



## City of Hamilton

# HAMILTON MUNICIPAL HERITAGE COMMITTEE

**Meeting #:** 18-009  
**Date:** September 13, 2018  
**Time:** 12:00 p.m.  
**Location:** Room 264, 2nd Floor, City Hall  
71 Main Street West

Loren Kolar, Legislative Coordinator (905) 546-2424 ext. 2604

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**1. APPROVAL OF AGENDA**

(Added Items, if applicable, will be noted with \*)

**2. DECLARATIONS OF INTEREST**

**3. APPROVAL OF MINUTES OF PREVIOUS MEETING**

3.1 August 16, 2018

**4. DELEGATION REQUESTS**

**5. CONSENT ITEMS**

5.1 Inventory and Research Working Group Meeting Notes - July 23, 2018

5.2 Heritage Permit Review Sub-Committee Minutes - August 21, 2018

**6. PUBLIC HEARINGS / DELEGATIONS**

**7. STAFF PRESENTATIONS**

7.1 Recommendation to Designate the Property Located at 828 Sanatorium Road, Hamilton (Long & Bisby Building) Under Part IV of the Ontario Heritage Act (PED18214) (Ward 8) (presentation to be distributed)

**8. DISCUSSION ITEMS**

**9. MOTIONS**

**10. NOTICES OF MOTION****11. GENERAL INFORMATION / OTHER BUSINESS**

## 11.1 Buildings and Landscapes

## 11.1.a Endangered Buildings and Landscapes (RED)

(Red = Properties where there is a perceived immediate threat to heritage resources through: demolition; neglect; vacancy; alterations, and/or, redevelopment)

(i) Tivoli, 108 James Street North, Hamilton (D) – A. Johnson

(ii) Andrew Sloss House, 372 Butter Road West, Ancaster (D) – M. McGaw

(iii) Century Manor, 100 West 5th Street, Hamilton (D) – K. Garay

(iv) Beach Canal Lighthouse (D) – J. Partridge

(v) 18-22 King Street East, Hamilton (R)(NOI) – K. Stacey

(vi) 24-28 King Street East, Hamilton (R)(NOI) – K. Stacey

(vii) 1 St. James Place, Hamilton (D) – K. Stacey

(viii) 2 Hatt Street, Dundas (R) – K. Stacey

(ix) James Street Baptist Church, 96 James Street South, Hamilton (D) – A. Denham-Robinson

(x) Dunnington-Grubb Gardens, 1000 Main Street East (within Gage Park) – D. Beland

## 11.1.b Buildings and Landscapes of Interest (YELLOW)

(Yellow = Properties that are undergoing some type of change, such as a change in ownership or use, but are not perceived as being immediately threatened)

- (i) Delta High School, 1284 Main Street East, Hamilton (D) – D. Beland
- (ii) St. Giles United Church, 85 Holton Avenue South (L) – D. Beland
- (iii) 2251 Rymal Road East, Stoney Creek (R) – C. Dimitry
- (iv) Former Valley City Manufacturing, 64 Hatt Street, Dundas – K. Stacey
- (v) St. Joseph's Motherhouse, 574 Northcliffe Avenue, Dundas (R) (ND) - K. Stacey
- (vi) Copley Building, 104 King Street West; 56 York Blvd., and 63-76 MacNab Street North (NOI)– G. Carroll
- (vii) 1021 Garner Road East, Ancaster (Lampman House) (NOI)– M. McGaw

## 11.1.c Heritage Properties Update (GREEN)

(Green = Properties whose status is stable)

- (i) The Royal Connaught Hotel, 112 King Street East, Hamilton (R) – T. Ritchie
- (ii) Auchmar, 88 Fennell Avenue West, Hamilton (D) – K. Garay
- (iii) Jimmy Thompson Pool, 1099 King Street E., Hamilton (R) – T. Ritchie
- (iv) Treble Hall, 4-12 John Street North, Hamilton (R) – T. Ritchie
- (v) 104 King Street West, Dundas (Former Post Office) – K. Stacey

## 11.1.d Heritage Properties Update (BLACK)

(Black = Properties that HMHC have no control over and may be demolished)

- (i) Auchmar Gate House, Claremont Lodge 71 Claremont Drive (R) – K. Garay

## 12. PRIVATE AND CONFIDENTIAL

13. ADJOURNMENT



## Hamilton

### **HAMILTON MUNICIPAL HERITAGE COMMITTEE**

#### **MINUTES 18-008**

**9:30 a.m.**

**August 16, 2018**

**Room 264, 2<sup>nd</sup> Floor**

**Hamilton City Hall**

**71 Main Street West**

**Present:** Councillor A. Johnson, M. Pearson and J. Partridge  
A. Denham-Robinson (Chair), W. Arndt, D. Beland, G. Carroll, C. Dmitry, K. Garay, M. McGaw, T. Ritchie, R. Sinclair, K. Stacey and T. Wallis

#### **THE FOLLOWING ITEMS WERE REFERRED TO THE PLANNING COMMITTEE FOR CONSIDERATION:**

1. **Inventory & Research Working Group Meeting Notes – June 25, 2018 (Item 8.1)**

**(McGaw/Wallis)**

- (a) **1320 Woodburn Road, Glanbrook**

That the property at 1320 Woodburn Road, Glanbrook be included in the City of Hamilton's Register of Property of Cultural Heritage Value or Interest and be added to the staff work plan.

**CARRIED**

2. **Hamilton Municipal Heritage Committee Terms of Reference Review (Item 8.2)**

**(Ritchie/Garay)**

WHEREAS, in order to achieve their Council approved mandate, the volunteer work of the Hamilton Municipal Heritage Committee, its Working Groups and Sub-Committees may be more demanding than other municipal committees and boards; and

WHEREAS, it is important to offer transparency during the application process, to provide potential applicants with a better understanding of the scope of work, roles and responsibilities, and to facilitate a more informed decision;

THEREFORE, BE IT RESOLVED:

- (a) That Hamilton Municipal Heritage Committee Terms of Reference, be amended by adding the following sub-sections to read as follows:
- (i) To advise and assist City staff and Council on all matters relating to the designation of property, the review of heritage permit applications and other cultural heritage conservation measures under Parts IV and V of the *Ontario Heritage Act*, R.S.O. 1990, c.O.18.
  - (ii) To advise and assist City staff and Council in the preparation, evaluation and maintenance of a list of properties and areas worthy of conservation.
  - (iii) To advise and assist City staff and Council on any other matters relating to the conservation of listed properties or areas of cultural heritage value or interest.
  - (iv) To advise City staff and Council on programs and activities to increase public awareness and knowledge of heritage conservation issues.
  - (v) To prepare, by the 31st day of January each year, an annual report of the previous year's activities.
  - (vi) ***To participate, where possible, on at least one of the following Working Groups of the Hamilton Municipal Heritage Committee:***
    - ***Inventory and Research (Meets monthly for a minimum of 2 hours)***
    - ***Policy and Design (Meets monthly, or as needed, for a minimum of 2 hours)***
    - ***Education and Communication (Meets monthly or as needed, for a minimum of 2 hours)***
    - ***Heritage Permit Review Sub-Committee (Meets monthly – membership includes selected members of HMHC, but is completed through a separate application process, for a minimum of 2 hours)***
  - (vii) ***To participate, where possible in other external groups and/or stakeholder committees.***
  - (viii) ***To participate, where possible in heritage events and activities, such as the Annual Hamilton Municipal Heritage Recognition Awards.***

- (b) That staff be directed to review the standard meeting times, format and locations of the Hamilton Municipal Heritage Committee to make them inclusive and accessible; and,
- (c) That staff be directed to forward a copy of the Code of Conduct, for signature by each volunteer member of the Hamilton Municipal Heritage Committee's Working Groups.

**CARRIED**

**3. Proposed Amendments to the Hamilton Municipal Terms of Reference and Recruitment Process (Item 8.2(a))**

**(Stacey/Sinclair)**

- (a) That the Proposed Amendments to the Hamilton Municipal Heritage Committee Terms of Reference and Recruitment Process, be approved; and
- (b) That the information found in the Proposed Amendments to the Hamilton Municipal Terms of Reference and Recruitment Process be included in the call for volunteer members of the Hamilton Municipal Heritage Committee; effective for the 2018 application process and future terms.

**CARRIED**

**4. Hamilton Municipal Heritage Committee Masonry Guidelines (Item 8.3)**

**(Stacey/McGaw)**

WHEREAS, the City of Hamilton is home to many historic buildings and structures constructed of masonry;

WHEREAS, the exposure to harsh weather conditions and building construction failure makes masonry susceptible to deterioration, requiring regular maintenance and often the need for alteration and restoration;

WHEREAS, heritage guidelines are useful reference tools for heritage planning staff, the Heritage Permit Review Subcommittee and Hamilton Municipal Heritage Committee (HMHC) for their processes of reviewing applications for alteration under the Ontario Heritage Act;

WHEREAS, these guidelines are an educational resource for heritage property owners, architects and contractors to carry out a successful masonry restoration; fulfilling the HMHC's mandate for public education and community outreach; and

WHEREAS, these guidelines follow the format of a preceding document entitled Heritage Window Guidelines; as approved by Hamilton City Council, on December 17, 2014;

**THEREFORE, BE IT RESOLVED:**

That the Heritage Masonry Guidelines, produced by the Policy and Design Working Group of the HMHC, be approved.

**CARRIED**

**FOR INFORMATION:**

**(a) CHANGES TO THE AGENDA (Item 1)**

The Clerk advised the Committee of the following changes:

**1. ADDED CEREMONIAL ACTIVITY (Item A)**

Hamilton Municipal Heritage Recognition Award – Kyle Slote, Thier + Curran Architects for 7-11 Brock Street, Hamilton

**2. ADDED DISCUSSION ITEM (Item 8)**

8.2(a) Proposed Revisions and Updates to the Hamilton Municipal Terms of Reference

**3. ADDED GENERAL INFORMATION (Item 11)**

11.2 Ontario Heritage Conference Update (no copy) (Added Item 11.2)

**(McGaw/Beland)**

That the Agenda for the August 16, 2018 Hamilton Municipal Heritage Committee be approved, as amended.

**CARRIED**

**(b) CEREMONIAL ACTIVITY (Added Item A)**

Kyle Slote from Thier + Curran Architects, on behalf of Bill Curran, Architect, accepted a Hamilton Municipal Heritage Recognition Award for their property at 7-11 Brock Street, Hamilton.

**(c) DECLARATIONS OF INTEREST (Item 2)**

There were no declarations of interest.

**(d) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 3)**

**(i) July 19, 2018 (Item 3.1)**

**(Arndt/Beland)**

That the Minutes of the July 19, 2018 meeting of the Hamilton Municipal Heritage Committee be approved, as presented.

**CARRIED**



(e) **DISCUSSION ITEM (Item 8)**

(i) **Hamilton Municipal Heritage Committee Terms of Reference Review (Item 8.2)**

A. Denham-Robinson relinquished the Chair to address the Committee respecting the Hamilton Municipal Heritage Committee Terms of Reference Review.

For further disposition of this matter, refer to Item 2.

1. **Proposed Amendments to the Hamilton Municipal Terms of Reference and Recruitment Process (Item 8.2(a))**

A. Denham-Robinson addressed the Committee respecting the Proposed Revisions and Updates to the Hamilton Municipal Terms of Reference. Copies of the document were distributed at the meeting, and are available at [www.hamilton.ca](http://www.hamilton.ca).

For further disposition of this matter, refer to Item 3.

A. Denham-Robinson assumed the Chair.

(f) **GENERAL INFORMATION/OTHER BUSINESS (Item 11)**

(i) **Buildings and Landscapes (Item 11.1)**

**(Beland/McGaw)**

That the Dunnington-Grubb Gardens, 1000 Main Street East (within Gage Park) be moved from the List of Buildings and Landscapes (YELLOW) to the List of Endangered Buildings and Landscapes (RED).

**CARRIED**

**(A. Johnson/Arndt)**

That the following updates be received:

(a) **Endangered Buildings and Landscapes (RED):  
(Red = Properties where there is a perceived immediate threat to heritage resources through: demolition; neglect; vacancy; alterations, and/or, redevelopment)**

(i) Tivoli, 108 James Street North, Hamilton (D) – A. Johnson

No report.

