How To Do It

Signpost your hospital

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Those who work in institutions know where they are and where they are going; they are rarely conscious of the notices and signposts. Doctors should, but alas do not, have more awareness of the problem of patients and visitors, all of whom, quite apart from their specific diagnostic fears, are frightened of the health care system in general and of hospitals in particular.

Patients and visitors have to make their way to a hospital and can be helped by a map being included in the literature sent out before admission. They need signs to tell them that they have arrived. They need to reach a particular part of the hospital and to know when they have achieved this objective. Each sign must be precisely located; of suitable size, material, and colour; and made up of legible and beautiful letters that suit the building.1

Anyone concerned with signposting a hospital must obtain a copy of the Department of Health and Social Security’s Signs,2 which provides full details of the Health Signs system and language. This article offers a personal user’s guide for those who care about the visual environment of their hospital, whether old or new, and want to try to make their hospital both more efficient and more attractive.

Practicalities

The planner should pretend that he or she is, in turn, a driver, passenger, or pedestrian coming to the hospital, who needs to park, to reach a specific department, and from there other departments, and then to be able to find the lavatories, the cafeteria, and then the way out and back to the car park, all the necessary signs being still visible at dusk and by night.

SIGNS TO THE HOSPITAL

Those arriving at rail, underground, or bus stations need clear signs pointing towards the hospital, as from London Bridge station to Guy’s. Those foolish enough to go to Hammersmith underground station hoping to find themselves near the Hammersmith Hospital may need a kindly notice referring them to White City or East Acton stations instead. Car drivers need clear signs from town centres or major roads to the correct turn-offs. Many older hospitals are in back streets and they need signs from the nearest main road.

PROCLAIMING THE HOSPITAL

Some public buildings can be arrogantly anonymous, like London clubs or Oxford and Cambridge colleges. A hospital should proclaim its name, be proud of its identity and its work, and assure visitors that they have come to the correct building.

Such declaration was taken for granted by the voluntary hospitals of the nineteenth century; the workhouse infirmaries skulked in shameful anonymity. There are still good Georgian examples in London such as St George’s, Hyde Park Corner (designed by Wilkin, 1827), and the General Lying-In Hospital, York Road (Harris, 1828). No one can mistake the Royal Waterloo Hospital for Children and Women (Nicholson, 1903-5) with its giant raised lettering in Doulton tiles.

The tradition continued into the 1930s in a variety of media. Westminster Hospital (Pearson, 1937) has raised metal letters on the façade at Horseferry Road, cut out metal letters lit internally at night over the main entrance, and letters incised in stone on the nurses’ home. About that time came enamel on metal for smaller signs (for example, the Gordon Hospital). When the workhouse infirmary in Du Cane Road graduated into a teaching institution an elegant sign of metal letters on stone arose and can still be seen between the gates: HAMMERSMITH HOSPITAL AND P. ST GRADUATE SCHOOL … LONDON—having lost a few letters over the years.

The new Royal Free Hospital has preserved its 1894 semicircular cast iron sign from the old building, used classical raised metal letters for its school of medicine’s façade, and used bold capitals mounted on a strip away from the main entrance wall to the new hospital. Neurologists (Maida Vale Hospital; Institute of Neurology) and psychiatrists (Tavistock Centre) stick to large plain capitals. But then came health service lettering (see below).

FINDING THE PART THAT YOU WANT

Taxi drivers and some motorists need clear directions about where to drop passengers—be they patients or visitors—depending on whether they want accident and emergency, outpatients, or the main entrance for visitors. If departments are in independent buildings it is even more important that outpatients, obstetrics, physiotherapy, etc, be signposted from the main road to the car parks nearest these units.

Car park notices, like all hospital notices, should not convey simply the usual warnings (CONSULTANTS ONLY), threats (YOUR WHEELS WILL BE CLAMPED), menaces (PENALTY £20), and disclaimers (BOARD OF GOVERNORS NOT RESPONSIBLE FOR LOSSES). Notices should be courteous and helpful: WELCOME TO ST CECILIA’S: PLEASE PARK HERE.

From How To Do It: 2, a new collection of useful advice on topics that doctors need to know about but won’t find in the medical textbooks. To be published in October 1987, this is a companion volume to the popular How To Do It: 1, also published by the BMJ.

