

EAST AFR. PROT

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30753

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HEC  
REC 22 JUN 20

87

A. G. CONF

PRINTING

1920

13th MAY

previous Paper.

EUROPEAN MEMORIAL HOSPITAL AT NAKURU

Trans report on working of, and schedule of fees etc. and copy of Architects scheme. Grant of £1,000 to be met from excess revenue £150 inserted in Estimates for upkeep of 3 beds for officials. Appt of Resident Doctor not contemplated

*W. B. Sturley*

*1st Grant spent in 1919-20*

*Est. was chiefly committed to 6 grants of £2000. This was to cover*

- (a) £200 to upkeep fund.*
- (b) Rest of annual donations (not including time in all) for building fund on principle that Govt gives £150. for every £1000 subscribed by the public.*

*I do not understand ∴. Was 3 years new hospital which says that Govt has given £2000 compared with £1715 for other sources for int. by Govt & nothing to upkeep fund.*

subsequent Paper.

859/21

2. Permanent Temporary Buildings

These will go on all right ~~apparently~~  
for some time. I gather that these  
(with equipment) cost R20,000.

3. Permanent Buildings  
At R15 = £ cost of architect's  
scheme is £11500. This does  
not include equipment ~~and~~  
~~operating~~ <sup>fitting</sup> ~~material~~. They  
will ~~be~~ the hospital built  
by gift, I fancy, for less than  
£19000 (at R10 = £) - if  
Govt. goes on at the rate of  
R15 leaving £20 from their  
subscriptions, Govt. share from  
building fund will amount to,  
say, £ N. 6353. Towards this  
fund they have R60,700/- in  
hand incl. Govt's £1000 for 1919-20  
I believe as a gift, ~~misunderstanding~~

4. Maintenance

For 6 months - R 11,334  
less fees - R 6,253  

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R 5,081

They have R10,000 for at present.  
They have promise of R10,000 for  
from private donors for 3 years, Govt.  
is not committed, but see  
6 Aug 19 in 1919-20 Govt. part

£200 to this fund.

now is proposed to be used in the hospital in the case of officials & £150 is inserted in the list accordingly. The actual cost is 98

£500 "inserted in the Private Hospital"

the Treasurer's memo. says:-

- "A new Memorial Hospital is being erected at Madhura, to which the Govt. has contributed a building grant, & the erection of a similar hospital at Dumbona is under course. The sum provided is intended to cover £150 p.a. for upkeep of 3 beds at each of these hospitals, & the payment of the difference between the fees charged for Govt. patients at these hospitals and Govt. hospitals."

Altogether, I am not sure that the local authorities have formed a very clear idea of their liabilities or intentions: not that the kind of self-help among soldiers should be discouraged by any means, but we ought to know exactly where we are.

adm. receipts appear to come from  
1919-20 in respect  
dict as Gov. committed to  
the apt. - find out discrepancy  
between part of this disp. & other  
previous disp. & enquire whether  
it is ~~not~~ proposed that Gov.  
sub. ~~to~~ (with a limit of 5 years)  
sub. to buildings fund at the  
rate of Rs 5 to every Rs 30 subscribed  
by them! - observing that there  
appears to be ~~no~~ in 1919-20  
1920-21 Gov. for such a contribution -  
if it is not now proposed to  
follow procedure and why  
a question there is why prospect of  
private donations not being  
forthcoming to complete the  
permanent hospital - was  
to maintenance say no ~~to~~  
to 3-bed reservation proposal  
at Rs 50 for current year  
without committing Gov. to  
similar procedure in subsequent  
years, provided Gov. is satisfied

that Rs 50 a bed is reasonable  
but also for further ref. &  
payments, difference in fees 99  
(see item memo. quoted above)  
re what reference to Gov. & say  
that Gov. did not commit itself  
in connection with any  
scheme at Lumbaria without  
referring to S.P. that unless  
there is good prospect of securing  
the necessary funds for the  
completion, equipping & permanent  
of the Nallam hospital,  
it seems doubtful whether it is  
desirable to launch a similar  
scheme for Lumbaria, as it ~~is~~  
not unlikely that Gov.  
might find itself compelled to  
bear practically the whole  
cost when funds are urgently  
required for other works.

So proceed. The Gov. Allp  
must be careful not to be  
involved with the possibility of the  
cost of completion. 22.6.20

30753

May, 1920.