(ii) Andrew Sloss House, 372 Butter Road West, Ancaster (D) – M. McGaw

No report.

(iii) Century Manor, 100 West 5th Street, Hamilton (D) – K. Garay

No report

- (iv) Beach Canal Lighthouse (D) – J. Partridge

No report.

- (v) 18-22 King Street East, Hamilton (R)(NOI) – K. Stacey

No report.

- (vi) 24-28 King Street East, Hamilton (R)(NOI) – K. Stacey

No report.

- (vii) 1 St. James Place, Hamilton (D) – K. Stacey

No report

- (viii) 2 Hatt Street, Dundas (R) – K. Stacey

No report.

- (ix) James Street Baptist Church, 96 James Street South,  
Hamilton (D) – A. Denham-Robinson

No report

- (x) Dunnington-Grubb Gardens, 1000 Main Street East (within  
Gage Park) – D. Beland

**(b) Buildings and Landscapes of Interest (YELLOW):  
(Yellow = Properties that are undergoing some type of change,  
such as a change in ownership or use, but are not perceived as  
being immediately threatened)**

- (i) Delta High School, 1284 Main Street East, Hamilton (D) – D.  
Beland

No report.

- (ii) St. Giles United Church, 85 Holton Avenue South (L) – D.  
Beland

This property will remain on the list until staff have negotiated  
the salvage of items from the Church.

- (iii) 2251 Rymal Road East, Stoney Creek (R) – C. Dimitry

No report.

- (iv) Former Valley City Manufacturing, 64 Hatt Street, Dundas – K. Stacey

Staff report that a formal consultation application was received in 2017, and there have not been any development applications for the property since then, but condominium documents are being coordinated.

- (v) St. Joseph's Motherhouse, 574 Northcliffe Avenue, Dundas (R) (ND) - K. Stacey

Staff support the proposed changes that may be made on the property in future.

- (vi) Copley Building, 104 King Street West; 56 York Blvd., and 63-76 MacNab Street North (NOI)– G. Carroll

No report.

- (vii) 1021 Garner Road East, Ancaster (Lampman House) (NOI)– M. McGaw

No report.

**(c) Heritage Properties Update (GREEN):  
(Green = Properties whose status is stable)**

- (i) The Royal Connaught Hotel, 112 King Street East, Hamilton (R) – T. Ritchie

M. Pearson advised that she has spoken with the owners of the property, and while the owners are aware of the pending designation, they are not prepared to pursue the designation yet.

- (ii) Auchmar, 88 Fennell Avenue West, Hamilton (D) – K. Garay

No report.

- (iii) Jimmy Thompson Pool, 1099 King Street E., Hamilton (R) – T. Ritchie

No report.

- (iv) Treble Hall, 4-12 John Street North, Hamilton (R) – T. Ritchie

No report.

- (v) 104 King Street West, Dundas (Former Post Office) – K. Stacey

No report.

- (d) **Heritage Properties Update (black):  
(Black = Properties that HMHC have no control over and may be demolished)**

- (i) Auchmar Gate House, Claremont Lodge 71 Claremont Drive (R) – K. Garay

No report.

**CARRIED**

- (ii) **Ontario Heritage Conference Update (Added Item 11.2)**

G. Carroll addressed the Committee respecting his participation in the Ontario Heritage Conference, on June 7-9, 2018 in Sault Ste. Marie. There was great interest in the draft Masonry Guidelines from the Hamilton Municipal Heritage Committee. The City of Hamilton utilizes its Municipal Heritage Register more that most similar and smaller sized municipalities.

**(Ritchie/Sinclair)**

That the information respecting the Ontario Heritage Conference, be received.

**CARRIED**

- (f) **ADJOURNMENT (Item 13)**

**(Wallis/Arndt)**

That, there being no further business, the Hamilton Municipal Heritage Committee, be adjourned at 11:10 a.m.

**CARRIED**

Respectfully submitted,

Alissa Denham-Robinson, Chair  
Hamilton Municipal Heritage Committee

Loren Kolar  
Legislative Coordinator  
Office of the City Clerk

**MEETING NOTES**  
**INVENTORY AND RESEARCH WORKING GROUP**

Monday, July 23, 2018

6:00 pm

Hamilton City Hall, Room 222

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Attendees: Wilf Arndt, Graham Carroll, Alissa Denham Robinson, Ann Gillespie,  
Brian Kowalewicz, Ron Sinclair, Terri Wallis

Regrets: Pamela Grelecki, Kate Wakeman

Staff in attendance: N/A

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**FOR THE INFORMATION OF THE COMMITTEE:**

**(a) DECLARATIONS OF INTEREST -- none.**

**(b) APPROVAL OF MEETING NOTES**

The **June 25<sup>th</sup>, 2018** Meeting Notes of the Inventory and Research Working Group were accepted.

**(c)** A discussion took place with respect to a proposal that the I/RWG defer work on the School project in order to complete an assessment of 356 Significant Places of Worship, using the Inventories on the City web site (Wards 9-15) and one published by the Glanbrook Heritage Society (Wards 1-8). The following motion was approved unanimously

**That the Inventory/Research Working Group defer work on the Places of Education Project and undertake an assessment of 356 Significant Places of Worship in order to determine those which are candidates for the City Register of Undesignated Properties of Heritage/Cultural Interest and Value. A second assessment will identify Places of Worship which are potential candidates for designation.**

**INVENTORY AND RESEARCH WORKING GROUP  
MEETING NOTES**

**July 23, 2018  
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- (d)** In order to accomplish this task members of I/RWG will begin a review of the Inventoried Places of Worship and be prepared to share preliminary assessments at a meeting scheduled for August 27<sup>th</sup>.
  
- (e)** Arrangements will be made to have former members of HMHC involved in the Significant Places of Worship Project either to attend or provide their input for the meeting on August 27<sup>th</sup>
  
- (f)** **NEXT MEETING will be on -- Monday, August 27<sup>th</sup> , 2018, 6pm  
Room 192, City Hall**
  
- (e)** **ADJOURNMENT** --- meeting was adjourned at 7:10pm

Ron Sinclair

Chair

**MINUTES OF THE HAMILTON  
HERITAGE PERMIT REVIEW SUB-COMMITTEE**

August 21st, 2018, 4:30 p.m., City Hall, Room 265

**Present:** Diane Dent, Jennifer Trimble, Andy MacLaren, Justin Hogeterp, David Beland (Vice Chair), Wilf Arndt (Chair)

**Attending Staff:** Chelsey Tyers, Jeremy Parsons

**Absent with Regrets:** Mark-Anderson McGaw

Meeting was called to order by Chair, Wilf Arndt at 5:00 pm

**1) Acceptance of the July 18th, 2018 meeting minutes:**  
(Trimble/Beland)

**CARRIED**

**2) Heritage Permit Application HP2018- 035 – 24 and 28 King Street East, Hamilton**

- Retention and restoration of the front portions of 24 and 28 King Street East (approximately half depth of site), including;
  - 24 King Street East: Removal of unsympathetic coatings and application of new rendering where required; new stone lintels and sills; repair of pressed metal cornice.
  - 28 King Street East: Removal of unsympathetic coatings and cleaning of surface; repair pressed metal cornice and projecting horizontal moldings; replacement of all windows to match original window fenestration.
- Installation of modern storefronts including signage band on buildings including repair and cleaning of original pilasters where remaining; and
- One-story addition on top of building.

The Sub-committee considered the application and with input from the applicant and advice from staff, passed the following motion:

That the Heritage Permit Review Sub-committee advises that Heritage Permit application **HP2018- 035** be consented too, subject to the following conditions:

- a) That the following conditions with respect to cost estimates and a Letter of Credit shall be satisfied prior to submission of an application for a Building Permit for removal of portions of the building:
  - i. The applicant shall provide cost estimates for 100% of the total cost of securing, protecting and stabilizing the retained portions, the cost of monitoring and security for a period of three years and the total cost of restoration and protective enclosure of

the retained Designated portions. Such cost estimates shall be in a form satisfactory to the Director of Planning and Chief Planner.

- ii. The applicant shall provide a Letter of Credit to the Director of Planning and Chief Planner for 100% of the total estimated cost as per (i) in a form satisfactory to the City's Finance Department (Development Officer, Budget, Taxation and Policy) to be held by the City as security for securing, protecting, stabilizing, monitoring and restoring the retained portions as required by this Heritage Permit:
  1. The Letter of Credit shall be kept in force, whether or not the ownership of 24 and 28 Street East changes at any time, until the completion of the required restoration of the retained portions and the erection of a permanent structure to enclose the rear of the retained portions and / or to otherwise attach the retained portions to a new building in conformity with the approved design and requirements.
  2. The Letter of Credit may be reduced in accordance with the City's Letter of Credit Policy.
  3. If the Letter of Credit is about to expire without renewal thereof and any part of securing, protecting, stabilizing, monitoring or restoring the retained portions has not been completed in conformity with their approved designs, the City may draw all of the Letter of Credit funds and hold them as security to guarantee completion unless the City's Finance Department (Development Officer, Budget, Taxation and Policy) is provided with a renewal of the Letter of Credit forthwith.
  4. In the event that the Owner fails to complete, to the satisfaction of the Director of Planning and Chief Planner, the required securing, protecting, stabilizing, monitoring or restoring of the retained portions and the erection of a permanent structure to enclose the rear of the retained portions and / or attach to a new building in conformity with its approved design within the time required, then the City, in addition to any other remedies that the City may have, may exercise its authority under section 446 of the Municipal Act to have its employees, agents or contractors enter 24 and 28 King Street East to complete any one or more of these requirements. The cost of completion of securing, protecting, stabilizing, monitoring or restoring the retained portions shall be paid in full by the Owner from the Letter of Credit. In the event that there is a surplus, the City shall pay the surplus to the Owner upon completion of the requirement(s). In the event that there is a deficit, the City may further exercise its authority under section 446 of the Municipal Act including but not limited to adding the deficit to the tax roll and collecting it in the same manner as property taxes.



- b) That a Conservation Plan in accordance be submitted as part of a complete Site Plan Control application to the satisfaction and approval of the Director of Planning and Chief Planner prior to the issuance of any Building Permit for demolition or new construction;
- c) That any minor changes to the plans and elevations following approval shall be submitted, to the satisfaction and approval of the Director of Planning and Chief Planner, prior to submission as part of any application for a Building Permit and / or the commencement of any alterations; and,
- d) That implementation / installation of the alteration(s), in accordance with this approval, shall be completed no later than August 31, 2020. If the alteration(s) are not completed by August 31, 2020, then this approval expires as of that date and no alterations shall be undertaken without a new approval issued by the City of Hamilton.

(Dent/MacLaren)

**CARRIED**

### **3) Heritage Permit Application HP2018- 036 – 207 Caroline Street South, Hamilton**

Restoration of the north facing wall including  
 - Repointing of the brick.

The Sub-committee considered the application and together with input from the applicant and advice from staff, passed the following motion:

That the Heritage Permit Review Sub-committee advises that Heritage Permit application **HP2018- 036** be consented too, subject to the following conditions.

- a) That any minor changes to the plans and elevations following approval shall be submitted, to the satisfaction and approval of the Director of Planning and Chief Planner, prior to submission as part of any application for a Building Permit and/or the commencement of any alterations, and
- b) That implementation/installation of the alteration(s), in accordance with this approval, shall be completed no later than (2 years from date of approval). If the alteration(s) are not completed by (2 years from date of approval) then this approval expires as of that date and no alterations shall be undertaken without a new approval issued by the City of Hamilton.

(Beland/Dent)

**CARRIED**

### **4) Heritage Permit Application HP2018- 033– South side of Victoria Street between Sydenham and Cross Streets, Dundas**

- To replace the hydro poles along the south side of Victoria Street,

- New poles to be installed in the roadway with a 0.5 m '*ROUNDED*' curb around each pole.
- The curbed area to be filled with grass.

The Sub-committee considered the application and together with input from the applicant and advice from staff, passed the following motion:

That the Heritage Permit Review Sub-committee advises that Heritage Permit application **HP2018- 033** be consented too, subject to the following conditions.

. .

