

The Origins and Shifting Ideals of Mid-Century Group Architectural Practice

ANDREW R. TRIPP

Texas A&M University

Tecton is not an architect. It is the name of a group of seven architects whose average age is under thirty. The word is Greek and means ‘carpenter,’ and so, by extension, ‘builder.’ It is a good name. We need more builders; if there had been more builders and fewer architects during the past hundred-odd years, we would probably not be facing the necessity of getting out from under the accumulated scrap pile of paper architecture to resume building.¹

—George Nelson

This paper concerns an episode in the history of group architectural practice. In particular, I investigate the history of the Tecton architectural partnership, which was the first architectural group practice in Western Modernism. Group architectural practice, I argue, is the outcome of three historical narratives: the shifting identity of the architectural professional in England; the idealistic philosophy of Berthold Lubetkin; and the availability of analogous models in the medical practice. The first and only true group project by Tecton—a proposal for a Chest Clinic in East Hamm—will serve as my principle architectural example. Through this research we can acknowledge the distance between the original ideal of group practice as collaborative conversation and its more recent ideal as functional production.

Ultimately, my argument, which will not be fulfilled herein, is that the collaborative intentions of Tecton exemplified the very idea of critical practice in the Modern Movement, but that this was insufficient insofar as it failed to acknowledge the rhetorical practice that speculative works demands. The unspoken premise of these unsaid thoughts on architecture, which are adopted from philosophical hermeneutics, is that the knowledge appropriate to the critical method (*sophia*) is incomplete without that of the rhetorical (*phronesis*).²

INTRODUCTION BY WAY OF AN EXHIBITION

In January 1938, the Modern Architectural Research Group, aka. The MARS Group, installed its first and only exhibition in the New Burlington Galleries. The exhibition gave a public venue to a collection of architects dedicated to promoting European Modernism in England, and in particular, the so-called International Style. George Bernard Shaw penned the introduction to the catalogue, in which he mixed wit and prophesy. “The MARS Group,” he wrote, “represents a violent reaction against impressive architecture. It has no

religion to impose; and however it may operate incidentally as an advertisement of wealth and respectability, this is not its object. It considers health and convenience not only of the inmates but of their neighbours and of the whole town, as far as it is allowed to have its own way, though of course it is often baffled on this point just as Christopher Wren was... Martian architecture is part of a new artistic movement.”³ The MARS Group represented, at least to Shaw, an anti-heroic return to the concerns of the public body, especially its health and well-being.

The sense of Shaw’s wit is apparent when we happen upon the portion of the exhibition on public health in which the MARS group slips metonymically into the mythology of MARS contra the Venus de Milo (Aphrodite of Melos). The photograph exemplifies a rhetorical image in which, depending on the circumstances (or context), the referent (or message) dramatically changes. The photograph shows the analogy of health between bodies and buildings, but as suggested above, it also shows the mythological antithesis between Venus and Mars. However, insofar as the torso of Venus exemplifies the type of twist known as *contrapposto*, it is also the visual form of rhetorical antithesis.⁴ This notion of a formal antithesis is accentuated when we see that the model of the building exhibited below displays an analogous twist, albeit a kind of twist more proper to architectural plans and sites.⁵ These various referents—the medical, the mythological, and the formal—I want to argue, do not contradict one another so much as add to a rich and robust rhetorical understanding of a project loosely defined by antithesis.

The architectural project on display is the East Hamm Chest Clinic, the first and only true collaborative work accomplished by the Tecton architectural group. While the exhibition occurred in January 1938, the project for the Chest Clinic occurred five years earlier, in November 1932. An interpretation of its significance requires a foray into the origins of the group.

THE ORIGINS OF TECTON

The Tecton architectural group practice was formed in 1932 with seven original members: Berthold Lubetkin, Godfrey Samuel, Val Harding, Michael Dugdale, Anthony Chitty, Francis Skinner, and Lindsay Drake.⁶ The formation of the group was guided by several external pressures, which I will introduce here, but explain more fully below. First, the formation of Tecton was a response to the professional situation

of six young English architects who were among the first to graduate from university into a profession defined officially by the title of the Registered Architect. Second, it was a response to the émigré status of Lubetkin, who as a Non-Englishman, and despite his extraordinary experience in Russia and Europe, was prevented from working as an architect without an English partner. Only after these pressures formed the group was it seen as a collection of like-minded progressives and a platform for the social engagement of the architect and his work.