RE  
RE 22 JUN 20

100

CONFIDENTIAL

My Lord,

I have the honour to refer to Your Lordship's despatch, Confidential, of the 19th November last and to transmit, as directed therein, a report by the Principal Medical Officer on the working of the European Memorial Hospital at Nakuru, together with a schedule of the fees charged and a copy of the Architects' scheme for the new Stone Hospital, which it is hoped to erect as soon as the requisite funds are available.

2. It proved impossible to earmark the £1000 grant from savings on expenditure in the Protectorate Estimatee for last financial year. I discussed the matter with my Executive Council and decided that, as Government was practically committed to the donation, the amount should be met from excess revenue. I trust that Your Lordship will agree to this allocation.

3. Reference to the Architects' report will show that, on the ratio of Rs. 15/- to the pound sterling

the

RIGHT HONOURABLE

VISCOUNT MILNER, P.C., G.C.B., G.C.M.G., &amp;c., &amp;c.,

SECRETARY OF STATE FOR THE COLONIES,

DOWNING STREET,

LONDON, S.W.

40864194  
 rt by  
 5. 20.  
 e of Fees  
 Architects'  
 scheme

the stone building is calculated to cost some £11,900, towards which £1,000 has been subscribed by Government and over £1,713 from other sources. New Hospital equipment will form a further <sup>and</sup> not inconsiderable item of expenditure and is of course not provided for in the Architects' figures.

4. Up to the present time Government have given no financial assistance towards the Maintenance Fund. Dr. Milne's statement points out that Rs.10,000 has been promised from private donors for this purpose for a period of three years, and, in accordance with recommendation I have included the sum of £150 in the draft estimate for the current year so as to reserve three beds in the Hospital to the use of officials. No undertaking to this effect will be given, however, to the Hospital authorities, until Your Lordship's sanction has been communicated.

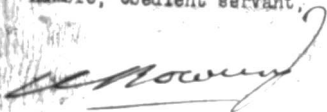
5. In view of the comments contained in the fourth paragraph of Your Lordship's despatch, I wish to emphasize the fact that the Memorial Hospital is not under the charge of the Government Medical Officer at Nakuru. Dr. Milne's remarks under the heading of Staff describe the existing state of affairs by which patients are sent in by the Medical Officer or the private practitioner of the district and are attended by either according to their wishes. The hospital arrangements are in the hands of the matron under the general supervision of the Committee. The appointment of a Resident Doctor is not warranted by the present accommodation

accommodation (only 12 beds) and in any case the  
imposition of these duties upon the Local Government  
Medical Officer was never contemplated. 102

I have the honour to be,

Your Lordship's

humble, obedient servant,

A handwritten signature in cursive script, appearing to read 'H. Noway', written in dark ink over a light background.

ACTING GOVERNOR.

## REPORT ON THE GENERAL HOSPITAL

BY A. D. BILLY,

PRINCIPAL MEDICAL OFFICER,

BRITISH EAST AFRICA

March 10th 1920.

103

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- VILLAGES:- The Hospital is housed in two long wards and iron wards, 75'x 22' formerly belonging to the Military Hospital. There is a 10' verandah running the whole length of the South side, the two wards being connected together by a common roof.
2. There is a total of 5 wards containing 12 beds in all, four of which was occupied at the time of my visit, one being a Maternity case.
3. A sitting room is provided for patients, and a 6th ward is used as a theatre.
4. Further accommodation is two small bedrooms for the Matron and one Sister, a dispensary, pantry, 2 bath rooms and a small Matron's office.
5. Outside at each end of the building is a lavatory, while there is the usual boys' quarters kitchen, and store. A wattle and daub hut provides a sitting room for the sisters, and a bedroom of two beds.

EQUIPMENT: 6. The Hospital equipment is sufficient being fully taken over from the Salvage Department. I was informed that Dr. Jewell has been authorized to purchase some \$250 worth of instruments, in which not unaccountably they are still deficient.

STAFF:-

7. Medical. Patients are sent in by the Government Medical Officer and the one private practitioner, Miss Granville, and are attended by either according to their desires. These either charges fees or not, according to the means of the patients. This arrangement is I consider satisfactory for the time being.

8. Nursing, consist of one Matron, one sister, both qualified and one V.A.D.

9. Kitchen, consist of one Cook with an allowance for ration and 8 Africans. A sufficient complement at present.

FINANCIAL:- 10. As you are aware the project of this hospital was mooted last year by a board of interested settlers, and was put forward under three headings:-

- a. The immediate acquisition of the deserted military hospital buildings so that a temporary hospital could be opened or
- b. Collecting for a permanent hospital of stone.
- c. Collecting for an up-keep and maintenance fund.

