

**THE  
CLINICAL  
CENTER**

OF THE  
NATIONAL INSTITUTES  
OF HEALTH

NATIONAL  
INSTITUTE OF  
ARTHRITIS &  
METABOLIC  
DISEASES

NATIONAL  
CANCER  
INSTITUTE

NATIONAL  
HEART  
INSTITUTE

NATIONAL  
INSTITUTE  
OF MENTAL  
HEALTH

NATIONAL  
INSTITUTE OF  
NEUROLOGICAL  
DISEASES &  
BLINDNESS

NATIONAL  
MICROBIOLOGICAL  
INSTITUTE

NATIONAL  
INSTITUTE  
OF DENTAL  
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# THE CLINICAL CENTER





*Architect's Sketch of The Clinical Center, Bethesda, Maryland*

THE NATIONAL INSTITUTES OF HEALTH is the principal research arm of the Public Health Service. It is one of the largest institutions in the world devoted to basic medical investigation.

Composed of seven institutes, the National Institutes of Health explores problems of every major disease from which man suffers. Because disease frequently involves not one but many of the body's processes, the various institutes are undertaking much basic research simply to learn more about the human body and its mechanisms.

It was in 1887 that Dr. Joseph Kinyoun initiated scientific research in the Public Health Service. Science has made considerable progress since then in the control of infectious and communicable diseases, and many years have been added thereby to man's average life span. Now, other diseases have become the leading causes of disability and death, and during the past few decades, the pattern of research at the National Institutes of Health has shifted sharply as it has in other research institutions throughout the world.

It is these — the long-term or chronic illnesses, such as cancer, the cardiovascular and mental disorders, the neurological and metabolic diseases, along with certain still-unconquered infectious diseases — which are now the main focus of research at the National Institutes of Health.

To expedite the attack on these diseases, the Clinical Center was planned in 1945. It is expected that the first patients will be admitted in January, 1953.

*In recent years, the National Institutes of Health, in common with many other research centers, has found an increasing need for clinical facilities.*

Public benefit from research has sometimes been delayed because findings made in the laboratory could not receive rapid clinical evaluation. This evaluation must precede general public use of a new drug or treatment.

With increasing scientific specialization, clinical and basic laboratory studies have tended to become separated. This separation has weakened the positive, unified approach to scientific investigation by which all facets of a problem can be considered at the same time.

*It was to meet these needs that the Clinical Center was planned.*

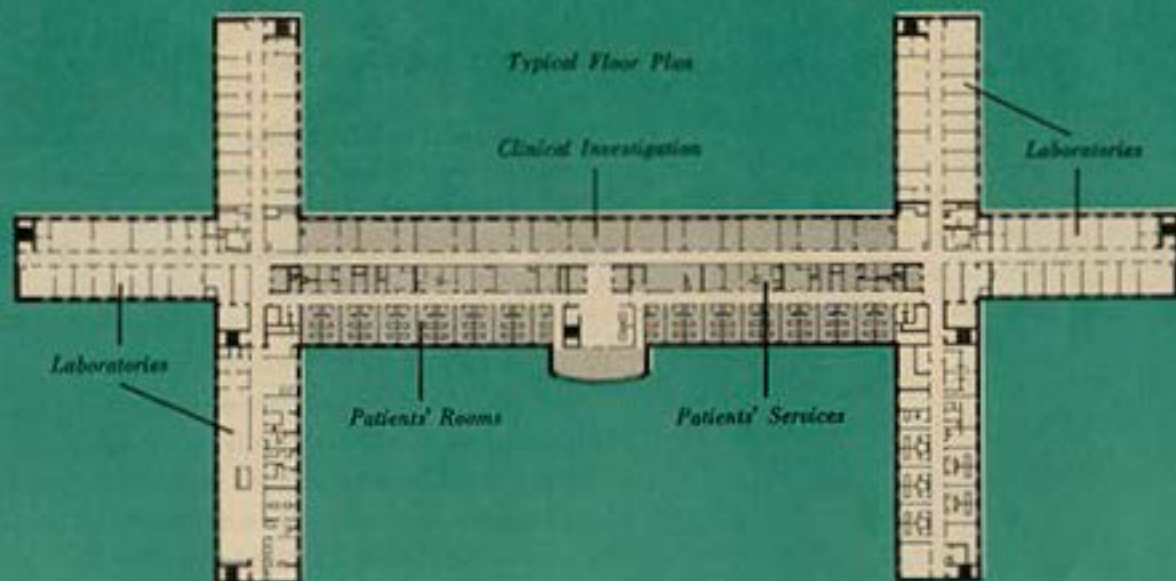
It has meant the planning of a new kind of building which will provide an unprecedented volume of laboratory space to meet the needs of scientific investigation and at the same time provide the best possible hospital care for patients.