THE ARCHITECTURAL PROFESSION IN ENGLAND

In the early decades of the 20th century in England, architects were expected to enter the profession and, after a period as a salaried assistant. Establish a private practice or partnership. With the economic slump after WWI, this part was increasingly difficult, and young architects more often found only lower paying work in the engineering or surveying departments of public authorities. The RIBA, which was established a century earlier to protect the privately practicing architect, was troubled by the apparent erosion of status that this signified, and actively campaigned to convince local officials to commission only architects in private practice. Sarah Walford described this tension between public and private architectural practice critically in her 2009 Ph.D. thesis.⁷ She points to the fact that, in 1921, the RIBA established a committee to investigate this relationship in favor of private practice, while in the same year, two separate organizations were formed to support the unionization of public architects and engineers, including the Architects' and Surveyors' Assistants' Professional Union (ASAPU). The ASAPU set out its concerns in its inaugural pamphlet; "The Union is not concerned particularly with ARCHITECTURE as an Art or Profession. It desires to raise the general standard of the design, construction, and craft detail of BUILDING, and to ensure to the worker who produces these a standard of living compatible with his technical acquirements and skill."⁸

Organizing architecture as labor apart from traditional institutions only fanned the flames of discord, and the RIBA set upon a campaign to denigrate the publicly employed architect. Walford has shown how this campaign reflected a more general prejudice against labor.⁹ Partly, this was reflected in the ethics of financial contracts; where the private practitioner would garner fees based on the conditions of a commission, the public employee accepted a wage regardless.¹⁰ For example, in an apology for the public worker that played off anti-colonialist sentiment, Maxwell Fry wrote "salaried architects [we]re... the slaves of their masters. That is the view which certain sections of the profession take. They refer to official architecture as something which is not so good as something which is called the 'free field.' The man who is bound must be inferior if he accepts slavery and practices a mutilated version of his free art."¹¹

Ever since its founding, the RIBA had campaigned to protect the title of the architect, and with the professional stakes increasing throughout the 1920s it was finally possible to secure enough support from various constituencies for the Registration Act, which was passed in 1931. The act restricted the title of architect to those who met certain technical qualifications concerning employment in an English architectural practice. This effectively prohibited those who worked in public engineering and surveying offices from ever achieving the title, it also prohibited foreign architects from working in England without an English partner.¹²

It cannot be overstated how significant it was that five of the six original English partners of Tecton completed their education at the AA in 1931 and were among the first graduates in England to enter into the profession defined, on the one hand, by the newly created Registration Act, and on the other hand, the economic conditions of the depression.¹³ Godfrey Samuel had graduated a year earlier and found some work as an independent architect, but the other five—Harding, Dugdale, Chitty, Skinner, and Drake—found little experience aside from drafting in public offices. Their prospects changed when the Samuel introduced the other five to Lubetkin at a lecture at the AA in 1931. By 1932, the seven architects, including Lubetkin, formed the Tecton group practice. No documentation of an original agreement exists, but Lubetkin's biographers describe the way in which Tecton was—for him—an "opportunistic collaboration"¹⁴ and an "ad hoc... association."¹⁵ Indeed, Lubetkin was in need of a legitimate way to practice architecture in England, and the AA graduates were in need of the experience that he could offer.¹⁶

THE IDEALISM OF BERTHOLD LUBETKIN

Lubetkin was among the earliest and most active émigré architects in England in the 1930s, but the conditions of his arrival in 1931 were different from those who sought political refuge after 1933.¹⁷ Lubetkin's life has been well documented by his biographer, John Allan. I will only touch on the aspects that are relevant to my argument here. By his arrival in England in 1931, Lubetkin had studied architecture in Moscow, Berlin, Marburg, Warsaw, and Paris. He had an architectural education that spanned from the VKhUTEMAS to Auguste Perret's Atelier at the Palais du Bois,¹⁸ where he first made contact with Ernö Goldfinger. Their careers entwined from then on.¹⁹

