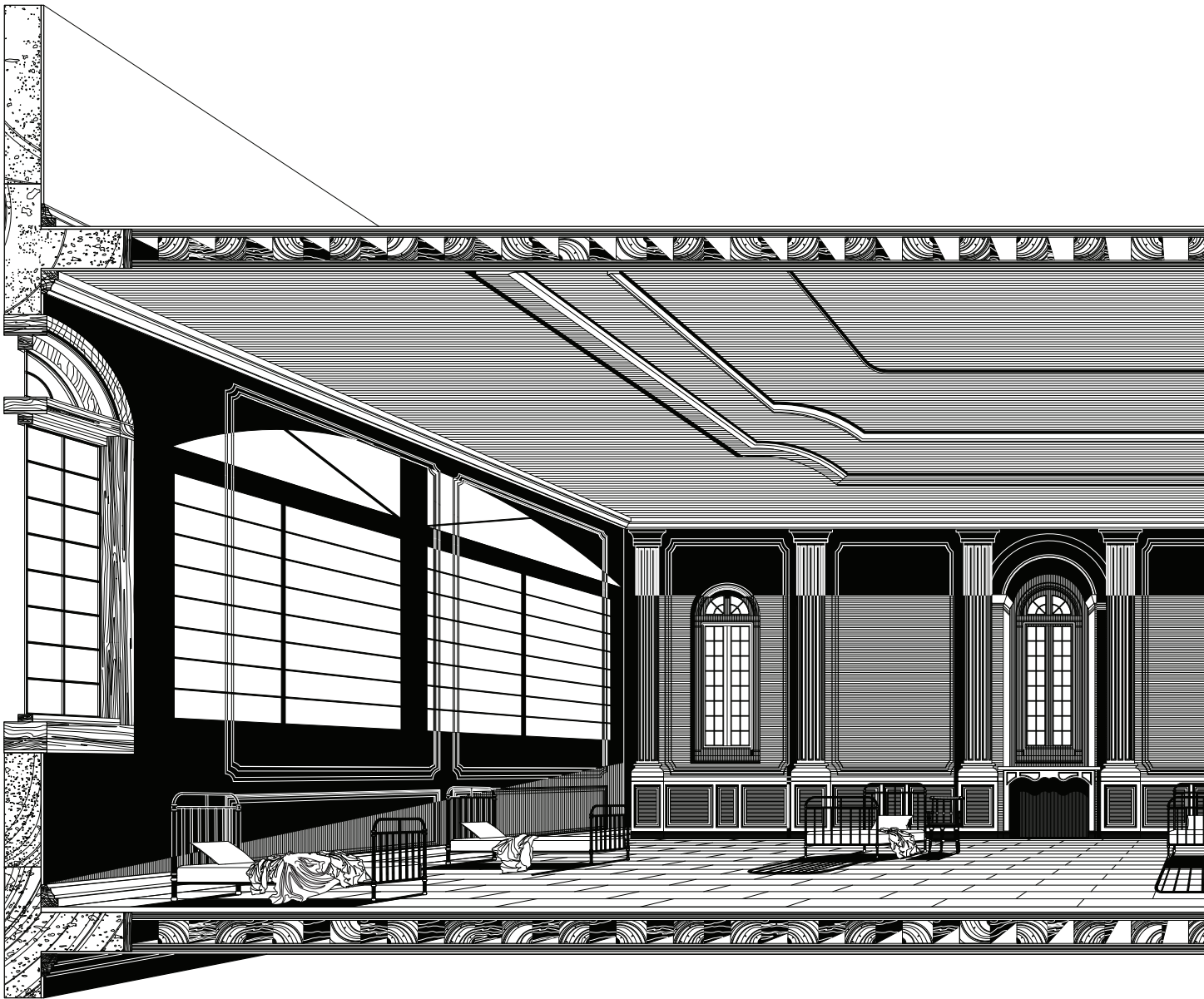
As an extensive collection of writings and research in the architecture of hospitals, it becomes a reference to understand the contemporary discussion for the design of healthcare facilities, and to situate its architecture as a performative tool in the reexamination of its typology. Throughout its narrative, the positive influence of architecture becomes one of its major