Home Affairs

The Great Hall of BMA House: plans for the '80s

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On 19 October the finance and general purposes committee of the BMA approved in principle a plan which could solve one of the problems of its headquarters building: a more efficient use of the Great Hall without destroying the character of BMA House. Planning permission has been applied for, and the scheme will be referred to council for its detailed comments at the January meeting. Intended as a Theosophist temple, the Great Hall of BMA House has always fitted in rather uncomfortably with the more secular activities of the BMA, though every decade or so it provides a splendid setting for formal dinners. One hundred and thirty feet long and 60 feet high, it has presented problems of heating, acoustics, and use to successive councils, treasurers, and finance and general purposes committees. The present plan is to convert the Great Hall into a library and its roof space, by the addition of a new floor, into a suite of committee rooms.

A white elephant

When the BMA bought the original part of BMA House in 1923 it took over an unfinished shell of a building designed as the headquarters of the Theosophical Society. The building had been designed in 1911-2 by Sir Edwin Lutyens for the Theosophists and partly built by the time of the first world war. When the war ended the Theosophists could no longer afford the building, so it became BMA House. The BMA engaged Lutyens to finish off the interior, but his expensive tastes led to a succession of arguments over costs that reached their climax over the Great Hall. The coffered barrel vaulted ceiling that Lutyens designed for the hall was clearly too expensive for the BMA and it asked him to design something simpler (and cheaper). He decided to leave the ceiling exactly as it was, with a few rows of incomplete vaulting at either end and the vast space of the hall's pitched roof open in between and painted "nocturnal green". Apart from a few coats of paint the ceiling has remained that way until today.

Such a vast and roofless hall at the heart of BMA House has presented problems ever since. Its size has made it difficult to heat and inflexible in its use, and its open roof has ruined the acoustics, so making it a difficult room for meetings. Successive committees have looked at plans to complete the roof (too expensive), improve the acoustics (either ineffective or very expensive), and increase the use of the hall by letting it to outside organisations (impossible without very great expenditure to bring it up to public safety standards). In the meantime the hall

has been used sporadically for conferences, exhibitions, and dinners and rather more regularly for badminton.

This year, however, the finance and general purposes committee has approved a proposal more logical than any of the earlier ones. Transferring the existing library to the Great Hall and adding a floor of committee rooms will free space elsewhere in BMA House for letting and so help pay for the scheme.

The plan

The scheme involves building a load bearing floor at balcony level two thirds of the way up the hall—over the cornice on top of the pillars. The lower part, lit by the existing tall windows, would become the BMA's library. The stage would remain and provide a space for mounting small temporary displays of rare books and other exhibitions, while the spectators' gallery at the southern end would be converted into offices, possibly for the librarian and his staff. The ceiling would be flat and coffered. Above this ceiling, in the roof space, would be a suite of committee rooms, of varying sizes.

At present two galleries run the length of the hall above the level of the pillars, one on either side. One is not easily accessible and was once used to store chairs. The other—a dark Dickensian passage lined by dusty cupboards full of old minutes and reports—links the third floors of both wings of BMA House and is used as a short cut by the staff. This corridor would remain (but redecorated), to provide access to the committee rooms. The other gallery would disappear and the committee rooms would extend back the full width of the building. The pitched roof

FIG 1—Architect's sketch of part of the new upper floor of committee rooms, showing the existing barrel vaulting.

FIG 2—Cross section of the Great Hall, showing the proposed new floor and library offices (based on the architect's plan).

would be closed off by a flat ceiling, except at either end, where the barrel vaulting designed by Lutyens would remain (fig 1).

The main entrance to both the library and the committee rooms would be through the existing south east entrance from the courtyard and Great Hall staircase, which would be extended and enlarged to reach the library offices and committee rooms. A lift would also be installed.

A structural engineer's survey has confirmed that the Great Hall pillars, the foundations, and the external walls are all strong enough to support the new floor. (See fig 2.)

Procedures and timescale

Because BMA House is a grade II listed building there are restrictions on alterations. The plans adopted reflect these restrictions. Though the formal application for planning permission has only just been submitted, the BMA has been talking informally for some time to the planning department of the London Borough of Camden and to the historic buildings division of the Greater London Council, which has to be consulted about listed buildings. In turn the Greater London Council has consulted interested amenity groups such as the Victorian Society and the Thirties Society. As a result of all these discussions some idea has emerged of the sorts of plans that would not be acceptable.

For example, earlier sketch plans considered by the BMA, envisaged partitioning off the floor of the Great Hall into offices, with a new floor midway down the pillars and committee rooms above. Another plan envisaged two new floors, one below the roof and another midway down the pillars, with several new windows let into the walls. This was unacceptable because of one of the main restrictions on a listed building is that the external appearance must be preserved. Another set of windows would change the appearance of the fine and much praised back wall of the hall in Burton Street; nor would it be possible to build rooflights without changing the appearance of the roof, so the new committee rooms will have to be largely artificially lit and ventilated.

