



TUBERCULOSIS IN CINEMATIC NARRATIVES: ARCHITECTURAL SPACES AND SOCIO-SPATIAL CONSTRUCTS

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Abstract

Pulmonary tuberculosis has been prominent in representations of illness in theater and cinema since the beginning of the nineteenth century. Tuberculosis has served as a convenient vehicle for “romantic storytelling,” and the sanatorium as an ideal film set, one whose bucolic setting evokes in the audience a sense of escaping into nature. Focusing on three films—*Una Breve Vacanza* (A Brief Vacation, Vittorio De Sica, 1973), *Učitel Tance* (The Dance Teacher, Jaromil Jireš, 1995), and *Kelebeğin Rüyası* (A Butterfly's Dream, Yılmaz Erdoğan, 2013)—this study explores the medico-social reflections of tuberculosis and those aspects of the disease that make it such a favorite of cinema, including “easy acting,” “romantic storytelling,” and “visual and spatial aesthetics.” The three films examined here utilize sanatorium facilities' venues, spaces, and architecture to create visually appealing and spatially engaging aesthetics. These films, all of which take place in the mid-twentieth century, are selected to include a diverse range of sanatorium venues and different typologies of sanatorium architecture. These films not only convey information about tuberculosis and three different global sanatorium cases but also serve as valuable archival documents that offer insights into the socio-spatiality of the disease in architecture and cinema.

Keywords: Tuberculosis, sanatorium, socio-spatiality of disease, mid-20th century, architecture/space/cinema.

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SİNEMATİK ANLATILARDA TÜBERKÜLOZ: MİMARİ MEKÂNLAR VE SOSYO-MEKÂNSAL İNŞALAR

Öz

Verem, 19. yüzyılın başlarından beri hem tiyatrodan hem de sinemada hastalığın öne çıkan bir temsili olmuştur. Bakteriyolojik çağla birlikte tüberkülozun bulaşıcı bir hastalık olduğu konusunda artan anlayışa rağmen, tiyatro ve sinema öncelikle veremin temsili niteliklerini ve avantajlarını fark etmiş; propaganda ve belgesel filmlerindeki temsiline aksine, dramatik tasvire uygunluğu nedeniyle verem, "romantik hikâye anlatımı" için uygun bir unsur olarak kullanılmıştır. Ayrıca, verem hastalarının iyileşmesi için kurulan başlıca mimari tipolojisi olan sanatoryumlar, aynı zamanda "tatil" hissini uyandıran "doğa içi" özellikleri nedeniyle sıra dışı film setleri olabilmektedir. Dolayısıyla bu çalışma, veremin 20. yüzyılın ortalarındaki sağlık mimarisi üzerindeki mediko-sosyal yansımalarını araştıran ve veremin "kolay oyunculuk", "romantik hikâye anlatımı" ve "görsel ve mekânsal estetik" gibi sinematik faydalarına odaklanan üç filmi incelemektedir. Bu filmler aynı zamanda görsel ve mekânsal açıdan ilgi çekici bir estetik yaratmak için sanatoryum tesislerinin mekânlarından ve mimarisinden de yararlanmaktadır. Filmler kronolojik olarak, sanatoryum komplekslerinden çeşitli mekanlar sunacak ve farklı sanatoryum mimarisi ve kür terası/yapısı tipolojilerini de temsil edecek biçimde, dahası aynı döneme, yani 20. yüzyıl ortasında geçmesine dikkat edilerek, *Una Breve Vacanza (Kısa Bir Tatil, Vittorio De Sica, 1973)*, *Učitel Tance (Dans Öğretmeni, Jaromil Jireš, 1995)* ve *Kelebeğin Rüyası (Yılmaz Erdoğan, 2013)* olarak seçilmiştir. Bu çalışma, filmlerin sadece hastalığın ve iyileşme mekânlarının doğası hakkında bilgi vermekle kalmamakta; aynı zamanda üç farklı küresel sanatoryum örneğiyle, sinemanın mekânı ve mimariyi belgeleyerek ve hastalığın sosyo-mekânsal yansımalarını da sunarak değerli arşiv belgesi olduğunu kanıtlamaktadır.

Anahtar Sözcükler: Tüberküloz, sanatoryum, hastalık ve sosyo-mekânsallık, 20.yüzyıl ortası, mimarlık/mekân/sinema.

1. Introduction

1.1. Tuberculosis as a Social Disease

Known as the “white plague” and/or “consumption,” tuberculosis (TB) is a social disease that causes mass fear and stigma among populations (Bates, 1992; Bryder, 1988; Sontag, 1978; Tomes, 1998). Tuberculosis is caused by an agent, *tubercle bacillus*, discovered by Robert Koch in 1882.¹ The indicative symptoms of the advanced pulmonary tuberculosis are persistent coughs, breathing difficulties, expectorating with blood, a gradual deterioration in strength, and a pale complexion (Carr, 2023, pp. 30–42).

The diagnosis of the disease was improved with tuberculin tests and chest X-rays in the early twentieth century. Bacillus-based preventative vaccines were the triumphs of the age of bacteriology. *M. bovis* vaccine discovered by Albert Calmette and Camille Guerin, namely *Bacille-Calmette-Guerin* (BCG), was the most successful with a worldwide application (Hays, 2009, p. 175). However, it did not have a major impact before the 1920s and only locally thereafter. The most significant medical impact was the discovery of antibiotics, namely *Streptomycin* by Salman Waksman in 1943 that was distributed in the years following the Second World War. However, before antibiotics, methods of convalescence were hygienic-therapeutic-dietetic-educational² treatment which utilized architecture as a healing machine. The conditions to treat tuberculosis – hygiene, balanced diet, and fresh air – could easily be established in an anti-urban setting. As explained by Hays (1998, p. 166, 169-170), the Victorians disliked industrialization in general and had a strong desire (particularly in Great Britain) to return to the simpler preindustrial lifestyle, thus the sanatoria appealed to the nineteenth century anti-urban and anti-industrial attitudes against city dirt, alcoholism, and disease. These negative factors ignited a strong belief in the benefits of sunlight and fresh air. Thus, the sanatoria movement began from the late nineteenth

¹ Twentieth-century microbiologists identified two organisms which cause tuberculosis: *Mycobacterium tuberculosis* or *Mycobacterium bovis* (Hays, 2009): Airborne particles are responsible for the respiratory transmission of the former, whereas the latter is mostly transmitted to domestic animals and ultimately to people through the ingestion of raw food. Although *Mycobacterium tuberculosis* infects other regions of the body, the most common type is pulmonary tuberculosis.

² Not all patients were cured in these facilities, the primary objective was to educate patients on how to cope with and combat the disease by implementing the regimen they acquired in these facilities within their own homes.

century onwards and the sanatorium complexes became "anti-urban" and/or "within-nature" treatment resorts. Sanatoria also became useful for the isolation of the sick from the healthy. Patients stayed in these institutions for certain periods (4-7 months) to improve their immune systems.

Sanatoria incorporated a societal approach to treatment (Carr, 2023, p. 36) and offered a humane place for the stigmatized patients, provided them with "the most intimate scale of human touch and spirit" (Cartwright, 2023, p. 63). The main goal was to provide isolation from the healthy population and more to improve the living standards of the patients with the prescription of nature (fresh air, sunlight, forests), rest and a healthy diet. It was believed that air quality and sunlight not only offered treatment to the tuberculosis sufferers but also strengthened healthy bodies and acted as preventive agents.

In 1854, Herman Brehmer established the first sanatorium in Görbersdorf, Silesia (Daniel, 2011). The subsequent sanatoria to treat tuberculosis was modeled on this facility.³ By the mid-nineteenth century, Davos with its fresh mountain air was especially known for its aristocratic consumptives who could afford expensive resorts (Hays, 2009, pp. 169–170).⁴ However, the ideal sanatoria architecture was soon to be defined with modernism and functionalist design.⁵ While the world advanced from conventional to technology, architects discovered that sanatorium architecture was an excellent venue to test new concepts (Del Curto, 2013, p. 140). Consequently, to optimize the amount of sunlight and fresh air, a new architectural typology characterized by expansive openings, balconies, and roof terraces for sunbathing, emerged (Colomina, 2019; Edgar, 2022; Overy, 2007).

New technologies providing functionalism were embraced and architecture was "internalized." Reinforced concrete with columnar supports freed the structure to establish large spaces and glass curtain walls. Buildings were designed with uninterrupted and wide windows,

³ High altitudes were believed to offer easy recuperation, however, not all sanatoria were at high elevations (Cartwright, 2023, p. 57).