- a) That any minor changes to the plans and elevations following approval shall be submitted, to the satisfaction and approval of the Director of Planning, prior to submission as part of any application for a Building Permit and/or the commencement of any alterations, and
- b) That implementation/installation of the alteration(s) in accordance with this approval shall be completed no later than (2 years from date of approval). If the alteration(s) are not completed by (2 years from date of approval), then this approval expires as of that date and no alterations shall be undertaken without a new approval issued by the City of Hamilton

(Beland/Hodgeterp)

**CARRIED**

## **Adjournment**

Meeting was adjourned at 6:00 pm

Next meeting: – September 18, 2018



**CITY OF HAMILTON**  
**PLANNING AND ECONOMIC DEVELOPMENT DEPARTMENT**  
**Planning Division**

<b>TO:</b>	Chair and Members Hamilton Municipal Heritage Committee
<b>COMMITTEE DATE:</b>	September 13, 2018
<b>SUBJECT/REPORT NO:</b>	Recommendation to Designate the Property Located at 828 Sanatorium Road, Hamilton (Long & Bisby Building) Under Part IV of the <i>Ontario Heritage Act</i> (PED18214) (Ward 8)
<b>WARD(S) AFFECTED:</b>	Ward 8
<b>PREPARED BY:</b>	Jeremy Parsons (905) 546-2424 Ext. 1214
<b>SUBMITTED BY:</b>	Steve Robichaud Director, Planning and Chief Planner Planning and Economic Development Department
<b>SIGNATURE:</b>	

## RECOMMENDATION

- (a) That the designation of 828 Sanatorium Road, Hamilton, shown in Appendix “A” to Report PED18214, as a property of cultural heritage value pursuant to the provisions of Part IV of the *Ontario Heritage Act*, be approved;
- (b) That the Statement of Cultural Heritage Value or Interest and Description of Heritage Attributes, attached as Appendix “C” to PED18214, be approved;
- (c) That the City Clerk be directed to take appropriate action to designate 828 Sanatorium Road, Hamilton under Part IV of the *Ontario Heritage Act*, in accordance with the Notice of Intention to Designate, attached as Appendix “D” to Report PED18214.

## EXECUTIVE SUMMARY

The subject property comprises the northern portion (known as the Brow Campus) of the former Mountain Sanatorium, an institution which opened in 1906 in response to nation-wide efforts to combat tuberculosis. Historically referred to as “consumption” or “the Great White Plague”, pulmonary tuberculosis (TB) is an infectious disease that was common in Canada during the nineteenth and early twentieth centuries. In 1901 there were 9,709 deaths reported in the country as a result of the disease and by 1908 that number rose to 11,700 (Ralph Wilson, *Chedoke: More Than a Sanatorium*, Altona, MB: Friesens Corp, 2005: 16). At the time of the creation of Hamilton’s sanatorium, TB is

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*OUR Vision: To be the best place to raise a child and age successfully.*

*OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.*

*OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.*

**SUBJECT: Recommendation to Designate the Property Located at 828 Sanatorium Road, Hamilton (Long & Bisby Building) Under Part IV of the *Ontario Heritage Act* (PED18214) (Ward 8) - Page 2 of 17**

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noted as being the number one killer in the city (G.J. Wherrett, *The Miracle of Empty Beds: A History of Tuberculosis in Canada*, Toronto: Univ. of Toronto Press, 1977:10).

Although the Mountain Sanatorium (known colloquially as the “San”) was the fourth TB hospital in Canada, at its height, it became the largest institution of its kind in the country and one of the largest in the British Empire (see Appendix “H” to Report PED18214). The institution also served as a site for the convalescence and chronic care of World War I veterans who had contracted the disease. Only one building remains on the subject property from this era of the institution: the Long & Bisby Building (built 1920). The property also contains other remnant heritage features of the hospital including the Cross of Lorraine (built 1953), a concrete pedestrian bridge, a stone wall and pillars, and concrete stairs.

The subject property is classified as a Cultural Heritage Landscape (Chedoke Brow Lands) in the City’s Cultural Heritage Landscape Inventory and is listed on the Register of Property of Cultural Heritage Value or Interest. The property also contains the Long & Bisby Building (1920) which is listed in the City’s Inventory of Buildings of Architectural and / or Historical Interest.

The Chedmac Secondary Plan policies state that the Long & Bisby Building is to be retained and conserved through sympathetic adaptive reuse, unless the building is structurally unsound and not able to be reused.

In January, 2018, the property owner and their applicant submitted a Formal Consultation Application (FC-18-004) to develop the subject lands with 764 multiple dwelling units and 110 townhouse units, for a total of 874 residential units, with some open space and stormwater management blocks. The applicant’s proposal did not propose to retain or integrate the Long & Bisby Building within its site layout. An Official Plan Amendment, Zoning By-law Amendment, Site Plan Control Application, and amendments to the approved Draft Plan of Subdivision would be required to implement the applicant’s proposal.

At the July 13, 2018 meeting of City Council, staff’s recommendation to add the subject property to the City’s Register of Property of Cultural Heritage Value or Interest was approved as part of Planning Committee Report 18-006 (Item 5.7). On August 7, 2018 Building staff received a Building Permit Application for the demolition of the Long & Bisby Building, initiating a legislated 60-day hold on the issuance of the Building Permit in order to allow staff and Council an opportunity to review the property’s heritage value. Following a review, staff are of the opinion that the subject property meets six of nine criteria contained in *Ontario Regulation 9 / 06* and thus should be designated under Part IV of the *Ontario Heritage Act*. The 60-day period expires on October 6, 2018.

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***Alternatives for Consideration – See Page 16***

**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: N/A

Staffing: N/A

Legal: The property's status on the City's Register of Properties of Cultural Heritage Value or Interest under Section 27 (1.2) of the *Ontario Heritage Act* requires that Council be given 60 days' notice of the intention to demolish or remove any building or structure on the property.

Council must consult with their Municipal Heritage Committee prior to designating a property under Section 29 of the Act or removing reference to a property from the Register under Section 27 (1.3) of the Act.

Designation under Part IV of the *Ontario Heritage Act* allows municipalities to recognize a property's cultural heritage value or interest, and to conserve and manage the property through the Heritage Permit process enabled under Sections 33 (alterations) and 34 (demolition or removal) of the Act. Section 30 of the Act affirms that if a notice of intention to designate (NOID) a property is issued by Council then the Demolition Permit in review would be voided as of the day the NOID is given.

The designation process will follow the requirements of the *Ontario Heritage Act*, and provide for adequate notice of Council's intention to designate the property. Formal objections may be made under the *Ontario Heritage Act*, and heard before the Conservation Review Board, prior to further consideration by Council of the designation By-law.

**HISTORICAL BACKGROUND**

The Mountain Sanatorium opened in 1906 in response to the city's growing tuberculosis epidemic. Before antibiotics were developed, TB was a deadly wasting disease that affected thousands of people during the nineteenth and early twentieth centuries. The institution was Canada's fourth sanatorium and by 1932 became the largest in Canada.

Originally consisting of just a few small tents, the Sanatorium eventually grew to include upwards of 30 buildings for hospital uses as well as staff and patient residences. The Sanatorium held more than 700 patients at the height of its use in the 1920s and 1930s, and acted as a regional centre for the treatment of chronically ill veterans returning from

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WWI with the disease. The institution is also notable for treating over 1,200 Indigenous (Inuit) patients from northern Canada during the late 1950s and early 1960s.

Following efforts to contain outbreaks of TB during the First World War, the Federal Government invested in sanatoria across the country, resulting in Hamilton's institution constructing several more substantial structures. The Long & Bisby Building was constructed during this period and is believed to be the oldest remaining Sanatorium building still standing today (see Appendix "B" to Report PED18214).

The subject property formerly comprised the former Brow Campus but the Sanatorium had a second complex of buildings south of the brow, known as the Orchard Campus. The original 98 acres of the property was donated in 1906 by Hamilton wool merchants W.D. Long and G.H. Bisby, for whom the subject building is named. In 1920, the Long & Bisby building was built as a residence for on-site Sanatorium hospital nurses.

The subject property formerly contained a number of buildings from the original Sanatorium that were demolished in 2014-2015 as part of previous development plans for the site. These include:

- The Brow Building (built 1916, demolished 2014-2015);
- The Brow Annex (built 1917, demolished 2014-2015);
- The Hose and Reel House (ca. 1917, demolished 2014-2015);
- The East Pavilion (built 1917, demolished 2014-2015); and,
- The Moreland Residence (built 1936, demolished 2014-2015).

In addition to the Long & Bisby building, the property also contains a small number of other remnant built heritage features that connect to the historical narrative of the institution, including:

- The Cross of Lorraine (built 1953);
- Early concrete pedestrian bridge (date unknown);
- Stone wall and pillars (date unknown); and,
- Concrete stairs (date unknown).

In 1961, the Sanatorium became the Chedoke General and Children's Hospital. In 1971, the name was changed to the Chedoke Hospital and in 1979 through a merger with McMaster University Medical Centre it became part of the Chedoke-McMaster Hospitals. Finally, in 1997, the institution became a part of Hamilton Health Sciences as the Chedoke Hospital of Hamilton Health Sciences. Treatment programs remaining in the Orchard Campus buildings were transferred to other facilities as late as 2014.

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From 1973 to 1983 the Long & Bisby Building housed an alternative education facility for challenged high school students. In 1983 the building was purposed as a day care centre for children of hospital employees. The building is believed to have continued in its use as a private day care until approximately 2010.

In 2001, a Cultural Heritage Assessment was completed by Unterman McPhail Associates Heritage Resource Management Consultants for the Brow Campus as part of the Scenic North Secondary Plan (see Appendix “I” to Report PED18214). Both the Long & Bisby Building and the Cross of Lorraine were noted as being built heritage features of interest. The Long & Bisby Building is considered to be “an important local architectural feature and merits appropriate preservation treatment and consideration for reuse.” (Unterman McPhail Associates, 2001: 45). The Cross of Lorraine is noted as being “a local and regional landmark and when lit, it is clearly visible from below the mountain across most of the City of Hamilton and the Bay.” (Ibid., 48). Further, the consultants concluded “it is the opinion of Unterman McPhail Associates that if change is to occur to the Brow Site that both the Moreland building [now demolished] and the Long and Bisby Building should be considered as priorities for preservation due to the integrity of their original design intent and form.” (Ibid., 50). In addition, it was concluded that “the site landscape, including the preservation of the Lorraine Cross and sections of stone fencing, should be restored for the same reasons.” (Ibid., 50).

In 2006, a second Cultural Heritage Assessment was completed by Unterman McPhail Associates, Heritage Resource Management Consultants for the Chedoke Health Corporation, and focused on the history of the Sanatorium and the buildings located on the Orchard Campus (see Appendix “H” to Report PED18214). The report also included a section on the Brow Campus, echoing the value of the Long & Bisby Building, the Cross of Lorraine, and the wider cultural heritage landscape (Unterman McPhail Associates, 2006: 32-36).

In 2007 a Cultural Heritage Assessment was submitted by Stevens Burgess Architects Ltd., and Wendy Shearer Landscape Architect Ltd., to the City of Hamilton for the Chedoke Brow Lands while under the new ownership of Deanlee Management Inc. (see Appendix “E” to Report PED18214). The Heritage Assessment report, which was completed as part of a requirement of an Official Plan Amendment Application for a previous proposal, provided both an assessment of cultural heritage features and a condition assessment of the Long & Bisby Building (March, 2007). The condition assessment noted the building to be in an overall “fair to good” condition, suitable for adaptive reuse but requiring some upgrades and accessibility adaptations (Ibid., 17-22). The report also identified the Cross of Lorraine as “a community landmark and as the site continues to evolve and change, its importance as a key interpretive device will continue to grow.” (Ibid., 13).

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In 2007, the Chedoke Browlands Sub-Neighbourhood Urban Design Guidelines were completed by Young + Wright Architects Inc. for Deanlee Management Inc. as part of an Official Plan Amendment (see Appendix “F” to Report PED18214). The guidelines note that development within the Chedoke Browlands Sub-Neighbourhood shall have regard to the following heritage intervention guidelines, including:

- The retention and conservation of the ‘Long & Bisby’ Building with an adaptive reuse;
- The continuation of a pedestrian corridor along the brow of the Escarpment;
- The protection of significant views to, and view corridors from, the site and its built-form;
- The protection of the open park-like landscape setting in front of the ‘Long & Bisby’ Building;
- Respecting the existing Scenic Drive and Sanatorium Road alignments; and,
- The preservation of significant built heritage features such as the existing pedestrian bridge, stone wall/pillars, and Cross of Lorraine, where possible. (Young and Wright, 2007: 14).