The other major restriction is that the character of the hall must be retained. Its use as a library, keeping the entire space open and without partitions, will do this. Depending on the actual design of the library its use for occasional meetings and receptions may still be possible. The layout of the library shown in the architect's drawings is merely to give an impression (figs 3 and 4): if the plan goes ahead the detailed design of the library fittings will be left to a specialist library designer. The new design will also provide the BMA with an opportunity to restore

Lutyens's original colour scheme—peacock blue columns with gold capitals, the lower walls white with black roundels, and the upper part of the walls light fawn. The Great Hall will provide the library with almost double the reading space it has at present and the opportunity to have more of its books on open shelves within the library. At present a large part of the library's collection of books and journals is kept in three basement stores: one of these will no longer be needed.

Once an application for planning permission has been submitted the local authority has to publicise the application through notices in local newspapers and allow time for people to comment (because BMA House is a listed building this process is duplicated by the Greater London Council). The proposal is therefore unlikely to come before Camden's planning committee much before January of next year. After that, and if the proposal is approved, tendering and building should take about 10 months, with a further two months to fit out the library and the committee rooms.

FIG 3—Architect's sketch of the lower part of the Great Hall, giving an impression of its use as a library. The library fittings have not yet been designed in detail.

FIG 4—Left: sketch by David Gentleman of the Great Hall at present, with the badminton players and looking towards the stage. Right: architect's sketch of the Great Hall as a library, looking in the other direction and showing the level of the new ceiling. The details of the ceiling and library furniture in this impression are not necessarily correct.

Managing the estate

The whole scheme for the Great Hall would provide about 10 000 square feet of library and committee room space and will cost over £0.5m to build (not including the cost of new library fittings). In turn the plan would free almost 7000 square feet of space in the existing library and committee rooms A, B, C, and D and E, plus a further 3000 square feet in the basement. If all this space were let it could bring in an annual income of over £100 000—a good rate of return on the original investment.

The motive of freeing space for letting within BMA House is not new.^{1,2} Indeed it has always been part of the BMA's approach to its present headquarters that part of it should be let to generate income to help maintain the building and pay its running costs. The advantage of this latest scheme is that for the

first time the Great Hall will be regularly used and so make a major economic contribution to the running of BMA House. The plan is merely another step along the road taken in 1923, when the BMA shrewdly bought an abandoned temple.

The plan and drawings of the scheme are reproduced by kind permission of Mr Ivan Nellist, of Nellist, Blundell, and Flint, the BMA's architect.

References

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Clinical curio: self medication with xylazine

Despite ever increasing abuse of psychotropic drugs, it is unusual for a patient to resort to an animal tranquilliser for self medication.

A 39 year old veterinary surgeon's wife was admitted to hospital for investigation of attacks of tiredness, faintness, and blurred vision that had occurred over four months. Attacks lasted up to 72 hours and were usually followed by sleep. In one attack she had been observed in hospital elsewhere and had been noted to have a severe bradycardia that resolved spontaneously. She had a history of alcohol abuse.

On admission she was drowsy with slurred speech. She had an open wound of the right hand said to have been the result of a horsebite one year previously. There was a sinus bradycardia of 35/min with a blood pressure of 130/90 mm Hg. The electrocardiogram confirmed the bradycardia but showed no ischaemic changes. Some bruising and puncture marks on the buttocks suggested recent injection sites. In view of the history and the possible injection sites, we asked about drugs. It transpired that one of the few veterinary drugs kept in the home was xylazine, an animal tranquilliser. Her husband had been puzzled by the rapid diminution of his supplies. Analysis of urine and serum specimens collected on admission showed concentrations of 1674 µg/l and 30 µg/l respectively. When

challenged, the patient admitted to taking xylazine because of her painful hand, but she did not admit to injecting herself with the drug.

Xylazine (2-(2, 6-xylidino)-5, 6-Dihydro-4H-1, 3-thiazine hydrochloride) is extensively used in veterinary practice as a sedative with analgesic and muscle relaxant properties. It is a basic member of the 1, 3-thiazine group of drugs, which have similarities to the phenothiazines, which are 1, 4-thiazines, and to the imidazole derivative clonidine. It is recommended for tranquillising aggressive animals, those being transported, and those undergoing special examinations or minor surgery. Little is known of its effect in man, but in a volunteer 7 mg intravenously induced anaesthesia and a bradycardia of 44/min,¹ and in a deliberate overdose 1000 mg eventually produced coma and apnoea.² The severe bradycardia is unusual in other animals except sheep,³ but there seems to be a considerable variation in response among the species.—SUSAN LEWIS, senior house officer, C L P O'CALLAGHAN, house physician, and P J TOGHILL, consultant physician, Nottingham.

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