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Introduction: The Width of a Desk

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It's a set-up cartoonists know well: a doctor sitting at an enormous desk (as much an attribute of the profession as coat and stethoscope), on the verge of delivering unwelcome news. The doctor's desk is drawn to appear imposing and wide. In cartoons, the width of a desk figures as a metaphor for the power of the medical profession, the social distance between omniscient doctor and the fragile patient. The joke only resonates because doctors' desks actually often are unusually wide. The wide desk helps prevent inadvertent contact between doctor and patient, thereby offering both of them a measure of protection against contagion. The doctor's desk grants social distance in a double sense: as a symbolic distance as well as a quite literal physical distance.

The historian's desk is wide but perhaps not so imposing. *gta papers* is dedicated to questions of architectural history and historiography, but this issue is a response to "the current situation" — the novel coronavirus pandemic — in recognition of the irreducibly historical disjunct that it represents. When we began gathering material for it in early 2020, one of the concerns that we had was that the crisis might be over, and half-forgotten, by the time the ink was dry. Sadly, this appears not to be the case.

What we sought, in putting together this volume, was a variety of approaches to pandemics, an alternative to enforced passivity in the face of phenomena that seemed to lurch at us out of a distant collective past. We knew that orienting ourselves via the micro-organisms would not help us much. In his 1967 essay on eighteenth-century nosology, Jean-Pierre Peter wrote of the difficulty in even naming diseases. ¹ Not only do names vary from place to place and time to time but the categorization of diseases shifts depending on the ascendant medical approach. Diseases have been classified on the basis of symptoms, anatomical theories, etiology, climate, microbiology and more lately, genetic sequencing. A term as frequent in the literature as tuberculosis might cover a host of illnesses that we would now think of as wholly unrelated. To make matters more confusing, the diseases themselves change, both biologically, and, in the physical responses that they evoke. Even within a single society, the impact of a disease, its virulence and gravity and the response that it evokes, varies between social classes, races, and age groups. The study of nosology alone therefore reveals that disease and health cannot be captured solely in biological terms but must be approached through their cultural and political dimensions as well. So it has been with coronavirus, COVID-19, or SARS-CoV-2 — terms that we read as synonyms but whose connotations vary.

1 Jeanne-Pierre Peter, "Disease and the Sick at the End of the Eighteenth Century," in Robert Forster and Orest Ranum, eds., *Biology of Man in History: Selections from the Annales, Économies, Sociétés, Civilisations* (Baltimore: Johns Hopkins University Press, 1975), 81–124, here 95–96.

This issue of *gta papers* therefore should not, and cannot, be read as a diagnosis of a calamity that is far from over. Rather, we gather disparate approaches that may help us to orient ourselves and our research methods. From the Plague Column of Vienna, better understood as a kind of votive offering than as a public sculpture, we leap centuries to the invention of the rapid sand filter, a technology for water filtration without which the explosive growth in urban populations would not have been possible prior to the invention of antibiotics. We study cordon systems from the Austro-Hungarian Empire and the city walls of seventeenth century London. We move from the early modern villa to the murals of Mexico City, from contemporary hospitals to nineteenth-century bedrooms. Our scales shift from isolation on household balconies to the attempted isolation of nation states, from mammalian placenta to plastic bubbles. Finally, this issue closes with a visit to the recent past, with reflections upon the first, vicious visitation upon New York City of what we, at the time of writing, still call “the current situation.”

It is important to add, in this short introduction, a note of thanks to the community that made this oversized issue of *gta papers* possible. Even under normal circumstances, scholars exist as a kind of diaspora, scattered in institutions of research and education around the world. In the last year, however, that isolation has often been total. The great generosity with which our call for papers was met is proof of the deep intrinsic motivation of all of our contributors. International meetings were held between kitchen tables and guest bedrooms hastily converted into offices. The authors, designers, and editors exchanged files without ever meeting. In the face of locked offices, closed archives, and in some cases, personal tragedy, they continued to work, and – at the time of writing – continue to work via improvised means. Seen in this context, the care required in preparing such an issue takes on a new meaning – not as escapism, but as an expression of respect for the endurance of medical professionals and volunteers.