In 2006, the property was sold and transferred from Chedoke Health Corporation to Deanlee Management Inc.

In 2007, the owner submitted an application for a development consisting of townhomes and multiple dwellings.

In 2010, the owner appealed their application for non-decision by the City of Hamilton to the Ontario Municipal Board.

In 2012, the Ontario Municipal Board ruled that the development was consistent with municipal and provincial policy. The Board also noted within its decision that the Long and Bisby Building will be maintained (see Appendix “G” to Report PED18214).

In 2012, the property was sold and transferred from Deanlee Management Inc. to Valery (Chedoke Browlands) Developments Inc.

On February 8, 2018, Cultural Heritage staff commented on the Formal Consultation Application by Valery (Chedoke Browlands) Developments Inc. for the subject property, under the municipal address 801, 820, 828, 855, 865, and 870 Scenic Drive. Staff required a Cultural Heritage Impact Assessment, and a Documentation and Salvage Report prior to any further approvals or as part of a *Planning Act* submission. In discussions with the applicants, Cultural Heritage staff have recommended retaining and integrating the Long & Bisby Building into the future development of the site.

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On July 13, 2018, City Council approved staff's recommendation to include the subject property on the City's Register of Property of Cultural Heritage Value or Interest.

On August 7, 2018, Building Division staff received a Building Permit Application for the demolition of the Long & Bisby Building, triggering a holding period of 60 days to allow for adequate time to notify Council and to determine if the building merits protection through designation. The 60-day period expires on October 6, 2018.

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

### **Provincial Policy Statement:**

Section 2.6 of the Provincial Policy Statement pertains to Cultural Heritage and Archaeology. Sub-section 2.6.1 states that "significant built heritage resources and significant cultural heritage landscapes shall be conserved".

### **Ontario Heritage Act:**

Section 29 of the *Ontario Heritage Act* states that "the council of a municipality may, by by-law, designate a property within the municipality to be of cultural heritage value or interest" if the property meets one or more of the criteria set out in *Ontario Regulation 9 / 06* and the designation is made in accordance with the process set out in Section 29.

After consultation with the Hamilton Municipal Heritage Committee, Council is required to serve notice of its intention to designate a property on the owner of the property, the Ontario Heritage Trust, and have the notice published in a local newspaper having general circulation.

Section 30 of the *Ontario Heritage Act* states that "if a notice of intention to designate a property as a property of cultural heritage value or interest is given under section 29, any permit that allowed for the alteration or demolition of the property and that was issued by the municipality under any Act, including a building permit, before the day the notice was served on the owner of the property and on the Trust and published in a newspaper is void as of the day the notice of intention is given."

### **Urban Hamilton Official Plan:**

Volume 1, Section B.3.4 - Cultural Heritage Resources Policies of the Urban Hamilton Official Plan (UHOP) states that the City shall "protect and conserve the tangible cultural heritage resources of the City, including archaeological resources, built heritage resources, and cultural heritage landscapes" (B.3.4.2.1(a)), and "identify cultural heritage resources through a continuing process of inventory, survey, and evaluation, as a basis for the wise management of these resources" (B.3.4.2.1(b)). The policies also provide that the "City may, by By-law, designate individual and groups of properties

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of cultural heritage value under Parts IV and V, respectively, of the *Ontario Heritage Act* (B.3.4.2.3).

**Chedmac Secondary Plan:**

The subject property was identified as “major institutional lands” in the former City of Hamilton Official Plan. The Chedmac Secondary Plan, as amended by the OMB approval of the Deanlee Official Plan Amendment, designated the lands as Medium Density Residential III, General Open Space, and Natural Open Space (See Schedule J-1, page 25 in Appendix “G” to Report PED18214). The decision also added specific heritage policies applicable to the Long & Bisby Building (Decision date June 22, 2012; Case No. PL100691 attached as Appendix “G” to Report PED18214). Designating the subject building under the *Ontario Heritage Act* is consistent with the Secondary Plan.

On August 17, 2018 Council approved housekeeping amendments to the UHOP (Item 11 (18-011) in Report PED18148), incorporating this site in the UHOP and designating it to be consistent with the OMB approval relating to this site. Following the culmination of the regulated appeal period, these amendments will be final and binding.

The updated UHOP recognizes the subject property as a Cultural Heritage Landscape and identifies the Long & Bisby Building as a cultural heritage feature within that landscape (Map B.6.3-2). The updated UHOP also includes the following policies directly relevant to the subject property, identified as being located within Area B on Map B.6.3-1 – Chedmac Secondary Plan – Land Use Plan:

“Area Specific Policy – Area B

6.3.7.2.1. Objectives

- iv) To integrate natural and cultural heritage features into the design of the site with specific focus on the open space areas as well as providing a strong link to the Niagara Escarpment;
- v) To integrate significant cultural heritage landscape features and characteristics such as the pavilion design, the curvilinear street pattern, as well as the sense of openness and park-like setting, into the development;
- vi) To identify and protect historically or architecturally significant buildings and cultural heritage landscape features.

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6.3.7.2.2 Residential Policies

- vi) The Long & Bisby Building, existing as of June 22, 2012, and shown on Map B.6.3-2 – Cultural Heritage Landscapes, shall be retained and conserved through sympathetic adaptive reuse, where structurally feasible.
- vii) Notwithstanding Policies B.6.3.7.2.2. a) v), b) i) and c) i), uses contained within any existing heritage building shall not contribute to the overall unite count gross floor area or density.

6.3.7.2.3 Natural Open Spaces

- a) Lands designated “Natural Open Space” and identified as B-3 and B-4 on Map B.6.3-1 Chedmac Secondary Plan – Land Use Plan shall be preserved as natural open space and no development shall be permitted. Conservation, flood and erosion control, and passive recreation uses shall be permitted.
- b) Notwithstanding Policy B.6.3.7.2.3 a), the existing heritage building may be converted to other uses in accordance with Policies B.6.3.7.2.2. c) iii) and iv).

6.3.7.2.4 Urban Design

- e) A Master Site Plan shall be prepared prior to the removal of any “H” Holding Provision in the implementing Zoning By-law and prior to Site Plan Approval.
- f) Master Site Plan shall provide a general site plan for all of the lands within Chedoke Browlands (Area B) and shall include:
  - i) Key neighbourhood design and built form elements, such as: the internal road system; pedestrian and cycling circulation and connectivity; buildings and associated parking areas; open space and recreational areas; cultural heritage buildings, structures and features that are to be preserved; locations of commercial and other non-residential uses; and other neighbourhood and site design elements such as viewsheds identified in the Visual Impact Assessment as set out in Policy B.6.3.7.2.4 b) to d);
  - ii) General urban design guidelines to illustrate the intended character of buildings, streets and exterior spaces, and building relationships to streets and public spaces, to natural environment areas, to heritage buildings and structures to be preserved and to the surrounding neighbourhood. The guidelines shall address how the proposed development features such as new buildings, entry features, streetscape and landscape design are to be

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sympathetic in nature to the historical significance of the Chedoke Browlands (Area B), retained natural heritage features (including the Niagara Escarpment) and, to the heritage architectural and cultural landscape features that will be conserved.

#### 6.3.7.2.6 Cultural Heritage Resources

In addition to Section B.3.4 – Cultural Heritage Resources of Volume 1, the following policies shall also apply:

- a) The lands contained within the Chedoke Browlands (Area B) have been included in the City of Hamilton’s Inventory of Buildings of Architectural and/or Historical Interest, Appendix A: Inventory of Cultural Heritage Landscapes, as such, development and redevelopment within the Chedoke Browlands (Area B) shall be sympathetic to the cultural heritage landscape and shall ensure the conservation of significant built heritage and cultural heritage resources.
- b) The Chedoke Browlands (Area B) shall be developed in accordance with the following built heritage conservation and planning principles and objectives:
  - i) The continuation of a pedestrian corridor along the brow of the Niagara Escarpment;
  - ii) The protection and retention of the “Long and Bisby” Building as shown as LB on Map B.6.3-2 – Chedmac Secondary Plan – Cultural Heritage Landscapes, in situ through sympathetic adaptive reuse;
  - iii) A new building in the location of the former “Brow Infirmary” Building shall be designed to respect the heritage architecture of the original building shall be constructed in the same approximate building footprint to a maximum height of 4 storeys and be set back from the staked limit of the brow of the Niagara Escarpment no closer than the existing “Brow Infirmary” Building;
  - iv) The preservation and conservation of the pedestrian bridge over the Chedoke Creek and the stone vehicular bridge and associated stone wall/pillars; and,
  - v) The preservation and conservation of other heritage resources shall be encouraged. Where these resources cannot be retained, then the City will require the appropriate documentation of all buildings to be demolished be provided prior to removal.

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Cultural Heritage Landscapes

- c) The cultural heritage landscape consists of the curvilinear street pattern, open park-like setting, the undulating topography, the natural areas, the views through the site and the spatial organization of the buildings. In addition, the buildings themselves, the pedestrian bridge, the Cross of Lorraine, the stone pillars and stone wall, the stormwater management facility and Escarpment stairs are elements of the cultural heritage landscape.
- d) Development within the Chedoke Browlands (Area B) shall have regard to the following cultural heritage landscape requirements:
- i) Development shall be compatible with the existing cultural heritage landscape, such that open spaces, plantings and the curvilinear street pattern are maintained and/or referenced in the new development and that the layout and scale of buildings reflect the existing site, where possible;
  - ii) The existing topography of the perimeter roads, woodlots and Chedoke Creek and stormwater management facility shall be maintained, where feasible;
  - iii) The existing trees and vegetation, within the Chedoke Creek/stormwater management facility shall be maintained and enhanced;
  - iv) A tree preservation plan shall be submitted to determine the opportunities for the protection and preservation of individual trees and the recommendations shall be implemented to the satisfaction of the City. The plan shall be prepared in association with the Heritage Impact Assessment so that trees that contribute to the cultural heritage landscape can be identified and considered for preservation;
  - v) Significant view and view corridors to, through, and from Chedoke Browlands (Area B) shall be protected, as identified in the Master Site Plan, identified in Section B.6.3.7.2.4 – Urban Design of Volume 2;
  - vi) An open, park-like landscape setting shall be provided in front of the “Long and Bisby” Building. Limited parking may be permitted provided there are no other feasible alternative locations; and,
  - vii) The existing curvilinear road alignment of old Sanatorium Road shall be respected, where technically feasible.

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In the absence of any information demonstrating that the adaptive reuse of the existing building is not structurally feasible, then the recommendations of this Report comply and implement the Secondary Plan policies.

### **RELEVANT CONSULTATION**

Following a site visit on May 11, 2018, staff notified the property owners' applicants that the building appeared to have at least one broken window and accesible point of entry, leaving the property vulnerable to vandalism and arson. On August 16, 2018, staff followed up with the property owners and their applicants on this concern and forwarded the case to Municipal Law Enforcement staff.

Staff have informed the Ward Councillor of the recommendations of this report on August 15, 2018.

Staff have informed the property owners and their applicants of the recommendations of this report through a letter sent by registered mail on August 28, 2018.

### **ANALYSIS AND RATIONALE FOR RECOMMENDATION**

#### **Ontario Regulation 9 / 06: Criteria for Determining Cultural Heritage Value or Interest:**

Section 29 (1) of the *Ontario Heritage Act* permits the Council of a municipality to designate property to be of cultural heritage value or interest where property meets the criteria prescribed by provincial regulation. In 2006, the Province issued *Ontario Regulation 9 / 06: Criteria for Determining Cultural Heritage Value or Interest*. According to Sub-section 1(2) of *Ontario Regulation 9 / 06*, a property may be designated under Section 29 of the *Ontario Heritage Act* where it meets one or more of the identified criteria. *Ontario Regulation 9 / 06* identifies criteria in three broad categories: Design / Physical Value; Historical / Associative Value; and, Contextual Value.

As outlined below, based on staff's review, the heritage studies attached as Appendices "E" and "H" to Report PED18214, and the OMB Report PL100691 attached as Appendix "G" to Report PED18214, the subject property is identified as satisfying six of the nine criteria contained in *Ontario Regulation 9 / 06* in all three categories. Staff note that this evaluation was based on a review of the exterior of the property, previous studies, as well as historical research and photographs. It would be reasonable to assume that further cultural heritage evaluation of the interior of the heritage resource could reveal that the property meets more criteria and / or identifies more heritage attributes.