11. The temporary hospital was opened in June 1919, and up to the end of February 1920 has accommodated 60 patients.

12. Towards the permanent building fund (including the Government contribution of Rs. 20,000/-) there is in hand the sum of Rs. 49,700/-.

13. Towards the maintenance fund, the subscribers have promised Rs. 10,000/- for a period of three years. Towards this fund the Government have contributed nothing. I recommend that it should earmark three beds for the use of Government officials at the rate of 250/- a bed & 215/- for three years.

14. The expenditure of the hospital can be summarized as follows:-

Capital:- (1). Acquisition of temporary buildings, alterations, renovations, furniture and equipment .  
Rs. 20,000/-

It will be understood that on the permanent hospital being built, a certain proportion of the furniture and equipment will be utilisable, and there will be also the proceeds of the sale of the tin buildings.

Maintenance:- (2). As shown by the figures for the 6 months ending December 31st 1919,-

Salaries and wages	Rs. 4,996
Household expenses	1,335
General expenses	2,800
TOTAL	Rs. 11,334

15. Against this may be set the receipts from patients' fees amounting for the same period to Rs. 6,253.

16. I attach copy of the schedule of fees charged, and the specification of the new stone hospital which the Committee have under consideration.

17. In conclusion, I have the honour to report that I am entirely satisfied with the management of the hospital and the cooperation existing between the Committee, the Medical and Nursing staff, especially the Matron on whom so much depends for the success of a hospital, and the attitude of the patients past and present towards the institution. I consider that it is in every way worthy of Government support.

.....



rtson & Wevill

Quantity Surveyors  
& Civil Engineers.

Miller Robertson,  
Ed. E. Wevill, Q. S. A.

**WAR MEMORIAL HOSPITAL.**  
AT NAKURU.

Plans Buildings,  
Sixth Avenue,  
NAIROBI.  
December 1919.

## ARCHITECTS' REPORT.

The general design is regulated by the contours of the site, which has a fairly even fall from back to front.

A central section with wings extending longitudinally on either side with as little projection as possible against or in the direction of the fall is therefore the most economical form of building.

The complete scheme submitted embodies two one story ward wings (one for Male Patients and one for Female Patients) connected by a two storey Central Administrative section, with two subsidiary wings at the back, one for the Operating Theatre, &c., and the other for Kitchen, Kitchen Offices, Yard, Patients' Clothes Store, Boiler House and Disinfectant.

A detached Mortuary building is also provided, which may be placed in any convenient position on the site.

The design submitted comprises full accommodation for an ideal country hospital. If the committee do not desire to carry out the complete scheme in the first instance, a modified scheme could be arranged by the omission of one wing, the other wing to be completed later.

It may be pointed out that the arrangement of the wards lends itself admirably to future extensions should further accommodation be required.

A covered *Porte Cochère* has been provided as a central feature. This is designed with a view to the provision of a memorial tablet to signify the object of the building and the means by which it has been erected.

The administrative section is placed centrally and convenient for Ward and staff supervision. On the ground Floor are the Waiting Hall, Doctor's Room, Matron's Room (each with Store and Medicine Cupboards), Nurses' Common Room and Linen Closet. On the first Floor are the Matron's and Nurses' Bed Rooms, Bath Room, Balcony at back which may be screened off to form separate Lounges for the Matron and Nurses.

The staircase is in the form of an Annex and a Lavatory is placed on the Ground floor under the stairs for the use of the staff. Lavatories or wash up sinks are also provided in the recesses in the Doctor's and Matron's Rooms.

Two six bed Wards and eight single bed Wards are provided. The cubic air space in the six bed wards provides 1,230 cubic feet per bed and in the single bed wards 1,980 cubic feet. This is considered ample for this climate. In the event of an epidemic or other emergency the single rooms could conveniently be made to accommodate two beds.

The floor space in the six bed wards allows of a gangway for easy passage of trolleys or stretchers.

Through natural cross ventilation is provided by means of windows on either side of the wards, fixed close to the ceiling.

Covered verandahs are shown both back and front, access to which from the wards is provided by means of large double doors. The object of these is to provide a sitting space for "patients" and a place where "bed patients" may be wheeled in the day time.

The building is provided with a Patients Sanitary Annex with lavatories, wash and W.C.; direct contact with the wards is prevented by means of "curtains".

#### Duty Rooms

A nurse's duty room is provided to each wing placed in a position for easy ward supervision. There will be an inspection window on either side, one to the large ward and one to the single ward. The latter may thus be used for acute cases requiring special supervision.

