

KEEPING FINSBURY'S PROMISE

John Allan

We talk glibly nowadays of the early works of Modernism in England as if stylistic approximation to an aesthetic stereotype was sufficient to endow almost any surviving relic of the 'heroic period' with an equal claim on historical significance. Increasing recognition of the movement's protagonists and eager reprise of 'the MoMo look' paradoxically serve to homogenize appreciation of its legacy. Yet this otherwise welcome popularisation of that vital period through publications, exhibitions and the media can also mask crucial differences in the social and political values of the assets that remain. Today's relentless emphasis on 'visual culture' erodes discrimination between subject and message, form and content.

Such tendencies could easily distort the proper understanding of a building like Finsbury Health Centre – though even this is a too casual mode of reference, for really there is no other building of its time '*like*' Finsbury Health Centre. This inspirational masterpiece, built with public money for an impoverished borough and now listed Grade I, has no equal or comparator in the entire British canon. Opened by Lord Horder, the King's Physician, and Herbert Morrison, on the 21st October 1938 Finsbury Health Centre has continued to serve its grateful community over seventy years. That such a living monument of municipal enlightenment could now be threatened with closure and abandonment by the very institution it helped to create, the National Health Service, provides a devastating commentary on the diminished ideals of our times.

Commissioned in 1935 by Dr Chuni Katial (1898-1978) then Labour Chairman of Finsbury's Public Health Committee, and designed by the architectural partnership Tecton under the leadership of Berthold Lubetkin (1901-1990), Finsbury Health Centre introduced the revolutionary concept of coordinated and freely available health services to the people of Finsbury, anticipating the arrival of the NHS by a clear decade.

Finsbury's uniqueness lies in its fusion in a single building of the three core themes of the Modern Movement – the social, the technical and the aesthetic. It occurred at a perfect intersection in the careers of its principal protagonists – both still in their 30s. Katial (who was later to become London's first Asian mayor) had only arrived in

England from the Punjab in 1929 but had established a medical practice in Canning Town and quickly gained political office in pursuit of his deep commitment to raising the standards of public health. Meanwhile, the equally ambitious and charismatic Lubetkin, who arrived in 1931, had established Tecton with its rigorous working methods and having completed Highpoint One in 1935 now had experience of building in London and was ready for the responsibilities of public engagement.

As well as offering an opportunity to fulfil the socialist convictions he had brought from Russia, Finsbury was also the ideal vehicle for Lubetkin's highly disciplined and dynamic blend of rationalist and Constructivist sensibilities. Moreover, after what might be broadly identified as the International Style of the debut works – the zoo buildings, the early houses, even Highpoint One – Finsbury's complex programme was to generate the more variegated architectural vocabulary that would inform both his own work henceforward, and foreshadow new directions for British modernism generally; surely visible for example in the architectural propinquity of its immediate post-war successor the Royal Festival Hall, a building equally loved for its classless inclusivity.

In Finsbury's case Lubetkin vividly recalled to me the challenge of finding an appropriate analogy for this virtually unprecedented building type – being neither institutional as a hospital nor domestic as a traditional GP surgery (then typically housed in improvised modifications of Victorian residential property.) The model eventually identified by Lubetkin and Katial was that of a 'club', albeit one with no membership requirement. Indeed so concerned were its makers to avoid even the least hint of bureaucratic supervision it was initially hoped that the entrance hall need only be furnished with informal seating, tables and reading lamps with no reception desk – though this was soon seen as impractical. But no opportunity was lost in exploiting the foyer walls with rousing murals by Gordon Cullen, clearly redolent of Lubetkin's Constructivist experience of agit-prop slogans and promotional graphics.

It is not just its architectural ambiance that so distinguishes this building. The quality of design resolution is all-pervasive. Its public status and operational agenda find their lucid reflection in the classical order of the plan and innovative flexibility of the clinical arrangements. The symmetrical disposition imparts a transparent legibility to

movement patterns and wayfinding, while the quality of natural light throughout the public and clinical areas would put many a 'modern' health centre to shame.

The same clarity of thought informs the ingenious strategies of construction and servicing, where every detail of the building proclaims Lubetkin's credo of causality. The assurance of the design is explained by the fact that virtually every move had been rehearsed and tested in his earlier work - the axial hall and splayed wings in his Palace of Soviets competition entry, the aedicular entrance and glazed screen wall at Whipsnade's restaurant, the framed and panelled wing facades, the shadowgap plinth and tapered corridors of his own bungalow. The hybrid structural solution, permanently anchoring the centre block while in the wings being devised to enable the clinical accommodation to be adaptable to new requirements as healthcare priorities developed and changed (as has been validated over the years), evinces the same readiness to follow the logic of the programme rather than impose a preconceived and inapplicable 'purity'. Crucially, it was Tecton's very first (self-imposed) assignment – the design of a theoretical TB clinic for a site in East Ham exhibited at the BMA in 1934 – that had provided valuable experience of healthcare design and attracted the attention of Dr Katial. In sum it is its unprecedented integration of planning, structure and servicing as complementary interdependent architectural disciplines in pursuit of its operational brief that makes Finsbury Health Centre unique.

