FIG. 1.—West elevation, with entrance ramp and principal entrance.

A NEW SWISS OTOLARYNGOLOGICAL CLINIC

BY

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Many of the hospitals in this country are planning to rebuild or to reconstruct their buildings. It is hoped that the otolaryngological departments will have a full share in this necessary reconstruction. I have recently returned from a visit to the two newest Swiss hospitals at Zurich and Basle. I was very much impressed by Prof. Nager's new otolaryngological clinic at the Canton and University Hospital, Zurich, and decided that a description of the clinic would be useful.

The Canton and University Hospital, Zurich

This new hospital is being built in sections in an open park on the site of the old one. It is situated on a steep incline, in a broad tree-lined avenue opposite the University buildings, and is about fifteen minutes' walk from the centre of Zurich. It will consist of one large central building of five stories, linked by bridge corridors to about five four-story buildings. A model of it is displayed in the entrance hall of the new polyclinic.

The polyclinic, or out-patient department, is the only new building completed, and I spent two separate days inspecting it. It is a four-story structure, with a long façade set back from the main avenue (Fig. 1). I had the good fortune to know Prof. Nager, the director of the otolaryngological clinic, and he kindly gave up more than two hours of his valuable time showing me round. He has spent nearly fifteen years planning this new building, and for the result merits the highest praise. He insists that the medical staff should plan their own departments in collaboration with the architects, who would carry out their desires. It is essential that both medical officer and architect should visit other new hospitals, such as those at Stockholm.

The main entrance is on the ground floor in the centre of the building and has two sets of metal-and-glass swing-doors. This entrance opens into a large oblong hall, well lighted by large windows on both sides. On the street side there is a spacious registration office separated from

the hall by a glass-panelled partition. At the farther end is a waiting-room, at the near end a separate entrance to the clinic for students. The entrance hall covers a large part of the ground floor. The building is air-conditioned and sound-proof, and has panel central heating. As there was 12° C. of frost in Zurich it was a good test for an air-conditioned centrally heated building. Both air and heat are excellent. During the winter in Switzerland air-conditioning is very necessary, but in summer the windows are opened both in this hospital and in the new Basle hospital. The straight, broad, well-lighted corridors are excellent. The walls and ceilings are lined with sound-proof panels, which are easily removed for ready access to the pipes and electric wires, etc., placed in the ceilings.

The Otolaryngological Clinic

This occupies the second and third floors. A broad, well-lighted, straight, and spacious sound-proof corridor passes from end to end of the clinic (Fig. 2). In the centre of this corridor is a roomy entrance lobby, with large windows and giving access to the lifts and staircase. Immediately opposite the staircase, over a glass-panelled door of the large office of the secretarial staff, is a clock. This office is separated from the corridor by a well-designed wood-and-glass partition, and anyone inside has a view of the corridor and its entrance. Adjacent to the secretarial office the director, Prof. Nager, has his suite, consisting of a large consulting-room with a smaller room for examining patients, an experimental research laboratory, a histological laboratory, and a third laboratory for microscopy. The laboratories are presided over by a skilled lady technician. On the opposite side of the corridor is a waiting-room, with the necessary cloak-room and lavatory accommodation for the director's private patients. On the other side of the secretary's office is a library of ample size. All these rooms have communicating doors. At one end of the corridor are two operating theatre suites, a special theatre for endoscopy, a room for labyrinth tests, etc., and a camera silentissima for hearing tests research and audiometry.

On the side of the corridor opposite to the director's laboratories is the sisters' room; a series of small rooms for treatment such as short-wave diathermy, light treatment, and an inhalatorium with electrically heated inhalers; and a large waiting-room. Next to the last-named is a spacious and well-lighted

FIG. 2.—Standard corridor connecting with the future ward block. Ceilings are reduced from the normal height of 3 metres to 2.45 metres by means of removable panels providing space for installations and reducing echo. The floor-covering is of cork sections.

out-patient clinical room (Fig. 3). This has nine sets of open cubicles for examination, separated into two groups of five and four by a room for washing and sterilizing instruments, etc., with a glass-panelled partition and door. There are surgeons' washing-basins within easy reach of every cubicle. Each cubicle is well equipped with double electric-lighting sets—one for the forehead reflecting mirror and the other a switch-board for head-lamp, transilluminator, cautery, etc.—a small sterilizer, a spittoon, a glass-door cabinet for special instruments, a trolley for small trays for examining instruments, dressings, and drugs, a small pull-out writing-table; in fact, a complete outfit for the examination and minor treatment of any ear-nose-and-throat patient. All this equipment is mobile. Each cubicle has an electric-light indicator signalling by numbers: 1, to summon the nurse; 2, to summon the next patient; and 3, to summon the secretary. In addition to the large waiting-room there are two recesses, opposite but not in sight of the examining cubicle, for three or four patients about to be seen or for a patient having cocaine or other local analgesic. In line with the recesses is a secretary's office, nurses' room, and lavatories. A record office and a series of small rooms for a speech clinic and for the treatment of defects of speech are near by. Immediately beyond the out-patient room is a narrow passage about 60 ft. (18 m.) in length, isolated by swing-doors, for the testing of hearing of the voice, whisper, etc. On the farther side of this passage is a small theatre for tonsil and adenoid operations and a complete suite of rooms for the recovery of these patients, who remain the whole day, or longer if necessary. Adjoining this suite is a recreation room and bathroom, etc., for nurses. There is a terrace balcony or solarium on the roof, and balconies are placed wherever practicable and desirable. There are many more details of equipment and accommodation which are better seen than described.

