The power of architecture and the architecture of power

For some slightly strange reasons, which I will explain in a moment, the last few years have brought me into contact with various faculties of architecture. I have been invited to conferences in the field, and have greatly enjoyed them; I have found myself writing an invited piece for an architectural review journal; I am now an external examiner for an MSc run by UCL's world famous Bartlett School of Architecture and, as a result (sort-of) of all of these experiences, have introduced to Edinburgh an MSc theme in Biological Architecture. Of course, none of this has much to do with the business of designing houses and factories and cathedrals (about which I know nothing), but has to do with something much more abstract.

How did I become remotely connected to this? The story, as so many things in professional life, began with a happy accident. First, some background: as I have learned in the last few years, the more progressive schools of architecture go far beyond the specifics of designing physical buildings to foster a strong research base on theoretical aspects of structure and organization. In London and Newcastle I have, for example, seen final year architect student projects focus on building silk structures by modifying the behaviour of spiders, or on engineering bacteria to make self-healing concrete, or constructing electronic devices that use the trajectories of passing human pedestrians to modulate an urban sound-scape around them. Some years ago Martyn Dade-Robertson, an academic architect with an exceptionally broad range of reading interests, came across some of my work on self-organizing biological systems. Seeing possible connections, he invited me to conversations with a loose coalition of imaginative academic architects and designers, and I must say that the interactions have been most informative, stimulating, and fun.

My increasingly frequent meetings with architects and designers has had the effect of making me a little more aware of the built environment. I used to stare up at the ceiling of a large building with only a scientist's eye, noticing how compressive structures were led down to strong pillars, or how tension and compression worked together to stabilize a light but wide roof, but I don't think it really occurred to me that buildings conveyed meanings. Or rather, I suppose I knew in only the most obvious cases; the theology rendered physical in the structure of a cathedral, for example or the Soviet-era administrative buildings of East Berlin making any passing individual feel very small and unimportant compared to the State in which they served. But it was never something I noticed

in the every-day.

Until yesterday.

Yesterday, I went to visit a medical colleague in another UK city (I am not not naming that colleague naming simply because he may not want to be associated with what I am about to write). Between my last visit to our friend and this one, he had moved from his city's old hospital to its immense new hospital building. This place is clearly an architectural statement; vast, pointy in plan and built at a scale that is definitely more institutional than individual. On entering and finding my friend, though, I realized that, whatever the possibly unintentional message the architects sent to the citizenry with the outside of the building, they incorporated a second message when designing the interior. This one was inescapable and I find it hard to believe that it was not one hundred percent intentional.

The earliest hospitals in the UK tended to be run by religious orders and were very small affairs, often containing no more than a dozen beds. The Georgian and Victorian eras saw the founding of many new and much larger hospitals, run on secular lines, and this trend accelerated in the twentieth century, especially under the NHS which is the largest provider of health care in the UK. These secular hospitals used to be run by Boards that were dominated by senior clinicians; men and occasionally women who were both leaders of the hospital administration and direct, on-the-ward clinicians deeply involved in patient care. These senior consultant physicians and surgeons were usually regarded with a mixture of respect and fear: Sir Lancelot Spratt, of *Doctor in the House*, represents the type rather well. They had, and still have in most hospitals, comfortable private offices that to be used for study, consultations, and often sleep when the demands of the job make going home impractical.

The modern NHS involves far more professional managers at the top level: some of these people have a background in clinical work and some do not, but more and more are separated from clinical work once they enter the senior echelons of leadership; "once they go to the dark side", as their still clinically active colleagues are apt to say. This change is often a source of friction. Clinicians tend to be motivated by optimizing the care of their individual patients, wanting their operations to he scheduled at the best time, their drugs to be the most effective available, and their social and other support to be available when it is needed. The senior managers give an impression of being

motivated at best by managing care of the total patient cohort, which is not necessarily in line with the best for each individual, and at worst by government targets and budgets. One has the impression from the outside that there is a major struggle going on for the heart of the NHS.

So what does all this have to do with architecture? When I walked in to the new hospital to meet my surgeon-friend, I could not help but be struck by the incongruity of the place. There were vast, open-plan rooms, a Dilbert-like cubicle world of staff, some with a tiny desk space and others 'hot-desking'. I wondered who they were, and thought our friend was joking when he said 'consultants'. But he wasn't. These senior clinicians, of a rank that would have ensured a proper private office in any 20th century hospital, were now in an environment I would regard as unacceptable for a beginning graduate student.
“How about the senior administrators?”, I asked, “Is their space the same?”
You already know his answer, don't you? They have comfortable private offices in another block.

It is as if the architecture of this new place has been constructed specifically to give the message to clinicians that they are now servants of a system and no longer its leaders. To convey an impression that their years of study at the highest level, their deep expertise and all the good they do for people under their care gives them the same status, in comparison to the management, as an office temp. The changing balance of power, away from those who care for patients and toward those who care about systems, targets and budgets, is being set quite literally in concrete and steel.

When a large part of Edinburgh's medical school moved out to the (then) new hospital at Little France on the edge of town, the building was far from perfect and there was (and is) a serious shortage of office space. The earlier architects of the Victorian and 1970s buildings at the remaining site in the centre of town, where I am based, did a very much better job. Early in the life of the new building at Little France, I went there to visit the Head of College, John (now Sir John) Savill. I had some difficulty in finding his office, because it was not where the layout of the place led me to I expect it to be. Excusing his somewhat cramped surroundings, he explained that when he knew there was an issue about space, he allocated to himself – the leader of the whole institution – a small and awkward room certainly no better than those being given to others. The grander room in which I expected to find him provided good accommodation for several busy secretaries. John's decision was a statement that also linked architecture to power, but not in the way the building's architect presumably intended. Instead of saying 'I rule over you', it said 'This may not be ideal, but

we are facing the problems together and we'll make the best of what we have'. It worked, too; by and large, people made the best of the building and concentrated their complaints on the idiotic systems for maintenance, which were a legacy of a very peculiar funding model.

On my way back from my friend's hospital, I walked the short distance from one railway station to another of that city's railway stations to continue my journey home. At the time I was there, the ugly buildings that had hidden the old facade of the station for decades had been pulled down for redevelopment and, for the first time, I saw the 'gable-end' of the beautiful Victorian station glass roof. It reached high into the sky and made a space of air and light, inside and out, to make us passengers feel we were leaving the city even before they had got on to a train. A passenger's view is lifted from the dirt of the concourse floor towards the clear light of the heavens above. Waiting for the train, I asked someone at the information office whether this was the view that we would now always see. No; there will be a new building grafted on to the front of the station. For those arriving from a train, there will be a transition from leaving the train, with light still coming through the glass roof from the heavens above them, to a dark space under a modern solid roof set at an arrogant angle to all that is around it, to a space of more light, but now light that comes not from the sky above, but reflected from the commercial heart of the city. Each generation of architects, the nineteenth and twenty-first Century, seems to have conveyed very effectively the direction of what they took to be the ultimate source of power that controls the destiny of ordinary people.

My own university department is being threatened with a move to new accommodation over the next five years or so; it will be interesting to see what statements about us are made by the architects of our future buildings and, indirectly, our future status.

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