arguments. Another, which becomes seemingly of major relevance, is that it positions the architecture of hospitals in a wide historical and cultural dimension. Because of its public and collective character, its function within the works of society and the structures that support

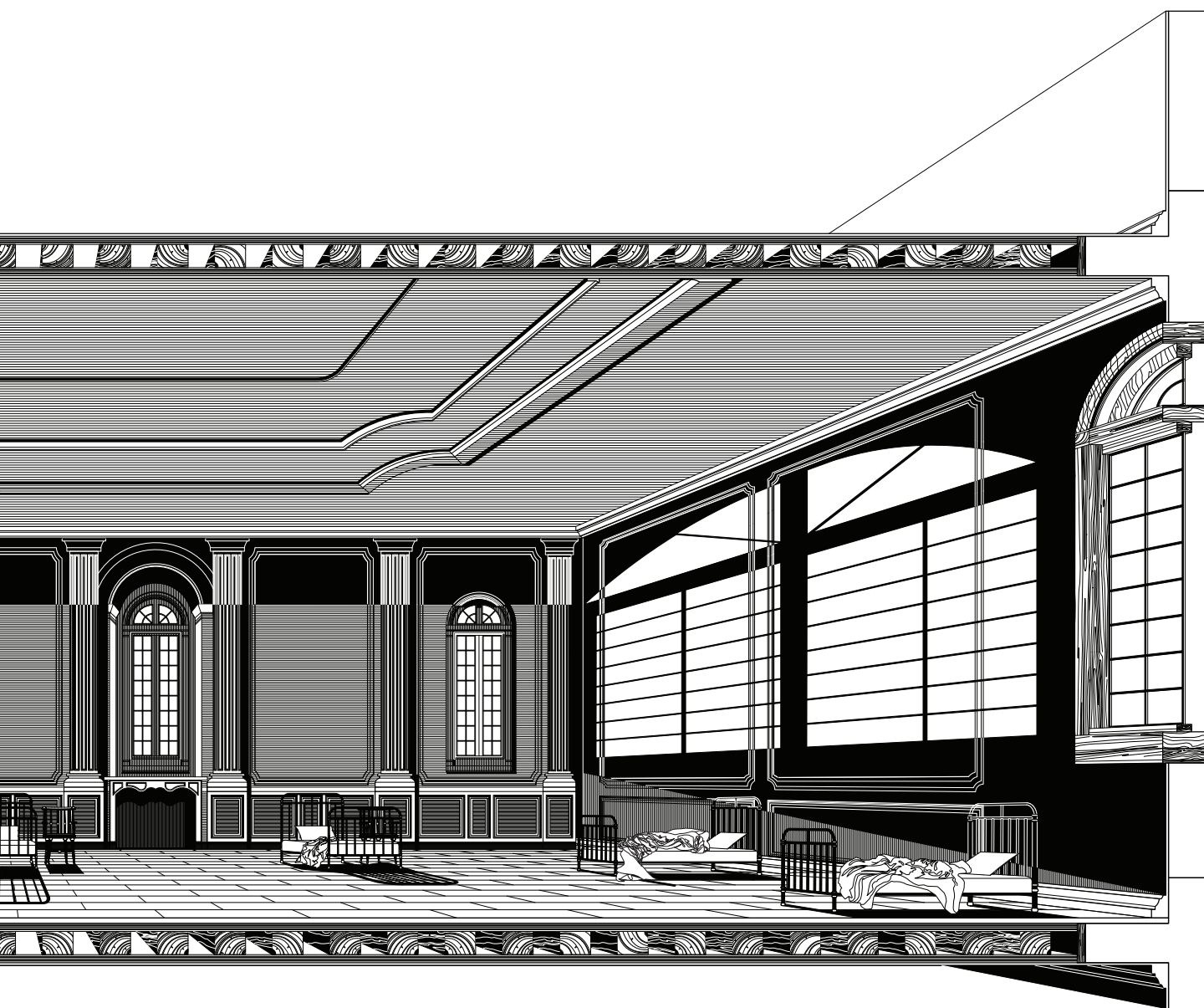
it, hospitals more than often express cultural identities, ideologies, and technical advancements.