⁴ In some facilities, this was established with cottage-plan sanatoria complexes where each single-detached-cottage were equipped with porches (Adams & Burke, 2006; Carr, 2023, pp. 36–38).

⁵ The sanatorium architecture ignited and coincided with the Modern Movement in architecture (Campbell, 2005; Colomina, 2019; Overy, 2007).

equipped with transoms to regulate stagnant air. Rather than hard-to-clean heavily ornamented surfaces which kept dirt and disease, smooth white plaster walls defined the new architecture (Cartwright, 2023, p. 58).⁶ Davide Del Curto (2013), describes sanatorium architecture as “global” [global+local], with its transitional character from historicism to functionalism, and divides the typology into three: (1) sanatoriums as emblems of Modern Movement architecture, (2) regular sanatoriums, and (3) sanatorium cities (Del Curto, 2013, p. 141).⁷

Meanwhile, governments across the globe, initiated propaganda to disseminate the hygienic way of living and avoiding tuberculosis. This hygiene propaganda was established via mass media and traveling health teams and exhibitions.⁸

1.2. Cinematic Narrative, Architectural Space, Sanatoria and Tuberculosis

The films about tuberculosis may have begun as part of health propaganda and as a pedagogical tool to disseminate principles of hygiene.⁹ Some examples to propaganda films in USA are *Hope* (1912) and *Temple of Moloch* (1914) prepared by Thomas Alva Edison for the *National Association for the Study and Prevention of Tuberculosis (the Lung Association)* (Pernick, 1978).¹⁰ In the form of melodramas, these were shown in commercial the-

⁶ In addition to architectural solutions, surgical methods were invented. One of the surgical methods was the “lung collapse method” invented by Italian surgeon Carlo Borlanini in the 1880s (Hays, 2009, p. 156). The method is to inject air between the lung and the chest wall to “collapse” the lung, so the lung would be put to rest (Adams & Schwartzman, 2005). The removal of lung lobes or the entire lung or the rib were other surgery methods.

⁷ Zonnestraal and Paimio sanatoriums falls into the first category, and are considered as hallmarks of tuberculosis architecture, functionalism and modernism (Cartwright, 2023, pp. 59–60, 62). In addition to preventive and bacteriological treatment, due to the surgical and chemotherapeutic developments in healthcare, variety of tuberculosis treatment facilities evolved in time. Sanatoria remained one category among these and due to a variety of typologies across globe.

⁸ For instance, the “living newspaper” was a popular form of propaganda in the early Soviet Republic. It turned news into a theater show. Tuberculosis and health propaganda soon became part of these performances. For more information see. (Polianski & Kosenko, 2021).

⁹ The word propaganda had positive connotations before the Second World War. It did not mean manipulation and the producers proudly labeled their films as “health propaganda” (Pernick, 1978, pp. 23–24).

¹⁰ In *Hope* (1912), a tuberculosis sufferer from a village patient is advised to go

aters, army camps, schools, churches, and urban slums. However, these films often disdained the proletariat and they fell short of promoting the improvement of housing or working conditions by the employer and/or the government, but rather focused on lifestyle changes (Pernick, 1978, pp. 25–26).

There was another side to filming tuberculosis than health propaganda: It was tied to the human psyche and was correlated with the “sensitivity of the soul” and the “romantic sensibilities” (Hays, 2009, pp. 155, 161).¹¹ In the twentieth century, pulmonary tuberculosis became one of the most famous film illnesses as it was for the theater in the previous millennia (Day, 2017).¹² Filmmakers needed medical specializations that can generate suspense, and infectious illnesses seem to offer thriving grounds.¹³

The disease and the process of chronic suffering is also considered as aesthetically pleasing to the eye (Day, 2017, p. 2). The symptoms of tuberculosis could be imitated through visual and audial representations, especially persistent coughs, and bloodstained handkerchiefs. These recalled emotional sensitivity, a deep family history or an indication of social class (Barker, 2022, pp. 1–2). The actors could symptomize the characters’ emotions by mimicking the experience of a tuberculosis sufferer, such as coughing, gasping for breath, or spitting blood, without having to express any emotion. It was “easy acting” (Barker, 2022, p. 14).

The film industry also embraced the sanatorium setting as a film

to the *Belleuve* Hospital in New York. Saddened, the father builds a healthcare facility in the village for his daughter. *Temple of Moloch* (1914) tells a story of a doctor’s attempt to educate a poor family in the urban slums (Pernick, 1978, p. 23).

¹¹ For more information about the intersection of tuberculosis, architecture, emotions and senses, see (Degirmencioglu & Avcı Hosanlı, 2023).

¹² Gourgoulianni (2019) lists these films: *Drunken Angel* (1948), *Heavenly Creatures* (1994), *The Butterfly’s Dream* (2013), *The Immigrant* (2013). One of the most important films which depict tuberculosis is King Vidor’s *The Citadel* (1938–39). In the film, the doctor with “medical principles” who goes to a mining town to treat tuberculosis patients is seduced by “wealthy London hypochondriacs” (Han & Curtis, 2021, pp. 10–11). Another one of the earlier examples of tuberculosis is Maurice Cloche’s 1949 film *Docteur Laennec*, in which the doctor attempts to develop examination techniques to fight tuberculosis (Pappas et al., 2023, p. 940).

¹³ The apparent replication of real life often masks the fact that a film is a result of deliberate creation and most often the viewers think what they see is unaltered (Kaplan, 1983, p. 13).

set.¹⁴ The sanatorium facilities created a visually stimulating environment. Characterized by their physical disconnection from cities, the sanatoria evoked a feeling of being on a voyage due to their scenic locations by the sea or mountains or amid lush forests, offering uninterrupted vistas of nature. In addition, the sanatoria possessed an aesthetically pleasing quality characterized by their elongated rectangular shapes, harmonious arrangement of spaces and connections, uninterrupted and seamless circulation, expansive glass windows that offer panoramic views, and incorporation of local architectural styles and socio-cultural influences, resulting in distinctive architectural products.

1.3. Methodology: Three Films, Three Portrayals of Tuberculosis and Three Sanatoria

Illness and architecture are both socio-cultural products. The space is socially produced and illness is socially interpreted. This study focuses on how tuberculosis was socially reinterpreted in its twentieth century cinematic representation and how the venues of tuberculosis were utilized as film sets.

This study further analyzes how the spatial representation of tuberculosis points to the socio-cultural and socio-political problems in the mid-twentieth century. The films demonstrate "social" groups in despair, most often the proletariat while also falling under the cliché portrayals: The uttermost sufferers of tuberculosis are portrayed as either women and men (*elegant and beautiful*) or artists (*not only physical but spiritual sufferers*). The relation of this to architecture, space and cinema demonstrates another reality: The relationship of underrepresented groups in modernity.

This study analyzes three different films which portray tuberculosis and the architectural space of convalescence. The earliest production dates to 1973, to an Italian film titled *Una Breve Vacanza* (*A Brief Vacation*) and is directed by Vittorio De Sica (De Sica, 1973). The second dates to 1995, to a Czech film titled *Učitel Tance* (*The Dance Teacher*) directed by Jaromil Jireš (Jireš, 1995). The third film is a Turkish film titled *Kelebeğin Rüyası* (*A Butterfly's Dream*) directed by Yılmaz Erdoğan in 2013 (Erdoğan,

¹⁴ Paolo Sorrentino filmed *La Giovinezza* (*Youth*) at Schatzalp. The film premiered at the 2015 Cannes Film Festival, portraying the sanatorium as an attractive destination (Del Curto, 2013, p. 146).

2013; Halidi et al., 2019).¹⁵

All three films approach tuberculosis as a socio-cultural and socio-political issue. *Una Breve Vacanza* and *Kelebeğin Rüyası* portray tuberculosis as the disease of the proletariat, whereas *Uçitel Tance* incorporates criticism to the sanatoria life with similar connotations. However, all three provide clues about the medico-social take on tuberculosis and the sanatoria built in different parts of the world. The films thus become important archives in the documentation of these historic, architectural, and medico-social heritage sites. *Una Breve Vacanza* includes the sanatorium region at northern Italy called Sondalo and the venues of *Eugenio Morelli Hospital*, one of the biggest sanatoria in Europe (Figure 1).¹⁶ *Uçitel Tance* on the other hand utilizes the venues of *Šimsovo Sanatorium* in Dolní Krč, a city, which is a couple of miles away from Prague (Figure 2). *Kelebeğin Rüyası* covers the first state sanatorium, *Heybeliada Sanatorium*, in Turkey, in one of Istanbul's Princes' Islands, called *Heybeli Island* (Figure 3).¹⁷

The selection of the three films was based on several criteria: (1) the inclusion of a diverse range of venues, both public and private, within the sanatoria complexes, (2) the provision of distinct examples that illustrate the architectural typology of these complexes, and (3) the inclusion of diverse examples that illustrate the architectural typology of the cure terraces, and (4) the portrayal of the same era to ensure a consistent comparison.