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From the car park clear signs for the main entrance and inquiries should be placed so that no one, however anxious, could either fail to proceed in the desired direction or be left in limbo at an unmarked crossroads with alternative paths. Remember that many of your visitors have never been to your hospital before: do help them. Do not be tempted into the false economy of a small monochrome map surrounded and financed by local advertisements. Try for large maps showing, from the visitor’s point of view and position (“You are here”), which buildings have which wards and departments on which floor, and by which staircase and lift they can be reached, with appropriate colour coding of the areas of different use. Designers specialising in axonometric drawings can construct these plans so that they differ only from the viewpoint of direction of approach. The alternatives are mere banks of signs which can confuse by multiplicity, unless they are grouped and broken down in the stages: ALLWARDS/OUTPATIENTS/ACCIDENT & EMERGENCY as the visitor approaches a particular group. Try to be consistent: different signs in succession, such as ACCIDENT & EMERGENCY/CASUALTY/EMERGENCIES, but all going to the same department are disorientating to the hapless patient.

Nor should the main entrance by negativistic. Visitors are not charmed by their first impression of an NHS hospital—NO SMOKING/SILENCE/NO CHILDREN UNDER 14. Why not WELCOME TO ST CECELIA’S, A NO SMOKING HOSPITAL; and PLEASE HELP US TO HELP OUR PATIENTS BY TALKING QUIETLY?

**SIGNS FOR WARDS AND DEPARTMENTS AND LIFTS**

Although some of the older workhouse infirmaries still have wards signified by letters and numbers, most hospitals new and old have wards identified by a name, usually of a person, but occasionally of a saint, street, or electoral ward. A personal touch is given to a ward name if it is accompanied by a photograph or print of that person together with a brief biographical note. The Royal Free Hospital has a particularly successful set. Departments can be handled similarly and named after former directors. Elevators need detailed lists—both beside each lift button on each floor and inside the lift—of the wards and departments on each level. It is helpful if when the lift stops at each floor passengers see through the open gates a giant number on the wall opposite denoting the level, and similarly for those climbing stairs. As you arrive on a floor you need signs for the direction and location of each unit on that floor. Directions can be in identical format on each level, but it is then helpful to have the floor you are at picked out in a special colour.

**OTHER SIGNS**

The tendency now is to number all doors. These also should have a name, indicating the room’s function or occupant, and the hospital needs some central, identifiable, responsible, and dynamic person who can order such name boards and indeed all other signs. Nothing is worse than handwritten scraps of paper taped on to doors, windows, or walls. Of course, temporary notes are needed; they should be put neatly on prominent blank noticeboards. More formal events boards with movable letters should list the timetable of the day or week.

**MAINTENANCE**

If your signs are washable or polishable then someone must wash and polish them regularly; if they are painted they will need painting often, and if they are separate letters fixed to a wall they may go askew or fall off.

**Battle of the styles—which lettering?**

The NHS has a typeface—Health Alphabet—all of its own (fig 1). It is widely assumed by health service architects, designers, and administrators, and even by doctors, that the DHSS requires all hospitals to use this alphabet and no other when using the Health Signs language. This is a total misconception. The DHSS indeed prefers hospitals to use Health Alphabet for economy, legibility, and a recognisable style, but Signs recognises individualism, and gives examples in Garamond, Clarendon, and Rockwell. Signs rightly points out that, whatever style of lettering is chosen, there should be consistency of type for all the signs in a particular building and with the authority’s coat of arms, symbol, and logo.

The early hospitals had lettering chosen presumably by their architects to be consistent with the style of the building. St George’s is neoclassical, and the raised gilt lettering on the architrave of the portico is in a suitable neoclassical style, a formal announcement of classical monumentality in serifed letters. Most hospitals for the next 100 years retained a classical letter form. The alternative, a Roman letter without serifs, appeared on the Brighton Pavilion (1784), as English Egyptian type (1816), and Grotesque ("Grot") in 1835. The beginning of the modern movement in architecture, design, and typography the sans serif letter form was revived and has been widely used in the past 70 years, especially in Germany since the Bauhaus.

In 1915 Edward Johnston was commissioned by Frank Pick of London Transport to design the first standardised lettering for systematic use by a large organisation. The sans serif London Underground typeface has survived successfully to this day. Johnston’s pupil, Eric Gill, produced a sans serif type design of Sans in 1927, which has developed into a family of different weights and widths. The medical world soon followed the trend—for example, in the London School of Hygiene and Tropical Medicine built in 1928 (Horder and Rees). The aesthetic problem of public lettering became acute when the Ministry of Transport’s departmental committee on traffic signs reported in 1944, “that as legibility is important the standard lettering which we use for traffic signs is suitable for street names.” Local authorities were recommended to use a standard sans serif. Only rearguard action by letter lovers and the Royal Fine Art Commission persuaded the Ministry to include in the recommended designs a serif alphabet, specially designed by David Kindersley in 1947. When motorway lettering was to be standardised, however, Sir Colin Anderson’s committee chose on aesthetic grounds Jock Kinneir’s monoline sans serif upper and lower case (originally designed for the P & O and Orient lines and later adapted for London Airport), rather than the Kindersley all capital serif, in spite of the latter’s being shown by the Road Research Laboratory to be more legible, even though the difference was not statistically significant.