The planners of the Clinical Center visited hospitals and clinics, university research centers and industrial research laboratories. They consulted scientists, doctors, nurses, social workers, hospital administrators, sanitary and industrial hygiene engineers, and many others.

The result will be a 14-story research hospital of 500 beds, with twice as much space for laboratories as for patient care.

It will be the largest institution of its kind in the world, giving scientists an exceptional opportunity to pool all their skills and resources in the attack on the major diseases.





*In the allocation and division of space, the Clinical Center reveals its coordinating function.*

Each Institute of the National Institutes of Health will have space for patients and for laboratories in close proximity.

The typical floor will have two nursing units, each accommodating 26 patients. Both units will be on the south side, with patient services occupying the central corridor and with clinical laboratories immediately across the corridor on the north side.

The typical floor will also have approximately a hundred laboratories. The number and dimension can be varied as the need arises because the Clinical Center will make full use of demountable partitions and interchangeable standard laboratory equipment.

While unity of operations will be maintained, there will be sufficient separation of laboratories from patient areas to assure maximum comfort and isolation for the patients. For example, a two corridor plan and separate banks of elevators will limit traffic to either the patient or laboratory areas.

*Patients who occupy the Clinical Center will be carefully chosen.*

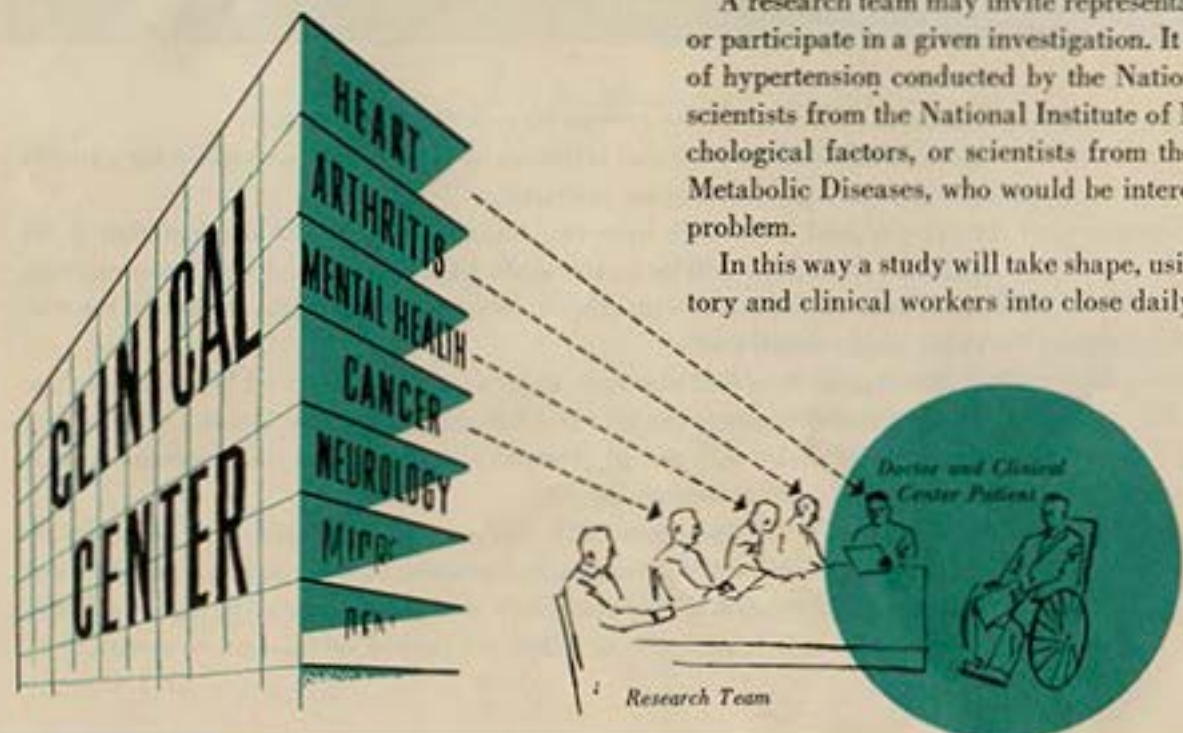
The patient will be admitted on the basis of a diagnosis which meets the requirements of a particular study. For example, a patient chosen by the National Cancer Institute will be one of a group of cancer patients, each of whom presents a similar problem, defined by such criteria as the type of cancer and its duration, and possibly such factors as the patient's sex, age, and weight. Such patients will come referred to the Center through the cooperation of hospitals and physicians, both in the local area and throughout the country.