According to the first criterion, all the cases provide a comprehensive portrayal of various venues of sanatoria complexes including open-air spaces such as courtyards, ancillary cure terrace structures, and

¹⁵ The films *Una Breve Vacanza* and *Kelebeğin Rüyası* were assessed with the English subtitles, however, the English subtitles of *Uçitel Tance* could not be found, the dialogues and narrations were thus digitally deciphered as text and translation tools were used.

¹⁶ In the Alps of the Northern Italy, Sondalo, the biggest sanatorium in Europe was built in the 1930s. It became to be known as the "Sanatorium Village" (Sandell, 2008).

¹⁷ For more information about the Heybeliada Sanatorium, see (Avcı-Hosanlı & Degirmencioglu, 2024) the first block-style building in Heybeliada Sanatorium in Istanbul. The purpose of this research is to understand its architectural and spatial development and discuss how in fact it was a "prototype" of Turkish sanatoria. Approached with a three-step methodology (documentation/evaluation/results; for more information about sanatorium architecture in Turkey, see (Avcı Hosanlı et al., 2022).

gardens, as well as the inclusion of dining halls for dietetic treatment and entertainment venues, which aimed at enhancing the patients' morale.

As the second criterion indicates, these films were selected since they demonstrated different types of sanatoria as defined in the previous section (Del Curto, 2013, p. 141): (1) sanatoriums as emblems of Modern Movement architecture (*Kelebeğin Rüyası*), (2) regular sanatoriums (*Uçitel Tance*), and (3) sanatorium cities/villages (*Una Breve Vacanza*). These are also examples from different geographies in Europe and Anatolia, one seaside sanatorium (*Kelebeğin Rüyası*), one mountain sanatorium (*Una Breve Vacanza*) and another as a secluded complex encapsulated by nature despite the urban context (*Uçitel Tance*). Additionally, according to the third criterion, each film provides an example of the architectural typology of the cure structures and/or appendices, which constitute the paramount element of the sanatoria architecture.

Furthermore, as indicated in the fourth criterion, although the three movies were filmed at different decades, they all depict tuberculosis and the treatment of sanatoria of the same era, i.e. mid-twentieth century, which spans from 1945-1965. *Kelebeğin Rüyası* is set in the early 1940s, *Uçitel Tance* is set in the late 1940s, and *Una Breve Vacanza* is set in the early 1960s.



Figure 1: Sondalo Sanatorium Village. (*Una Breve Vacanza*, De Sica, 1973)



Figure 2: Šimsovo Sanatorium. (*Učitel Tance*, Jireš, 1995)



Figure 3: Heybeliada Sanatorium. (*Kelebeğin Rüyası*, Erdoğan, 2013).

The film *Una Breve Vacanza* (1973) is overall a criticism reflecting the problems of the proletariat in the 1960's Italy. Clara (portrayed by Florinda Bolka) supports her impoverished and overcrowded family in Milan. A factory-worker, she assumes responsibility for her three children, husband, mother-in-law, and brother-in-law, all unemployed. She lives and operates in unhygienic circumstances, enduring long hours of labor, all of which are recognized as the socio-political factors contributing to tuberculosis. During one of her shifts, Clara, with feverish symptoms, falls ill and is sent for medical examination to the National Health Service.

The film *Učitel Tance* (1995) starts with the patient's – i.e. dancer Richard Majer's (portrayed by Martin Dejdar) – arrival at the Šimsovo Sanatorium. He has a sanguine perspective and tries to disseminate this positivity to other patients. The storyline oscillates between the hospital staff's endeavor to shape the disciple, particularly the head nurse (portrayed by Jana Hlaváčová), and the sporadic instances of rule-breaking instigated by Richard.

Similarly, like *Una Breve Vacanza*, the film *Kelebeğin Rüyası* (2013)

portrays the impoverished working and living circumstances of Zonguldak, a mining city in Turkey. The film centers on two aspiring writers, Rüştü Onur (portrayed by Mert Fırat) and Muzaffer Tayyip Uslu (portrayed by Kıvanç Tatlıtuğ), who work as inspectors in the mines. Behçet Necatigil (portrayed by Yılmaz Erdoğan), a renowned writer and their mentor, encourages them to pursue their literary endeavors and to take care of their health. Nevertheless, Rüştü's health deteriorates, and he is sent to the Heybeliada (Heybeli Island) Sanatorium. Here Rüştü meets his future wife Mediha Onur (portrayed by Farah Zeynep Abdullah). Meanwhile, Muzaffer is attracted to Suzan Özsoy (portrayed by Belçim Bilgin), daughter of a businessman in Zonguldak.

Taking on these three films, this article analyzes the representation of socio-spatial layers of tuberculosis under two sections. The initial section, "Socio-Spatial Layers of Sanatoria Life as Portrayed in Cinema," examines the utilization of architectural space within sanatorium facilities, as outlined and coded in the universal sanatoria regime and its design principles (section 2). The subsequent section, "Medico-Social Layers of Sanatoria Life as Portrayed in Cinema," investigates the inadvertent use and unexpected perception of the venues by their users, which reshapes the spatiality in medico-social terms (section 3).

The first part analyzes the living, working and convalescing conditions of the proletariat and demonstrates how the hygienic and dietetic sanatorium regime is depicted as an upgrade for them. This part focuses more on the spatial realities and their connotations as depicted in films. The conditions that precede the disease are discussed (2.1), followed by the journey to the facilities described as *voyage* (2.2). Arriving at and settling in, serves as an introduction to the hygienic-therapeutic-dietetic-educational regime (2.3 and 2.4), followed by the medical examination and curative processes (2.5 and 2.6), and this portrayal of the daily routine is finalized in the entertainment spaces (2.7).

The second part focuses more on the patients' perceptions resulting in clichés of tuberculosis and sanatoria life in cinema. It examines the users' experiences and decisions that have a significant influence on the conceptualization and reconfiguration of space, encompassing various settings. A certain behavior and/or a social act, for instance, "a visit" (3.1), is performed and perceived as an "invasion of the private space"; "unexpected death" (3.2), results in a "vacated room" and the despair of a friend; and "being left behind" (3.3) results in "isolation in vast venues";

and finally “unvoluntary leave” (3.4) causes “reluctant” behaviors when “abandoning of the amenities.” These examples reveal how certain social behaviors and situations can directly change the use of spaces, resulting in a noticeable transformation in the perception of spatiality.

This study examines both the architectural spaces depicted on camera set as *mise-en-scène* and the cinematographic techniques employed to emphasize the narrative and the perception of the architectural space, only when aligned with the main argument of the re/presentation of socio-spatial and medico-social layers of tuberculosis in sanatoria.

2. Socio-Spatial Layers of Sanatoria Life as Portrayed in Cinema

This section examines the use of architectural space in sanatorium facilities along the lines of the specified universal sanatorium design and institutional healthcare program which accordingly expect a coded user experience within the socio-spatiality defined and traced. This part looks at the architectural space of tuberculosis in its socio-spatial layers under 7 subsections: “Domestic Layers,” “Getting Off-the-grid,” “The Arrival,” “Settling in,” “The Transparency in/of the Doctor’s Office,” “Architectural Aesthetics of ‘Extending’” and “Halls of the [Sanatorium] Community.”

2.1. Domestic Layers

It is often argued social circumstances determine the spread of tuberculosis and its morbidity. Tuberculosis is a societal and poverty-related illness, hence over 95% of cases occur in underdeveloped countries (Brandt, 1903; Carr, 2023, pp. 30–42; Polianski & Kosenko, 2021). Tuberculosis was accepted as the “disease of the proletariat” which killed “the victims of exploitative capitalism.”¹⁸ The environmental conditions which trigger the spread of the disease are associated with dust, dampness, and poor ventilation. The laborers of the industrial world, the proletariat, in addition to being undernourished, lived in dense, unsanitary, and populated neighborhoods. Furthermore, tuberculosis affected people at the height of their strength and productivity, just when they could pay back to the society and look after their dependent families (Brandt, 1903, p. 66), i.e. young men and women in their 20s-30s, who were considered critical for industrialism (Cartwright, 2023, p. 57).