So much for its technical and developmental story. What of Finsbury's *message* ? It is here that the significance of this building transcends even its remarkable architectural achievement. The core value, which endows it with its special, indeed ethical, quality is surely its embodiment of the municipal ideal. At root this asserts that benefits which ordinary people could never afford privately – healthcare facilities, libraries, schools, drainage, street lighting - can be attained through the principle of collective contribution to an accountable authority over which they, the people, then exercise control through the democratic process of elected representation. A simple idea to be sure – even if it may have taken centuries to develop and remains fraught with detailed complications.

Finsbury Health Centre is a potent demonstration of this principle, as indeed Lubetkin consciously sought to emphasise - by its inclusive ethos; in its smiling entrance facade; through the unconditional welcome of its open arms; and most

literally by means of the stone borough crest, mounted above the main entrance like the seal on a guarantee - *pro bono publico* - as if to leave no doubt of the binding promise being made to the people of Finsbury. If this is *architecture parlante* then the building is surely telling its constituency – ‘this is yours, it is inalienable public property.’

As John Berger once wrote, “After we have responded to a work of art we leave it carrying away in our consciousness something we didn’t have before...the memory of the artist’s way of looking at the world...The important point is that a valid work of art promises in some way or another the possibility of an increase, an improvement’.
(*Permanent Red – Essays in Seeing*, 1960)

Thus it is the integrity of Finsbury’s *promise* – vindicated in the countless lives that must have been improved over the seventy years of its operation - that gives a unique moral dimension to this building, a quality made all the more poignant by the fact that it was largely the vision of two immigrants, whose own circumstances were far from certain at the time. It is this continuity of social service that connects the values of Dr Katial’s day with our own – or should do. For although in one sense the broad humanitarian message of Finsbury Health Centre is timeless, in another the building’s architectural lessons – its legibility, flexibility, responsiveness, inclusivity - so clearly conveyed in Tecton’s contemporary exegesis *Getting it Across to The Laymen* - could underpin any CABE design guidance for healthcare planners of today.

This is why Finsbury’s current predicament is so different from the familiar plight of ‘heritage assets’ typically languishing through lost relevance or lack of use. Unlike so many such cases Finsbury has lost neither its social application nor its community of loyal users. Indeed its relevance to current need is ever clearer and more topical in the light of Health Minister Lord Darzi’s call for greater delivery of NHS healthcare services through such community facilities and polyclinics.

If Finsbury’s underlying social propositions remain valid, what of its material fabric ? Here too the arguments for disposal are unconvincing. After decades of inadequate maintenance the first systematic (albeit partial) project to restore the building authentically was commissioned by Islington Health Authority and carried out under my direction at Avanti Architects in 1994/5. The works included re-roofing, concrete

repair, window repair and replacement, renovation of a section of the curtain wall, retiling, reinstatement of original colours and renewal of the *trompe l'oeil* entrance sign. Despite its limited funding (£350,000 only made available through an end-of-year spending deadline) that project trialled and confirmed the feasibility of every type of conservation needed for the whole building. It can still serve as a model for full refurbishment of the remainder of the envelope, whilst the design's inherent flexibility can still respond to future needs and changes. Indeed to suggest that its listed status prevents this is either ignorant or mischievous.

Finally, if the issue of affordability is considered, not through the distorting lens of PFI but holistically in terms of all the factors to be accounted if the building were to be abandoned and replaced – rebuilding costs, debt financing, service dislocation, lost embodied energy, patients' and carers' travel expenses, carbon footprint, etc, - it is surely inconceivable that Finsbury's upgrade and retention in the use for which it was designed would not be the more advantageous way forward.

The argument is thus not simply about architectural heritage, though the uniqueness of this masterpiece would be reason enough to fight for Finsbury's salvation. It is a battle for custody – a struggle between the conflicting claims of social ownership and a narrow calculation of real estate equity. At the moment of writing it remains to be seen which of these contending value systems will win this struggle, but its compelling moral dimension surely makes Finsbury Health Centre British modernism's ultimate test case. Battered and bedraggled as the NHS may have now become, this marvellous building remains its noble progenitor and still embodies its original promise of public service. Now it is up to us to ensure that this promise is not betrayed.

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