

A MODERN HOSPITAL
FOR
The City of Petersburg, Virginia
by
Richard Feild Taylor

PART III of a Thesis Submitted to the Graduate
Committee for the Degree of Master of Science
in
Architectural Engineering

Approved:

Head of Department

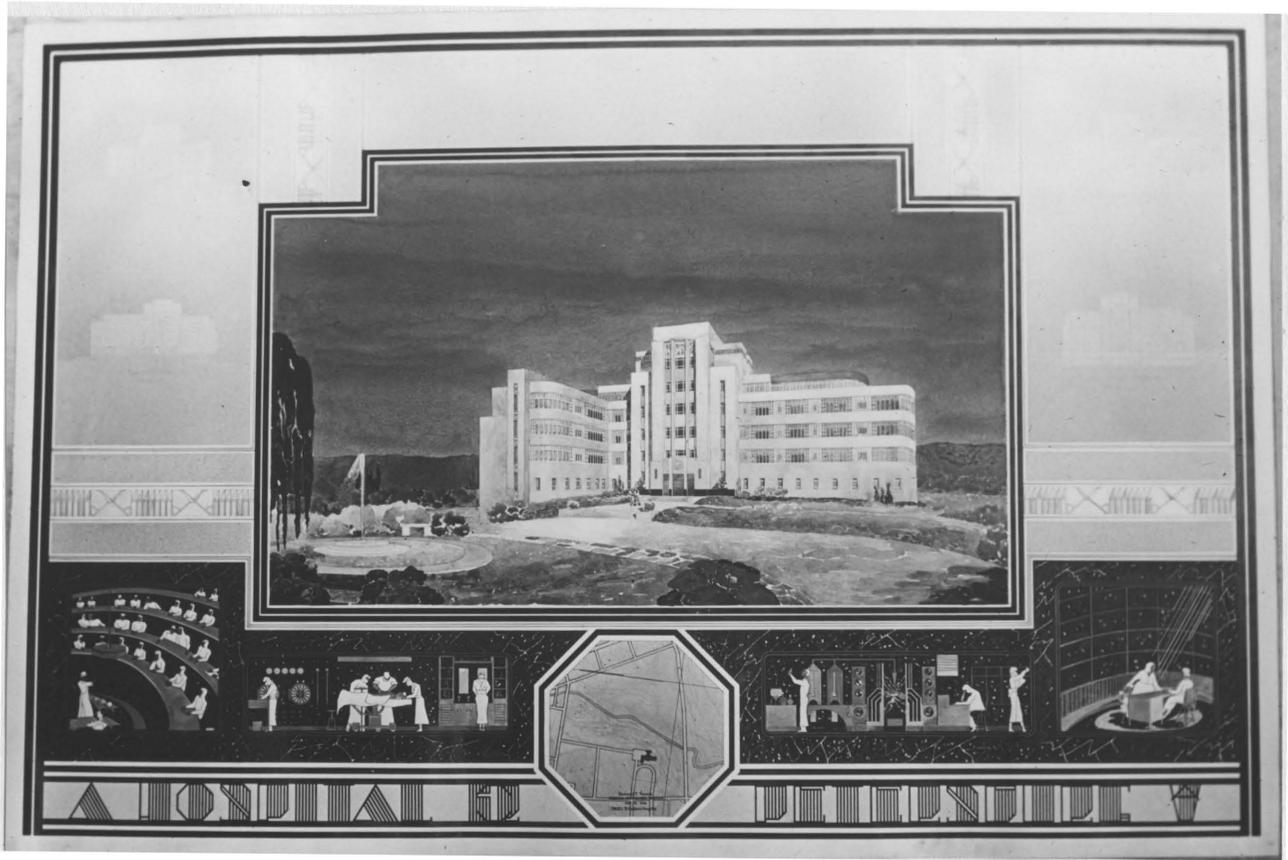
Dean of Engineering

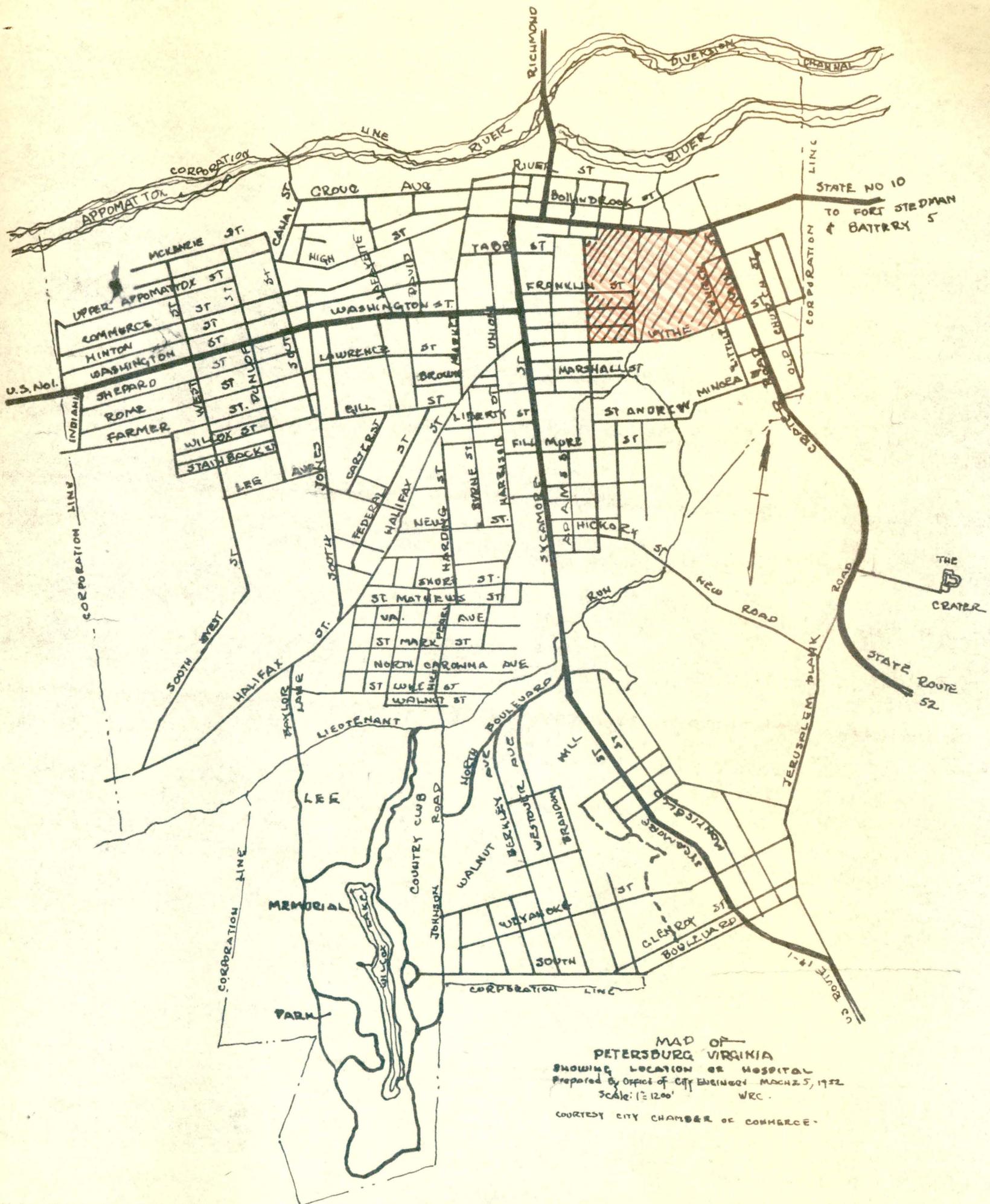
Chairman, Graduate Committee

Virginia Polytechnic Institute
1936

FRONTISPIECE

A Photograph of Part II





MAP OF
 PETERSBURG VIRGINIA
 SHOWING LOCATION OF HOSPITAL
 Prepared by Office of City Engineer MARCH 25, 1922
 Scale: 1" = 1200' WRC.
 COURTESY CITY CHAMBER OF COMMERCE

I. INTRODUCTION

In the selection of the subject "hospital design" the writer was primarily interested in the possibilities of developing from the subject a complete and detailed study of the specialized principles of architectural planning and design. The subject also allowed the free expression of the writer's interest in developing the matter included in the first phase and also gave him the opportunity of making a contribution which would be of value to the Department of Architectural Engineering as well as himself.