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The subject property satisfies six of the nine criteria contained in *Ontario Regulation 9 / 06* in all three categories.

1. **Design / Physical Value:**

- i. The property includes a representative example of Edwardian Classical architecture in the Long & Bisby Building. The building was built in 1920 by W.H. Cooper Construction Ltd as a nursing residence with costs donated by W.D. Long and G.H. Bisby. The buff brick structure includes an eight-bay façade that displays classical symmetry with the exception of a northern addition. A decorative doorway is surrounded by a classical entrance portico with paired Corinthian-inspired columns, simple cornice brackets, and a low metal railing. The doorway, which is topped by a brick voussoir, features a webbed fanlight and decorative sidelights. The building profile displays slightly projecting façade end and a flat roof punctuated by brick parapet wall featuring a finial accent and inset stone block. The façade also contains a stone sill band running the course of the lower floor and a painted frieze board above upper windows. The upper windows have stone sills and all window openings voussoirs and side trim of brick headers. Given the myriad of modern uses that have occurred in the building, and also its current vacancy, it is not anticipated that any interior spaces retain original features of design or physical value.

The property's landscape features a number of remnant features from its former use as a hospital including a concrete pedestrian bridge, concrete stairs, and a stone wall and pillars. The property also includes a unique landmark in the Cross of Lorraine, which was built in 1953 by the E.L. Ruddy Company. The double-barred cross was the logo of Chedoke Hospital, the National Tuberculosis Association (now the Canadian Lung Association), and an international symbol for the fight against respiratory diseases.

- ii. The property does not demonstrate a high degree of craftsmanship or artistic merit.
- iii. The property does not demonstrate a high degree of technical or scientific achievement.

2. **Historical / Associative Value:**

- i. The property has direct associations with the former Hamilton Mountain Sanatorium (later Chedoke Hospital). The Long & Bisby Building is the last

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remaining building on the former Brow Campus and the only remaining building from the institution associated with the chronic care of veterans from the First World War. The building is associated with the growth and construction boom that occurred at the institution post-WWI. It is also associated with local businessmen W.D. Long and G.H. Bisby who donated funds for the building and were instrumental in the genesis of the Sanatorium itself, having donated 96 acres of farmland in 1906.

The Cross of Lorraine is a tangible reminder of the former use of the property and the wider struggle to contain and eradicate TB. The symbol was adopted in 1902 as the emblem of efforts to combat the disease by the International Conference on Tuberculosis. The initial use of the cross is credited to French doctor Gilbert Sersiron who felt that it was a fitting symbol of peace and brotherly understanding. The cross has Christian heraldic origins and continues to be a symbol of numerous Christian traditions and of the French region of Lorraine. The Cross of Lorraine symbol was originally found throughout the Sanatorium, including within the entrance portico of the Southam Pavilion and the façade of the Wilcox Pavilion.

- ii. The property is not understood to have the potential to yield additional information that contributes to an understanding of a community or culture.
- iii. The Long & Bisby Building is believed to have been designed by prominent local architects Witton and Walsh (1920-1927) and built by well-known local contractor W. H. Cooper Construction Ltd (now Cooper Construction). William Palmer Witton (1871-1947) and William James Walsh (1885-1952) were responsible for numerous local civic, institutional, and ecclesiastical works during their partnership. Witton originally formed a partnership with Walter Wilson Stewart (1871-1917) in Hamilton in 1904. Stewart and Witton were responsible for designing many of the buildings of the Mountain Sanatorium during its inception. Stewart was killed in action while fighting in France during the First World War and in 1920 Witton joined in partnership with W.J. Walsh.

The Cross of Lorraine was built in 1953 by the E.L. Ruddy Company (now CBS Outdoor). American-born advertiser Ruddy was known colloquially as the “Billboard King of Canada”. Ruddy’s firm specialized in billboard signage and illuminable neon signs.

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**3. Contextual Value:**

- i. The property is important in defining and maintaining the character of the area as former institutional lands that now function as open space with views from the Niagara Escarpment. The property was originally selected for a sanatorium because of its rural setting being both removed from and close to the urban context of Hamilton. Its location atop the Escarpment was believed to provide patients with access to fresh air. Although the Sanatorium was a single institution, the Brow Campus was visually separated from the principal hospital site, known as the Orchard Campus, to the south. The Brow site was primarily purposed towards the treatment of WWI veterans and contained a landscape of planned gardens, a stream, open space, curvilinear streets, and woodlots.
- ii. The property is historically linked to its surroundings as the site of the former Mountain Sanatorium (later Chedoke Hospital). As is evidenced in mapping shown in Appendices E-I of Report PED18214, the property evolved from settled farmland to become the institutional lands in 1906. Although numerous buildings at the Brow site have been demolished in recent years, the majority of the property retains its natural, park-like setting at the Escarpment edge. As such, residential development of the site will serve as a significant departure from its longstanding character.
- iii. The property is identified as containing two local landmarks: the Long & Bisby Building; widely identifiable to the West Mountain community, and the Cross of Lorraine; a clear landmark to the broader city. The prominent location of the cross, its recognizable design, and its past illumination all contribute to its importance as a local landmark pointing to the unique history of the institutional lands and the history of the city itself.

**Conclusion:**

Staff have determined that the property located at 828 Sanatorium Road, Hamilton, meets six of nine of criteria contained in *Ontario Regulation 9 / 06* in all three categories. This assessment was based on staff's cultural heritage evaluation and the evaluation conducted by Unterman McPhail Associates Heritage Resource Management Consultants, Stevens Burgess Architects Ltd., Wendy Shearer Landscape Architect Ltd., and Young & Wright Architects Inc. As such, staff are of the opinion that the subject property is of cultural heritage value or interest, sufficient to warrant designation under Part IV of the *Ontario Heritage Act*. Accordingly, staff recommends designating the subject property according to the Statement of Cultural Heritage Value or Interest and the Description of Heritage Attributes, attached as Appendix "C" to

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*OUR Vision: To be the best place to raise a child and age successfully.*

*OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.*

*OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.*

**SUBJECT: Recommendation to Designate the Property Located at 828 Sanatorium Road, Hamilton (Long & Bisby Building) Under Part IV of the *Ontario Heritage Act* (PED18214) (Ward 8) - Page 16 of 17**

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Report PED18214 and the draft Notice of Intention to Designate attached as Appendix “D” to Report PED18214.

## **ALTERNATIVES FOR CONSIDERATION**

Under Part IV of the *Ontario Heritage Act*, the designation of property is a discretionary activity on the part of Council. Council, as advised by its Municipal Heritage Committee, may consider two alternatives: agree to designate or decline to designate the property.

### **Decline to Designate:**

By declining to designate, the municipality would be unable to ensure long-term, legal protection to this cultural heritage resource (designation provides protection against inappropriate alterations, new construction and demolition). In addition, the City of Hamilton would not be acting in congruence with recommendations made in the Ontario Municipal Board decision in report PL100691 (Appendix “G” to Report PED18214), the Chedoke Hospital Cultural Heritage Assessment (Appendix “E” to Report PED18214), or the Chedoke Browlands Sub-Neighbourhood Urban Design Guidelines (Appendix “F” to Report PED18214).

Without designation, the property would not be eligible for the City’s heritage grant and loan programs. Designation does not restrict the use of property, prohibit alterations and additions, nor does it restrict the sale of a property, or affect its resale value. Rather, designation provides for a tool for Council to manage the heritage resource and ensure that any alterations to the building respect the heritage attributes of the building through the heritage permit process.

## **ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**

### **Clean and Green**

*Hamilton is environmentally sustainable with a healthy balance of natural and urban spaces.*

### **Built Environment and Infrastructure**

*Hamilton is supported by state of the art infrastructure, transportation options, buildings and public spaces that create a dynamic City.*

### **Culture and Diversity**

*Hamilton is a thriving, vibrant place for arts, culture, and heritage where diversity and inclusivity are embraced and celebrated.*

---

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**SUBJECT: Recommendation to Designate the Property Located at 828  
Sanatorium Road, Hamilton (Long & Bisby Building) Under Part IV of  
the *Ontario Heritage Act* (PED18214) (Ward 8) - Page 17 of 17**

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**APPENDICES AND SCHEDULES ATTACHED**

- Appendix "A" – Location Map
- Appendix "B" – Photographs
- Appendix "C" – Statement of Cultural Heritage Value or Interest and Description of Heritage Attributes
- Appendix "D" – Notice of Intention to Designate
- Appendix "E" – Heritage Assessment: Browlands, Chedoke Hospital
- Appendix "F" – Chedoke Browlands Sub-Neighbourhood Urban Design Guidelines
- Appendix "G" – Ontario Municipal Board Report PL100691
- Appendix "H" – Cultural Heritage Resource Assessment Report of the Bruce Memorial Building, Southam Pavilion, Evel Pavilion, & Brow Site
- Appendix "I" – Cultural Heritage Assessment – Scenic North Secondary Plan

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● Site Location



Key Map - Ward 8

N.T.S.



# Location Map



Hamilton

PLANNING AND ECONOMIC DEVELOPMENT DEPARTMENT

**File Name/Number:**

801, 820, 828, 855, 865 & 870 Scenic Dr

**Date:**


May 24, 2018

**Appendix "A"**

**Scale:**  
N.T.S.

**Planner/Technician:**  
JP/AL

**Subject Property**

 828 Sanatorium Road

 Long & Bisby Building

## **Statement of Cultural Heritage Value or Interest**

---

### **828 Sanatorium Road, Hamilton (Mountain Sanatorium Brow Site)**

#### **Description of Historic Place**

The former Mountain Sanatorium Brow Campus (later Chedoke Browlands) is located at the northern terminus of Sanatorium Road which bisects the property along Chedoke Creek. The property is bounded by the Niagara Escarpment to the north and Scenic Drive curving to the south, forming semi-circular layout. The property includes open space, a woodlot, creek bed, a curvilinear street arrangement, and a number of remnants of the former institution including the Long & Bisby Building and the Cross of Lorraine. The property is addressed 828 Sanatorium Road, Hamilton (alternatively 870 Scenic Drive).

#### **Statement of Cultural Heritage Value or Interest**

The property located at 828 Sanatorium Road, Hamilton has cultural heritage value as one of the campuses of the original Mountain Sanatorium ("the San"), Hamilton's tuberculosis hospital which originally opened in 1906. The San was Canada's fourth sanatorium and, by 1932, one of the largest in the British Empire.

The Brow site was primarily purposed towards the treatment of First World War veterans who contracted tuberculosis while serving overseas. The property formerly contained six major buildings and a number of ancillary structures, most of which have been demolished. The only building that remains on site is the Long & Bisby Building (1920) which was built a residence for nurses. Built with funds bestowed by the original donors of the Sanatorium lands, W.D. Long and G.H. Bisby, the Long & Bisby Building is a representative example of Edwardian Classical architecture. The site later evolved to become part of Chedoke Hospital and was known locally as the "Chedoke Browlands".

The property also has value as a cultural heritage landscape designed for the treatment of tuberculosis. These browlands were laid out as a purpose-built facility that capitalized on the natural landscape of the site for therapeutic puposes. The property contains a number of remnant features from its history as a hospital, including the Cross of Lorraine: a local landmark built in 1953 by well-known designer and advertiser E.L. Ruddy.

#### **Heritage Attributes**

The heritage attributes of the property at 828 Sanatorium Road, Hamilton that display its cultural heritage value include:

The Long & Bisby Building:

- Its location in an open, park-like setting and adjacent to a woodlot;

- All exterior elevations and additions;
- Roof profile and roofline;
- Entrance portico including:
  - Paired, Corinthian-inspired columns;
  - Simple cornice brackets; and,
  - Low metal railing.
- Decorative entrance including:
  - Doorway;
  - Webbed fanlight;
  - Sidelights; and,
  - Brick voussoir.
- Eight-bay buff brick façade with projecting ends;
- Brick parapet including:
  - Lower frieze board;
  - Stone finial accent; and,
  - Inset stone block.
- All windows, window openings, stone sills, and side trim brick headers.