In 1926, Lubetkin and Goldfinger, along with three other pupils of Perret—Adrien Brelet, Andre Sive (András Szivessy), and Louis-Georges Pineau (Pinot)—formed a progressivist group called the International Architectural Collaboration (CIA) (Collaboration Internationale d'Architecture).²⁰ The CIA only lasted for eight months; nevertheless, it was a significant first attempt at collaboration between the students of the Palais du Bois.²¹ The CIA invented ambitious plans to establish international conversations between architects and builders, and they sought participation from architects in Africa, Asia,

Europe, and North America.²² Lubetkin took a critical stance within the group and argued that fostering professional collaboration between the trades was insufficient to accomplish the aspirations of “modern thought,” and that at least as important was the mandate to “educate the masses”; in other words, a conversation about modern thought required modern education. The CIA, Lubetkin proposed, should establish what he called “education groups” in various nations that could allow people “to discover... subconscious thought, which is deformed by paradoxical appearances and erroneous habits.” These groups would be led by “artists, in the true sense of the word, that is to say, philosophers, makers of synthesis, people who are conscious of the great eternal and periodic laws that govern the world, and [who] are able to create following these laws.”²³

The circumstances that drew Lubetkin to London in 1931 involve a series of failed partnerships and the unfulfilled hopes of designing a house for Manya Harari in Hampstead,²⁴ and while it is true that he would require English partners if he were to stay and practice architecture in London, he must also have thought that a group of recent graduates from the AA was his best opportunity to collaborate with a group of “artists, in the true sense of the word.”

THE ANALOGY OF MEDICAL GROUP PRACTICE

The first and only true collaborative work accomplished by the Tecton architectural group was the project for the Chest Clinic in November 1932. The original project never developed beyond a set of five presentation boards for a lecture by Dr. Phillip Ellman at the centenary conference of the British Medical Association (BMA) in November 1932.²⁵ Dr. Ellman was a British physician, a specialist on tuberculosis, and a well-regarded member of the Executive Council of the Socialist Medical Association; furthermore, he was an close acquaintance of a Godfrey Samuel’s father. Lubetkin and Skinner recalled that the idea for the project was invented out of their interest in current debate, which at the time was not only about disease and public health, but also about the emergence of new models of health care.

In John Allan’s narrative of the project, Tecton relied on Godfrey Samuel to approach Ellman as a consultant on a theoretical project, the purpose of which was supposedly to give the group something to debate. In light of further research, however, this narrative proves to be incomplete.

Dr. Ellman was a significant figure in British medicine in the 1930s. He had studied with two leading specialists on tuberculosis, Marcus Paterson at the Colindale sanatorium and Marc Jacquerod in Lausanne, before returning to London in 1929 to practice and publish his first book in 1932, *Chest Disease in General Practice: With A Special Reference to Pulmonary Tuberculosis*.²⁶ He was an ardent

critic of London’s health providers and argued for the reorganization of tuberculosis dispensaries in the city, advising the adoption of a more general model for public pulmonary clinics that could more quickly diagnose and administer to a wider range of patients. His research also demonstrated the benefits of medical group practice. When he became the Medical Officer of East Ham he set out to build such an institution on the site of a late 19th c. hall of a Congregationalist church, which had burned down in 1924.²⁷ By 1933, enough progress had been made toward his goal that Ellman was able to write that “much thought has been given to the erection of a clinic on modern lines, and plans have been submitted to the Ministry for their Consideration.”²⁸ Two years later, in September 1935, a new general clinic in the “modern style” was dedicated on Katherine Road at the terminus of St. Stephen’s Road.²⁹