An innate personal interest in the subject; the predominance of ample facilities, material, professional and scientific advice available; and the fact that the subject had not previously been worked on by a member of the graduate school of architectural engineering at the the Virginia Polytechnic Institute, and with very little evidence of intensive research from the architectural angle apparent - might be classed as the secondary reasons behind the choice of the subject - hospital Design.

The writer realizing from the first the very specialized and technical nature of the problem at hand felt the equally apparent need for a background upon which to build this thesis. It therefore seemed the most logical end to begin with the earliest hospitals in history and follow through their history and development to the most modern institutions.

Coincidental with this stage of development of the thesis there was required in the course "Modern Architecture" an essay to cover some phase of architecture; the choice of subject depending on the student's own desires.

It was thus primarily with a need for the technical background on the subject of hospitals and the secondary requirement of the essay in Modern Architecture that the part one of this thesis, i.e., "Hospitals, Their History and Development" has been elaborated on and presented as such.

Upon the conclusion of part one of this thesis the writer, then proceeded to formulate the specialized problem of design of which the drawing (Part II) is the result.

Similarly, upon the completion of the drawing, part III in the form of this manuscript is herewith prepared and submitted for the purpose of explaining the design and of tying together in a complete and unified entity the many diversified phases of this work.

II. THE INVESTIGATION

The investigation has taken two forms, namely: the study of all written material obtainable from the V.P.I. libraries , the Army Medical Library, the Library of Congress, the American Medical Association and the American Hospital Association, and secondly, the personal inspections of the following hospitals: Sibley Memorial (General) Hospital in Washington, D. C., Johnson-Millis (General) Hospital in Richmond, Va., Southside (General) Hospital in Petersburg, Va., Washington (Municipal) Hospital, St. Elizabeth's (neuro-psychopathic) Hospital in Washington, D. C., and The Veterans' Facility (neuro-psychopathic in Roanoke, Va.

On most of these inspection tours many pictures were taken to assist further the writer in his investigation. Every interview with members of the medical and architectural professions was welcomed.

III. SCOPE

The aim of the writer has been the design of a general hospital for a community not to exceed 25,000 people.

The choice "general hospital" rather than some more specialized type of institution was made because the writer felt it was a more well-rounded subject from the architectural standpoint and quite well fulfilled all the personal requirements listed in the introduction.

To have chosen a larger community would have unquestionably required a building too large for such a thesis.

In the final selection the writer has given every consideration to the technical and scientific requirements of every feature and unit that has gone into the make-up of the final design.

IV

REASONS FOR THE SELECTION OF THE PETERSBURG SITE

At first it seemed the proper solution of the thesis could be made by assuming different conditions upon which to make a reasonable design. However, so many and varied were the conditions that offered themselves that the first assumption proved impractical. Very naturally it gave place to the only other possibility, namely that of selecting a community that offered a complete and practical problem.

The design of a hospital for Petersburg, Virginia was the final choice because:

- (1) The writer was familiar with the city and its people.
- (2) The present hospital while above standards set by the American Hospital Association does not by any means measure up to the standards of good hospital architecture which the writer feels it should.
- (3) The population of the city approximated the population limit (25,000) established by the writer.
- (4) The writer had excellent connections with the medical profession of the city.
- (5) The city was close enough at hand to make possible and practical several trips of inspection.

V. SIZE

The character and present needs of the community have proven the chief guide in the determination of the size of the designed institution. There being no building committee with which to adhere to and no conflicting financial hurdles to contend with, this thesis perhaps is admittedly weak from such standpoints. However, the writer has adhered to economy in every phase that has not contradicted the best possible plan. Analysis of these conditions will appear in the following pages.

VI. SITE

Strangely enough the present hospital site with only slight modifications has seemed to offer the best possible solution.

- (1) Size and shape: The writer proposes the clearing away of low cost housing that lies within the shaded area shown on the map of the city herein represented.

A plane-table survey made of the site by the writer has shown conclusively the adaptability of the area to hospital development; allowing ample space for future horizontal extension.

- (2) Accessibility:

By even a glance at the map of the city the area is seen to be exceptionally well-located with reference to public transportation lines, highways and the delivery of supplies.

- (3) Environment:

The recommended area while still adhering to other requirements is remote from playgrounds, ball parks and

factories. However, there is at the present an admitted fallacy in the selected location. Simply, it is this: from the junction of Market Street and Washington Street down Washington Street well in to the hospital area, the passenger line of the Atlantic Coast Line Railroad run their daily trains. Now the writer has not purposely omitted the obvious nuisance but has to the contrary felt that the city, before thinking of improving the hospital conditions, should first of all remove this very evident hazard from the center of the city's very "heart-throbs." Above all, under no conditions would this thesis be practical or advisable with the railroad existing as it now is. This thesis has therefore been built up on the assumption that the area would be free from all car lines and railroads.

Continuing with the environment, the area provides a pleasant outlook upon extensive lawns and a natural park area. There is an absence of swamps and other sources of insects; clean air, devoid of smoke, dust, and other irritants, in abundance.

(4) Orientation:

The hospital site affords a well-defined natural location particularly adapted to a sunny exposure for patients' rooms without loss of agreeable outlook. If anything, in this respect, the outlook is enhanced.

(5) Topography:

The location of the hospital at the top of sloping ground affords the easiest natural drainage.

(6) Service Facilities:

Due to the location of the hospital site in the center of the incorporated area, there is ensured an abundance of water, gas, electricity, drainage and sewage disposal lines.

(7) Permanency:

As has been implied before, the very nature of the site ensures the probable continuance of present aspect of surroundings.

(8) Relation to Other Hospitals :

There existing no other general hospital in the city than the one to be replaced, there were no considerations made necessary in regard to combining two into one, etc.

By a study of the city map herein presented in comparison with the contour map submitted as part of the drawing, Part II, most of these aforementioned points will present themselves.

VII. BUILDINGS

1. NUMBER:

This thesis covers only the design of the main hospital building. The departments included shall be discussed in full later. Due to a time limit the writer has not included laboratories, nurses' home; servants' quarters, garage, power house and laundry but realizes that in the erection of such a project these units would have to be included as separate buildings in direct adjunct to the main hospital unit.

2. TYPE: VERTICAL VS. HORIZONTAL,

This hospital, serving acute rather than convalescent needs, allows structural economies in the vertical repetition of similar elements and is generally more easily administered. The horizontal type with its characteristic separate pavilions is primarily suited for convalescents, tuberculars, and others requiring easy access to grounds. From an analysis of the conditions and needs existing in Petersburg this latter type was found to be totally impractical and uneconomical.

3. LOCATION:

The location of all service buildings not included in this thesis and mentioned above should be placed in that area due north of the location of the main general hospital. the reasons being quite obvious; to keep all service activities away from the patient at all times.