#### Landscape Features:

- The park-like setting as a cultural heritage landscape with curvilinear street pattern and open spaces designed for therapeutic purposes;
- Significant views to, through, and from the former Mountain Sanatorium Brow Campus as well as significant views to and from the Niagara Escarpment;
- The Cross of Lorraine located along the edge of the Niagara Escarpment;
- The pedestrian bridge over the Chedoke Creek;
- The concrete stairs along the edge of the Niagara Escarpment; and,
- The stone vehicular bridge and associated stone wall/pillars located west of the Long & Bisby Building.

## **Notice of Intention to Designate 828 Sanatorium Road, Hamilton (Mountain Sanatorium Brow Site)**

The City of Hamilton intends to designate 828 Sanatorium Road, Hamilton, under Section 29 of the *Ontario Heritage Act*, as being a property of cultural heritage value.

### **Statement of Cultural Heritage Value or Interest**

The property located at 828 Sanatorium Road, Hamilton has cultural heritage value as one of the campuses of the original Mountain Sanatorium ("the San"), Hamilton's tuberculosis hospital which originally opened in 1906. The San was Canada's fourth sanatorium and, by 1932, one of the largest in the British Empire.

The Brow site was primarily purposed towards the treatment of First World War veterans who contracted tuberculosis while serving overseas. The property formerly contained six major buildings and a number of ancillary structures, most of which have been demolished. The only building that remains on site is the Long & Bisby Building (1920) which was built a residence for nurses. Built with funds bestowed by the original donors of the Sanatorium lands, W.D. Long and G.H. Bisby, the Long & Bisby Building is a representative example of Edwardian Classical architecture. The site later evolved to become part of Chedoke Hospital and was known locally as the "Chedoke Browlands".

The property also has value as a cultural heritage landscape designed for the treatment of tuberculosis. These browlands were laid out as a purpose-built facility that capitalized on the natural landscape of the site for therapeutic purposes. The property contains a number of remnant features from its history as a hospital, including the Cross of Lorraine: a local landmark built in 1953 by well-known designer and advertiser E.L. Ruddy.

The full Statement of Cultural Heritage Value or Interest, Description of Heritage Attributes may be found online via [www.hamilton.ca](http://www.hamilton.ca) or viewed at the Office of the City Clerk, 71 Main Street West, 1st Floor, Hamilton, Ontario, L8P 4Y5, during regular business hours.

### **Written Notice of Objection**

Any person may, within 30 days after the date of the publication of the Notice, serve written notice of their objections to the proposed designation, together with a statement for the objection and relevant facts.

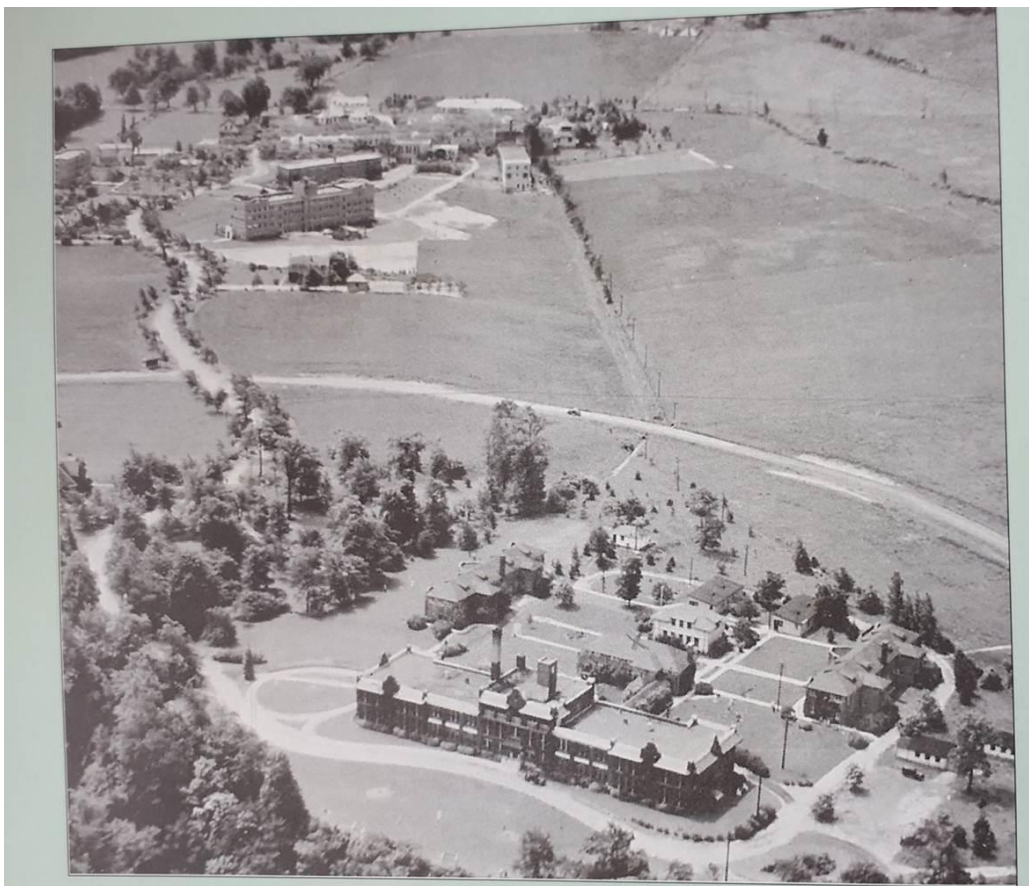
Dated at Hamilton, this xxth day of xx, 2018.

Janet Pilon  
Acting City Clerk  
Hamilton, Ontario

**CONTACT:** Jeremy Parsons, Planner II, Cultural Heritage, Phone: (905) 546-2424 ext. 1214, E-mail: [Jeremy.Parsons@hamilton.ca](mailto:Jeremy.Parsons@hamilton.ca)



**Figure 1:** An early photograph of the subject property, with the former Brow Building (1916) featured prominently in the foreground. The Long & Bisby Building is believed to be located on the far left-hand side of the image (Hamilton Public Library Archives).



**Figure 2:** South-facing aerial view of the Sanatorium grounds in 1934. Note the distinct campus connections by Sanatorium Road (Wilson, *Chedoke: More Than a Sanatorium*, 2006).





**Figure 3:** Undated image of the Brow Campus showing the Brow Building in the background, the East and West Pavilions, and ancillary buildings in the foreground (Wilson, *Chedoke*, 2006).



**Figure 4:** Photograph of Sanatorium nursing staff and convalescing soldiers from the First World War in front of the infirmary (ca. 1916-1917) (Wilson, *Chedoke*, 2006).



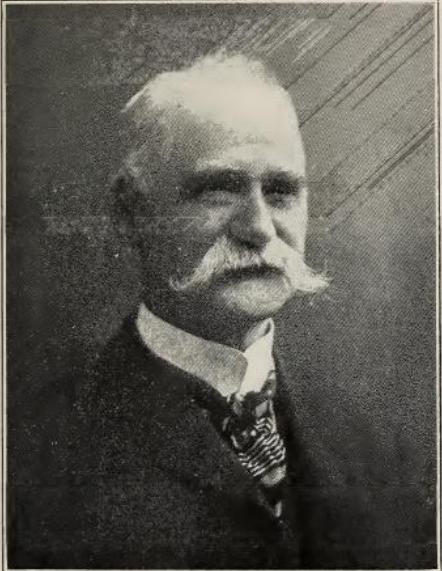
View of the New Nurses Home nearing completion, the gift of Mr W. D. Long and Mrs. George H. Bisby for which they contributed \$75,000. This is a fine fire-proof structure and on account of the high cost of building Mrs. Bisby later contributed an additional \$10,000.

**Figure 5:** Image and caption found within Hamilton Health Association Sixteenth Annual Report, *The Mountain San: The Story for 1920*, Hamilton: W.E. Stone & Co. Printers, 1920 (Robert Hamilton).



**Figure 6:** Circa 1930s photograph of the western façade of Long & Bisby Building. A handful of presumed nursing staff pose under the front portico (City of Hamilton Archives).

**In Memoriam**



**THE LATE W. D. LONG**

A Charter Member of the Hamilton Health Association, who with Mr. G. H. Bisby donated the present site of The Mountain Sanatorium. Shortly before his death Mr. Long and his sister, Mrs. Bisby donated \$75,000 for the erection of a Nurses' Home in connection with the New Infirmary.

Deceased February 13, 1920



The late Mrs. Bisby who, with her brother, the late Mr. W. D. Long, donated the funds for the New Nurses' Home at The Brow.

**Figures 7 & 8:** Memorial advertisements commemorating the two principal donors in whose namesakes the new nursing residence is titled. Found within Hamilton Health Association Sixteenth Annual Report, *The Mountain San: The Story for 1920*, Hamilton: W.E. Stone & Co. Printers, 1920 (Robert Hamilton).



Living Room, Long and Bisby Nurses' Home, furnished by Mr. H. S. Waddie in memory of his brother who was killed while serving his country in the Great War.



Room in Long and Bisby Home for Nurses, furnished by St. Elizabeth Chapter I.O.D.E. in memory of Mrs. J. J. Evel.

**Figures 9 & 10:** Photographs showcasing the interior of the new building with credits to donors. Found within Hamilton Health Association Sixteenth Annual Report, *The Mountain San: The Story for 1920*, Hamilton: W.E. Stone & Co. Printers, 1920 (Robert Hamilton).

### 3.2.2 ARCHITECTURAL MERIT

*Note: The italicized significance statements that follow are from Unterman McPhail (2). Although only buildings assessed in the Unterman McPhail work as being significant were included, the Brow Annex has been treated in this report as the separate building it is rather than an add-on to the Brow Building.*

#### .1 Long and Bisby Building 1920, Architect unknown, General Contractor W.H. Cooper

##### *Significance:*

*The Long and Bisby building is listed in the City of Hamilton LACAC Inventory of Buildings of Architectural and Historical Interest. This structure is considered an important local architectural feature and merits appropriate preservation treatment and consideration for reuse.*

##### **Historical Value**

The Long and Bisby Building is historically interesting because of its association with Chedoke Hospital's Browlands. The building is named after the two realtors who donated the 96 acres for the Hamilton Sanatorium and the building costs.

##### **Architectural Value**

It is a handsome building made of the same buff tapestry brick as the earlier Brow Building. Its architectural merit is based on its classical symmetry and the restrained use of materials, offset by the neo-classical entry with decorative tablet and flag mast over.

The nurses' lounge is one of the most significant interior spaces on the site, giving a glimpse into a past nursing lifestyle.

##### **Contextual Value**

It is the only remaining residence associated with WWI chronic care. It is the only remaining building of stature in a park-like setting.

**Figure 11:** Built heritage evaluation of the Long & Bisby Building excerpted from the heritage assessment conducted in 2007 and attached as Appendix “C” to Report PED18143 (SBA Architects Ltd. & Wendy Shearer Landscape Architect Ltd., “Heritage Assessment: Browlands, Chedoke Hospital, Hamilton, Ontario”, June 2007).



Early Photo - Long & Bisby Building



2007 Photo



Lounge



Glazed Transom

**Figure 12:** Interior and exterior photographs taken in 2007 (SBA Architects Ltd. & Wendy Shearer Landscape Architect Ltd., "Heritage Assessment: Browlands, Chedoke Hospital, Hamilton, Ontario", June 2007).



**Figure 13:** View of the building from the northeast. The children's play equipment in the foreground is a reminder of its recent use as a day care (Dan Collins, 2015).



**Figure 14:** A closer view of the entrance portico, from 2007. The entrance features a decorative transom window, sidelights and brick voussoir. The portico includes detailed columns along with simple bracketing and cornice (City of Hamilton Archives).

