

RES MEDICA

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Hospital Architecture in Britain

Abstract

"The hospitals built now will represent our age to future generations. It is essential that they are not only functionally efficient but aesthetically desirable. The architecture about us affects our attitudes-both conscious and subconscious. Design is the concern of us all." These were the beliefs presented to us by Mr Bruce Ritson and the Museum Committee when they brought an exhibition on contemporary hospital architecture to the Royal Medical Society in February. The material for the display, which was accumulated with care and effort from several sources, bespoke the concern for, and interest in, hospital design of the organisers. By showing us the best of what is new in Britain they have equipped us to criticise and thus to play our part in the development of the hospital in this country.

The vitality of the doctor /architect liaison was well emphasised. As Geriatric and Casualty departments grow, tuberculosis sanatoria become redundant. The architect designing alone can hardly be expected to sympathise with such trends and the doctor designing alone cannot adequately cater for them. They must stand together, and, where luck runs low, fall together: by experiment and the pooling of experience. The best will be built into the hospitals of tomorrow, and they will appeal from both the functional and aesthetic points of view.

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Consumer Research

At about the beginning of June, one in three of all Edinburgh medical students will receive a questionnaire from the Professor of Public Health and Social Medicine. The questions to be asked cover such topics as: factors which influenced the student's decision to enter medicine; his reactions to the medical school; his views on different phases of the medical curriculum and on medical education generally; his views on different branches of medical practice, and his own career plans.

This questionnaire represents the first stage of a national enquiry launched by the Association for the study of Medical Education. All medical schools are now engaged on a re-appraisal of their curricula and their teaching methods, and the Association for the Study of Medical Education (or ASME, as it is generally known) recognises that the value of these discussions is likely to be very greatly increased if they take full account of the medical student—his background, his interests and his reactions. Accordingly, all medical schools in Britain will be invited to participate in this enquiry, and the Edinburgh University Department of Public Health and Social Medicine is to carry it out on behalf of ASME.

If this information is to make a real contribution to current discussion, it must be collected and analysed within the next year. The main enquiry is scheduled to take place at the beginning of the Spring Term, 1961. Before then the results of the pilot study must have been studied in detail and the questionnaires modified to take account of any flaws which the pilot survey may show up and adapted to meet the special circumstances of the various participating medical schools. This explains why the first (pilot) questionnaire has to be launched at a time of the year which is by no means ideal from the point of view of the majority of students. It is hoped, however, that the students concerned will appreciate the reasons for the timing, and will find an opportunity to give a considered opinion in answer to questions which he is sure they will find interesting and relevant.

This is an important investigation, and one which should have a real and lasting influence on medical education in Britain. Edinburgh students, being in the forefront of the enquiry, have a special opportunity to increase its value and its impact.

Hospital Architecture in Britain

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When this partnership is ill-balanced, design suffers and failure results: the completed building is unsatisfactory either to the architect or the doctor. Fortunately these failures are becoming rarer and were not represented among the plans, photographs and models on view in the Royal Medical Society. We were given here a complete idea of the good things that can emerge from a proper relationship between the doctor and the architect, and we were convinced that a knowledge of design is as important to the doctor as a knowledge of signs and symptoms.

This has been one of the most attractive features of a pleasant Session, and our thanks and congratulations go without reserve to the organisers, who have excelled themselves much to our benefit, and to the Department of Health for Scotland and the architects of the Western, Eastern and South-East Regional Hospital Boards who kindly lent the material for the exhibition.

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