The cinematic sequences vividly depict the enduring correlation

¹⁸ For more information see.(Chalke, 1962, pp. 301–318); referenced in (Polianski & Kosenko, 2021).

between tuberculosis and the living and working circumstances of the proletariat in *Una Breve Vacanza*. Initially, the audience is shown Clara's chaotic living conditions. The domestic environment exemplifies the somber, dusty, and poorly ventilated interiors that are often linked to tuberculosis. The windowless and poorly ventilated bathroom is dark and suffocating (Figure 4). The kitchen is congested and unsanitary. A problematic generalization prevalent in the twentieth century is depicted, insinuating that if a mother or wife is incapable of handling domestic duties, there would be no other person to fulfill such obligations.

Clara's emotional deterioration is captured on camera in a confined bathroom, which serves as a reflection of the domestic environment. The stage is set up in a way that ensures the presence of darkness, with no visible windows for fresh air. The absence of music is replaced solely by the sound of a ticking clock, which is then followed by Clara's fervent and desperate recital to her family. The camera in the bathroom exposes unsanitary conditions, such as a malfunctioning hot water infrastructure and dirt caused by dampness. The frame has a single light source, a rudimentary light bulb suspended from the ceiling, installed as an afterthought.



Figure 4: Bathroom space of Clara's house. (*Una Breve Vacanza*, De Sica, 1973)

Clara's distress continues as she must endure a nearly one-hour commute each day, a lengthy round trip, between the factory and her residence. Clara tirelessly works at the factory, amidst congested, poorly ventilated, and unclean surroundings, surrounded by massive equipment powered by coal, resulting in toxic fumes. At this point, she begins to experience a decline in her health.

Kelebeğin Rüyası explicitly begins with the declaration outlined in Labor Obligation Law (Turkey, 1940): "... Male citizens aged 15-16 in all

villages of Zonguldak province are obliged to work in mines..." There is an implicit suggestion that tuberculosis is prevalent among the miners in *Kelebeğin Rüyası*, and the city of Zonguldak is experiencing a high prevalence of tuberculosis. There is also a criticism for the ignorance of the upper-middle social classes when Suzan, the daughter of a wealthy family, proposes a so-called adventure to Muzaffer, suggesting that they enter the mines disguised as miners, only to confront the stark reality (Figure 5). The frame provides a parallel and simultaneous view of the miners crossing the bridge to the mine, meanwhile Muzaffer and Suzan prepare for their role as miners under the bridge. The montaged shots provide information about the daily routine and difficult conditions in the mines. From the rails to the elevator down, the viewers' anxiety rises as they witness the catastrophic working conditions, as evidenced by the montage's blackouts accompanied by tense and sorrowful music.



Figure 5: At the mines. (*Kelebeğin Rüyası*, Erdoğan, 2013).

Regarding domestic settings, once again the viewer sees the residences of poor households in *Kelebeğin Rüyası*, neglected, unsanitary and without proper ventilation when Muzaffer's tuberculosis advances (Figure 6). The scene begins with a close-up of Muzaffer in bed (after his experience in the mines), expectorating blood in an old house room, symbolizing the proletarians' living conditions. The camera then zooms out to the threshold between the room and the sofa (the main circulation and living room in traditional Anatolian housing), where the father and the mentor Behçet Necatigil look in to see the mother nurturing Muzaffer.

The frame within a frame shot reveals each character's internal conflict.



Figure 6: Muzaffer's room and house in Zonguldak. (*Kelebeğin Rüyası*, Erdoğan, 2013).

The viewer is also shown the house of Rüştü and his spouse, Mediha. After their marriage, the couple relocates from the sanatorium to Mediha's parents' house due to the lack of financial means to have their own. As a result, the house of Mediha's father has become congested, leading to limited space, unhygienic infrastructural conditions (such as the toilet and kitchen), and a decrease in the nutritious food for the growing family. Rüştü is also obliged to labor for his father-in-law under these circumstances.

Both films emphasize the living conditions of the working class as the main determinant of the high occurrence of tuberculosis. This demonstrates the correlation between the socio-economic status, the demanding working and unhygienic living conditions correlated with the disease.



Figure 7: A rebellion lead by Cuneo Sanatorium. "Vogliamo salario intero duranta la malattia" ["We want full wages during illness"]. (*Una Breve Vacanza*, De Sica, 1973)

The film *Una Breve Vacanza* further depicts another significant socio-political issue. The working-class patients who were admitted to the sanatoria by the National Health funds were not receiving their salaries during their stay. Patients, who are often the sole source of income for their families, initiate a rebellion, asserting that "Our illness is a consequence of societal factors" and demanding "full salary during our sickness" (Figure 7).



Figure 8. Joining the rebellion. (*Una Breve Vacanza*, De Sica, 1973).

From an aerial perspective, the “strike” scenes begin with the women reclining on the expansive cure terrace, interrupted by voices from beneath them: “Strike, strike, hunger strike!” As the camera captures the rebellious group, the women rush to the balcony railing to observe what is happening below. The camera then shifts its focus to Clara, who reflects on the significance of the situation. The scene then jumps to the interior of the structure, using the entrance doors as a supplementary frame to reveal the building’s staircases (characterized by their hygienic, surgical, and tubular nature, serving as a paradigm of modern architecture), as the female patients rush down to join the rebellion (Figure 8). Men and women position themselves on opposite sides of the threshold, exterior and interior respectively (Figure 8), emphasizing the importance of gender separation within the sanatorium complex.

2.2. Getting Off-the-grid

Clara (*Una Breve Vacanza*) undergoes an official medical examination at the Italian National Healthcare. Her X-rays are analyzed by the doctor, and he illustrates the necessary course of therapy and uncertainty over

its precise length. The doctor shows on the map of Italy, the specific location where Clara would travel: the Sondalo, Vattelina region in the mountainous area known as the Sanatorium region of Italy (*Sanatori D'Italia*): "I'm sending you to the mountains. There you'll lay back and think only of yourself. *A little vacation*."¹⁹ In two months, you'll be cured."

Rüştü's (*Kelebeğin Rüyası*) deterioration happens at a fast pace, leading to his hospitalization. Behçet Necatigil arranges a spot for Rüştü at the Heybeliada Sanatorium – an unattainable endeavor established – where many individuals are queued up to get in. To illustrate Rüştü's departure, the visual narration is divided into various scenes, accompanied by rain and a melancholic yet optimistic music: Rüştü is transported from his house in a stroller to a horse-drawn cart, which transports him to the port, while a new scene depicts a panoramic view of his village, implying several meanings: abandonment of home, embarking on a journey, and the impoverished nature of the village that caused the illness. The scene of Rüştü bidding farewell connotes going towards a cruise ship from Zonguldak to Istanbul, as if on a vacation (Figure 9).



Figure 9: Rüştü as a voyager. (*Kelebeğin Rüyası*, Erdoğan, 2013).

A prevalent motif in tuberculosis literature and portrayal is the renunciation of real life and the sensation of embarking on a journey. As Clara (*Una Breve Vacanza*) departs on a train bound for the sanatorium area of Italy, the audience gets an insight into the lengthy voyage. Another motif is the comparison of the "highlands" and the "lowlands", a topic extensively explored in Thomas Mann's novel, *The Magic Mountain* (Mann, 1971). Likewise, a camera captures footage of a train in motion, and subsequently, gradually focuses on Clara's compartment and transitions to its interior, Clara's tubercular companions on the train, i.e. voyagers, bid farewell to the "flatlands" (Figure 10). The camera captures the landscape from their vantage point on the fast-moving train, revealing

¹⁹ Italics by the author.

the rapidly receding flatlands. To convey Clara's emotional response to this farewell, the camera gradually descends from her face to her hand, tightly holding her luggage, exemplifying the voyager allusion, as well as the man's statement, "We are far from the world, alone and happy."



Figure 10: Goodbye flatlands! (*Una Breve Vacanza*, De Sica, 1973)

2.3. The Arrival

In *Una Breve Vacanza*, patients are welcomed as acquaintances and guests due to their recurring visits and extended stays: An occurrence of check-ins and check-outs resembling the experience of spending summer holidays at a familiar hotel. One medico-social issue of sanatorium treatment is the gender separation: the men and women are segregated and transported to separate structures located at a considerable distance from one another in the complex. The reason of this segregation is to hinder romantic involvements that may cause disorder in the sanatoria institutions as well as excitement for the patients which would affect the healing process.

