

Medical School

► The base hospital at Will Rogers Field is under consideration by the Veterans Administration for a Veterans General Hospital. At the request of the Veterans Administration a dean's committee has been set up at the Medical School to co-operate with the Veterans Administration in working out plans for staffing such an institution. Conferences have been held, and it is thought that such an arrangement will be made although there has been no official announcement by the Veterans Administration.

► Word has been received that First Lt. David U. Geigerman, MC 2819 Welborn Street, Dallas, Texas, graduated from the Army Air Forces School of Aviation Medicine, Randolph Field, Texas, on the 8th of February, 1946. The intensive course Lt. Geigerman has just completed is one prerequisite for attaining the wings of a flight surgeon in the Medical Corps, United States Army Air Forces. Dr. Geigerman received his degree of Doctor of Medicine from the Oklahoma University School of Medicine in 1944.

► The Riggs Optical Company of Chicago, through their manager, Mr. J. E. Bohle, presented the School of Medicine with a slit lamp for the eye clinic. Dr. Lamb acknowledged the gift on behalf of the University of Oklahoma Foundation; and Dr. Langston, dean, for the School of Medicine. The School of Medicine is most appreciative of the valuable contribution from the Riggs Optical Company.

► Recent visitors on the Medical School campus were: Dr. D. A. Ward, member of the class of 1931, and who is now in the Navy; Dr. C. L. Tefertiller, member of the class of 1942, who is now stationed at Naval Ammunition Depot at McAlester; Captain Trzaska, class of 1943. Dr. Trzaska, a member of the Medical Corps, is on his way to California preparatory to going overseas.

► The sixth annual meeting of the Oklahoma City Internists Association was held at the School of Medicine, on February 22. Dr. Bert Keltz, as president of the Association, arranged the program which consisted of eight papers concerning primarily the diagnosis and therapy of various medical diseases. Luncheon was held at the University Hospitals for the doctors in attendance. In addition to those physicians from Oklahoma City, approximately 60 doctors attended from other towns and cities throughout the state.

A Construction Program for the University of Oklahoma, School of Medicine

By JOE E. SMAY, Director
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"Make no little plans, they have no magic to stir men's souls."—D. H. Burnham.

The last state legislature appropriated \$1,432,503.10 for the erection of buildings and purchase of equipment for the University of Oklahoma School of Medicine. Having realized for some time the inadequacy of present teaching hospital facilities, the directors of the School of Medicine have been making plans to rectify prevailing shortcomings.

Joe E. Smay, director of the School of Architecture of the University, was employed to study existing facilities and make recommendations for additions. There have been prepared under his direction a model of the entire campus of the Medical School, plans of the existing hospital, study of the School of Nursing, plans for a new 400-bed teaching hospital, and plans for the extension of the power plant units. Working with him and doing much of the physical work was Nancy Kendall Barberii, graduate of the University of Oklahoma with degrees in Arts and Sciences and Architec-

ture. Dr. H. A. Shoemaker, assistant dean of the Medical School, lent his untiring effort and detailed attention to every suggestion of the planners.

Initial efforts were concentrated on a study of the existing facilities and the recommendations of the American Medical Association. These studies revealed that the greatest needs are for:

1. Additional facilities for the out-patient department
2. Added adjunct services for the hospital
3. A new School of Nursing
4. Additions to the power plant, laundry and shops
5. Some provision for isolation units

The out-patient department, contributing much to the training of student doctors, is not integrated with the present hospital. Space is at a premium. There should be adequate facilities for at least 200 patients per day.

A study of the general hospital reveals some startling statistics. An authoritative article published by *Hospital* tabulates space requirements for hospitals of various sizes. For a hospital of 50 beds, 555 square feet per bed should be available. As the hospital increases in size, this figure reduces to a minimum of approximately 400 square feet per bed. Greater space allocation should be allowed for a teaching hospital. Additional space should be provided in surgery, X-ray, laboratories and all those units which require observational area. Students should be provided with their own laboratories, dressing rooms, toilets and other essential accommodations. Thus the required square feet per bed should be approximately 450. The space allocation for the present hospital provides only slightly in excess of 300 square feet per bed. This tells its own story.

The School of Nursing consists of one small building which is totally inadequate for the present number of nurses. Three other locations are required to meet these needs. Rooms designated for two nurses now accommodate four. This is only possible inasmuch as a large sleeping porch provides sleeping area. Teaching facilities are practically non-existent.