In the expository essay for the Berlage Institute contribution to the international conference initiated by the University Hospital of Groningen, Markus Schaefer describes the focus of a studio that was intended to expand the architectural contribution as a way of analyzing the current situation of hospital and the formation of its typology. The methodology followed by the studio becomes relevant as a way of re-conceptualizing the hospital.

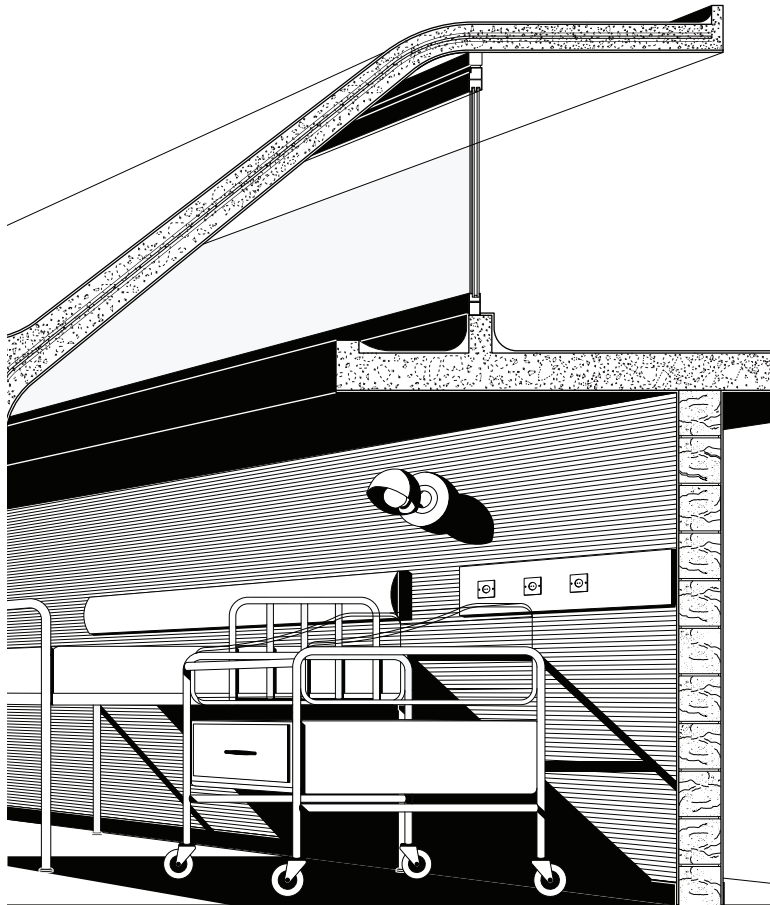
First Scene: The Birth of the Clinic.

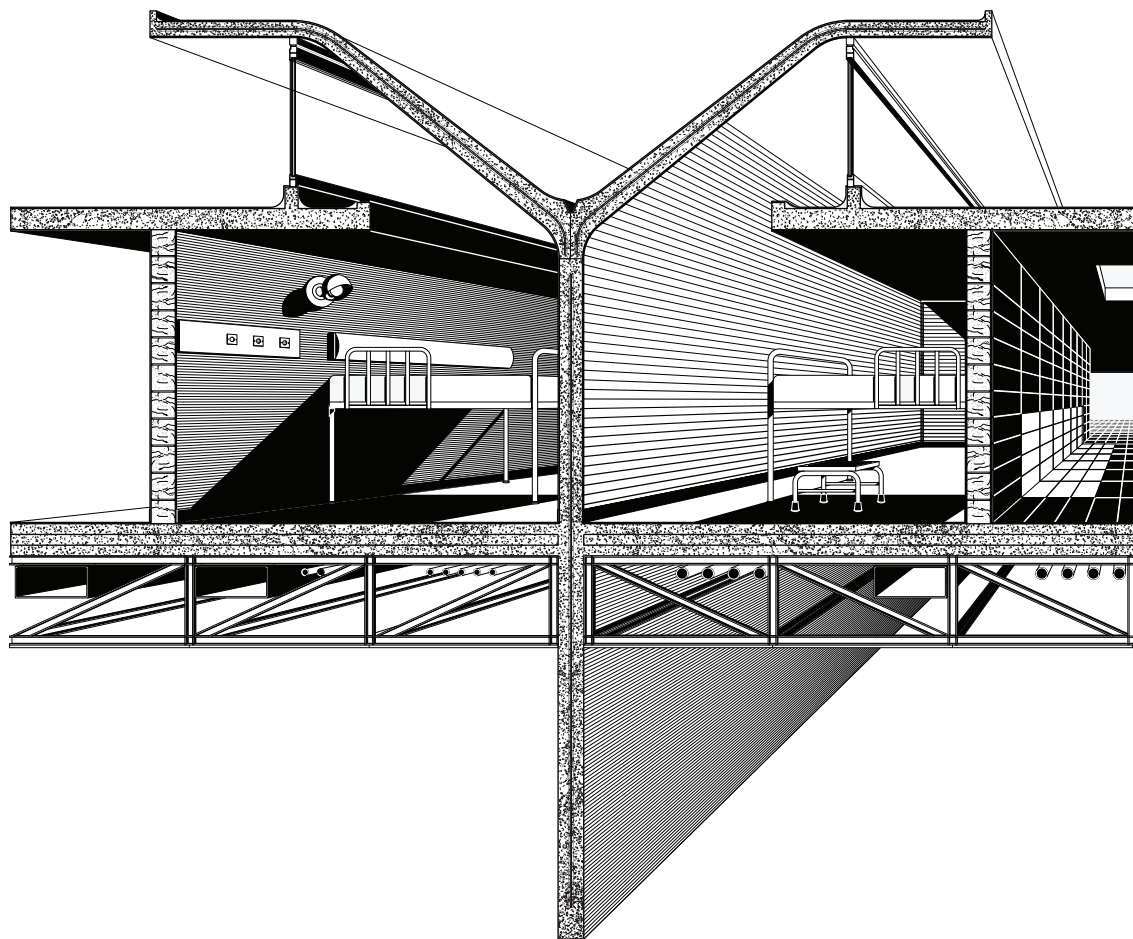


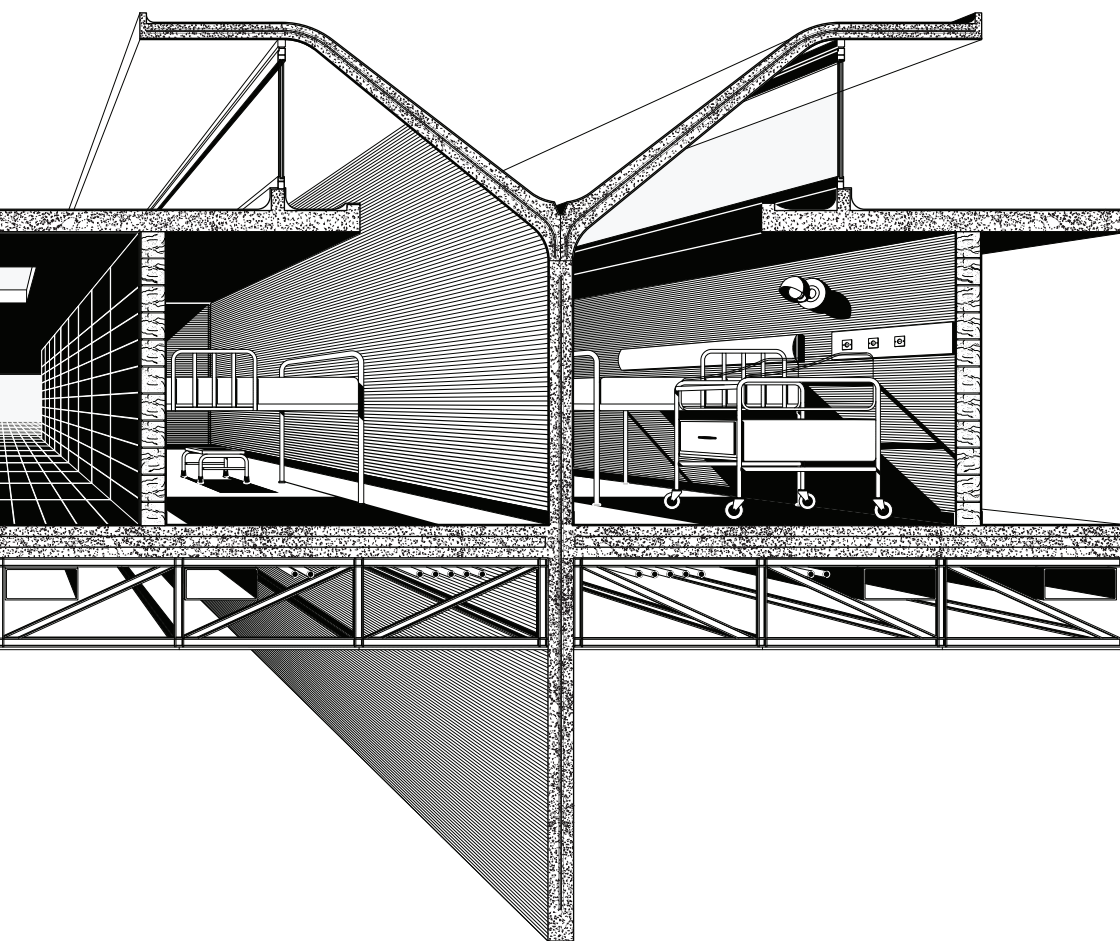




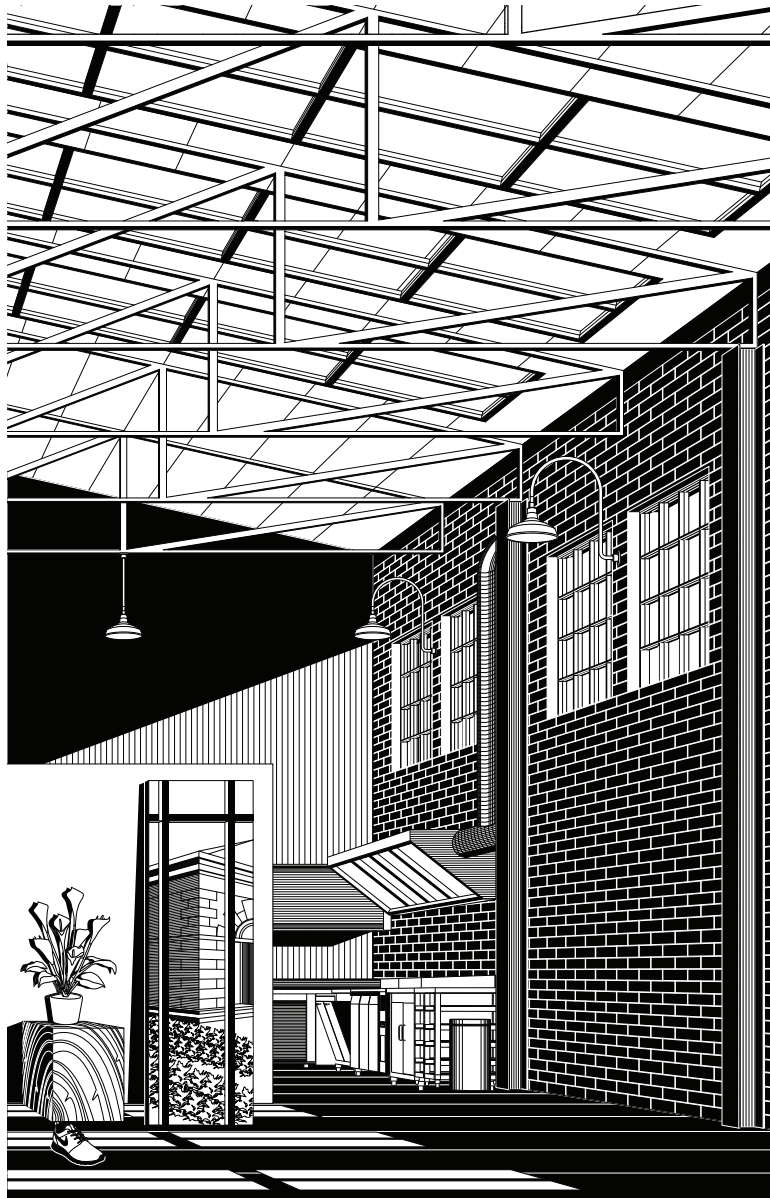
Second Scene: The Modern Hospital.