Upon arrival in Sondalo, the sanatorium "village" is effectively communicated by a camera that continuously monitors the bus transporting patients from the train station to their accommodations. The spectators observe the separation of men and women into separate buses, the arrival of the bus in front of the designated area for women, and the women's hasty entry into the reception area.

Another medico-social issue of the sanatorium institutions is *class*. Arriving in the reception hall, the patients are further categorized based on their payment status, namely whether they are "paying" or "non-paying/National Health" patients, and they are shown to different types of rooms, i.e. simple or luxurious. In response to the inquiry "paying or

National Health." A patient replies as "paying, thank God" to this inquiry, hinting at the "service" level of the unpaid section, nevertheless, it soon becomes apparent to the viewer that the state pavilions are remarkably opulent, cozy, and hygienic, particularly when compared to Clara's domestic and working conditions.

The take on arrival in *Učitel Tance* is somewhat different. Richard directly encounters death (*foreshadowing his inevitable end?*), as the caretaker of the institution transports a lifeless patient on a stretcher (Figure 11). The scene progresses to the reception hall, with an expansive shot of the interior surroundings, encompassing subliminal implications: entering the sanatorium signifies entering a new life/world. During check-in, the head nurse greets Richard – apparently a frequent patient – with a lecture, which gives the audience an insight into the Czech sanatorium's regime:

Patients frequently return to this facility unless they approach their treatment with seriousness; this is already your third round of treatment. I highly emphasize the need to refrain from experiencing heightened emotions during your tenure at our establishment. Smoking and drinking are prohibited. Additionally, yelling, boisterous laughing, and any interaction with individuals of the opposite gender are prohibited. [...]



Figure 11: Encountering death upon arrival. (*Učitel Tance*, Jireš, 1995)

Fellow tuberculosis sufferers Rüştü and Muzaffer (*Kelebeğin Rüyası*) could not be admitted to the sanatorium at the same time due to the long waiting lists. Rüştü writes a letter to his friend Muzaffer from the sanatorium, offering clues of the daily routine in the Turkish sanatorium: "Everything is well, meds, therapy, everything. Apparently, consuming three meals every day enhances one's overall health."

Meanwhile, Muzaffer with a deteriorated condition is escorted by Behçet Necatigil to the sanatorium without a formal acceptance. Following a panoramic aerial view of the island and the building,²⁰ the viewers are caught up with Muzaffer and Behçet. The audience is acquainted with the administrative structure of the Heybeliada Sanatorium upon Muzaffer's arrival. At the sanatorium's gate, the gatekeeper denies them entry and a visit due to the rules of the sanatorium to accept guests only on Sundays. On their way back, crestfallen, they see the head doctor's²¹ carriage and implore him to admit Muzaffer to the institution to which the physician responds by providing a lesson on patriotism (Figure 12).

- The doctor: [...] many of the nation's citizens are sick like you, and they are all in line; would it not be unfair to them if we took you now?
- Behçet Necatigil: We have been waiting in line for years, sir.
- Okay, but would it not be unjust to take someone else replacing you?
- You are correct, sir; however, this child is an excellent poet. If one of the citizens of the nation writes greater poetry than his, I believe you should accept them; it would be fair to everyone. [...]



Figure 12: Encounter with the head doctor. (*Kelebeğin Rüyası*, Erdoğan, 2013).

Upon listening to the poetry, the head doctor admits Muzaffer to the sanatorium and Behçet Necatigil takes his leave with the sanatorium's motto: "No hugs!"

²⁰ There are some architectural mistakes in the 3d representation of the location of the building on the island and the appearance of the blocks. For a comprehensive analysis of the Heybeliada Sanatorium, see. (Avcı-Hosanli & Degirmencioglu, 2024).

²¹ Probably the portrayal of Prof. Dr. Tevfik İsmail Gökçe, who was the head doctor of the institution from 1923-1950s. See. (Gökçe, 1957).

2.4. Settling in

The bedroom scenes in the films evoke a feeling of tranquility via *mise-en-scènes* that signify a state of rest. Within sanatoria, the rooms serve as temporary residences for patients, offering amenities of privacy, comfort, and cleanliness compared to their daily lives as demonstrated in the film *Una Breve Vacanza*. The nurse acquaints Clara with the room and the regimen, inclusive of a fixed schedule of waking up, mealtimes and the designed bedtime with lights off. The nurse explains the routine to monitor the patients' condition by regular recording of temperatures and documenting any unusual occurrences. Her speech is enough to hook Clara to the regime:

This is your Kingdom. You are in charge here. So far you are lucky, you are alone [in the room]. Now unpack and get some rest. Later we will bring you whatever you would like for dinner. Just let us know any special requests. [...]

[...] Always record your temperature. Keep it under your tongue for 5 minutes. Tomorrow, you join the community life with others. Once a week you can go wherever you want. [...] Lights out at 9:00 PM. The director forgives everything but lost sleep.

The cameras set to *mise-en-scène* in the room and its bathroom effectively encompass the entirety of these spaces, allowing for the tracking of the nurse and Clara's movements. Left alone in the room, Clara's happiness is evident as she carefully observes her surroundings, assesses the softness of the mattress, and ensures the functionality of the lamp (Figure 13). She inspects the minimalist hygienic furniture in the room – often prevalent in all twentieth century sanatoria – opens the curtains, and she is ecstatic by the cleanliness and comfort of the space (*a striking contrast to her domestic living conditions*). She has great enthusiasm when she enters the exclusive bathroom located inside the room (Figure 14). She has her first nutritious and abundant supper in her *castle* – though a state paid room – in stark contrast to her usual routine (Figure 13 and 14).



Figure 13. Clara's room. (*Una Breve Vacanza*, De Sica, 1973)



Figure 14: The bathroom space in the room. (*Una Breve Vacanza*, De Sica, 1973). Clara dining privately. (*Una Breve Vacanza*, De Sica, 1973)

Even though the room appears luxurious to Clara, the rooms for paying patients are even more opulent. Clara's friend Gina's (portrayed by Teresa Gimpera) room resembles a hotel rather than a hospital with an additional and extensive dressing room, a sofa unit, coffee table, and dressing table (Figure 15).



Figure 15: A paying patient's room. (*Una Breve Vacanza*, De Sica, 1973)

Richard stays with his 8 other fellow patients in *Učitel Tance*. As Richard enters through the door, the audience gets to see the room simultaneously through his eyes: A large room with white steel tubular beds set in rows, with a messiness around each patient's bed as an indication of personalization of space (Figure 16). The camera rotates and retracts

its focus towards, while the background gradually blurs, thereby illustrating his dissatisfaction with his roommates. The fittings and furnishings are revealed by a second camera positioned in the opposite direction. The room is equipped with a built-in sink, steel tubular beds featuring easily cleanable surfaces, two wardrobes, a wooden table adorned with a white tablecloth and four white tubular steel chairs. The camera is positioned on Richard at the center of this frame, putting down his valise, as he proceeds to acquaint himself with the others. Unlike Clara's room, Richard's does not have a private bathroom, but there is a separate public restroom per floor.



Figure 16: The patients' ward. (*Učitel Tance*, Jireš, 1995)

The patients exhibit various archetypes: a patient who adheres strictly to the rules, a melancholic patient who displays apathy, an elderly patient who obsessively attends to their own well-being, another patient who is consistently engaged in social activities with a deck of cards, and a patient whose condition has deteriorated significantly. In contrast to the strict regimen of the universal sanatorium regime, there is a conspicuous absence of discipline. The other patients seem disheartened and unrestrained, and their disorderly behavior affects the built environment as the room appears chaotic. This environment suits Richard's character and he takes it upon himself to uplift others through his "dance lessons."

Although several locations within the sanatorium were featured in *Kelebeğin Rüyası*, the audience is only provided with a restricted perspective of a single room during Rüştü's nighttime visit to Mediha – an unrealistic portrayal since the wards of men and women would be in separate structures, closely monitored by the nurses and caretakers. The scenes do not offer significant architectural and design details about the rooms in the facility, however, a letter from Muzaffer to Suzan provides a more realistic portrayal from the patients' rooms: "Dear Suzan, I am writing

my first letter to you in the abundance of typewriters in the Heybeliada Sanatorium. We are staying here with Rüştü. We are exceptional members of a hundred-person cough choir.”