VIII. THE PROGRAM

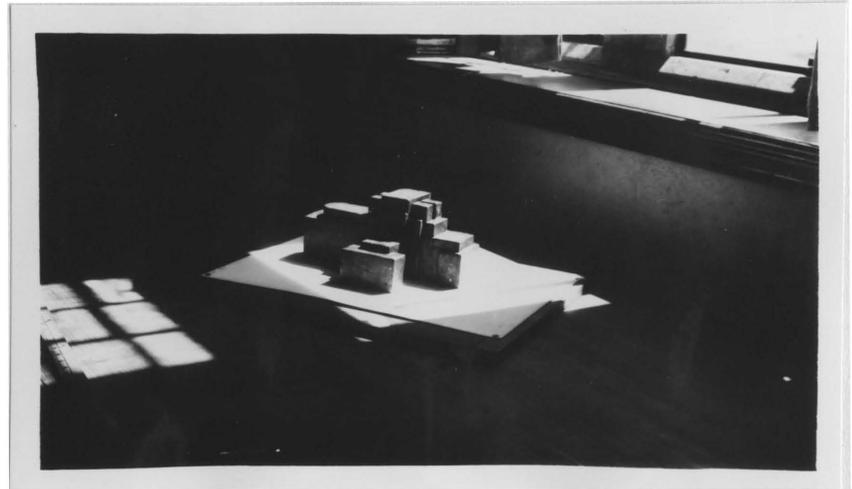
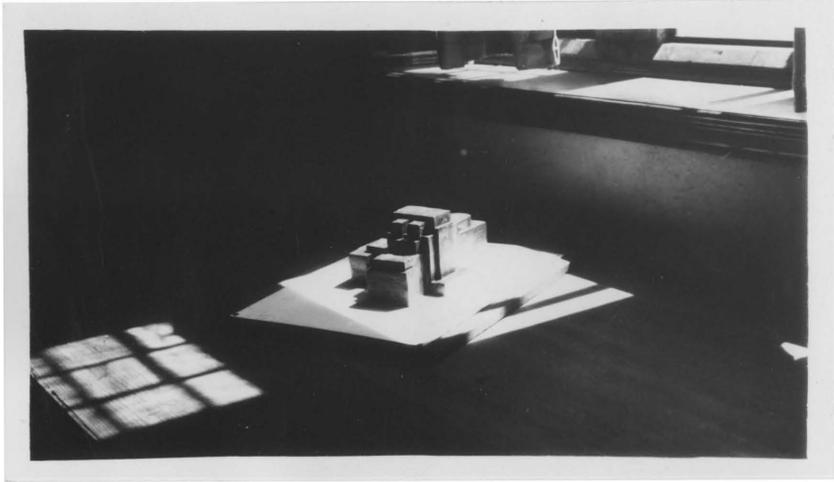
Upon completion of all primary requisites the writer next developed the program of design upon which the problem was based.

To do this the writer analyzed as closely as possible all the local conditions existing in Petersburg and obtained all statistical information from the medical staff of the present institution.

As the plans herein presented portray exactly the units called for in the program a further statement of that document is considered useless and unnecessary.

PRELIMINARY STUDY IN MASS

Clay Model - Scale 1/16" = 1' - 0"



IX. CONDITIONS GOVERNING SELECTION OF PARTI

The problem next before the writer proved to be the selection of a suitable parti. To do this the writer analyzed as closely as possible the program above mentioned and divided all requirements into as small a number of groups or units as seemed humanly reasonable and practical.

Every item of the program fell into one of five units. They were:

1. Patients Unit
2. Circulation Unit
3. Utility Unit
4. Specialized Functional Unit
5. Separation Unit

To understand the meaning behind these names, the reader is asked to take a preliminary glance at any one of the plans herein included. This done, the writer now points out the patients' unit as that portion of the plan south of the public elevator which includes all the patients' bedrooms, baths, toilets, closets, solaria and necessary nursing functions. Even on the first floor this unit was devoted to the out-patient department, taking on, of course, a slightly different character.

Next the utility unit is designated as that portion of building on all floors, which contains the lobby, visitors' lobby, rooms, diet kitchen and other such utilitarian functions performed by the nursing staff, such as head nurses' station, utility and work room.

The specialized functional unit is that (L) section of structure north of the staff elevator in which are located: the operating room, x-ray room, sterilizing, nurses' work, wash-up, doctors' and nurses' dress, receiving, preparation, consultation and other specialized rooms which concern the surgeon, obstetrician and all other specialists in their arduous and tedious tasks.

For lack of a better caption the writer has designated the small eastern wing which contains the 10 negro beds, the 2 psychopathic beds, the 2 contagious beds, the administrative offices, and the kitchen as the separation unit.

The circulation unit embodies all the features of vertical and horizontal transportation necessary to the continuous and unimpaired functioning of all the hospital units. Such are the stair, elevator and hall units.

Figuratively speaking the "cart has been put before the Horse" in explaining the selection of a parti. However, the writer felt that such a method was the easiest introduction of the reader to the rather complicated problem.

Now returning to the original aim of explaining the conditions governing the selection of a parti, the writer continues:

A parti had to be selected that would satisfy the following requirements:

A unit had to be produced for the patients' bedrooms with morning ^{or} ~~and~~ afternoon sun. (The use of a southern exposure only on the one side of a hall proved in the beginning uneconomical.)

The patients' unit had to be flexible enough to allow comparative ease in placing closets, toilets, baths, salaria, nurses' station, treatment rooms, etc.

The patients' bedrooms had to be placed far enough away from all other functions of the hospital to keep the patient at all times as secluded and quiet as possible and still in such proximity to the utilitarian and surgical functions that his presence was at all times felt to be working in unison.

The public elevators and stairs had to be under direct control of the floor nurse on each floor; near the visitors' lobby on each floor and at the same time near enough to the patients' unit to be easily accessible. The public had to be kept out of all proximity of the surgical unit; in fact, out of contact with all units except the patients' unit.

The staff elevators and stairs similarly had to be under direct control of the floor nurse on each floor. All deliveries, of necessity, had to be made in direct proximity to the surgical unit.

The utility unit had to be centrally located with reference to the patients' unit and surgical unit alike.

The utility unit had to be furnished with dumb-waiter service to and from all floors of the building.

The surgical unit had to be furnished in all operating rooms with north light.

Fifty beds had to be supplied; ten for negroes, two each for receiving, psychopathy and contagious, eight for children, eight for maternity, eight for major surgery and ten for the medicinal, minor surgical and general ailments.

The negro unit had to be entirely separated from the white patients, yet in such proximity to the major surgical unit and the utility unit as to be easily reached and administered at all times.

The maternity patients, their utility and the obstetrical department had to be separated as much as possible from the other divisions of the hospital.

The psychopathic and the isolation patients due to the very nature of their maladies had to be segregated from all other patients yet kept near enough to the other functions of the hospital so they could be easily administered.

The out-patient department had to be at the ground floor level serving the patients who come in daily for examination and treatment.

The placing of a sufficient number of fire stairs at the end of all corridors to alleviate all fire hazard was deemed mandatory.

The kitchen service had to be near the source of supply yet close enough to the dumb-waiter service to supply in turn all the diet kitchens throughout the structure above.

The cafeteria or dining service presented a minor problem. However, it had to be in the proximity of the kitchen at all times, yet easily accessible to the staff of the hospital.

Dumb-waiter and chute service had to be supplied from the base of supplies to the several utility rooms to care for the laundry, and general service supplies. Also from the utility and work rooms to the sub-basement the garbage and refuse removal had to be ensured.

The chases of major heating, water, gas, sewage disposal, ventilating and electric lines had to be incorporated properly in the design.

The children's unit required eight beds, solarium, the regular utility features and sufficient play area for outdoor and indoor recreation. The provision for two beds for isolation patients was felt mandatory; hence the added requirement of separation of the two types of patients.

The surgical unit had to provide a complete obstetric, major surgical, minor surgical and general treatment, x-ray, admitting, and mortuary department.

