Correspondence

Sir,—Seeing blueprints for a 14-storey circular building with a central well housing toilet facilities and lifts, and a corridor from which 10 or 12 bedrooms opened on each floor, presented an idea for a new type of hospital ward. Every room had an outside window with a clear view. We have built three hospital blocks on a circular plan (Fig. 1). The first, providing a total of 30 surgical beds, has central nursing stations in which medicines, linen, and equipment are stored and office work completed, and designed so that a patient's trolley can be wheeled in for dressings. Even at periods when nursing staff is at a minimum, all patients can be easily observed by this arrangement. On the lower floor, radial partitions gave easy individual curtaining for seriously ill patients. The advantages noted were that there was no wasted space, less walking for nurses, and maximum space between bed-heads, rendering droplet infection less likely. A 4 ft. ramp at standard permissible gradient allows wheelchairs and trolleys to transport patients, thus obviating lifts.

The second building (Fig. 2) was an ophthalmic department which had to be fitted to an existing site. Though the building is basically rectangular, one end is semi-circular with a half-circle ward on the ground floor and operating-theatre complex on the second.

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G. L. ROBINSON.

Devonport Laboratory, Dreadnought, Stearn's Hospital, Greenwich, London S.E.10.

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The semicircle again permits the 4-ft ramp to the second storey.

The third building is a paediatric block (Fig. 3). Here the interior arrangements were changed. On the ground floor nursing stations are at kitchen, four private wards, and isolation room are all peripheral with glass partitions so that duty nurses can see the whole floor. On the second floor a nursery station, intensive care unit, and 16 surgical cots are peripheral, the centre being a large playroom for occupational therapy and schooling. A separate playground with wheeled toys is provided on the terrace. Maximum movement of air is achieved in this building by eliminating ordinary movable windows and substituting glass louvres, translucent where the sun penetrates and plain elsewhere. Air can always circulate and the dome has an ornamental ventilator cap. The plan allows maximum ventilation, which is highly desirable in a tropical climate.

The advantages from an engineering point of view are that, especially in tropical areas, the roof can be economically provided by a dome which stands up to tropical rainfall; for the same floor space the wall area is a minimum, again reducing cost; intermediate floors can be made of umbrella fountain structures into a single column at the centre; and lobby and veranda space is reduced, the efficiency of planning is increased considerably; and vertical transportation is cheap in two- or three-storey buildings with a ramp. In higher buildings lifts are essential.—We are, etc.,

H. W. G. WILLIAMS.
L. SHRIKIVAN.

Catherine Booth Hospital,
Madaras State, India.

Tobacco Habit

Sir,—Since your correspondent, Dr. Geoffrey Myddelton (2 November, p. 328), trades in opinions rather than epidemiological observations or experimental findings, I thought it timely to draw attention to an earlier opinion on the subject of the tobacco habit:

A Counterblaste to Tobacco
By His Most Gracious Majesty
King James I

"Smoking is a custom loathed to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black stinking fume thereof nearest resembling the horrible stygian smoke of the pit that is bottomless."

At the risk of being irrelevant I should like to add that our own experimental studies on the comparative carcinogenicity of tobacco smoke condensate and particulate air pollutants from a diesel-infested part of London indicate that even the moderate cigarette smoker takes in about ten times as much carcinogenic active material as an average non-smoking inhaler of London air.—I am, etc.,

FRANCIS J. C. ROE.

Chester Beatty Research Institute, Institute for Cancer Research, Royal Cancer Hospital, London S.W.3.

Increased Government Control

Sir,—Mr. Kenneth Robinson's Green Paper is a quite frightening document. Under the guise of following the Porritt proposals, it aims at increased Government control of the medical profession, a vast multiplication of administrators of all grades, and a vast shift of money from essential medical services into other channels.

Porritt never envisaged area health boards operating over such wide areas that 55 or 56 hospitals should be administered by government appointees through remote control. He was grieved, last year, freely elected area health boards, representative of all interests, whose hospitals were not remote from them, and which should have more autonomy and more say in the management of their own affairs. His advocacy was for an advocation of the medical services, especially where these overlapped and were duplicated, but at local level and not over one or two county areas.

Under the proposals as far as can be judged from the Green Paper, hospitals will be far from their central administration, and local interest is likely to vanish from sheer lack of encouragement. General practice as we know it today will cease to exist, and it is likely to become a salaried service operating from clinics or from hospital centres. These are the proposals of Mr. Ernest Brown in 1943 and 1944 all over again, but nicely tinted with socialist dognma.

I have heard it said that the Green Paper is merely a kite that is being flown and that there is no need to worry. In the near future this green kite will become a white kite, and we shall then be told that it is now too late for negotiation because a Bill "is already in print."

Let us, as quickly as is compatible with common sense and careful planning, formulate our own proposals, and make it known that these are the proposals we are prepared to negotiate upon, and if necessary we should make this a resignation issue. But, if it comes to that, let us really be prepared to resign, and let us never again see our resignations