It is unclear when or to what extent the scheme from Tecton was involved with Ellman’s project for the general clinic in East Ham. Historians have followed from Skinner and Lubetkin in concluding that Tecton’s scheme was entirely speculative; an “ungainly” composition of “functionally” determined parts with a theoretically propitious program; ultimately intended only to demonstrate to themselves their collective method of rational research, analysis, and critique.³⁰ However, a comparison of the schematic site plan to the site of Ellman’s 1935 clinic suggests that Tecton was working with specific knowledge of the site conditions—the alignment and fabric of the streets matched the existing conditions at Ellman’s site on Katherine Road. Tecton’s proposal for the Chest Clinic was not a theoretical or academic project; rather, it was either a direct illustration of Ellman’s intentions, or a failed bid for the construction of the clinic that was eventually built. The possibility that Tecton and Ellman did not establish the necessary rapport to continue with the project is patent in the tone of a 1935 project resume written by Lubetkin and Skinner:

As far as we were able to find out after some two or three weeks discussion of the programme and the subjects generally, Dr. Ellman’s greatest contribution to the subject up to date was the idea that tuberculosis dispensaries should, for psychological reasons, be referred to only as ‘chest clinics’; apart from this, he was like so many professional men, who, when confronted with the task of briefing an architect with the concrete programme for building, are quite unable to convey the fundamentals; however many ideas they may believe themselves to have on the subject, they very rarely show any grasp whatever of the planning problem as a whole, and can offer at best a number of bits and pieces of information and prejudice. However, we insisted on extracting details, and were at length able to arrive at an idea of the necessary component parts, stripped of all sentiment and trimmings.³¹

For Lubetkin and Skinner, the most compelling part of the project was the invention of a “concrete programme” from only the most specious hints of a half-aware client. The three surviving phases of drawings that Tecton completed demonstrate that the role they assigned themselves was diagnostic. This was also the role that they represented on the boards, which can be understood primarily as a analysis of circulations and orientations. An architectural project, at least in its preliminary phases, was concerned with the diagnosis of a disorder, and, from this, the division and prescription of work to affect balanced change.

For Dr. Ellman, changing of the name of the project from a Tuberculosis Clinic to a Chest Clinic was a significant change that reflected his interest in transforming dispensaries into group medical practices which were accessible and attractive to the larger public. The idea of a group medical practice was also new at the time, and as in the architectural profession, it referred to the organization of various professionals into an arrangement of complementary labor for the benefit of care and cost. It was premised on the idea that doctors might pool resources and overhead while otherwise performing as if in private practice. Its precise delivery mechanism, along with its advantages and disadvantages, were too furiously debated to clarify its definition.

Historically, the idea of group medical practice was an American invention, where in an “atmosphere of fierce independence... [it] was viewed with skepticism and distrust.”³² The idea entered into English discourse in a serious way in a 1921 public debate on the future of the private clinic in the face of the growing public sector of the national economy.³³ Throughout the 1920s, the ethical basis of medical practice hinged, in the words of the *British Medical Journal*, on the “the opportunity for the exercise of the most vital and important element in the practice of medicine—the human influence, the close personal association between [one] doctor and [one] patient.”³⁴ The status of the individual practitioner was also linked to his or her fee structure, and the BMA dismissed the notion of any flat-fee or shared wage based arrangements as unethical, thereby rejecting the idea of a public system or any suggestion that the discipline of the medical professional was engaged in labor. Indeed, analogous to the RIBA, the BMA's attitude toward salaried doctors reflected a larger prejudice toward labor in England.³⁵ In 1930, the Socialist Medical Association was established to increase public access medical care, but also to represent salaried medical professionals, and the BMA conceded that group practice was effective, on the one hand, as a “preventive agent” against the most serious chronic ailments in a city, such as tuberculosis,³⁶ and on the other hand, as a vehicle for the continuing education of medical professionals.³⁷ The debate over group practice in the medical profession foreshadowed the debate in the architectural profession, which contributed to the identity of the Tecton group architectural practice.

THE SHIFTING IDEALS OF GROUP PRACTICE

I have argued that, at least in the case of Tecton, that group architectural practice was the outcome of three historical narratives: 1. the changing politics of the architectural profession in England; 2. the idealism of Berthold Lubetkin; and 3. the analogy between architectural and medical disciplines. All of these narratives add to the anti-heroic definition of group practice that is explicit in George Nelson's comment and implicit in Bernard Shaw's. All of these narratives, including the notion of the anti-heroic architect, play out in the project for the East Hamm Chest Clinic, which further analysis would show, offers itself up to more Romantic (or rhetorical) interpretations as well. However, in this conclusion, I would like to project beyond the early 1930s and hint at the trajectory with which the ideal of group architectural practice shifts from conversation to production.

