the importance of the correct degree of anteversion of the femur. In his opinion many factors were concerned in the aetiology of hip dysplasia, including the metabolism of oestrogens—for example, delayed excretion of oestrogens (allowing relaxation of the ligaments) might be under genetically determined enzyme control. Treatment by postural immobilization was successful in man, though the acetabulum remained shallow. Creating an acetabular shelf by operation to make the hip stable was also a useful method in man, which he considered might also be tried in dogs.

Urolithiasis

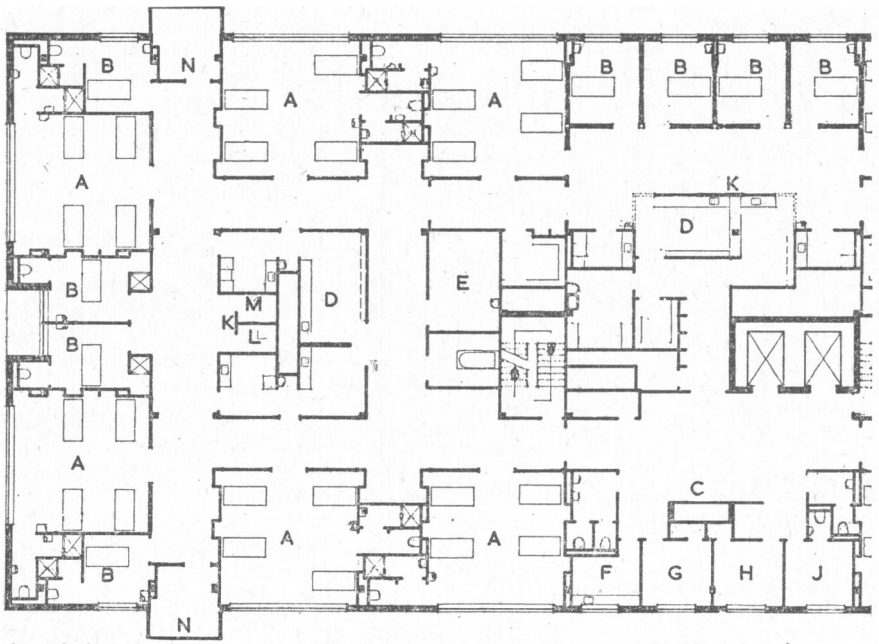
Dr. G. B. FORBES (Canterbury) said that a good liaison with both veterinary and human surgeons had provided him with an extensive collection of urinary-tract calculi from both dogs and man. The probable incidence of calculi was about 0.2% and 2% for man and dogs respectively, the majority in middle age and later. Phosphate stones were the commonest in both species, but oxalate stones took second place in man—while cystine stones were commoner in dogs, particularly dachshunds. Dalmatians were the only mammal other than man to excrete uric acid, and uric acid stones were seen in this breed. Whereas the kidney was the commonest site for stones in man, the bladder was the more usual site in dogs. This was probably related, Dr. Forbes thought, to postural differences—stagnation of urine occurring in the lower renal calices in man and in the horizontally placed bladder in the dog. Treatment by removal was the same for both man and dogs, and recurrences could be avoided by maintaining a dilute and alkaline urine.

In the discussion which followed it was suggested that many canine calculi were missed because dogs could not complain specifically, but those who took many routine *x*-ray films in dogs thought that an incidental finding of renal stones was very unusual. When the discussion turned to cats, it emerged that the commonest causes of death in elderly cats were lymphosarcoma, road accidents, and cirrhosis of the liver. The feline lymphosarcoma had the same histological appearances as Burkitt's tumour in man, but the response to cytotoxic agents—which was so striking in the latter—had not apparently been studied in the cat.

TOMORROW'S BUILDINGS

New Ward Design at Falkirk Royal Infirmary

On 4 November Mr. Bruce Millan, M.P., Joint Parliamentary Under Secretary of State for Scotland, opened a new building at Falkirk and District Royal Infirmary. The two-storey building contains a suite of four operating-theatres on the ground floor and two ward units—whose design the Scottish Home and Health Department describes as "a major new development"—on the first and second floors.



A.—4-bed wards.
B.—Single bed wards.
C.—Reception.
D.—Preparation.
E.—Treatment.
F.—Laboratory.
G.—Consultant.
H.—Administrative sister.
J.—Interview.
K.—Nurses' station.
L.—Sister.
M.—House officer.
N.—Day space.

Part of a new ward unit at Falkirk and District Royal Infirmary. (Executive architects, Keppie Henderson and Partners.)

The pamphlet describing the building[1] states that the beds are grouped either in single-bed rooms (comprising a fifth of the total beds) or in rooms containing four beds; each bedroom has its own adjoining shower, wash-basin, and lavatory. Sufficient room for the patients to sit and have their meals has been provided in each four-bed room, while there are also separate day-rooms for use at a later stage of convalescence. The design aims, the pamphlet says, to achieve a high degree of flexibility in the use of beds among the different specialties and between the sexes—while the proportion of beds allocated for intensive care can also be varied. Each ward floor contains 60 beds, which will be under the supervision of an administrative sister in charge of all the nursing staff. The latter may include two or three sisters, who will still be responsible for the care of the patients within their units but will be relieved of many managerial responsibilities and the organization of nurse training.

Other features of the ward floor include "duty stations," with rooms for the sister and the house-officer situated behind the nursing station; treatment areas; and an interview/overnight-stay room. The various working-rooms, the pamphlet states, have been carefully grouped and placed to give easy access to the bed areas which they serve.

Once the wards are in use it is planned to assess the efficiency of the new design, and it is hoped that the results of the study will help in the planning of new hospitals.

REFERENCE

[1] *The Falkirk Ward*, 1966. Scottish Home and Health Department.