The present power plant is barely sufficient to carry the load of the present buildings. Boilers are

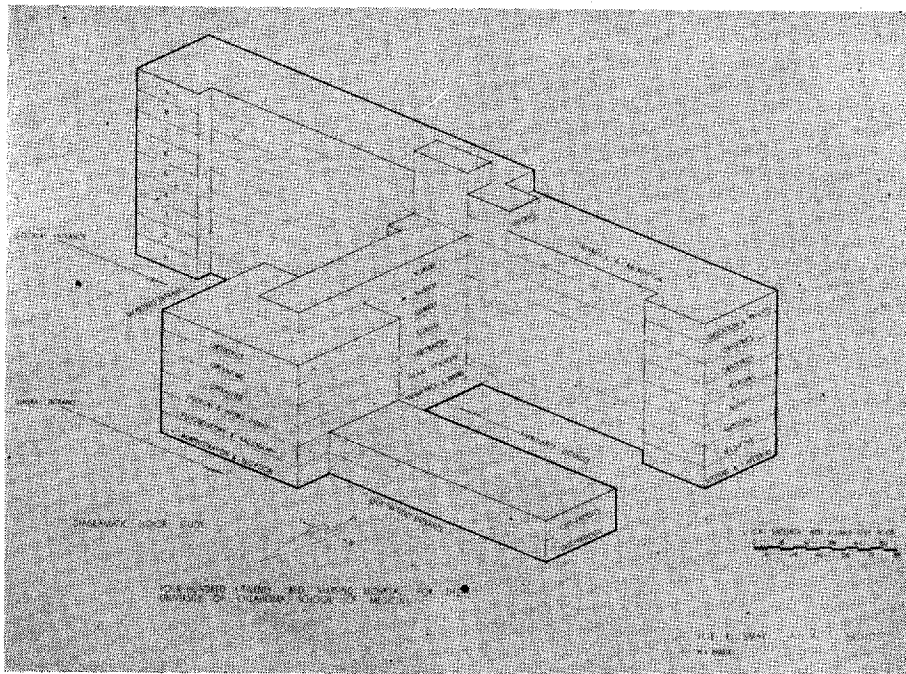
old; parts of the building are constructed of temporary sheet metal, while a temporary metal smoke-stack serves the whole. When buildings are added, more capacity will be mandatory. Standby boilers must be provided. An emergency lighting generator is essential so that in case of storm, when other distribution lines are down, the hospital still can function.

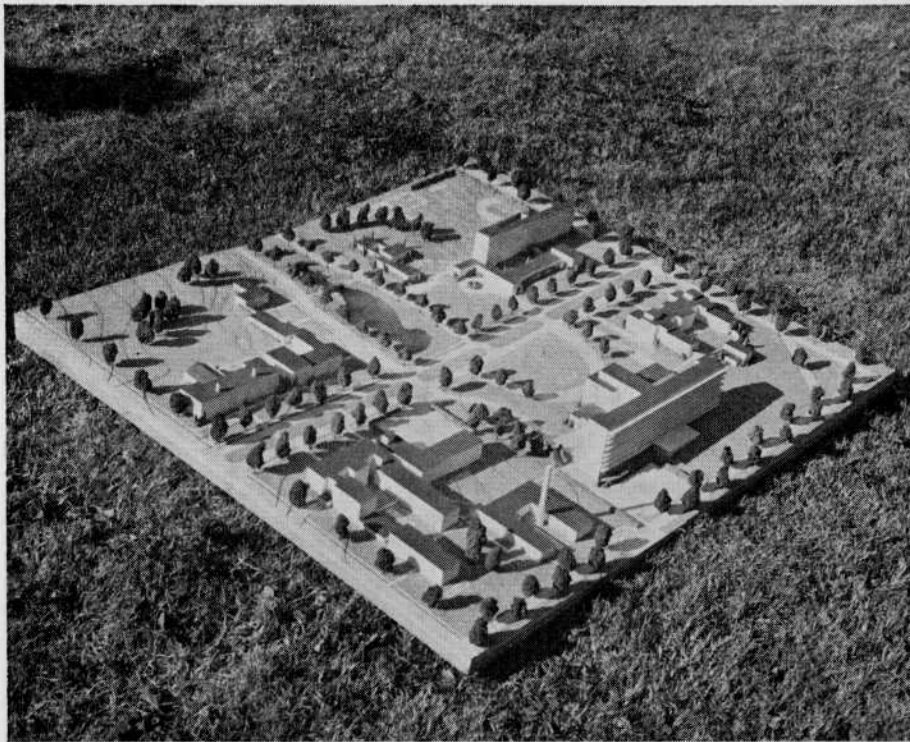
The vast number of needs in this institution might discourage one without optimism. And these needs must be met with an economy budget so planned that they will contribute to a master plan. The building committee of the University of Oklahoma suggested that study be given a master plan. The visual interpretation of that plan is best illustrated by the model of the complete Oklahoma City campus. This scheme is not the only one which might serve the expansion. It is one, however, upon which much time and study has been spent.

The model indicates the erection of the School of Nursing on Thirteenth Street opposite the present Crippled Children's Hospital. This is no mere accident. In locating this building, consideration must be given recreational facilities for student doctors and nurses. Such facilities are impractical and indeed impossible in the vicinity of the hospital where patients must be allowed rest and quiet. It is equally impractical in the vicinity of a classroom where the impulsive shouts of game participants would prove a serious handicap towards concentration of scholastic efforts. The building is placed forward on the site allowing for expansion and recreational space away from the arterial highway. A small building is also indicated in this vicinity for recreation and assembly. This entire site then becomes an area for residential and recreational facilities.