Sans serif letters then strengthened their hold. In 1957 Max Miedinger redesigned a Basle typefounder’s Grotesque. Renamed Helvetica, it has had since the early 1960s almost universal success,
not only as a typeface for printers but also for signs, particularly since it became available as “Letrasign.” In the late 1960s the DHSS commissioned Jock Kinneir to produce Health Alphabet, which is between a Helvetica light and Helvetica medium. Health Alphabet, often called NHS lettering, has engulfed our hospitals old and new, just as when BEA and BOAC merged into British Airways in 1973 they chose for their new corporate identity a sans serif as so as to seem informal, friendly, caring, and non-pompous to the new young traveller. Unfortunately, as Kinneir’s Health Alphabet, Railway Alphabet, and Airport Alphabet (designated by Fletcher, Forbes, and Crosby) are so similar, their separate identities are lost. It is interesting that Colin Banks and John Miles gave the Post Office a totally different style of lettering in yellow on a red ground for its new image.7

Adrian Frutiger designed the signs for the Charles de Gaulle airport in Paris: his Roissy is a thin, elegant sans serif reminiscent of the Johnston Sans of 1915. When the new and fabulous MacKenzie Health Science Centre was built in Edmonton Professor Bartl was asked to direct a project to design a sign system. Their studies on legibility led him to Frutiger 55 Roman (fig 2), which was therefore chosen throughout to “combine the advantages of modern sans-serif faces with the elegance and sensibility of classic type design.”

**Occupational Therapy**

**Exit 114 Street**

**Information Desk**

**Emergency**

FIG 2—Sample settings of Frutiger 55 Roman.

But fashion in lettering, as in architecture and design, has now turned back again to the classical. Anthony Williams, consultant in signposting to the DHSS, has at St Bartholomew's Hospital used different alphabets (including a traditional serif type, Garamond), which are related in terms of colour, size, and proportion to the design of buildings of different periods. In 1983 I persuaded St Charles's Hospital to use Times New Roman (fig 3) throughout its 1881 buildings, and this lettering was also chosen for the new mental health buildings of 1985. Times New Roman was of course designed as a typeface for close viewing, with marked difference between thick and thin strokes, and is therefore not suitable for large buildings where notices are seen from afar. Both the British Museum and the National Gallery have recently redesigned all their signs, notices, and labels using letters with serifs: their designers, independently, and quite unknown to each other, chose Century Bold and Old, classical and monumental serifed typefaces (fig 4).

Doctors and scientists reading this account should by now be thinking of James Lind, and demand a controlled trial of legibility. Unfortunately, there have been few such studies in relation to signs, and the results conflict. When the laboratory evidence favoured serif a committee still chose a sans serif upper and lower case for the motorway (see above). Several studies have rejected Helvetica and its related typefaces because they do not differentiate enough between individual letter forms to give optimum legibility of signs.

**Other Languages**

Hospital managers automatically assume that notices should be in the English language in Latin script. Many parts of Britain have in their catchment areas ethnic groups with languages with non-Latin scripts—for example, Greek and Bengali. Expert advice should be taken to produce signs as beautiful and as legible as possible in these typefaces.

**Conclusion**

New hospitals must have a complete sign system, and most old hospitals will benefit from a revamping of the miscellaneous notices that have grown up over the decades. Remember, the system of signs is codified; what you must decide is the type of letter. Basically, in the absence of good scientific field trials of legibility of signs, including their suitability for people with impaired vision, choices are still made on personal aesthetic grounds.

Certainly, use NHS lettering if you want to avoid controversy and save time, if you think it is the most beautiful available, and if you want your hospital to look like every other institution. If you want a modern sans serif then there are several that are both legible and beautiful. If you prefer serifed letters then you should look at old and new buildings that have them, until you find one you like which will suit your building. Then decide whether you want capitals or small letters. The choices are yours. Seize your opportunities—provided you are confident that you will not be upset by the inevitable criticism of your decisions.

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**References**