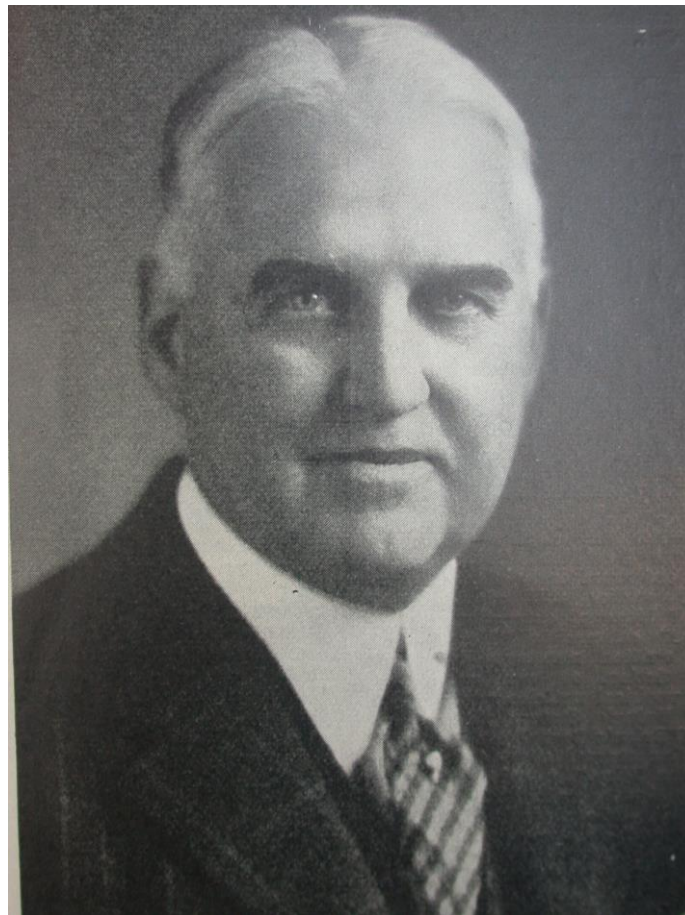




**Figure 15:** This Mountain Sanatorium greeting card showcases the Hamilton landmark perched atop the Escarpment edge in 1954 (*Chedoke: More Than a Sanatorium*, 2006).



**Figure 16:** A contemporary photograph of the Cross of Lorraine (Archives of Hamilton Health Sciences)



**Figure 17:** The so-called "Billboard King of Canada", E.L. Ruddy, was responsible for the design and construction of the Sanatorium's illuminable Cross of Lorraine. Ruddy was an American-born advertiser whose signs and billboards once figured prominently in Toronto's urban landscape (Lost Toronto).



**Figure 18:** An image of the stone wall and pillars located between Sanatorium Road and the brow's edge (Google Street View, 2015).

**HERITAGE ASSESSMENT**  
**BROWLANDS, CHEDOKE HOSPITAL, HAMILTON, ONTARIO**  
**for**  
**DEANLEE MANAGEMENT INC.'s OFFICIAL PLAN SUBMISSION**

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SBA Project #: A0679

June 2007

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**APPENDICES**

- Appendix A Plan of Cultural Landscape Features
- Appendix B Historical Maps
- Appendix C Aerial Photographs
- Appendix D Chedoke Hospital Historical Timeline
- Appendix E Bibliography and Map References



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**WENDY SHEARER**

**LANDSCAPE ARCHITECT LIMITED**

## 1.0 INTRODUCTION

The Chedoke Health Corporation (CHC) has no requirement for the facilities on the Browlands. CHC undertook an extensive search for health related and institutional purchases. The CHC then sent out a request for proposal to redevelop the lands for residential use. Because of its natural beauty, the single family housing to the east and west, and the increasing demand for alternate housing forms in the City of Hamilton, the site was thought ideal for multi-family housing.

The Browlands are listed on the City of Hamilton's Cultural Heritage Landscape Inventory. The Long and Bisby Building, a daycare on the site, is also listed on the City's inventory as a Building of Architectural and Historical Significance.

Deanlee Management Inc. was the proponent awarded the site. Deanlee Management Inc. retained the services of Stevens Burgess Architects Ltd. (SBA) and Wendy Shearer Landscape Architects Inc. to undertake a Heritage Impact Study (HIS) of their proposed development as required by the City of Hamilton.

SBA and Wendy Shearer Landscape Architects Inc. are firms which specialize in heritage conservation. The principals of both firms, Jane Burgess and Wendy Shearer, are longstanding members of the Canadian Association of Professional Heritage Consultants.

The Provincial Policy Statement (PPS), 2005 of the Ontario Planning Act provides a policy framework for making decisions on land use planning matters in Ontario. Policies regarding Cultural Heritage Landscapes and Built Heritage Resources are outlined in Policy 2.6.1 of the PPS and strengthened by Section 3 of the Planning Act which dictates that land use planning decisions by municipalities and approval authorities be consistent with the PPS, 2005 (Ministry of Culture, 2006).

The development of the Browlands requires Official Plan changes and Rezoning. As the planning for the site's redevelopment evolved, it became apparent that approved heritage intervention guidelines would be an important tool in the design of the site. It was determined that at this preliminary juncture, a Heritage Assessment / Intervention Guidelines for the redevelopment of the site from institutional health care to multi-family residential should be undertaken in lieu of a HIS.

It is not the intent of this report to supplant the requirement for a HIS. A HIS that takes into account the Intervention Guidelines contained in this report will be submitted as part of the Site Plan Agreement process.

## 2.0 LANDSCAPE HERITAGE ASSESSMENT

### 2.1 INTRODUCTION

The site of Chedoke Browlands has experienced a long evolution from first nations' use, to farmland, to the site of the Mountain Sanatorium, to providing rehabilitative and child and family services to the Hamilton community. It is currently in the process of redevelopment planning by a new owner and the landscape will continue to change with the proposed redevelopment of the site for private residential use. By understanding its significant landscape features and the historical context in which the site was developed, new development may add another layer to its evolution while also honouring and conserving its past.

The Chedoke Browlands site is listed by the City of Hamilton as a Cultural Heritage Landscape in its inventory of historic properties. This listing identifies properties which require investigation and may be worthy of designation under the Ontario Heritage Act. As a result of the listing, an investigation of the heritage features and attributes of the cultural landscape is warranted in order to determine the heritage values and significance and the potential impact of redevelopment on the heritage landscape resources.

In the early twentieth century, the first significant alteration of the landscape occurred with settlement by Euro-Canadians. At that time, the geometric grid of the lands above the escarpment was laid out and the orderly array of farmlands and roads characterized the area. The Browlands site was cleared and farmed to the escarpment edge. Fields and lanes were defined by fencerows and vegetation and farm buildings were clustered together and oriented to the concession roads.

In the early twentieth century, a distinctive new plan for the Sanatorium dramatically changed the road pattern, creating a curvilinear alignment to Scenic Drive, which encircled the south west side of the site. Sanatorium Road with its gently curving alignment connected the Browlands to the Orchard site, the original development area of the Mountain Sanatorium. This configuration of roads created a framework for the deliberately designed landscape setting of the Browlands site.

The organic configuration of the road network responded to the irregular escarpment edge and the drainage course running through the property. In contrast to this, the buildings were aligned in an orderly quadrangle, facing toward the sun and the prevailing fresh air from the south east. The landscape setting for the buildings contained formal beds and walkways and naturalized pleasure grounds along the stream. The landscape supported the therapeutic purpose of the facility – to provide a green backdrop for viewing by patients confined to bed rest. The landscape created a healthy environment which supported the healing that took place within the Sanatorium walls.

## 2.2 CULTURAL HERITAGE LANDSCAPES

### 2.2.1 DEFINITIONS AND LEGISLATION

The Provincial Policy Statement, 2005 of the Ontario Planning Act provides a policy framework for making decisions on land use planning matters in Ontario. Policies regarding Cultural Heritage Landscapes are outlined in Policy 2.6.1 of the PPS and strengthened by Section 3 of the Planning Act which dictates that land use planning decisions by municipalities and approval authorities be consistent with the PPS, 2005 (Ministry of Culture, 2006).

The Provincial Policy statement, 2005 defines a **cultural heritage landscape** as “a defined geographical area of heritage significance which has been modified by human activities and is valued by a community. It involves a grouping(s) of individual heritage features such as structures, spaces, archeological sites and natural elements, which together form a *significant* type of heritage form, distinctive from that of its constituent elements or parts (Ministry of Culture, 2006). A cultural heritage landscape is defined as **significant** if it is valued for the important contribution it makes to our understanding of the history of a place, an event, or a people.

Identifying the significance of a cultural heritage landscape is a multi-step process that includes historical research, site survey and analysis, and evaluation.

**Historical research** includes consulting maps, land records, photographs, and publications to understand the sites' history and chronology. **Site survey and analysis** involves inventorying and analyzing various features and characteristics that make up the landscape. The federal “Standards and Guidelines for the Conservation of Historic Places in Canada” (Parks Canada, 2006), provides a process for identifying and assessing the various features and attributes of a landscape:

- **Land Patterns** - such as the overall arrangement and interrelationship of forests, meadows, water, topography, built features and other larger landscape components.
- **Landforms** - such as naturally occurring hills, valleys, slopes, plains and other topographical features, as well as terraces, embankments, berms, swales and other human-engineered topographical changes to the underlying ground plane.
- **Spatial Organization** - such as the arrangement in three dimensions of a landscape's component elements, their relationship to each other and their relationship to the overall landscape.
- **Vegetation** - such as trees, shrubs, herbaceous plants, grasses, vines and other living plant material.
- **Viewscapes** - such as vistas, views, aspects, visual axes and sight lines that may (or may not) be framed by vertical features or terminate in a focal point.

- **Circulation Systems** - such as paths, walkways, parking lots, roads, highways, railways and canals.
- **Water Features and Water Sources** - such as lakes, ponds, rivers and streams, as well as constructed pools, and fountains.
- **Built Features** - such as gazebos, bridges, fences, benches, site furniture, light standards, statuary and other constructed amenities.

**Evaluation** involves applying criteria that define the characteristics that have cultural heritage value or interest, to evaluate the design, history and context of the subject area. This step results in identification of **heritage attributes**, which are defined as the “principal features, characteristics, context and appearance that contribute to the cultural heritage significance of a protected heritage property” (Ministry of Culture, 2006, p.3).

The Ontario Heritage Act enables municipalities to conserve properties with cultural heritage value or interest. In the Provincial Policy Statement of 2005, **conserved** is defined as “the identification, preservation, use and/or management of cultural heritage and archaeological resources in such a way that their heritage values, attributes and integrity are retained” (Ministry of Culture, 2006, p.4). The Ontario Heritage Act also states that cultural heritage landscapes that are determined to be ‘significant’ must be conserved.

There are generally three types of Cultural Heritage Landscapes: designed, evolved and associative.

**Designed landscapes:** those which have been intentionally designed by an architect, horticulturalist, or landscape expert following a recognized style.

**Evolved landscapes:** those which have evolved through the use by people and whose activities have directly shaped the landscape or area. Relic evolved landscapes are those where the process has stopped and continuing evolved landscapes are in ongoing use and although the original purpose may have changed, the later uses respect the evidence of the earlier periods.

**Associative landscape:** those with powerful religious, artistic, or cultural associations of the natural element, as well with material cultural evidence e.g. a sacred site within a natural environment (Ministry of Culture, 2006, p.2).

## 2.3 CHEDOKE AS A CULTURAL HERITAGE LANDSCAPE

The Chedoke Hospital Browlands site is a ‘designed’ cultural heritage landscape. The landforms, spatial organization, vegetation, viewsapes, circulation systems, water features, and built features of site, which date from its period as a specialized treatment centre for tuberculosis reflect an intention to create a purpose built facility that capitalizes



on the natural landscape attributes of the site for therapeutic purposes. To understand the significance of these features it is first necessary to understand the historical context in which the site developed and how it has changed over time.

## 2.4 THE HISTORY OF TUBERCULOSIS

### 2.4.1 'THE WHITE PLAGUE'

Tuberculosis is an illness that extends back centuries. Neolithic skeletons (4500 B.C.) and Egyptian Mummies (1000 B.C.) have been found with tubercular lesions on their bones. 'Consumption', another term used for the disease, is a translation of a Sanskrit word from 1000 B.C. Despite the fact that tuberculosis is an ancient disease, it only became an epidemic in the 17<sup>th</sup> century and by the early 20<sup>th</sup> century it was one of the leading causes of death in North America. Few families escaped its effects. (Archives of Hamilton Health Sciences, 2007 and Wilson, 2006).

Tuberculosis is an infectious disease that attacks humans of all ages and is most commonly spread by breathing in infected droplets of sputum. Initially affecting the lungs, tuberculosis can eventually move to the blood stream and overcome the natural functions of the body. "Breathing becomes laboured, a persistent cough accompanied by bloody sputum and night fevers develop. As the blood and therefore the body become starved of oxygen, the person starts losing weight, losing colour, losing energy" (Archives of Hamilton Health Sciences, 2007, p.1). The ensuing paleness of the tuberculosis patient, led to the common term for the disease: 'The White Plague'.