Location of the power plant is not optional. The present power plant cannot be moved without considerable expense. The model indicates the extensions to power plants, laundry and shops as additions or improvements to those which already occupy this position.

The model indicates a suggestion that additional school facilities be relegated to the vicinity of the present Medical School. This entire area should be reserved for future Medical School development. Close proximity to patients may be obtained through additions to the present General Hospital should opportunity permit observational and experimental work incorporated with the School. Such facilities can be provided by additions or remodelling portions of the hospital at a minimum of expense.





Model of proposed plan for School of Medicine and hospitals of the University of Oklahoma.

It is expensive and impractical to completely renovate the present hospital with the aim of producing a completely modern hospital. Locations of entire units would need be changed; plumbing and electrical services would be relocated. Such extensive renovation would cost almost as much as a new hospital with the ultimate result in doubt. The eventual construction of a new hospital is inevitable if adequate facilities for a fine Medical School are provided. There is one logical location for this new unit.

Two remotely separated hospitals are more expensive to operate than if they are in close proximity. Needless duplication is required where separation exists. This problem already manifests itself with the present location of the Crippled Children's and the General Hospital. A new structure, located between these two would accomplish unification. Common facilities should be provided in the central unit. Short, covered passages or tunnels could then join all three units. This would result in economy and efficiency of operation.

In addition to the proposed plot plan, studies have been made of the various buildings. Power plant problems have been attacked by Mr. Kraft and Bennie Schultz. The School of Nursing has been studied by James Fitzgibbon of the School of Architecture. He proposed that the School of Nursing provide: school facilities, an auditorium which could be used for skits, speakers, and dances and an infirmary for student nurses, in addition to the residential rooms. The original study provided that each room be occupied by two nurses. This idea should be abandoned for single occupancy.

The new hospital has been studied in considerable detail. In the proposed location it should combine vertical and horizontal circulation. Patients can be transported faster in elevators than on a push-stretcher. Also, vertical arrangement provides a maximum of natural ventilation.

Cool, pleasant rooms for patients were the first consideration. The majority of these rooms are located on the south with service rooms, stairs and elevators relegated to the north side. The plan provides other units in a link connecting to a north wing in which would be housed major surgery, X-ray, laboratories and physio-therapy. These units must be provided with air-conditioning so their location on the north would prove no handicap.

The schematic diagram of the entire structure indicates a modern trend in hospital planning. Surgery, X-ray, laboratories and physio-therapy are no longer relegated to the top floor of the building. Instead they are located in easy access to the out-patient department. Good merchandising in modern store salesmanship places those commodities which are in greatest demand in the most accessible locations. Should we use less science in our planning of great hospitals?

The surgery floor indicates another departure from the old tradition. Here, operating rooms are lighted entirely by artificial means. Artificial light provides a shadowless illumination of the required intensity. Here, too, the service rooms for surgery are not scattered down the hall. Instead, they are grouped around the operating theatre resulting in a saving of time and effort.

A central sterilizing room serves four operating

rooms instead of the customary two. This permits centralization and requires a minimum of service personnel. Small galleries are substitutes for the traditional large ones where few can hear and none can see. Small clean-up rooms, adjoining the operating rooms, provide efficient janitorial service for quick and aseptic cleaning after operations.

The X-ray floor provides a central dark-room for loading and developing. The technician steps into his booth, operates the machine, removes the film and passes it through a light-proof passage. He need not walk down the corridor to obtain film or develop the exposed plates. Physio-therapy is located above X-ray. This permits the utilization of lead shielding in the ceiling of X-ray for the dual purpose of water-proofing from baths above and shielding from harmful rays below.

The realization of this program is dependent upon government participation. At the present time the program does not appear too promising. Of the original appropriation, approximately \$300,000 has been diverted to other projects. Federal participation through Senate Bill 191 has unfortunately been interpreted to apply to localities where practically no hospital facilities exist. Considering the present funds available, the author has the temerity to suggest the following allocation:

1. School of Nursing for 200 nurses.
2. Additions for the power plant, laundry and shops.
3. Such additions to the hospital as will allow greater space for the out-patient department and careful intergration, enlarging, and relocation of X-ray, surgery, laboratories and physio-therapy.

It is hoped that pressure will not be exerted to merely provide more beds for patients at the expense of facilities for teaching purposes.

There are many other needs of this great institution. A few of these are: new library, recreational and assembly building, new research unit, Dental College, student union building, isolation units and tube and tunnel communication to all buildings.

The alumni of the Medical School will support the University of Oklahoma Foundation. Other institutions have become great because they had the support of their citizens. Living memorials to soldier dead or deceased relatives are fitting and proper. Oklahoma is a GREAT state. Its citizens are the finest. Let not their health be impaired nor their enthusiasm dampened, in this, the greatest program to which our people can dedicate themselves.

