to be conducted regularly in the Center's chapel.

Q. Who will be the patient's physician while he is in the Clinical Center?

A. Each patient will have as his physician a qualified clinician from the Public Health Service staff. He will perform the full range of services and assume the responsibilities of the personal physician for the duration of the patient's stay in the Clinical Center.

Q. What is the relationship of the patient's own physician to the patient while in the Clinical Center and afterward?

A. The patient's own physician will be welcomed in the Clinical Center to visit the patient and confer with the staff. Full reports on each patient will be made at suitable intervals to the referring physician or institution. On discharge, the patient is referred back to his physician or institution, or both, and the results of treatment and recommendations for further therapy, if desired, will also be made available. In cases requiring followup observation and therapy, appropriate arrangements will be made with the patient's physician.

Q. Does the Clinical Center have medical facilities available for routine treatment of persons in the local area?

A. No. The Clinical Center operates solely as a research facility. The only exception—as is true of all hospitals and clinics—will be the treatment of emergency cases, such as victims of nearby automobile accidents. Such patients will be transferred to the regular general hospitals of the area as soon as it is safe to do so.

The Clinical Center Structure

The Clinical Center is designed in the shape of a Lorraine cross in which the central stem of 14 floors is divided lengthwise by 2 corridors. Rooms for patients are located on the south side, separated by a corridor from nursing and related patient services. Clinical research laboratories are along the north corridor. Fundamental research will be conducted in the 6 wings, each of 11 floors. One of these wings (see drawing) is designed especially for radiation studies.

[For schematic floor plans showing the interrelationships between facilities for patients and the clinical and basic laboratory space, see *Public Health Reports*, August 1952, p. 821.]

Patients are cared for in 2 nursing units on each floor, with 13 rooms and a capacity of 26 patients. Typical rooms (see picture 1) are 17 feet long by $11\frac{1}{2}$ feet wide. The nursing station (picture 2) is centrally located in each unit and equipped for economical and efficient service, including voice communication with each patient. With the welfare of the study patient as a primary consideration, facilities have been provided to make their stay in the Clinical Center as comfortable to them as practicable. A chapel (picture 3) provides regular Protestant, Hebrew, and Catholic services, and clergymen of each faith have offices in the Center. Recrea-







tional facilities are available. Each floor has a solarium for patients which is reached by connecting corridors separate from the laboratory and general public spaces in the building. A



sun deck (picture 4) looks over the rolling hills of Bethesda. Other buildings on the grounds of the National Institutes of Health may be seen, with the National Naval Medical Center in the background.

In addition to 500 beds for study patients, the Clinical Center contains some 1,100 12by 20-foot modules in the laboratory areas. Flexibility in research space is provided by demountable partitions (picture 5). Laboratory utilities—illuminating gas, vacuum, distilled and hot and cold water—come up the main walls every 12 feet. Plumbing in the partitions brings utilities to the benches and sinks. One of the clinical laboratories, ranged along the north side of the main stem, is shown in picture 6. This is a 2-module unit. Picture 7 shows a 1-module unit in one of the laboratory wings provided for basic investigations.

Several ancillary buildings (picture 8) service the Clinical Center and other units of the National Institutes of Health. Heating, airconditioning, and a plant for emergency power production are provided in one building. Adjacent are shops, storage, and laundry buildings; incinerator; animal buildings; a grounds maintenance building; and a general utility building. A tunnel permits materials to be transported directly from shops and storage bins to research space in the Clinical Center without the necessity of reloading carts and



trucks. Auxiliary functions are placed in service structures outside the Clinical Center to reduce construction costs and to avoid uneconomical use of research space, as well as to reduce such factors as smoke, traffic, and maintenance activities in the Center itself. An apartment building (containing, for the most part, efficiency apartments, but with a small number of 1- and 2-bedroom units) is still under construction immediately adjacent to the Clinical Center. It will provide housing for medical, nursing, engineering, and maintenance staff whose duties require them to be available for emergency calls.

The Clinical Center building program (which includes, in addition to the Center itself, the various auxiliary structures, land, roadways, storm sewers, and so forth) on completion, fully equipped, will represent a total investment of approximately \$64 million. Rough breakdown is as follows: \$3.5 million—site acquisition and original plans; \$34 million—the Clinical Center building itself; \$8 million laboratory equipment and initial supplies; \$17.5 million—fully equipped auxiliary structures (boiler plant, shops, laundry, warehouse, animal facilities, chemical storage, grounds maintenance, isotope laboratory, and general utility building); \$1 million—apartments for resident



staff performing emergency patient-care duties.

The Clinical Center itself contains 1,266,400 square feet gross, of which 55 percent is net space.