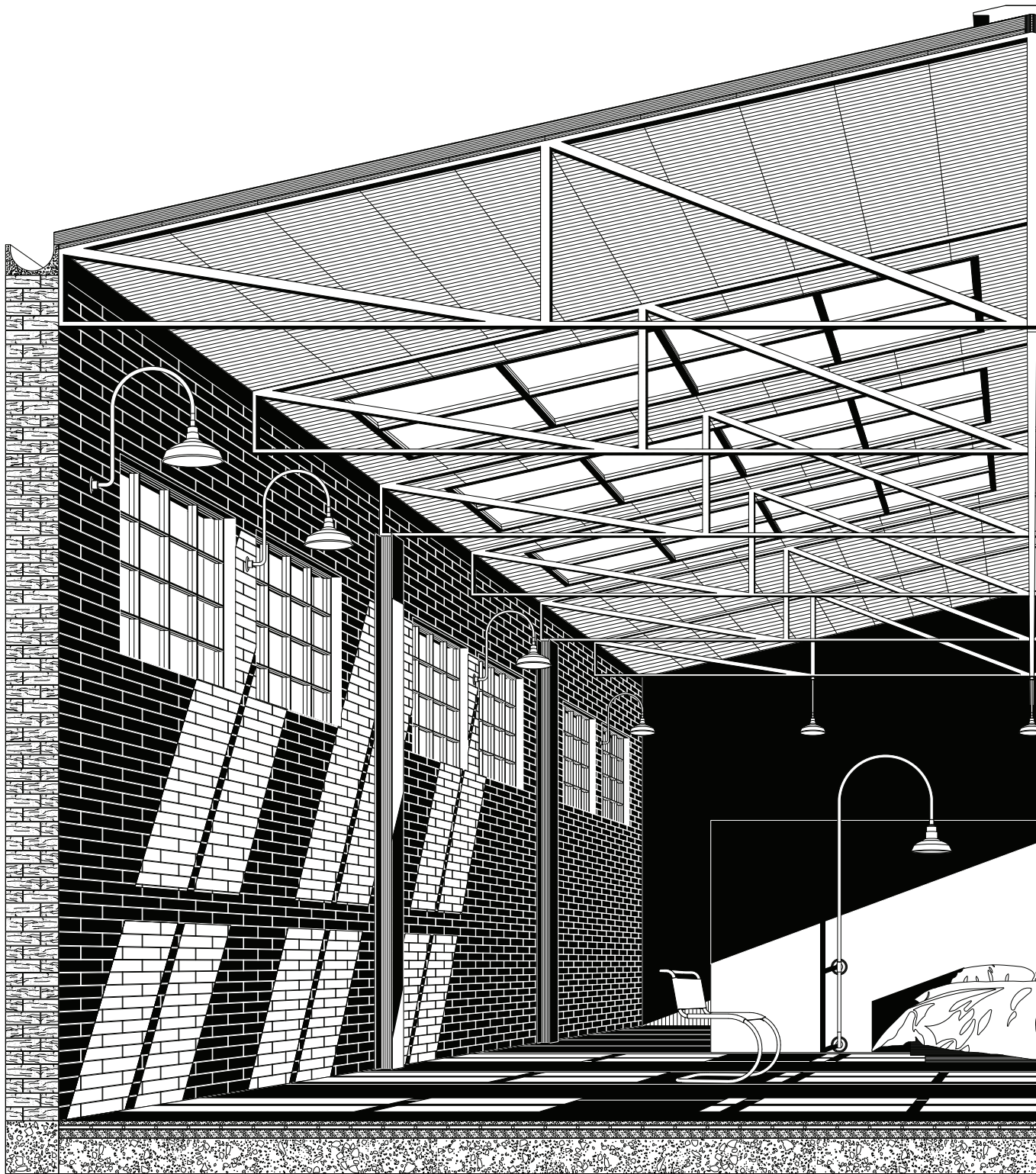






Third Scene: An Accumulation of Accidents.







Fourth Scene: A Life Among Spectres.