The 60 beds of the otolaryngological clinic are temporarily placed on the next floor, but the clinic is to be connected to the in-patient block for the special departments, and in future the beds will be on the same floor level as the theatres.

The director sees and treats all his private patients at the clinic. He does his hospital work usually from about 8 a.m. to 12 noon every day, and sees his private patients in the afternoon. He teaches students in the afternoon in the students' clinical and lecture theatre, where there are about thirty lamps and places to examine patients. From 60 to 150 students each year do a three-months session. The course is for three years, and they have to pass an examination in otolaryngology. The complete qualifying period for medical students is 6½ years. The director is given full secretarial assistance and is encouraged to do, and is given every facility for, clinical research and private practice. All the departments of the hospital are to have this generous accommodation and equipment.

Conclusion

The outstanding features of the new Swiss hospitals are:

- (1) The well-designed entrances and exits, with imposing well-lighted entrance halls.
- (2) The straight broad corridors, efficiently heated, air-conditioned, sound-proofed, and well lighted by windows. As many large windows as possible, glass-panelled doors, and glass-panelled partitions of the secretarial and registration offices and day rooms conserve the light. There are no "tube station" passages and no spots of congested traffic.
- (3) The recreation or day rooms on each floor, the numerous balconies, and the roof solarium, which are well placed and designed.
- (4) The provision by the Swiss authorities for their medical staff of every facility for private and hospital practice and for clinical research, as well as secretaries and technical assistants. These facilities are also now provided for those departments which have not been rebuilt.

FIG. 3.—Northern half of the main treatment room of the E.N.T. clinic, with five treatment chairs. Sterilizing-room adjoins on right. Apparatus, desk, plumb-ing, etc., mounted on transversely placed units so that the treatment chairs are separated off while the unity of the room is preserved. Service passage alongside windows.

The medical officers have taken an active part in the planning and designing of their own departments, particularly with regard to such details as the placing and allocation of rooms, equipment, labour-saving devices, etc. This responsibility of planning is accepted with enthusiasm by all the medical officers concerned.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Conferment of Honorary Fellowships

On the occasion of the grant of the Royal Charter to the Royal College of Obstetricians and Gynaecologists by H.M. the King this year the opportunity was taken to confer the Honorary Fellowship on the four surviving signatories of the articles of association whereby the College was incorporated—namely, Prof. J. M. Munro Kerr, Prof. C. G. Lowry, Sir Ewen Maclean, and Sir William Fletcher Shaw. The ceremony took place at the College, 58, Queen Anne Street, on Oct. 3. The President first paid a tribute to the signatories who had died—namely, Dr. H. Russell Andrews, Prof. W. Blair Bell, Sir Comyns Berkeley, Sir Francis Champneys, and Dr. T. Watts Eden.

Prof. Munro Kerr was introduced by Prof. R. H. Lennie, who spoke of Prof. Kerr's occupancy of the Muirhead chair of obstetrics and gynaecology at Glasgow University, a post which he held for sixteen years, and latterly his regius professorship at the University. Sir Eardley Holland introduced Prof. Lowry, emeritus professor of midwifery in the University of Belfast, where he had exerted a most beneficial influence on Irish medicine. The next recipient was Sir Ewen Maclean, introduced by Prof. G. I. Strachan, who spoke of Sir Ewen's work in the University of Wales and also of his wise counsel in all matters that concerned the Royal College. Finally, Mr. G. F. Gibberd, in introducing Sir William Fletcher Shaw, said that the very inception of the College was due mainly to his inspiration.

Sir William Fletcher Shaw, replying for the four Honorary Fellows, said it had been discovered recently that in the last century a number of obstetricians had suggested the foundation of such a college. Many of the leading obstetricians of that time had made suggestions which would have greatly improved the teaching and practice of obstetrics, but almost invariably the physicians and surgeons had joined together to prevent those suggestions from being carried out. The obstetricians, realizing that this was due to their opponents being organized in Royal Colleges, were of the opinion that they