The entrance of all service and supply trucks, ambulances and hearses had to be, as far as possible, away from the sight of all patients.

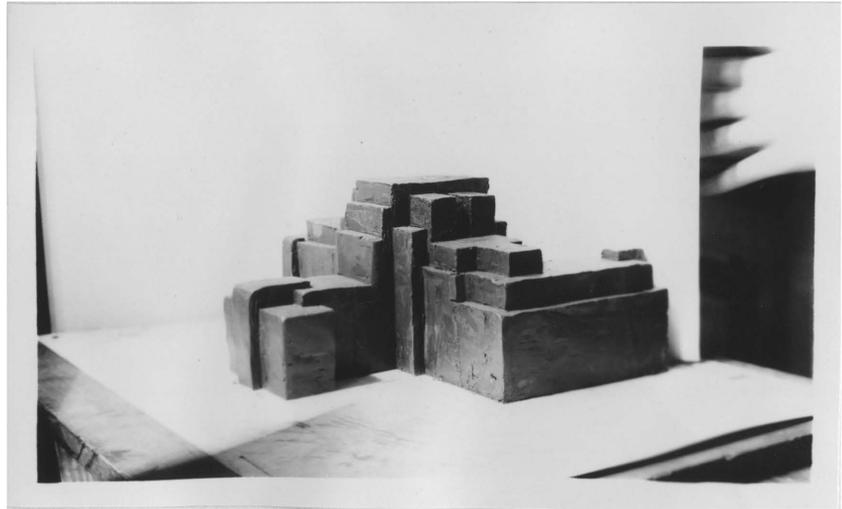
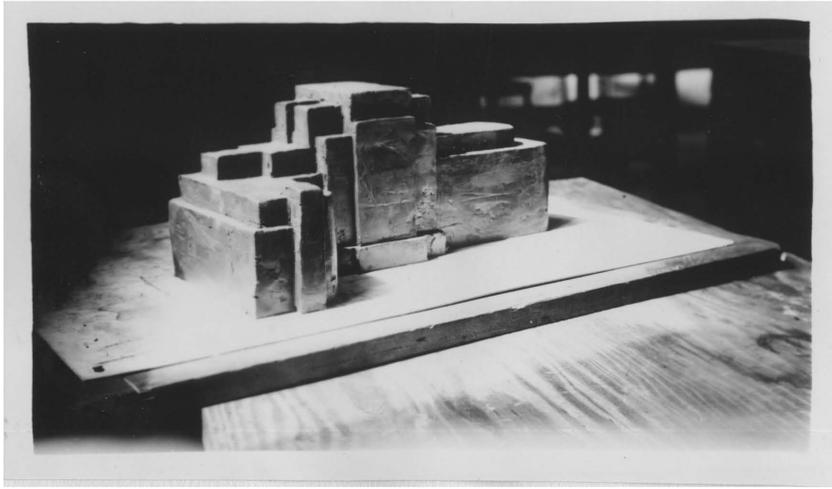
Sufficient area had to be provided for storage and supply. Such area to be at the same time easily accessible yet out of the way of other hospital functions.

Sufficient area was considered mandatory near the top and bottom of the building for: heating and refrigeration of the air-conditioning systems coupled with the need for sufficient space for the electric, sewage water and gas main to operate successfully.

The above general requirements present in a vague manner the major problems incorporated in this final part. How successfully each has been solved has, of course, been left solely to the judgment of the reader.

FINAL STUDY IN MASS

Clay Model - Scale 1/16" = 1' - 0"



X. THE DESIGN

THE BUILDING WITH REFERENCE TO THE SITE.

The reader by examination of the octagon on the drawing (Part II) can see clearly the position of the building in relation to the main hospital area.

Franklin Street has been made the main entrance for all service and supply trucks, ambulances, and hearses to the service court, which lies next to and north of the building proper. A secondary driveway for these vehicles leads out from the service courts to the north to Bank Street.

The public entrance is by way of Washington Street and although the drawing shows this class leaving by way of the service drive, the writer feels this is in error. In correction, it is felt, the public should be returned by means of the same street as entrance is made on, the solution to same being made by the design of sufficient turning areas and parking areas at the termination to east Washington Street.

THE SUB-BASEMENT

Due to the need for sufficient area to properly administer and house the mechanical features already referred to, the design of a sub-basement was deemed wise and necessary.

The height of the building site above Lieutenant Run insured the correct conditions necessary to the safe construction of the basement at so low a level.

Since the writer has not been able to include the analyzation of these mechanical necessities as part of the thesis, no design has been attempted for this floor.

THE BASEMENT

THE SPECIALIZED UNIT:

ADMITTING DEPARTMENT:

The admitting department has been so designed to receive two ambulances in the ambulance driveway at one time. Entrance of course has been made accessible to the service courts.

Patients, who need immediate examination and treatment have been provided with an examination and treatment operating room directly off the ambulance lobby; which has also been made to connect with a semi-private bed room.

Sufficient utility and sterilizing rooms have been incorporated into the design to facilitate the proper technique in the care of such emergency cases.

MORTUARY DEPARTMENT:

The mortuary chambers contain the Autopsy room and the morgue containing a viewing refrigerator.

Directly accessible to the latter room is located the hearse driveway.

MISCELLANEOUS:

The remainder of the specialized unit has been devoted to supply, storage and mechanical space sufficient to satisfactorily supply the specialized rooms above.

The Utility Unit:

The utility unit of the basement has been made to contain; the centralized lobby, the pneumatic tube room, the receiving areas for all dumb waiter and chute service and two minor toilets.

In the rear of this unit have been placed the cafeteria units and a portion of the kitchen. With respect to the cafeterias, they have purposely been designed small, as the need for such area was felt negligible.

The Separation Unit:

All of the separation unit has been devoted to the kitchen. Service entrance is made from the service court.

The Patients Unit:

Underneath the patients unit, the basement floor has been assigned to storage and supply.

The Storage room for the dispensary has been placed directly under the latter and serviced with a dumb-waiter and pneumatic tubes.

THE FIRST FLOOR

Main Floor

The Specialized Unit - X-Ray Department.

The X-ray department has been placed convenient to the patients through the elevators. Sufficient space has been allocated to allow a number of rooms for each phase of the work.

The writer has been unable to determine accurately the exact size of this department and has consequently failed to present the internal design of the same. However, the writer feels there is sufficient area to house satisfactorily the demands of the specialists once the problem has been realistically coped with.

Also in conjunction with this department there has been incorporated a main lobby, nurses' station, and consultation unit.

Waiting Area -

Directly adjacent to the main lobby has been placed the main public waiting room and rest rooms. These rooms have been made sufficiently large to house all the public waiting on the first floor.

The Utility Unit -

Social Service, Consultation rooms, offices, and necessary utility rooms have been provided for this service, near the main lobby, yet sufficiently shielded from the other functions so as not to interfere with their activities or in turn to be interfered with.

Information Desk -

The information desk has been placed in the main lobby as prominently as possible. It is felt that in the solution presented the public could be more easily administered and distributed to their specialized destinations.

Main Lobby -

The main lobby has been so placed as to receive all the main circulation and also to present easy access to the elevators and the main stairs.

Telephones -

Booth for public telephones have been placed off the main entrance lobby thus furnishing easy communication to the public as ^{facilities} secluded as necessary.

The Patients' Unit - The Out-patient Department -

In the patients' unit, the location of the out-patient department has been located. This department consisting of a series of doctors' offices and examination rooms has been left to the desires of the staff at the time of erection.

However, it is important to note that the dispensary and pharmacy have been definitely located as shown by the plan.

The Circulation Unit -

The elevators and stairs being the same on all floors and quite obvious in their purpose explain themselves and hence need no further explanation.