In each Duty Room provision is made for medicine and store cupboard, sterilizing table and a wash up sink.

#### Operating Theatre.

The Operating theatre will be situated in a separate building at the back with a covered connecting corridor from the Main Building.

The corridor floor will be kept level and all steps will be avoided.

Access is gained through a Lobby to the Anaesthetic Room, and thence to the Operating theatre. On the other side of the theatre a Doctor's Preparation Room, Sterilizing Room, Clean Room, and store is shown. Lighting to the operating table will be provided by means of a top light and large window glazed with obscured plate glass.

The design is perhaps rather elaborate for present requirements but the possibility of the full scheme submitted being carried out and future extensions added to the Hospital have been taken into consideration. In view of which the accommodation is not too great. Very little economy would be effected by reducing this building in the present instance.

#### Kitchen Block.

The Kitchen Block will be a similar wing to the Operating theatre block situated at the back and also connected by a covered corridor.

This block will be placed sufficiently far away from both the Main Building and the Operating theatre to obviate any nuisance from smoke, etc.

It will consist of kitchen, scullery, servery, Meat and General stores, Patient's baggage stores also an open yard with Fuel store, Tool shed and Native's Closet. On the other side of the yard will be placed the Disinfectant Plant and Boiler House.

#### Mortuary.

The mortuary will be a small isolated building which can be placed anywhere on the site. A plain Post Mortem slab will be provided.

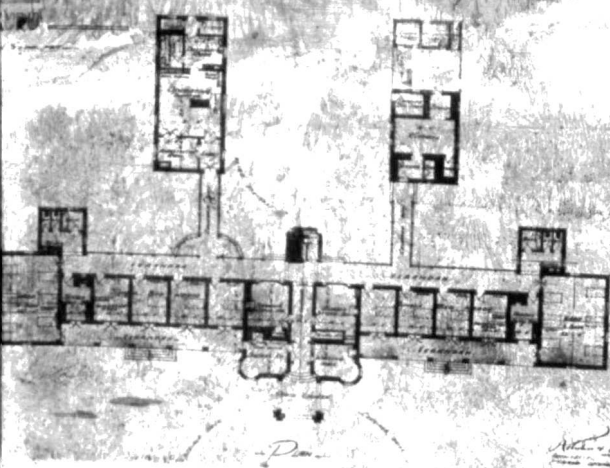
#### Laundry.

No special Laundry building has been considered necessary for the present scheme, but if one is desired, a temporary wood and iron building could be erected at the back of the Boiler House in the kitchen yard.

#### Materials.

**Walls.** The walls throughout the building will be of local stone. The outer face will be rough casted with stone dressings. The inner faces will be plastered coloured with a washable distemper. Those to the ward and Operating Theatre will be cement plaster, with all internal angles hollowed and all salient angles rounded.

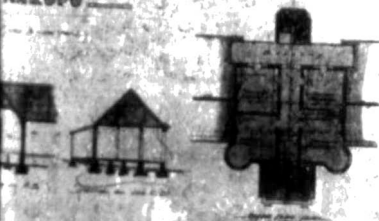
1852 NEWPORT NEWS



Plan

*Wm. B. ...*

NEW GENERAL HOSPITAL  
AT  
NEWPORT



*Wm. B. ...*

**Floors.** The floors of the wards and front verandah will be hardwood boards with hollow angle skirtings against the walls. The administrative section will also have boarded floors but with a plain skirting against the walls. The Operating Theatre, back verandah, Connecting Corridors, Sanitary annexes, Kitchen Block and Mortuary will be solid floors, either concrete or stone flags finished smooth. The operating Theatre Block and Sanitary Annexes floors will have a hollow angle skirting against the walls.

**Roof.** The design provides for a tiled roof. Although tiles are more expensive than other materials it is recommended that they be used. The main points in their favour being that they do not conduct the sun's heat, nor the noise of heavy rains. They also considerably enhance the appearance of the building.

**Ceilings.** All the ceilings will be of "Beaver Board," asbestos plate or other similar material and will be distempred white. In the wards and operating Theatre panels will be formed with a plain wood strip rounded on the angles and as nearly flush with the ceilings as possible. The junction between ceilings and walls in the wards etc. will be formed with a hollow angle fillet.

**Windows.** The ward windows will be casement pattern consisting of lower lights in two halves hung at the sides and top lights hung at the bottom. The lower lights will fall inwards in with side hoppers. This form of window is very economical and hung in this manner prevents draughts on to the beds. The administrative section, kitchen, etc., will have similar pattern windows, but side hoppers will not be necessary. In the operating theatre it is proposed to use a steel frame window and roof light glazed with obscured plate glass, if obtainable.