The planning and conduct of research in the Clinical Center will be the responsibility of each Institute.

When a problem is selected, the methods of approach will be determined by a research team which may include scientists from non-Federal institutions as well as the National Institutes of Health.

A research team may invite representatives from other Institutes to observe or participate in a given investigation. It is foreseen, for example, that a study of hypertension conducted by the National Heart Institute may also involve scientists from the National Institute of Mental Health, who would study psychological factors, or scientists from the National Institute of Arthritis and Metabolic Diseases, who would be interested in the nutritional aspects of the problem.

In this way a study will take shape, using many disciplines, bringing laboratory and clinical workers into close daily association.



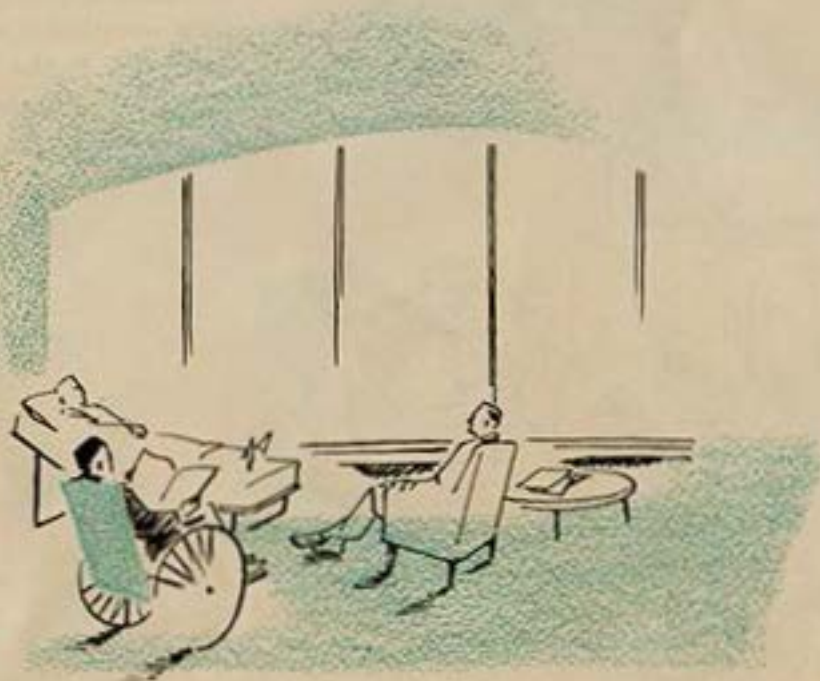


*The patient's welfare always will receive first consideration.*

Because many patients will remain for several months, the Center will have a number of features which are not necessary in the average hospital where the usual period of hospitalization is no longer than two or three weeks. Each room, normally, will have only two beds. Each room will be air-conditioned and have bedside telephones, a radio and a television outlet.