The Separation Unit -

The administration has been placed in the separation unit because the nature of the duties performed in the office being quite remote from the average hospital duty, naturally suggested the segregation of the two types of work.

Sufficient office space for the hospital, superintendent, his secretary, the historian and other such clerical force has been included.

The inclusion of the two small toilets in the administrative

department was deemed mandatory.

THE SECOND FLOOR

Medicinal

The Specialized Unit -

The specialized unit on this floor has been devoted to the general requirements of the patients of the floor. Two minor operating rooms and the necessary sterilizing, wash-up rooms, etc., have been placed to give north light. Across the corridor has been placed a nurses' work-room, a supply closet, dumb waiter and a general treatment room. A consultation room was considered advisable on all floors.

The preparation room was designed with the intent of serving chiefly as an area for applying minor dressings etc., the area was designed to "filter" as many patients as possible from continuing on in the more complicated rooms of the department.

The main lobby of this specialized unit was designed, as on all floors, to absorb all congestion in the unit.

The need for sufficient doctors and nurses' dressing rooms was deemed mandatory.

So much for the specialized unit of the second floor.

The Utility Unit -

The utility unit of the second floor has been designed to contain first of all the main lobby with the head nurses' station and the adjacent visitor's lobby. The visitors lobby was separated as far as possible from the other functions of the hospital. From this lobby there has been incorporated into the design a toilet for men and women.

The head nurse's post was given the most prominent position with respect to all forms of circulation.

The nursing features incorporated in this unit included a large nurses' work room, treatment rooms for the different types of patients on the floor, several types of closets and a diet kitchen with lobby and dumb-waiter service.

The Patients' Unit -

The patients' unit of the second floor has been made to care for all medicinal and minor surgical patients - one bath and toilet unit had to be eliminated to allow the incorporation of a four-bed ward. The remainder of the unit contained two single bed rooms, and two double bed rooms, each with bath, toilet, washstand and clothes closet.

Also in the unit was included a nurses' work or treatment room, and a nurses' post with proper facilities for filling prescriptions, pneumatic tube service, etc. At the end of each patient's unit is the solarium.

The Circulation Unit -

All elevators, stairs and corridors were made identical with the first floor.

The Separation Unit -

The separation unit of the second floor has been made to care for two neuro-psychopathic patients and two contagious patients. Complete isolation from themselves and the other functions of the hospital has been the major aim in satisfying this problem.

THE THIRD FLOOR

- Major Surgery -

The Specialized Unit -

Two major operating rooms with their sterilizing wash-up and instrument facilities were mandatory. The need for north light was equally as great.

Across the corridor, the need for two nurses' work rooms, supply rooms, dumb waiter service, etc., was satisfied.

The preparation room or anaesthetizing unit has been placed to receive the patient immediately upon entrance into the surgical unit.

All other features of the specialized unit are similar to the second floor.

The Utility Unit.

The only changes made in the utility unit over the second floor was in the diverting that portion of the southern exposure which lay next to the negro department into a semi-private room for the more serious negro cases. With this room there has been incorporated a small private toilet.

The Patients' Unit.

This unit is identical with the second floor except the four-bed ward has been replaced with two single bed-rooms and a bath.

The Circulation Unit.

Identical with the first floor in this requirement.

The Separation Unit.

The negro patients have been placed in this unit because major surgery was their general ailment and they had to be of necessity separated from all white patients. The use of four-bed wards for this class of people was considered the only economic solution to the problem.

THE FOURTH FLOOR

- Obstetrics -

The Specialized Unit.-

One delivery room, a major operating room, their accompanying sterilizing, wash-up, nurses' work and supply rooms have been designed on the same pattern as in the major surgical department. An eight bassinet nursery was added. Smaller rooms in the obstetric department were satisfactory.

The remainder of the specialized unit has been designed from the identical needs of the lower floors.

The Utility Unit -

There being no need for extending the separation unit to the fourth floor, the utility unit of the fourth floor has been designed with the treatment room placed in the end of the corridor.

The remainder of the unit is identical as far as it goes with the lower floors.

The Patients' Unit.-

This unit has been made identical with the third floor.

The Circulation Unit -

Identical to the lower floors except in the separation unit. In that unit a special design has been called for to allow

free access to the roof decks.

The Separation Unit -

The roof of the separation unit has been designed to serve as sun deck for different patients of the hospital.

THE FIFTH FLOOR

- Children -

The fifth floor was assigned to the care of the children. The use of smaller rooms, corridors, etc., allowed the construction of sufficient play area in the open air on the extending roofs.

In the patients' unit six single rooms have been constructed. No closets or bathrooms were considered advisable due to the youth of the patient and his or her consequent inability and irresponsibility. The toilets, showers and washstands were incorporated in two similar units between the bedrooms and the utility units.

The reader will notice for the first time the specialized unit has been utilized as patient space. The two bed rooms and one recreation room, coupled with the built-in baths, toilets, etc., were necessarily placed in a segregated position since their function was to house the few contagious and isolation cases connected with children.

The utility unit was the same as for the floor below as the function was the same as on those floors.

XI. CONCLUSION

The hospital design has been presented in such a general way that it was hoped the average layman could understand the motives behind the design.

If the patients' wing portrays the patient; if the specialized unit portrays the surgeon; if the utility unit portrays the nurse; if the separation unit portrays isolation; and the circulation units accurately portray their function, then this thesis, which has been primarily an attempt in utilizing truth to express function, has not been in vain.

ACKNOWLEDGMENT

So loyal and overwhelming has been the help rendered in the preparation of this thesis, that considerable doubt has arisen in my mind as to how satisfactorily the results I have obtained have met their challenge.

First of all, I feel a deep sense of gratitude to the following members of the medical profession who have so materially aided me in the research phase of this work;

Dr. E. T. Gatewood of Richmond, Va., for his advice and permission granted to inspect Johnson-Willis Hospital;

Dr. Joseph D. Osborne of Petersburg, Va., for his constant advice and material help in solving the specific problem at hand; a devoted member of my family, Dr. Lewis H. Taylor, of Washington, D. C., for the many, varied, and valuable privileges granted in the investigation of the hospitals of that city.

The American Medical Association and the American Hospital Association have been continuous and very valuable sources of information throughout the problem. Their help is most deeply appreciated.

To Col. E. W. Jordan of the Veterans' Facility, Roanoke, Va., the writer realizes a debt of gratitude for the many privileges granted so freely in connection with the inspection of that specialized institution.

Mr. R. A. Brown, librarian of the V.P.I. has been a very great help in supplying all needed written material from the Library of Congress and the Army Medical Library.