**Doors.** The ward doors leading on to the verandah will be double doors with glazed upper panels and will be wide enough to allow of the passage of a bed or stretcher. Single doors are also shown from the single bed wards to the back verandah. These will also have glass panels and will be of sufficient width to allow of the passage of a bed or stretcher.

**Sanitary Fittings.** Sinks, lavatory basins and baths will be porcelain en melled throughout. Water closets are recommended with a small sewage disposal works. This is referred to under another heading.

**Water.** A cold water service will be laid on from the main Township supply.

The site of the proposed buildings lends itself to a very economical form of sewage disposal. There is a good natural fall and ample room for the isolation of the works.

The system proposed would be the bacteriological treatment of all bath, lavatory, W.C. etc. waste water. This would be collected in a closed septic tank and from thence pass to open bacteria beds and the effluent run off into a trench or open drain.

A small system similar to the one suggested has been found most efficacious in many of the country hospitals and private houses in Great Britain and is also largely used in South Africa.

The effluent is pure and inoffensive and if no running water is available may be allowed to drain away over the surface of the land without in any way creating a nuisance.

The maintenance of these systems is practically nil, very little attention being required and spread over a few years, the cost is a large saving over the "bucket" system.

Cost

The approximate detailed cost of fittings is as follows:—

	£	s.	d.
Administration section	3,500	0	0
Two Ward Wings	5,250	0	0
Operating Theatre Block	1,800	0	0
Kitchen Block	1,200	0	0
Maternity	150	0	0
Total	11,900	0	0

*estimated at Rs. 15-00 to the Pound sterling.*

The above estimate does not make any provision for operating table, special artificial lighting and fittings to the operating theatre nor for any special medical or Hospital requirements. These are matters which are best left until the Resident Medical Officer and Matron have been consulted.

December, 1919.

ROBERTSON & WEBB

Jan. 30758/12/1920

Lord

DRAFT

3 July 1920

Sir,

MINUTE.

Amend 7859

I have the honour to acknowledge of your <sup>combl.</sup> letter no 91 of the 13th May & to inform you that I approve, in the special case, the payment of £4000 for excess revenue for the Year 1919-20 to the European Memorial Hospital at Takara, as the Govt was committed to this expenditure.

Paragraph 3 of your

off to see  
Amend

Sir I have taken  
my report for comm-  
Substance of report  
regarding hospital to O.N.A.  
JULY 7

2. As regards the Govt contribution generally to the Hospital I cannot



Sufficient to allow of the  
permanent hospital being  
completed.

5. As regards contributions to  
the ~~independent~~ fund I have  
no objection to the proposal that  
3 beds should be reserved for  
four ~~years~~ in return for a  
contribution the year of £150.

But provided that ~~we are satisfied~~  
that £50 is a reasonable amount  
to be paid for each bed; but  
Govt should not be committed  
to continuing this arrangement  
in subsequent years.

~~As however I would not be able~~  
if no provision is made in the Acts  
for £500 to cover this contribution,  
a similar contribution to a hospital  
which it is apparently proposed to

exact at Lumbwa, as  
explained in the members' memo  
of the difference  
between the fees charged to  
113

four patients at these  
hospitals & at Govt. Hospital.

I shall be glad to have  
further info as to what is  
the difference in fees &  
to which the members here

DRAFT.

MINUTE.

- Mr.
- Mr.
- Mr.
- Mr. Grindle.
- Sir H. Lambert.
- Sir H. Reid.
- Sir G. Fiddes.
- Col. Amery.
- Lord Milner.

alludes but in any  
event I do not wish you to commit  
the Govt. to ~~any~~  
the ~~Govt.~~ <sup>any</sup> ~~contribution~~  
to Lumbwa

in connection with a similar  
scheme for a hospital at  
P LUMBWA  
Lumbwa without first  
referring the matter to the  
State  
unless there is very good  
prospect of securing the  
necessary funds for the  
completion, & equipping  
& permanent upkeep of the

533  
233

hastiness hospital. it would ~~be~~  
doubtful whether it <sup>is</sup> desirable to  
launch a similar scheme ~~to~~  
elsewhere as it would not be  
likely ~~to~~ <sup>the</sup> first night will  
find itself compelled to bear  
practically the whole of the  
cost at a time when  
funds are ~~in~~ <sup>being</sup> ~~refused~~  
for other works

(Signed) MILNER