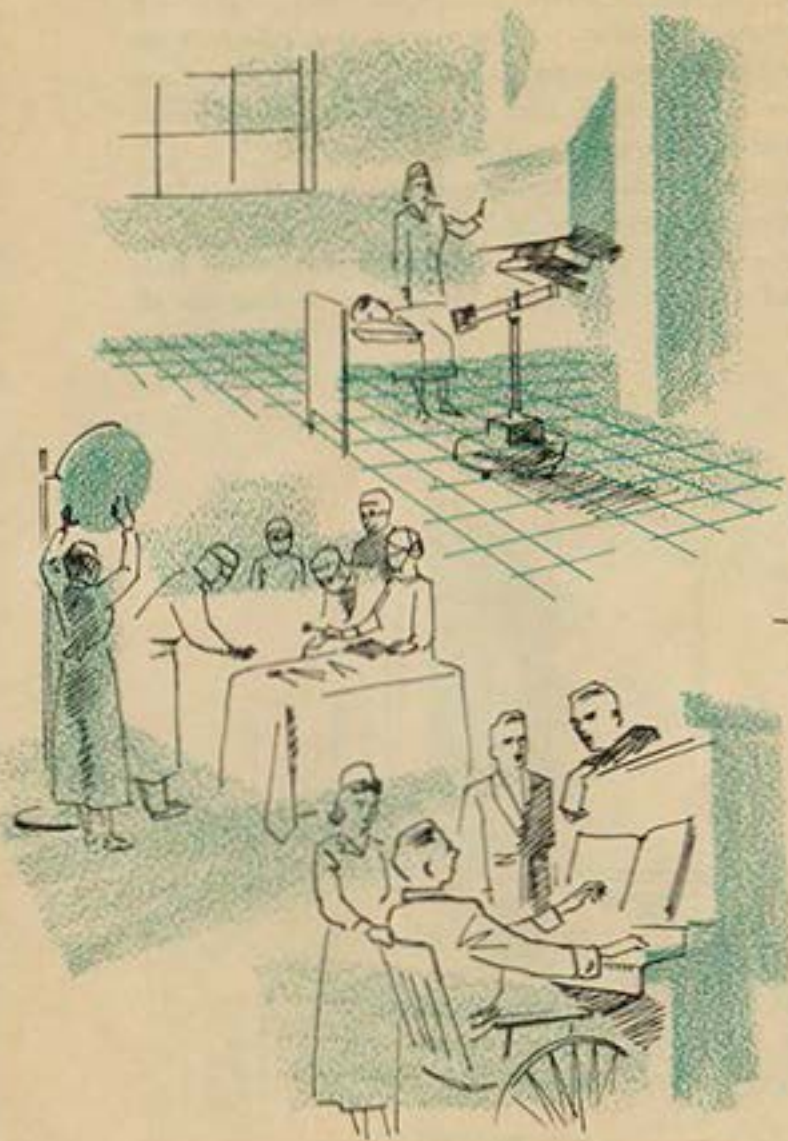
There will be a dining room for each nursing unit and, since many of the patients may be ambulatory, a solarium for each floor.

The Center will have a library, a theatre with space for rolling beds and chairs, and a chapel with an interchangeable altar providing for all denominations.





*The patient will receive the finest medical attention.*

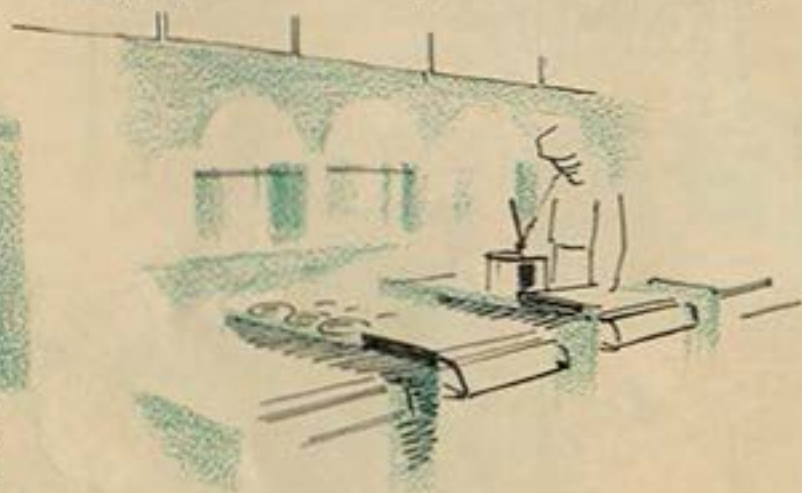


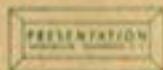
The resources, equipment and personnel found in the most modern of general hospitals will be at his disposal. Available to him, according to his needs, will be medical, psychiatric and surgical care; nursing, nutritional and social services, rehabilitation, spiritual ministry and recreational therapy.

The Clinical Center will also make every effort to keep each patient's own physician informed of the progress and results of treatment. Special cooperative relationships will be developed with hospitals and health agencies for the observation and care of patients after discharge. The resources of the patient's home community will be utilized for convalescent or nursing home care, as indicated, and for necessary services to his family.

The patient who enters and leaves the Clinical Center will have a double satisfaction. He will himself have received the best in medical care and he will have contributed, as well, to the future health and welfare of all men.

For the Public Health Service with its long tradition as guardian of the nation's health, the Clinical Center will represent one more step in the slow, steady progress it has made against disease and disability.





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