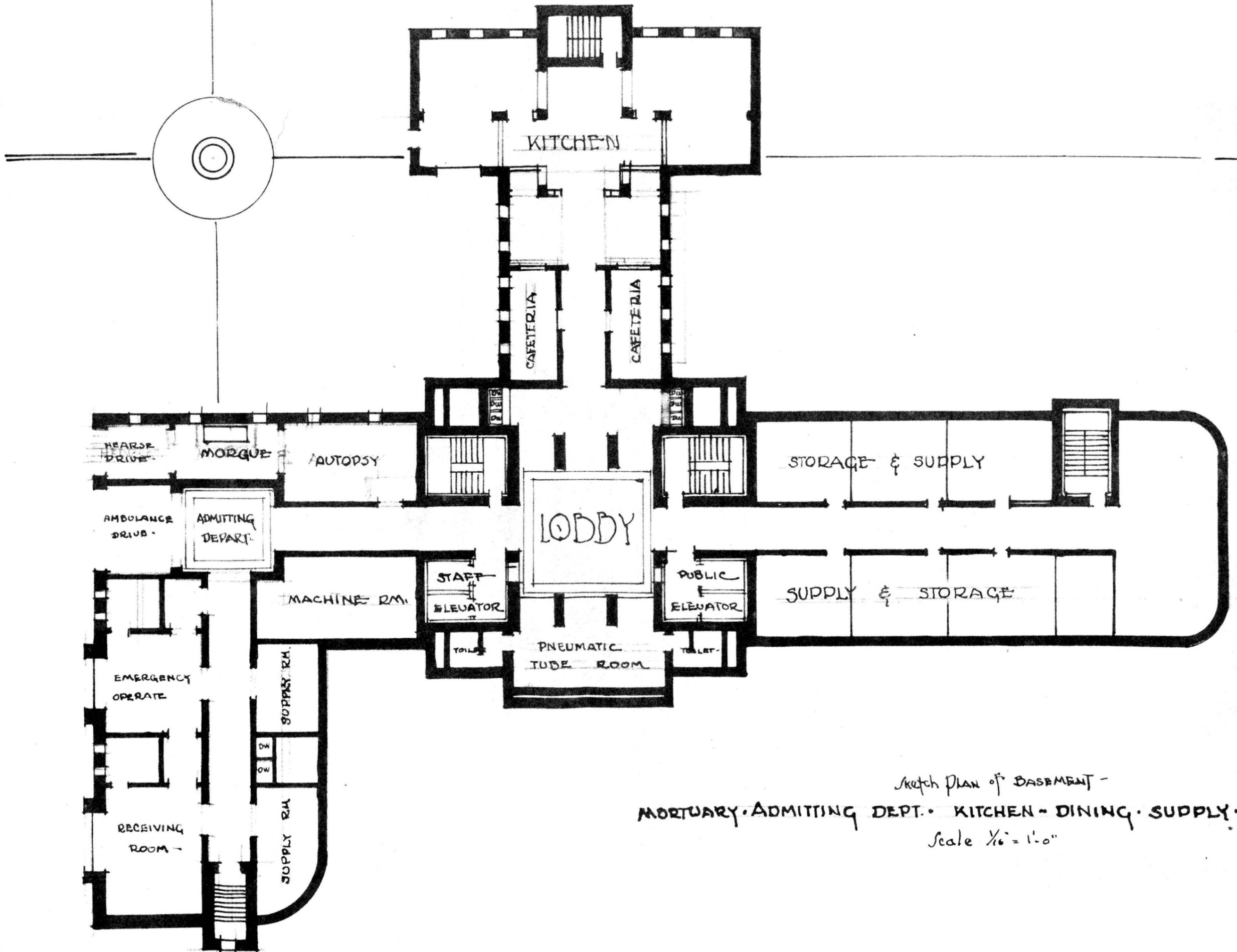
To my own dear friend and classmate, Jack Poulton, I feel very greatly indebted for his continuous and loyal help in the final rendition of this problem, Part II.

Mrs. Margaret Patton Jones, in the typing of this thesis has done more to help the writer in his final presentation than any other one person. She has consistently corrected and rechecked all the written material and finally presented it in such form satisfactory to myself that to her I am deeply indebted.