2.5. The “Transparency” in/of the Doctor’s Office

The visit to the doctors’ offices is commonly portrayed as an expedition through the sanatorium, traversing through labyrinthine corridors. The camera tracks the patients as they navigate, following the uninterrupted circulation paths. The doctor’s office scenes in each film provides the audience with another aspect of the impact of healthcare on Modern Movement in architecture: In Clara’s visit, the audience sees the expansive and the transparent architectural space; Richard’s visit showcases the utilization of X-rays as a the transparency triumph of medicine and architecture and also the patient’s vulnerability (Sontag, 1978); lastly, Muzaffer’s visit reveals the spatiality of the mechanized medical examination through a series of interconnected spaces and routes.

Instructed by the nurse, Clara goes to her scheduled inspections: “From azotemia to glycemia, radiography to cardiology!” (*Una Breve Vacanza*). The footage capturing both the exterior and interior of the doctor’s office is a significant resource for assessing the architectural design and indoor spaces of the building. Sanatoria often showcase a notable architectural element: lengthy, unending corridors that are impeccably clean, structures of ribs and glass encapsulating voids. Spaces are predominantly white in color or in soft hues of blues and greens, adorned with surgical furniture. Dr. Ciranni’s (José María Prada) office, similarly, is a spacious room with expansive windows that showcase the picturesque and magnificent landscape of snowy mountains (Figure 17). As the focused camera on Clara at the center rotates from its fixed position, the expansiveness of the room is perceived enclosed by a glass enclosure (almost *ferro vitreous* structure!) that showcases the triumph of modern architecture, encapsulating the mountainside in its frame. The room is exclusively adorned with medical instruments, which further exemplifies the surgical nature of the Modern Movement architecture.



Figure 17: Clara at the doctor's office. (*Una Breve Vacanza*, De Sica, 1973)

With a vision of the X-ray placed on translucent screen, defiant Richard is informed at the doctor's office that his condition has advanced and he needs surgery of rib removal (*Uçitel Tance*) (Figure 18). Richard fears surgery and a postoperative patient in the institution who is unable to maintain an upright posture after rib-removal surgery does not improve his views. The close-up portrait shots in the doctor's office during the examination create a highly personal atmosphere, with the doctor assuming the role of the decision-maker, the nurse of the enforcer of rules, and Richard of the disruptive patient. To indicate the conservation over, the doctor deactivates the translucent screen as Richard's deteriorating condition is correlated to his misbehavior:

You are gravely unwell, Mr. Majer, [...] The laboratory results validate the X-ray findings. The findings of your sputum are highly positive. [...] You decline the surgical procedure and opt for social gatherings and romantic outings instead. There are no dance courses available at this institution, Mr. Majer, nor does it function as a dating agency. Each individual bears personal responsibility in dealing with this illness, and regrettably, you seem to lack that sense of responsibility. [...]



Figure 18: Richard at the doctor's office. (*Uçitel Tance*, Jireš, 1995)

Even though Rüştü's (*Kelebeğin Rüyası*) journey after his admission to the sanatorium is not depicted, Muzaffer's and Mediha's²² experiences at the doctor's office are portrayed through X-rays, sputum and skin tests and the audience is acquainted with different examinations conducted in the institution (Figure 19). The X-ray machine shown in the film is identical to the ones utilized in the 1940s (Gökçe, 1957). A two-minutes-long sequence of scenes offers significant insights into the medical examination, shedding light on Muzaffer's adherence to the regimen, accompanied with optimistic music.



Figure 19: Muzaffer at medical examination. (*Kelebeğin Rüyası*, Erdoğan, 2013).

2.6. Architectural Aesthetics of "Extending"

The sanatorium regime involves designated hours for therapeutic activities in cure terraces/balconies. This regimen is rigorously adhered to, consisting primarily of spending tranquil hours on recliners (*chaise-lounges*) in the open air and sunlight of a non-urban setting. Some instituti-

²² After her sputum results, Mediha is informed by the doctor that she does not have tuberculosis and that they cannot identify her condition, thus she is involuntarily discharged.

ons utilize balconies that span the full southern²³ façade to create a physical environment that maximizes exposure to sunshine: a continuous balcony devoid of any partitions or barriers, where the adjacent rooms of the patients immediately connect. While there is privacy in the individual rooms, there is a lack of privacy among the patients.²⁴

Occasionally, the therapeutic sessions are conducted on roof-top terraces, which are notable architectural features of the Modern Movement in architecture. Alternatively, the sessions may take place in small pavilions, which are canopy-like structures referred to as *Liege - u. Wandelhallen* or *Liegehallen* in German, meaning *Lounger* and *convertible halls* or simply *lounger halls*. These are autonomous structures situated within gardens and/or courtyards of sanatoria complexes. The three case studies provided here exemplify three diverse architectural typologies of the cure structures/appendices.

Una Breve Vacanza presents an expansive terrace with recliners set in orderly rows situated on the roof terrace, that gives the impression of being suspended above the snowy landscape or being at the mountaintop (Figure 20). Two shots are indicative of self-isolation and privacy within a communal setting during designated cure periods: A focused close-up shot on a letter written by Clara, and a subsequent zoom-out shot to gradually reveal her as one of the many in *chaise-lounges*, set in rows. During the designated cure hours, patients are required to be quiet, refraining from any form of stimulation or physical exertion. Participating in talks, casual conversations, and even reading books, are prohibited.

The instances of mischievous patients who violate the regulations in the absence of nurses, engaging in activities such as swapping recliners, conversing, and even singing songs and putting on performances are realistic representations, and so is the prompt return to disciplined positions as soon as the nurses and doctors appear. Comprehending the once-again orderly use of the cure terrace in a single frame after a resounding exclamation of "they are coming," the imminent arrival of the

²³ According to the geographical location and the climate, southeastern or southwestern facades may also be preferred.

²⁴ In most private sanatoria, the balconies are partitioned by walls, resulting in one unobstructed balcony area per room. However, at certain sanatoria, like the Paimio Sanatorium, patients do not have direct access to a balcony from their rooms. Instead, they have separate terraces on each floor. According to Aaltos, this maximizes the amount of sunlight that enters the bedroom (Cartwright, 2023; Heikinheimo, 2016).

authoritative figures is observed as the disruptive patients hastily return to their supine and silent positions.



Figure 20: The cure terrace. (*Una Breve Vacanza*, De Sica, 1973)

The built environment showcases two distinct spatial settings for the necessary cure treatment in *Uçitel Tance*. The exterior of the sanatorium features an uninterrupted cure balcony on the first floors, which can be accessed from the rooms. However, the film does not show the patients using this balcony. Instead, the patients are portrayed to go outside with their blankets to a separate, basic ancillary structure, i.e. *liegehallen* or lounge hall (Figure 21).



Figure 21: Ancillary structures for the cure therapy. (*Učitel Tance*, Jireš, 1995)

As the patients are on their way to the ancillary cure structure, a patient playing harmonica forms the backdrop sound with frontal chatter. As the backdrop visual, the façade of the art nouveau building with the columnar supports of the structure's balcony is revealed (Figure 22). As Richard directs his gaze towards the primary structure, the entire block is perceived with a close-up shot on a diminutive balcony situated on the highest level, where the head nurse, equipped with binoculars, is observed closely monitoring the patients.



Figure 22: The main block and the surveillance by the head nurse. (*Učitel Tance*, Jireš, 1995)

The next shot is on the terrace of the cure structure. To depict the patients in a supine position and highlight their viewpoint, the camera is positioned at the level of the *chaise lounges*. From this vantage point and angle, the camera gradually moves around in the structure to the rhythm of the harmonica. The montage effectively captures the serenity of the moment through the inclusion of shots depicting the sun's penetration amid trees, nature, and patients respectively, thereby illustrating the prolonged duration of the cure treatment.

Richard, daydreaming, results in a flashback scene from his childhood, which reflects Thomas Mann's Hans Castorp in *The Magic Mountain* as both protagonists' have connections with their grandfathers. These scenes display a filter, exposing yellow and orange shades, which serve as an allusion to the "sunny old days." The Blue Danube, Op. 314, waltz by Austrian composer Johann Strauss the Younger (1867) is performed without any dialogues to indicate the past. Upon awakening, Richard ex-

periences a return to reality, specifically to the sound of a patient playing the harmonica. During one of these somber therapeutic sessions, Richard initiates his dance lessons.