In an interview in 1936 just after the major transition within the Tecton partnership, Lubetkin stressed his renewed interest in the idea of group practice.³⁸ When asked “How is architectural practice changing?” he replied that “group practice is clearly a sign of change”; furthermore, it is a sign of change for the better. According to, Lubetkin, group practice was preferable model because it offered “an arrangement to sponsor continuous self-education.” The value of group practice was in the way it promoted individual responsibility and mutual education, but this required that all members, he said, “accept voluntarily certain discipline... [so that] problems of personality, as far as the actual work is concerned, are subdued.” When asked to describe the largest challenges that faced this model, he couched his answers in terms of professional comportment. The largest challenge was, on the one hand, to teach the “traditional architect to be, architecturally speaking, less of a gentleman and more of a craftsman,” and on the other hand, “the modern architect might try to be a little more of a gentleman” and (presumably) less of a craftsman. Toward this end, he said, the “modern architect” should “abandon his theories of pure functionalism (in which incidentally he never really believed) and approach architecture as an artist who, at the same time, has a fundamental mastery of the technique of his art.” According to Lubetkin, the idea of group architectural practice came down to creating a decorum in conversation with others, the outcome of which was education.

In 1939, the journal *Keystone* published an article by R. D. Manning entitled “Groups, A plea for up-to-date organisation in large public offices, for the breaking up of bureaucracy, for improved conditions of service, and for the treatment of responsible assistants as architects.”³⁹ Manning was the first to explicitly discuss the possible alignment between a group system and the public practicing architect. He examined the defects of the factory system and the essential features and benefits of good group working to either public or private architectural practice. In either case, Manning was critical

of the hierarchical nature of the system of principal architects, and he argued that with the subordination of assistants and staff, both employees and employers suffered, and that the work was susceptible to significant lapses of quality. In the “group system,” agency would be distributed between six and ten individuals of varying ability who should work together on all aspects of a project, with the most senior member in charge of specifications and quantities. Direct involvement in all aspects would reduce errors and quality, with competition between groups within an office being an opportunity to raise standards. Salary frameworks would be restructured, and without principals, the differences would be less pronounced. At the top of the group system would be an administrative architect to maintain coherence in the office, and “his function should be definitely co-operative rather than autocratic.” Group practice, wrote Manning, had the potential to make “official employment what it very plainly is not now, a national architectural service which the community would soon learn to value, in which any architect could feel happy and proud to work.” Manning’s concern for the happiness of the official architect—the architect who is employed by the state and serves the community—was premised on a reevaluation of the ideal of group practice. According to Manning, group practice came down to functional relationships between complementary agents, which would prompt competition and reduce errors.

The contrast between Lubetkin and Manning illustrates the contrast between two ideals of group practice; on the one hand, the ideal of critical conversation, and on the other hand, the ideal of functional production. It is perhaps unjust to place these in historical sequence; nevertheless, it is the later sense that seems to be most apparent (and pernicious) in our contemporary practice.