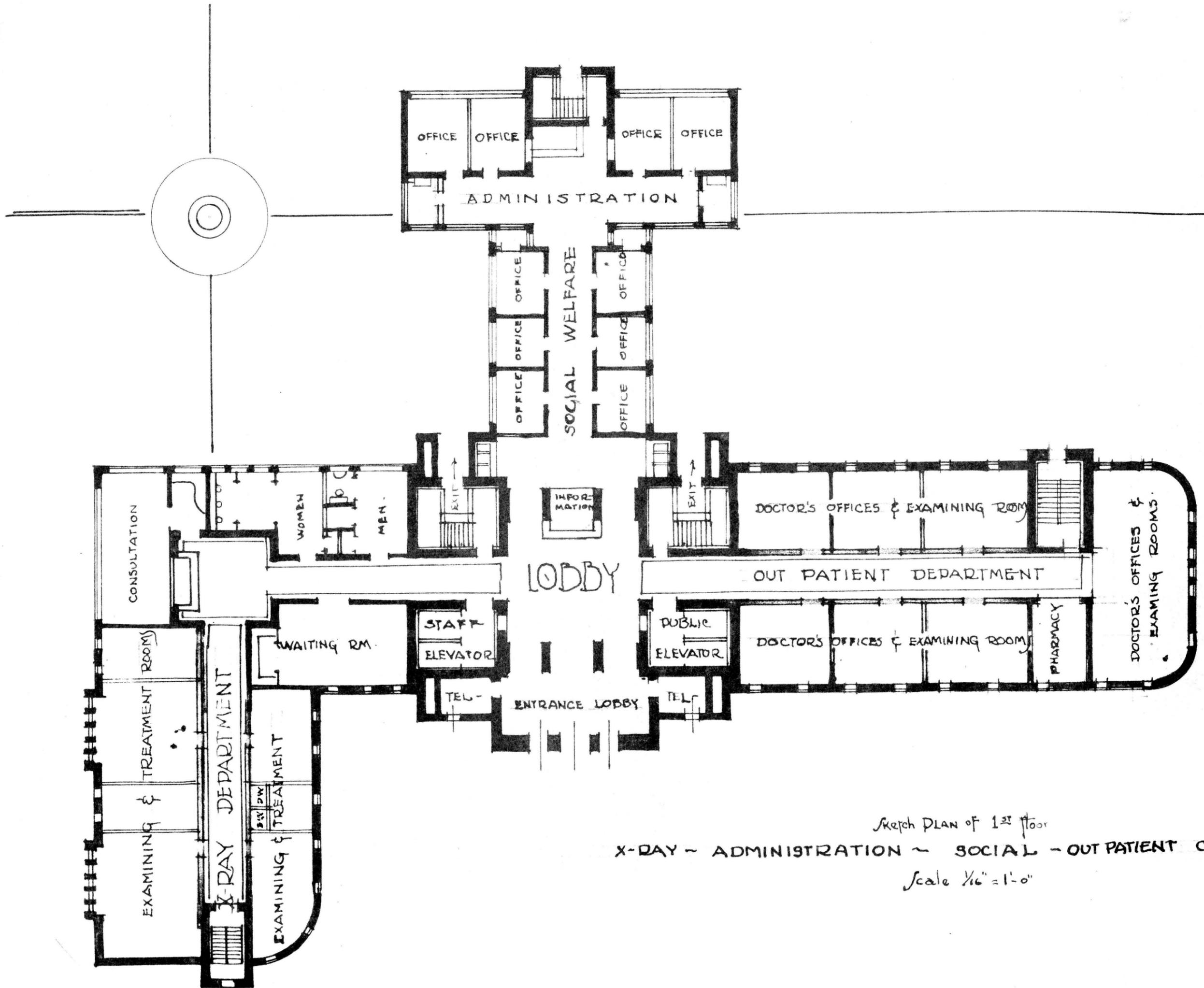
And now,

To the professors of my own Department,

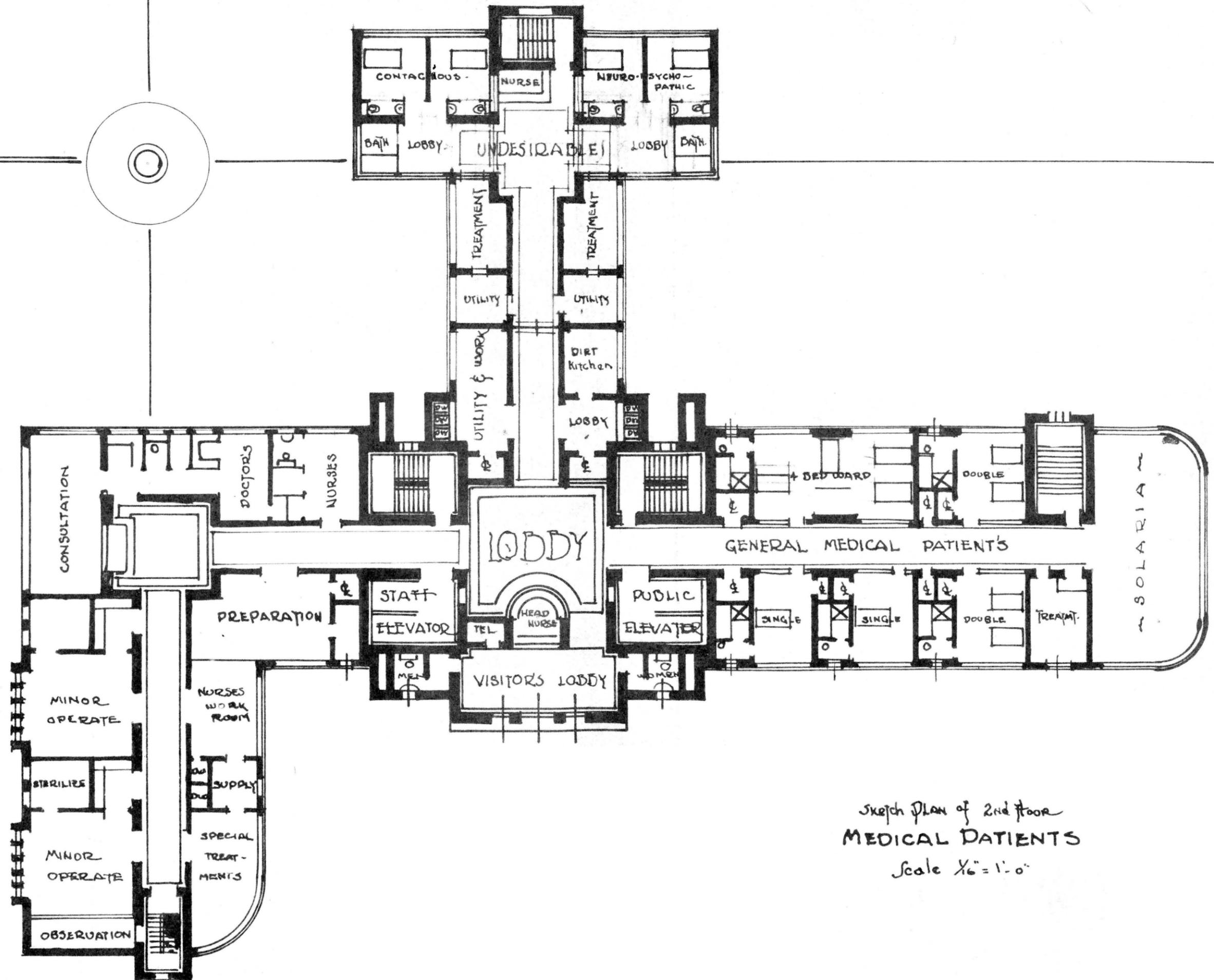
Professor C. H. Cowgill, Professor Karl J. Belsler, and Professor R. S. Torraca, I acknowledge more than professional advice. Their help has been so continuous and so close to me throughout the year that I feel really deeply grateful to each one in every way for their personal services so freely and unsparingly given.



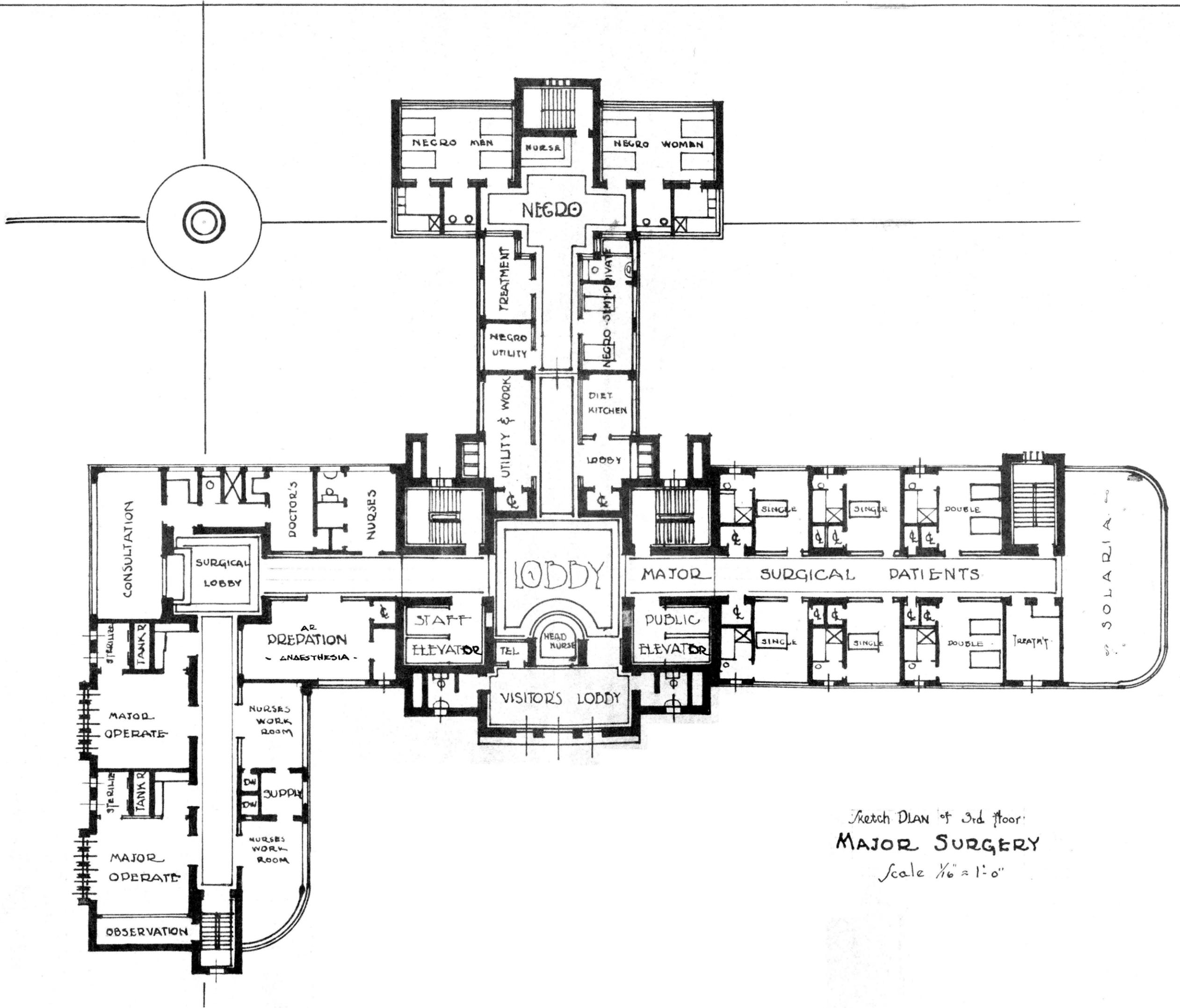
Sketch Plan of BASEMENT -
 MORTUARY · ADMITTING DEPT. · KITCHEN · DINING · SUPPLY · STORAGE
 Scale 1/16" = 1'-0"