Kelebeğin Rüyası portrays the implementation of a rigorous treatment regimen within a Turkish state sanatorium. The audience observes Muzaffer's first therapeutic session with Rüştü on the cure balcony (Figure 23). The cure balcony spans the entire southern side of the building, with incessant access from the patients' rooms. To convey Muzaffer's first cure treatment and its spatial arrangement, the camera captures the rectangular/rectilinear building block with façade-long balconies, viewed from a below diagonal perspective. The scene then transitions to within the balcony, featuring Rüştü and Muzaffer in the foreground. The camera adopts an in-depth diagonal perspective and provides a comprehensive view of the lengthy balcony. Additionally, a partial view of the sea is depicted to indicate the scenic vistas. The recliners are organized in rows, with individual mattresses and blankets, positioned at a sufficient distance from one another to prevent patient interaction and to allow easy monitoring by nurses. The continuous balconies also offer easy circulation for the staff during routine inspections.²⁵ The open balcony on the facade does not offer seclusion and facilitates the mobility of nurses and doctors.



Figure 23: The cure balconies. (*Kelebeğin Rüyası*, Erdoğan, 2013).

²⁵ These scenes recall the doctors' visits in Thomas Mann's *The Magic Mountain*: "It was on Monday that Dr. Krokowski for the first time manifested himself in the room —manifested being the only proper word for the phenomenon as Hans Castorp, with an involuntary start, perceived it. He lay in half — or quarter — slumber, and became aware that the Assistant was beside him, having entered not through the door, but approaching from outside. His round at this time lay not through the corridor, but along the balconies, and he had come through the open door of the loggia with an effect of having flown through the air" (Mann, 1971, pp. 190–191).

2.7. Halls of the [Sanatorium] Community

Most sanatoria institutions endeavored to alleviate not only the patients' physical suffering, but also sought to enhance their morale. One strategy involved providing them with luxurious accommodations, while another involved coordinating recreational events and fostering a sense of community. Regarding the latter, the dining halls and mealtimes were structured in a way that fostered a sense of community and camaraderie among patients. The dining halls also played a significant role in the architectural design and structure of the Modern Movement sanatoria. The space is characterized by its absence of partitions, instead featuring substantial columns that provide structural transparency, illumination, and ventilation.

In *Una Breve Vacanza*, the audience is made aware of little communities formed within the institution by the patients (Figure 24). The dining hall scene commences with the camera on an occupied table by four, blue-painted and varnished laminated MDF and/or Formica with a steel tubular structure, providing an insight into the furniture design for the mid-twentieth century sanatoria. A second camera zooms in to Clara as she enters through the large glass and steel doors, followed by another camera that showcase the hall and its bustling, vibrant ambiance via Clara's eyes: Various elements are captured such as patients conversing in groups and exchanging seats, cooks pouring more food onto plates, the vigilant nurses moving around the tables, and the doctors interacting with patients. The doctors and nurses partaking in meals alongside patients serves as a gesture of reassurance and security to the patients, conveying the notion that they are an integral member of a family. Unlike the surgical areas found in the rest of the sanatoria, the eating halls provide a comforting and familiar environment for the patients who are experiencing anguish.



Figure 24: Dining hall. (*Una Breve Vacanza*, De Sica, 1973)

In *Kelebeğin Rüyası*, as a continuing part of Muzaffer's orientation, the camera glides over patients in the dining hall. Rüştü and Muzaffer are observed sitting at a spacious and bustling table, surrounded by the other patients. The elongated table is positioned in a symmetrical vertical orientation in the frame, providing a comprehensive view from the vantage point of a patient seated at the far end of the table between Rüştü and Muzaffer. With this view, the expansive background becomes visible: The dining hall features expansive tables grouped in a spacious environment, benefiting from ample natural light and ventilation (Figure 25). Once again, nutritious and abundant meals are presented as an important component of the sanatorium regimen, which Rüştü and Muzaffer, both from impoverished backgrounds, appreciate.



Figure 25: Dining hall. (*Kelebeğin Rüyası*, Erdoğan, 2013).

To maintain high morale, sanatoria facilities not only ensured enjoyable and appealing dining, but also offered social gatherings and entertainment. The patients were encouraged to attend regular concerts and cinema nights at the institutions. Typically, most institutions included a television room and other recreational rooms for rehabilitation. The patients congregated in these spaces, which bridge the characteristics of a medical/surgical institution (such as tubular chairs and easy-to-clean leather surfaces) with a home-like environment (with a dominant use of warm colors). In *Una Breve Vacanza*, the patients engage in a conflict regarding their television preferences in the entertainment hall (Figure 26).



Figure 26: Television room. (*Una Breve Vacanza*, De Sica, 1973)

Frequent visits by artists to state sanatoria to perform concerts for charitable and supportive purposes were common. The nurses attended these events for monitoring purposes, positioned strategically between men and women. In *Kelebeğin Rüyası*, the patients are assembled in the entertainment hall to attend a musical performance.²⁶

²⁶ In this scene, Rüştü sends a romantic message to Mediha, closely monitored by the nurses. Through her response, he discovers that she is being released

Many institutions offered rehabilitation facilities which provide patients with many amenities to enhance their experience during their stay and the films presented these to the audience. Muzaffer was pleasantly surprised by the presence of a typewriter room at the Heybeliada Sanatorium (Figure 27). In his initial correspondence from here to Suzan, he expresses, "Dear Suzan, I am composing my first letter to you amidst the plentiful typewriters in the Heybeliada Sanatorium."



Figure 27: A rehabilitation hall. (*Kelebeğin Rüyası*, Erdoğan, 2013).

Despite the absence of designated entertainment facilities and spaces in the film *Uçitel Tance*, Richard endeavors to transform every area he occupies into a socialization space. Patients quickly become mindful of their appearance upon enrolling in the dance lessons during the cure hours, and this demonstrates the patients' need of high morale and a break from a disciplinary regimen of the sanatoria institutions.

3. Medico-Social Layers of Sanatoria Life as Portrayed in Cinema

After assessing the sanatoria regime, the daily routine, and the socio-spatial layers of tuberculosis in sanatoria as re/presented in cinema, this part focuses more on the social layers and clichés of tuberculosis and sanatoria life reflected in the transformative perception of architectural space by unexpected encounters and usage, which provide ample data for the cinematic storytelling. These are "A Visit: Invasion of Private Space", "Unexpected Death: The Vacated Room" and "Being Left Behind: Isolation in Vast Venues" and "Unvoluntary Leave: Reluctant Abandoning of the Amenities."²⁷

The interconnectedness of each subsection serves to illustrate the

 from the facility.

²⁷ While romance plays a significant role in depicting tuberculosis in cinema, art, and literature, the inclusion of romance scenes within a tuberculosis context is a more extensive subject to be addressed in this paper.

way social behaviors within sanatoria contribute to the construction of spatial perception. While sanatoria institutions are designed to establish rules and regulations regarding the use of space, it is important to note that spaces do not always dictate behaviors. The unintended usage and behaviors surpassing spatial boundaries is frequently acknowledged, leading to the emergence of recurring themes associated with a particular space. Ultimately, these are employed for the romantic storytelling.

3.1. A Visit: Invasion of Private Space

The film *Una Breve Vacanza* conveys numerous socio-cultural messages and criticisms. Within the sanatorium complex, Clara finds solace in escaping her own existence, where her family had taken advantage of her, and her household duties had become an overwhelming burden. Due to her prolonged recovery, the family, who much relies on her assistance, pays her unexpected visits without prior notification. They threaten her amorous retreats, and harshly reiterate her obligations towards the children. She pleads that the other family members assume responsibility for sharing the household duties and childcare equally to no avail.

Clara's family inflicts severe damage upon the sacredness of the room. The *mise-en-scène* camera captures the physical actions of stepping on a pristine-white bed while wearing dirty shoes, as well as their verbal disgrace towards Clara for assuming a ladylike demeanor following her transformative stay in the institution. The scene swiftly transitions to the bathroom with close-ups of Clara and her husband engaged in a dispute when the husband becomes enraged and smashes Clara's belongings, which she had meticulously arranged on the mirror shelf upon her arrival, a signifier of the disruption of the only space which had solely belonged to her (Figure 28). This physical and psychological abuse is a contamination of the sanatorium room that had symbolized health and cleanliness. The family's arrival here serves as a precursor to Clara's return to the harsh realities of factory work, household chores, and a lack of personal space, which will follow her release from the "haven." This criticism offers significant insights into the existence of the working class in mid-twentieth century Italy, as well as tackling the issues of violence and women.²⁸

²⁸ For more information see. (Ceuterick, 2020; Koskela, 1999).