ENDNOTES

- G. Nelson, “Tecton: England,” in *Building a New Europe, Portraits of Modern Architects: Essays by George Nelson* (New Haven, CT: Yale University Press, 2007), 148.
- H.-G. Gadamer, *Truth and Method* (London: Continuum Press, 2006).
- B. Shaw, “On Architecture,” *Shaw 27* (2007): 6-10.
- D. Summers, “Contrapposto: Style and Meaning in Renaissance Art,” *The Art Bulletin* 59, no. 3 (September 1977): 336-361.
- On the notion of contrapposto in architecture, see: C. Rowe, “The Provocative Façade: Frontality and Contrapposto,” reprinted in *As I Was Saying: Recollections and Miscellaneous Essays, Volume Two* (Cambridge, MA: The MIT Press, 1996), 171-203; and C. Rowe, “Neo-‘Classicism’ and Modern Architecture I,” and “...II,” reprinted in *The Mathematics of the Ideal Villa and Other Essays* (Cambridge, MA: The MIT Press, 1976), 119-157.
- Over the course of Tecton’s history, the group also included Andre Boudin, Margaret Church, Mary Cooke, Gordon Cullen, Harry Durrell, Carl Ludwig Franck, Fred Lasserre, Wilfred Mallows, Peter Moro, Paul Pascoe, Gerhard Rosenberg, Michael Sheldrake, Eileen Sparrow, William Tatton-Brown and Florian Vischer, among others.
- Sarah Helen Walford, *Architecture in Tension: An Examination of the Position of the Architect in the Private and Public Sectors*, Ph.D. thesis, University of Warwick, 2009.
- Quoted in Walford, 13.
- Walford, 12.
- The architect in private practice, according to the RIBA, depended on his ability and acumen to garner fees for a commission, which he might accept or decline; but for architects in public practice, the acceptance of a wage, regardless of commission, implied a lack of qualities, and furthermore, a lack of freedom (Walford, 14).
- M. Fry, *Keystone* (December 1936): 112.
- Walford, *Architecture in Tension*, 17.
- Samuel, Dugdale, and Harding each attended Oxford to some extent before entering the AA. Chitty had previously attended Trinity College, Cambridge. Only Drake and Skinner entered the AA in 1927 directly from school.
- P. Coe and M. Reading, *Lubetkin and Tecton: Architecture and Social Commitment* (London: The Arts Council of Great Britain, 1981), 69.
- J. Allan, *Berthold Lubetkin: Architecture and the Tradition of Progress* (London: RIBA Publications, 1992), 111.
- A fact that is noticeably understated in the literature on Tecton is that Samuel had already engaged with several potential clients in London and that he also provided leadership in the financial and administrative matters of the group. See: RIBA Archive SAG/07/06.
- C. Benton, *A Different World: Émigré Architects in Britain: 1928-1958* (London: RIBA Heinz Gallery, 1995). The term ‘émigré’ is adopted here because it connotes individuals who voluntarily migrated as well as those who would be considered ‘exiles’ or ‘refugees’ from their homeland.
- See: RIBA Archive LUB/1/1/4; LUB/26/1; and LUB/1/2.
- The association of Berthold Lubetkin (1901-1990) and Ernő Goldfinger (1902-1987) was certainly closer than is described in the biographies of either architect. The two had known each other since their days as students in Paris in the mid-1920s. Both participated in Auguste Perret’s atelier at the Palais de Bois between 1925 and 1927, and both took classes in town planning at the same time at the École d’Urbanisme at the Sorbonne. They were deeply affected by the Exposition Internationale des Arts Décoratifs, and they frequented the Café du Domé in Montparnasse. In 1925, they were both staying at apartments in the same building at 98 Boulevard Auguste Blanqui, which was owned by Francine Lecoq, the wife of the American architect Paul Nelson (another of Perret’s pupils). Later, the close association of Lubetkin and Goldfinger in England is confirmed by two short periods of correspondences dated to 1934 and 1935. See: RIBA Archive GOLER/495/05; GOLER/256/7; and GOLER/273/2.
- See: RIBA Archive GOLER/491/6. The only scholarly mention of the CIA that I am aware of is in N. Warburton, *Ernő Goldfinger: The Life of an Architect* (London: Routledge, 2004), 41.
- Goldfinger, Pineau, and Sive had all met in the atelier of Léon Jaussely while attending the École des Beaux Arts. Brelet was one of the founding members of the atelier Perret at the Palais de Bois in 1923, which Goldfinger and Sive (both Hungarians) had joined in 1925. The seven original members of the atelier Perret in 1923 were Jean-Jacques Bourdet, Adrien Brelet, André Le Donné, Jacques Guilbert, Michel Luyckx, Oscar Nitzschke, and Théodore Sardal. This second wave of members included Pierre Forrestier, Ernő Goldfinger, Denis Honegger, Paul Nelson, André Sive (Szivessy), and Henri-Louis Trezzini, among others.
- The list of architects that the CIA intended to contact is long and reflects where the group anticipated these architects would eventually be located rather than where they currently were located or in fact did establish their practices; for example, Cornelis Van Eesteren in New York City, and Lubetkin in Moscow. It is not clear how many of these architects were contacted, but Goldfinger drafted a form letter and invitation.
- Not only are these Lubetkin’s earliest recorded thoughts on architecture, but they also provide insight into his perennial interest in the role of education and propaganda in group practice. Translations from French are my own. See: RIBA Archive GOLER/491/6.
- Lubetkin’s migrated to England in 1931, following the conclusion of the USSR Trades Delegation project and the opening of the Exposition Coloniale. At the time, he was living in Paris with Prascovia (Pasha) Schubersky, who was a college friend of Margaret Gardiner, a wealthy patron of the arts and active member of the community of intellectuals in England. Through Schubersky and Gardiner, Lubetkin was introduced to Manya Harari (née Benenson), a Russian-born linguist from London who was familiar with the community of exiled Russians in Paris, and Godfrey Samuel, son of the Deputy Leader of the British Liberal Party (Sir Herbert Samuel, 1st Viscount Samuel), and recent graduate of the Architectural Association (AA). Harari intended to open a publishing house in London and wanted a private home in Hampstead for entertaining. She commissioned Lubetkin and Sigalin to make a proposal. The young architects traveled from Paris to London for the project, where Schubersky, Gardiner, and Samuel introduced them to a community of intellectuals, including Hubert de Cronin Hastings (editor of the *Architectural Review*), Professor Charles Reilly, and Clough Williams-Ellis, who had recently returned from his travels throughout Russia. The project for the house was abandoned by Harari, and Sigalin and Lubetkin found themselves in London without work. Sigalin returned to Warsaw, but Lubetkin chose to stay in London.
- The presentation was attended by Dr. C. L. Katial, who would become Chairman of Finsbury’s Public Health Committee and commission Tecton for the Finsbury Health Centre.