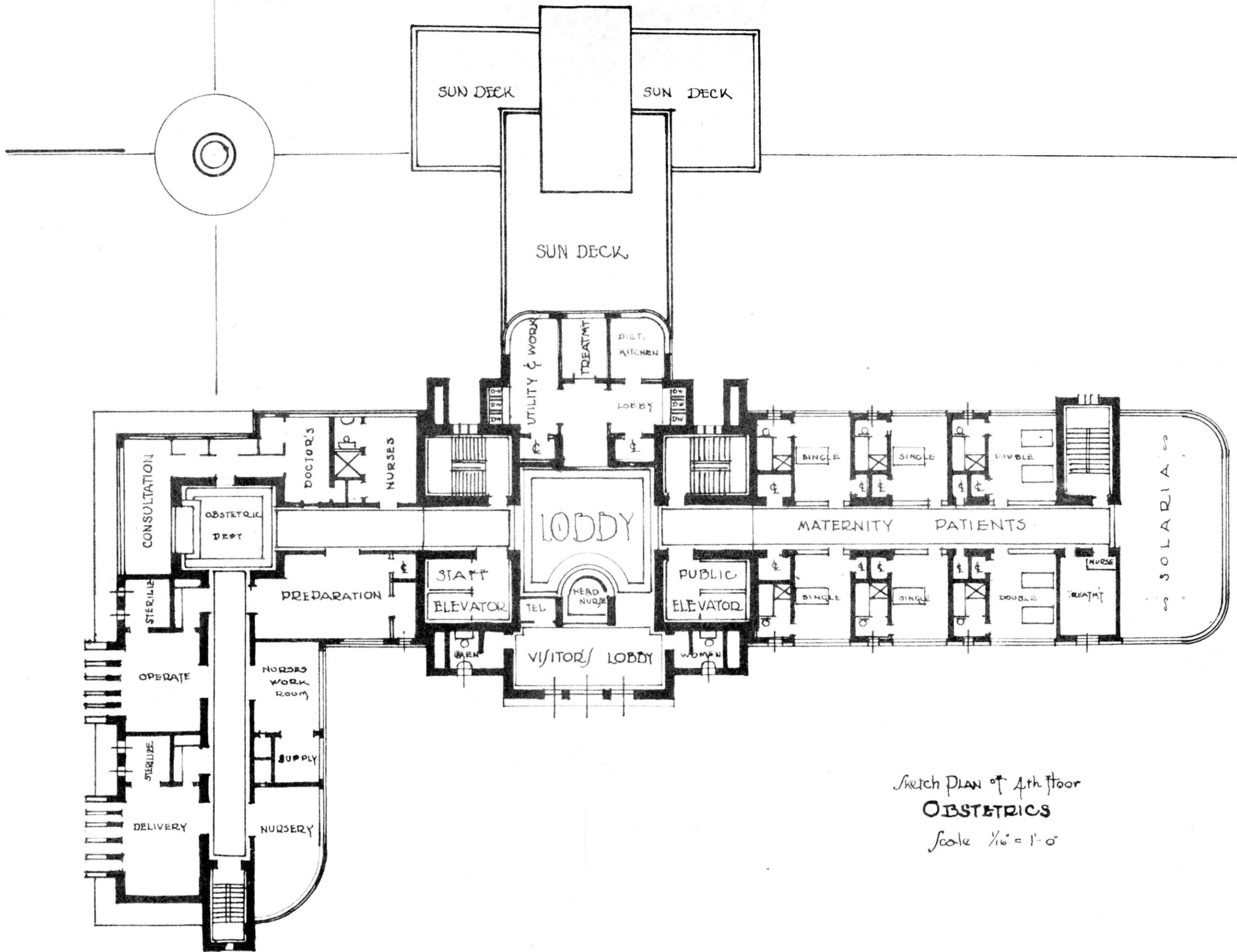
Sketch PLAN of 1st floor
 X-RAY - ADMINISTRATION - SOCIAL - OUT PATIENT CLINIC
 Scale 1/16" = 1'-0"



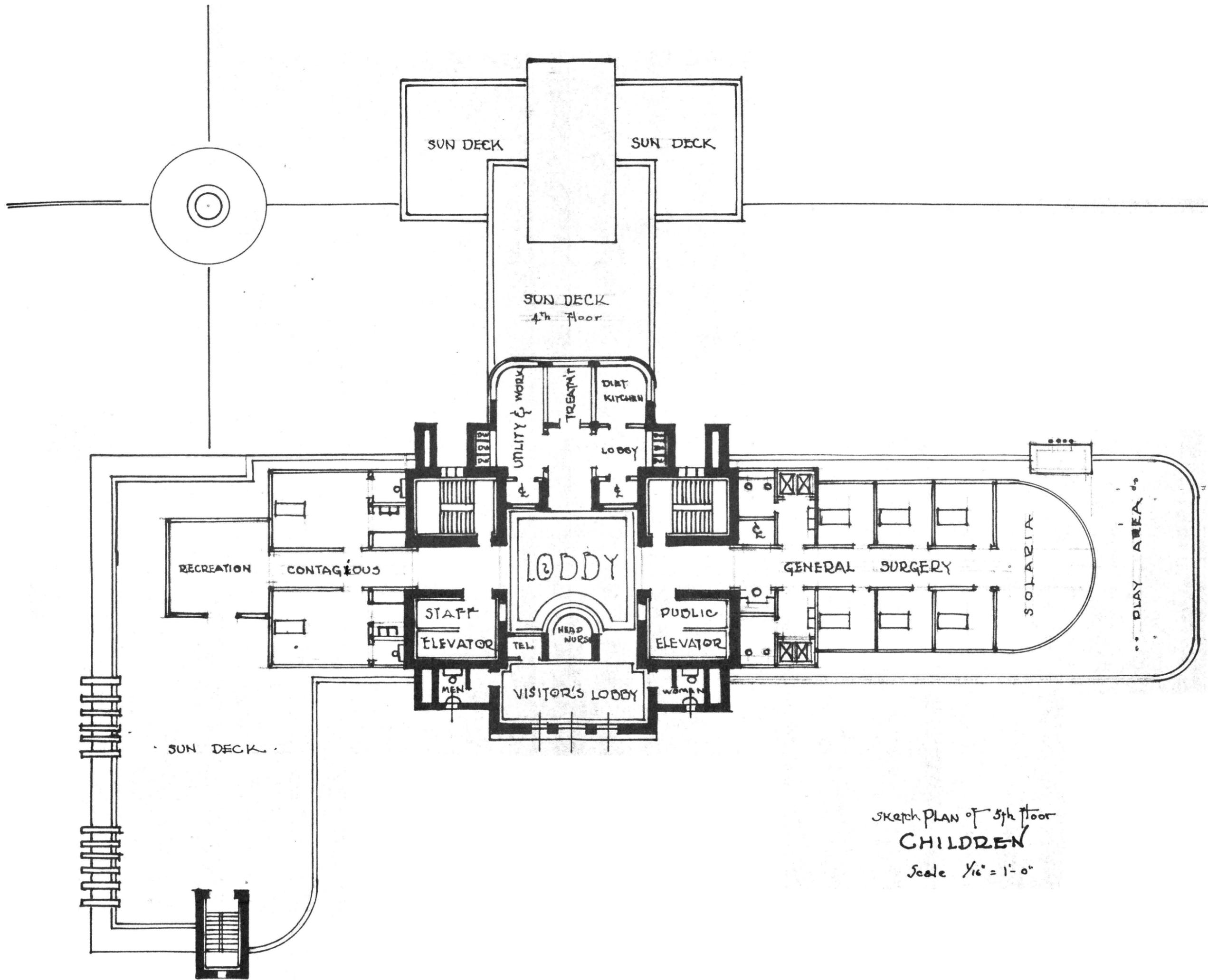
Sketch Plan of 2nd floor
 MEDICAL PATIENTS
 Scale 1/16" = 1'-0"



Sketch PLAN of 3rd floor
MAJOR SURGERY
 Scale $\frac{1}{16}'' = 1'-0''$



Sketch Plan of 4th floor
OBSTETRICS
 Scale $\frac{1}{16}'' = 1'-0''$



SKETCH PLAN of 5th floor
CHILDREN
 Scale $\frac{1}{16}'' = 1'-0''$