Figure 28: Invasion of private space. (*Una Breve Vacanza*, De Sica, 1973)

3.2. Unexpected Death: The Vacated Room

It is hardly surprising that patients form strong connections with one other. Upon reaching a point of acceptance regarding her deteriorating state, the actress Scanziani (portrayed by Adriana Asti) commits suicide in *Una Breve Vacanza*. Scanziani's unexpected departure is followed by an abandoned room in an alternative context: a self-discharge by Gina. The vacated room and the subsequent purification procedure of both cases are witnessed by Clara (Figure 15).

In *Učitel Tance*, Richard develops a connection with Pardus (portrayed by Radek Holub), another patient suffering from advanced tuberculosis, who receives oxygen treatment in a private room. Pardus assigns Richard on a quest, and upon return, Richard discovers that his friend's room is vacated and sanitized. This can only signify one thing: Pardus's death. Despite Richard's full awareness of the potential death of his friend, he becomes immobilized upon encountering the empty and tidy room. This vacated room also serves as a reminder perhaps of his inevitable death (Figure 29).



Figure 29: The vacant room. (*Uçitel Tance*, Jireš, 1995)

In *Kelebeğin Rüyası*, the potential occurrence of death is further emphasized when a deceased patient is transported across the courtyard to the burial chamber, accompanied by medical professionals, nurses, and family (Figure 30). The sequence commences with the camera capturing the sky amid trees, revealing the presence of sunlight infiltrating amid trees (*heavens and life-and-death?*). Subsequently, the camera swiftly transitions to the building block and the courtyard, culminating in the depiction of patients on the balcony rushing towards the railings. From their perspective, the camera directs its gaze downwards, revealing the funeral party. The scene transitions to the close-up shots of Rüştü and Muzaffer, and then of Mediha, all in contemplation. A multitude of feelings arise simultaneously, including sorrow for a friend, a recognition of the possibility that this illness may ultimately lead to their demise, and a questioning of the efficacy of the sanatorium treatment. The camera assumes the role of their eyes and directs its gaze towards the courtyard as the funeral group ascends the stairs and gradually retreats. To alleviate the patients' sadness, the nurses sternly instruct them to "go inside", as the sequence ends with the shots of the "vacated" balconies.



Figure 30: Encountering death. (*Kelebeğin Rüyası*, Erdoğan, 2013).

3.3. Being Left Behind: Isolation in Vast Venues

In *Uçitel Tance*, ironically, the protagonist is one of the few individuals who is unable to self-discharge from the sanatorium despite being the one most willing. Many patients, filled with optimism, choose to voluntarily self-discharge as their sputum results come in negative of tuberculosis bacillus. Although this is not recommended until full recovery, many patients leave the sanatorium, expressing dissatisfaction with the beds, the food, and the monotony of the routine, desiring to maximize their experiences of life (before they die!), ironically a sentiment ignited by Richard. Within an uninhabited and quiet sanatorium, Richard remains as the sole occupant, navigating the premises in a wheelchair with the support of the caretaker and the nurses. During the routine evaluation, the head physician informs him that his illness has advanced to a stage where surgery will no longer be advantageous for him.



Figure 31: A patient in isolation. (*Učitel Tance*, Jireš, 1995)



Figure 32: Spaces as perceived from the isolated patient's eyes. (*Učitel Tance*, Jireš, 1995)

Richard's isolation is exemplified through a cohesive sequence. The first scene is Richard walking alone in the corridor of the vacated facility, accompanied by unsettling music (Figure 31). As he walks, the camera gradually moves away from him, maintaining the same distance that suggests his growing detachment from reality. The vacant rooms are seen from Richard's eyes in the corridor (Figure 32), while the music transitions from eerie to melancholic. The scene jumps to the now abandoned cure structure, the with cumulated rainwater pouring down from the ripped awnings (Figure 32) with the reminiscence of the harmonica once played there.



Figure 33: A gradual darkening. (*Učitel Tance*, Jireš, 1995)

The subsequent depictions of his declining health showcase the caretaker escorting him in a wheelchair along the corridors, navigating the linoleum flooring, which offers a seamless slide owing to its inherent properties, an incident enjoyed by the caretaker (Figure 31). As his state deteriorates, the room undergoes a gradual darkening process. One of the concluding shots depicts Richard positioned in a dimly lit room, while the music emanates from a gramophone, bestowed upon “a dying patient” by the facility, placed on his nightstand (Figure 33). The camera extends its focus to encompass the entire room from above to below panoramic perspective, illustrating his seclusion within a vast, secluded, and dimly lit environment devoid of prospects for the future. Subsequently, the room is once again illuminated by the arrival of the new dancer patient and the film ends there, avoiding revealing Richard’s inevitable death.

3.4. Unvoluntary Leave: Reluctant Abandoning of the Amenities

Unlike Richard in *Učitel Tance*, the patients in the other cases must leave

their institutions despite their discontent of this decision. In *Una Breve Vacanza*, Clara's short vacation at the sanatorium had a profound impact on her as she came to the realization that her working conditions and her familial responsibilities were marked by inequity, and she is deeply disappointed about the news of her recovery.

In *Kelebeğin Rüyası*, Muzaffer is eager to return to Suzan in Zonguldak, while Rüştü, upon hearing about Mediha's involuntary dismissal, wishes to accompany her. Currently, it is widely acknowledged that sanatoria did not truly cure tuberculosis, but rather offered isolation to patients with active tuberculosis and instructed them on how to manage the disease, enabling them to maintain the learned regimen in their domestic environment and daily life. To this Rüştü offers a sarcastic critique:

- Rüştü: [...] They say, "We should continue the same treatment outside". Where can I find *revani* [a type of dessert] outside?
- Muzaffer: [...] Let's ask for permission.
- Rüştü: We are not given permission, if we leave, we cannot come back.

They do not intend to permanently depart from the sanatorium; nevertheless, a sanatorium run by the state, which has extensive waiting lists, would not condone such a reckless decision. As Mediha is deeply distressed about departing from the sanatorium, Rüştü and Muzaffer join her aboard the boat leaving the island, marking their permanent departure from the sanatorium, which will lead to their untimely deaths.

Conclusion

Currently, architecture is being considered from a variety of other fields such as cultural studies, anthropology, and film theory. Tuberculosis, particularly in its pulmonary form, was widely regarded as the embodiment of illness. This embodiment offered a fitting foundation for the portrayal of romantic narratives in cinema. Furthermore, sanatoria possess secluded and journey-like locations, making them ideal settings for film production due to their visually captivating features. This study thus examined three distinct films that explore the depiction of tuberculosis and the use of sanatoria settings in cinema. The *mise-en-scène* and cinematographic effects were confined with the main argument, i.e. to depict tuberculosis and its treatment venues within sanatoria facilities

as tools of romantic storytelling and as a set. These cinematic building blocks had significant utility in effectively communicating the distressing nature of the scenes, as well as the underlying messages conveyed in the medico-social depiction of tuberculosis within architectural spaces.

There exists a complex relationship between a specific illness and the societal understanding of health and disease. According to Day (2017), one cannot view an illness solely as a personal experience; rather, its interpretation is influenced by factors such as geography, culture, and history. This study showcased the perception of the sanatoria venues by the impoverished and working-class individuals, for whom the amenities of the facilities presented a significant improvement of and a respite from their daily existence. These films provided visual aesthetics of architecture and spatiality and utilized tuberculosis to romanticize its protagonists and storytelling and above all, these films gave important clues about the contextual socio-cultural and socio-political conditions of the mid-twentieth century and its take on tuberculosis. These films also proved to be valuable archival documents of the sanatoria facilities, incorporating archivistical visuals of architectural spaces, providing ample grounds for architecture, interior architecture, and design research. These films most importantly offer insights into the medico-sociality of the use of space during a specific period, i.e. mid-twentieth century.

All the films presented a coherent narrative that depicted a typical day in the life of a tuberculosis patient within a sanatoria facility and its venues. These venues were analyzed as (1) architectural spaces that shape social behavior (Section 2. Socio-Spatial Layers of Sanatoria Life as Portrayed in Cinema) and (2) social experiences that reshape the perception of the architectural space (Section 3. Medico-Social Layers of Sanatoria Life as Portrayed in Cinema). The former investigated the utilization of architectural space in sanatorium facilities, the users' experience as delineated and expected in the sanatorium program and the universal sanatorium design, whereas the latter examined the unanticipated use and unexpected perception of these venues by their users. It was realized that the user's experiences and choices greatly impacted the restructuring of spatiality of tuberculosis as documented by cinema.

Architecture, tuberculosis, and cinema can and will reveal more about a certain society's take on this illness and can further be expanded into assessments of local re/presentations, thus this study aims to provide grounds for further localized research.

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