- 26 "Obituary of Philip Ellman, M.D., F.R.C.P.," *British Medical Journal* 1, no. 5185 (May 21, 1960): 1574-5.
- 27 W.R. Powell, ed., *A History of the County Essex* (London: Victoria County History, 1973), 31.
- 28 "Annual Report of the Office of Health" (London: County Borough of East Ham, 1933), 36-37.
- 29 Essex Parish Records D/P 632/1/29. I have not been able to establish the architect or builder of the finally constructed clinic.
- 30 P. Temple, ed., *Survey of London* (New Haven, CT: Yale University Press, 2008), 77; and Allan, *Berthold Lubetkin: Architecture and the Tradition of Progress*, 114.
- 31 Quoted in Allan, 115.
- 32 D. Madison, "Notes on the History of Group Practice," in *Medical Group Management Journal* 37, no. 5 (September/October 1990): 52-54, 56-60, 86-93; and E. Pascarelli, *Hospital Based Ambulatory Care* (Norwalk: Appleton Century Crofts, 1982).
- 33 "Private Clinic System," *British Medical Journal* 1, no. 3156 (June 1921): 939.
- 34 See: "Group Medical Practice: An American Statement," *British Medical Journal* 1, no. 4143 (June 1940): 905; "Correspondence," *British Medical Journal* 2, no. 4209 (September 1941): 41; and "American Analogies," *British Medical Journal* 2, no. 3522 (July 1928): 22.
- 35 "Private Clinic System," 938.
- 36 R. Philip, "President's Address on the Strategic Front of Medicine To-Day," *British Medical Journal* 2, no. 3472 (June 1927): 128.
- 37 "Private Clinic System," 937.
- 38 B. Lubetkin, "Interview," *American Architect and Architecture* (December 1936): 25-26. All quotations in this paragraph are from Lubetkin in this interview.
- 39 R.D. Manning, "Groups, A Plea for Up-to-Date Organisation in Large Public Offices," *Keystone* (March 1939): 3-5. All quotations in this paragraph are from Manning in this publication.