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Sara Honarmand Ebrahimi, *Emotion, Mission, Architecture: Building Hospitals in Persia and British India, 1865-1914*

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Texte intégral

1



This book sets out to provide a new architectural history of British medical missions through the lens of emotions history. It does so by providing a detailed and nuanced analysis of a number of hospitals founded by the Church Missionary Society (CMS) between 1865 and 1914, in multiple locations across Persia and British India. The book's

central argument is that we should understand missionary spaces as spaces for the “practice of mixed emotions”, used to elicit specific feelings—of trust, in this case—in order to attract local indigenous populations to missionary hospitals. The book is divided into five chapters that focus on various thematic aspects of the architecture of missionary hospitals, from preliminary itinerant medical missions to the development of novel urban types and the strategic regional-political dimensions of hospital building.

2 Chapter 1 focuses on the preliminary steps of mission medical work and how the building of trust was translated into a step-by-step process. It examines itinerant missions, the founding of dispensaries, and the reuse of existing buildings and shows how these activities laid the ground for future hospital building. The chapter reconsiders these “ancillary” projects as integral to the history of hospital building and to the sustained missionary aim of gaining trust, and illustrates how these spaces, though still tentative, were necessary not only for building interest in missionary medical work but also for learning about local ways of living and building. Especially through the adaptation of existing buildings for early dispensaries, the missionaries gained knowledge that became essential for the building of new hospitals.

3 Chapter 2 begins with an overview of the background within which hospital design emerged in the nineteenth century, focusing on the development of the “pavilion plan” in France and Britain. As Honarmand Ebrahimi shows, the pavilion plan was not adopted as a universal model by the British missionaries, nor were the sanitary concerns it evolved from (namely the necessity of natural light and ventilation) crucial for the missionaries. Instead, they were intent on building and providing spaces that would feel familiar to local patients, often disregarding the “scientific” benefits of the pavilion plan. To provide such familiar spaces, the missionaries adopted various local types to create layouts that differed significantly from the pavilion plan, such as the four-part Islamic garden which structured the composition of the Peshawar hospital, or the Persian courtyard houses which may have inspired the plan of the Isfahan hospital. The chapter details these and other local adaptations, beyond the typological, including the reliance on construction methods, such as “Persian” or “Kermani” arching methods in the construction of hospitals in Yazd and Kerman. Throughout the chapter, Honarmand Ebrahimi highlights that the missionaries did not necessarily develop one standard layout or construction method out of these adaptations; rather they adapted each hospital to its local context, considering the climate, material availability, and most importantly, the needs and habits of the local populations they hoped to attract.

4 Chapter 3 delves deeper into the relationship between hospital construction and adaptation in the aim of trust building, but focuses on the practices of medical visiting which included public and official visitors as well as patients’ visitors. The chapter examines first how the opening of hospitals to various foreign visitors or local elites acted as a kind of “performance”, serving to project the work of the missionaries to their cities, as well as to potential funders back “home”. The second part of the chapter focuses on how missionaries adapted some hospitals’ architecture to allow patients’ families to visit and even to stay with them for long periods of time. This need led to a novel hospital type, the “caravanserai-hospital”, inspired by the caravanserai type, which was conceived to include entire families staying with the patients, in stark contrast to hospitals in Britain where visits to patients were increasingly regulated. By hosting larger numbers of visitors than patients, the caravanserai hospitals allowed missionaries to come into contact with a much larger number of locals, thereby serving to expand their “field” of operation.

5 Chapter 4 focuses on women’s hospitals and female missionaries’ role in constructing them. In the first part, Honarmand Ebrahimi discusses the overlooked role of a number of female missionaries in the construction of these hospitals. As she shows, female missionaries had an important role in all stages of hospital design and construction, and contributed to the conception of layouts as well as the choice of materials and the furnishing of interiors. The second part of the chapter focuses on the “purdah” type, another novel type of hospital which was developed to allow the separation of women and men in different areas, in keeping with Hindu and Muslim traditions.

6 Finally, Chapter 5 examines the question of missions and imperialism through the public views of the CMS missionaries on Anglo-Russian imperial rivalry in the region. The chapter introduces the enduring debate on the relationship between missions and empire, and shows how the work of the CMS was conceived as an accompaniment to British influence in the region. Crucially, the missionaries did not claim that their work was important because they were spreading British values or Christianity, but because they saw themselves as creating friendship and trust among people, who then viewed the British government in a better light. The missionaries also argued that they provided better knowledge about the region, based on their intimate experience of locals and the land, thereby acting as valuable informants for the British administration. This chapter is particularly interesting in its articulation of these various subtle ways in which missionaries were integral to empire, regardless of their official status. It is also a crucial chapter, as it finally answers the question of why building trust was important to the missionaries. Due to this, I felt that this chapter would have perhaps been better placed at the beginning of the book, as it would have reinforced the author's claims regarding the necessity of understanding the complexity of missions and of emotions for a full understanding of colonialism and empire.

7 The book is commendable for its rich and meticulous analysis of empirical sources, and the author's engagement with an impressive range of interdisciplinary methods, references, and arguments, which serve to construct a rigorous framework for the author's claims. It makes a number of significant contributions to the fields of architectural history and missionary history, not least through its powerful analysis of these buildings not as objects conceived by architects, but as spatial artifacts resulting from the complex amalgamation of the missionaries' pre-existing knowledge or experiences of medical spaces in Europe, their adaptation to their various colonial fields of operation, and their aim to build an "emotional community" with their patients, regardless of the success of their operations. As such, it dislodges the primacy of the architect within architectural history, and provides a nuanced perspective on persistent questions of local agency within imperial/missionary history.

8 However, the book also opens up some thorny questions about methodology and the promise of emotions history. Honarmand Ebrahimi is cautious in her framing, stating from the outset that the book focuses on the missionaries' side of the story, on how they attempted to gain trust and how they were deeply concerned with how locals would respond to their efforts. Yet, because the book is premised so much on the value of emotions history, one feels that the story is incomplete without an understanding of how locals actually felt or responded to these efforts, as well as what other emotions missionary medical work elicited, beyond trust. Ultimately, emotions only appear as frames for the missionaries' ambitions—ambitions that seem to have centred mainly on building trust through the spatial and architectural adoption of existing types, conventions, and practices. While this is an understandable challenge of history writing deriving from limitations to existing archives, this challenge points to the further potential opened up by the book's premises, and to the many more rich and nuanced histories that are yet to be written, that can account for the full spectrum of emotions that shape our experience of the world.

9 These possibilities are hinted at in the conclusion of the book: When the CMS tried to sell the Kerman hospital in the 1950s, they were faced with opposition from the locals, who considered that the hospital belonged to them, since they had contributed so much to its construction and operation over the years. As Honarmand Ebrahimi concludes, the locals' attachment to these hospitals shows that they were ultimately neither wholly British, nor were they "not British". More than a simple architectural history of missionary hospitals, the book's final contribution is the opening of an exciting path for new emotions histories of architecture that might start to provide answers not only about how imperial spaces were conceived in the past, but also how their legacies continue to influence us today.

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