Tubercule bacteria can lie dormant for years, but will be activated by a lowering of the immune system by stress or another illness. Therefore, the poverty, overcrowding, poor nutrition, and other stressful conditions that accompanied the mass immigration of settlers from Europe to North America in the 19<sup>th</sup> and 20<sup>th</sup> centuries, greatly increased the likelihood of infection and transmission of the disease (Archives of Hamilton Health Sciences, 2007).

### 2.4.2 CULTURAL SIGNIFICANCE OF TUBERCULOSIS

In the 19<sup>th</sup> century, tuberculosis was considered a disease of the poor and had great social stigma attached to it. However, it was also a disease associated with the sensitive and artistic. Several writers including Edgar Allan Poe, Robert Louis Stevenson, Henry David Thoreau, Emily and Ann Bronte, and H.G. Wells all suffered from pulmonary tuberculosis. The disease inflicted composers Frederick Chopin, Amadeus Mozart, and Irving Berlin and the chemists Marie and Pierre Curie. Tuberculosis also struck the great inventor Sir Alexander Graham Bell as well as U.S. Presidents Andrew Jackson and Ulysses S. Grant.

Lorrie Alfreda Dunington-Grubb, a founding member of Canadian Society of Landscape Architects (CSLA) and one of the first women in Canada to practice professionally as a

landscape architect, also suffered from the disease. On her own and in collaboration with her husband Howard Dunington-Grubb, she worked on private and public garden designs, and town planning projects including University Avenue and Victoria Square in Brantford, the CNE in grounds in Toronto, Gage Park and McMaster University in Hamilton, and private estates including Erchless in Oakville and Whithern in Hamilton. "Noted for her contribution to the growth of urban planning, she was instrumental in gaining the collaboration of other artists, particularly sculptors, in the design of public spaces" (Milovsoroff, 2007). She died on January 17, 1945 at the age of 68, at Mountain Sanatorium in Hamilton, Ontario.

Despite its associations with the poor and the great, no one was immune from the effects of Tuberculosis. The social, cultural, and physical impact of the disease is enormous. "Until recently, it was the most important causes of death in Europe and North America. It killed and incapacitated millions of people, many of them during their most productive years. It orphaned and widowed and ruined millions more" (Tuberculosis - Archives of Hamilton Health Sciences, 2007, p.2).

## **2.5 THE HISTORY OF SANATORIA**

### **2.5.1 THE DEVELOPMENT OF SANATORIA**

Until the development of the sanatorium in the mid nineteenth century, most patients received care in their homes, which was often inconsistent and provided little relief from the symptoms of tuberculosis. 'Sanare', meaning 'to heal' is the Latin root of the word sanatorium. However, the founding of the sanatorium was a way of both isolating and treating the victims of tuberculosis. These "efforts to both prevent and treat the illness, created a community that physically exemplified the social and medical beliefs relating to tuberculosis. Built on feelings of hope for recovery and fear of contagion, these environments physically document the history of the disease" (Nolt, 2007, p.1).

The belief in the "a community or place as and active part of healing" was at the heart of tuberculosis treatment and sanatorium design. "The direct relationship between medical advancement, building construction, and engagement with the landscape is prominent in tuberculosis sanatorium history" (Nolt, 2007, p.1).

The first Sanatorium established in Europe in 1859 by Gustav Brehmer, influenced the standard of sanatorium siting, building layout, and design. He gave special attention to choosing the location and aesthetic of the site, locating the sanatorium high in the mountains at Gorbardsdorf, which provided sunshine, fresh air, astounding views as well as a physical boundary between the sanatorium and the industrial life of the city (Nolt, 2007).

The grounds were designed with a great attention for detail - a deliberately constructed landscape of flowerbeds, shade trees, grottos, ponds and pathways, framed by a natural

forest backdrop. The design embodied the medical and social belief that nature and beautifully constructed landscapes had the power to heal (Nolt, 2007).

### 2.5.2 SANATORIUM DESIGN PRINCIPLES

This early sanatoria with its embodied ideas of 'natural healing' greatly influenced sanatoria design throughout Europe and North America. In 1911, Thomas Carrington published a book called 'Tuberculosis Sanatorium and Hospital Construction', which outlined a set of guidelines for the siting and planning of tuberculosis sanatoria (Nolt, 2007). The following criteria outline his recommendations:

#### .1 **Transportation Facilities:**

A sanatorium should hold close proximity to public transportation. They should be a short distance from the city but "removed from the filth of the city" (Nolt, 2007, p.4).

#### .2 **Extent and Nature of Land:**

A site should include 20-200 acres of land including a forest, orchard or land that can be cultivated. It is also advantageous to select a property with existing buildings, which can be transformed into an Administration Building to help reduce initial costs.

#### .3 **Lighting, Water and Sewage:**

It is helpful to use the electric, water and sewage systems of the adjacent city, if considering a site near a city. The existence of natural spring clear running stream, is beneficial if the site is far from a city's utility system.

#### .4 **Meteorological Conditions:**

The land should be selected on the southern side of a hill or mountain to maximize sun exposure for patients. The placement of buildings should avoid prevailing winds and heavy frost and trees should be planted and maintained to shade the summer sun and shield the winter wind.

#### .5 **Natural Beauty:**

The site should be sloping, rolling, or hilly and contain a body of water to add interest to views for the patient.

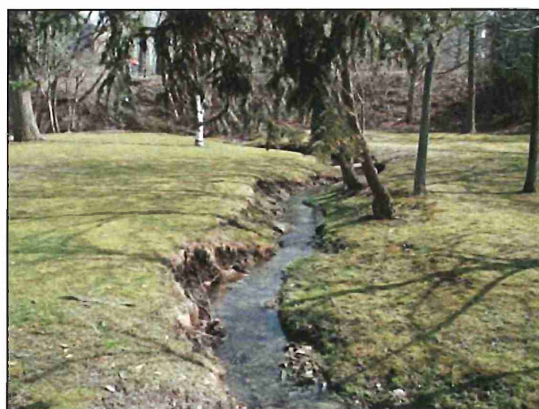
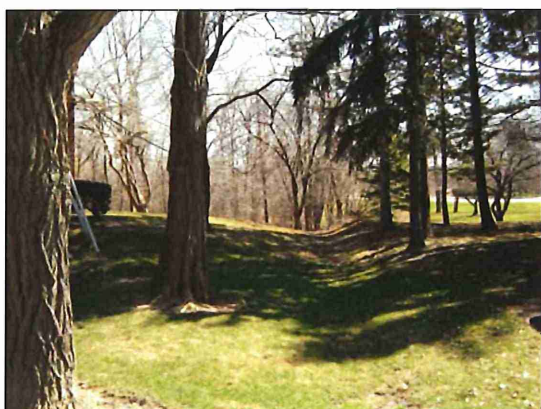
### 2.5.3 SANATORIUM DESIGN PRINCIPLES AND THE CHEDOKE BROWLANDS

The design principles are evident in the landscape of the Chedoke Browlands. These historical design and planning guidelines help to inform the evaluation process for determining the significance of historical landscape features and elements at the Browlands site of Chedoke Hospital.

## 2.6 HERITAGE LANDSCAPE FEATURES AND ATTRIBUTES

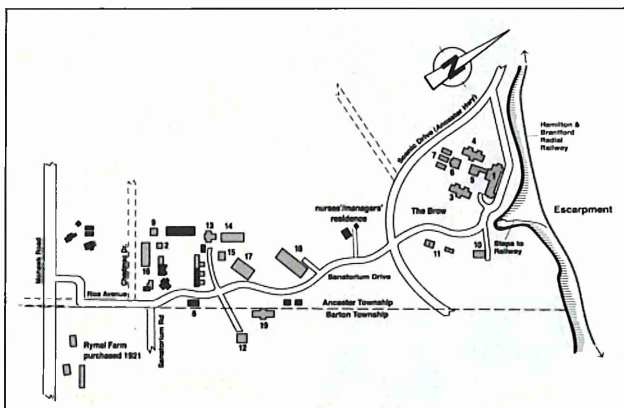
### 2.6.1 LANDFORM

The Chedoke Browlands site is gently undulating with flatter areas around the buildings and channels of a water course running through it. The Niagara escarpment located at the edge of the site, provides a dramatic change in grade as well as overlook opportunities. The diversity of landforms on the site creates interest and provides opportunities for a range of user experiences. This characteristic is fitting with the criteria set out in Thomas Carrington’s book of 1911.



### 2.6.2 SPATIAL ORGANIZATION

The site contains a cluster of buildings concentrated in a central area and surrounded by large, open lawn areas at the north and south corners. As recommended by Thomas Carrington, the east and west pavilion were oriented in the south-east direction to maximize the patient’s exposure to sunlight and fresh air. The spatial arrangement of the Brow site exemplifies historical beliefs about ‘the cure’ for tuberculosis – rest, fresh air, and sunshine - before the discovery of antibiotics and the resultant models for sanatorium design.



Map Showing Building Configuration 1916-1932  
 (Wilson, 2006, p.41)



Aerial Photograph of Browlands 1938  
 (Unterman McPhail, 2006, Appendix A)

**2.6.3 VEGETATION**

The vegetation of Browlands is varied and contains areas that have been deliberately planted and other areas that have been left undisturbed with only the edges defined by maintenance activities. This latter category includes the woodlot on the eastern part of the site, a section of the water course and the escarpment face.

**.1 Woodlot**

One of the key heritage features of the site is the woodlot, which contains young and mature trees of a mixed deciduous forest such as beech, maple, serviceberry and oak. The stand is dominated by red oaks, a species which has been prevalent on the site since the development of the Sanatorium. Although there is no definitive theory regarding the origin of the word ‘Chedoke’, the most accepted one is that ‘Chedoke’ was a first nation’s word (perhaps Iroquoian or Algonkian) that meant ‘a collection of oaks’. More specifically, ‘Chedoke’ is believed to mean ‘seven oaks’, ‘ten oaks’ or ‘many oaks’. The woodlot represents the naturalistic setting of the Mountain Sanatorium and also provides areas for wildlife habitat and recreational use. It has associative values because of the presence of the red oak at ‘Chedoke’.



**.2 Plantation Planting**

In contrast to the unmaintained natural woodlot, the interior of the site contains a large grouping of deliberately planted conifers – spruce and pine planted in the mid twentieth century. These trees are closely spaced and as a result much of the lower branching shows significant dieback. A group of ornamental fruit trees of alternating bloom colour is located along Scenic Drive, also dating from the second half of the twentieth century.



### .3 Individual Specimen, Commemorative and Street Trees

The individual specimen, commemorative and street trees add visual interest, provide habitat for wildlife, add to the recreational and environmental value of the site, and although added later, complement the original design intent. Species of particular interest include the Shagbark Hickory and Red Oak found in the central area of the site. Further assessment should be done to determine the individual value and condition of the trees as well as the potential for their protection and incorporation into redevelopment plans. Dedicated trees and associated plaques have commemorative value and must also be considered in the future plans.

By the last half of the twentieth century, streetscape improvements were undertaken along Scenic Drive and the western portion of Sanatorium Road. The work included the planting of regularly spaced, non-native street trees selected for their tolerance of urban growing conditions. While contributing to the visual character of the neighbourhood and the site, these street trees were not part of the original tree collection associated with the Sanatorium, as seen in the 1938 aerial photograph of the site (included in 'Spatial Organization').



#### 2.6.4 VIEWS

There are several major views from and into the Chedoke Browlands landscape: the view to the city from the top of the escarpment, views to the stream corridor, views from the adjacent road network, views to the Brow Building, and views along Scenic Drive and Sanatorium Road.

Throughout the long period of activity on the site, the view from the edge of the escarpment has been generally unobstructed by vegetation. Early photos of the Browlands show that the natural vegetation found on the escarpment face was removed to allow for the open vista of the city and the distant horizon. Over time, individual specimen trees were allowed to grow and these served to frame the distant views.

The 1954 artists' view of the edge of the escarpment shows no understorey material on the bank below a few the individual specimen trees of deciduous and coniferous types.



**Oblique View to the Western End of the Brow Building from Sanatorium Road.**

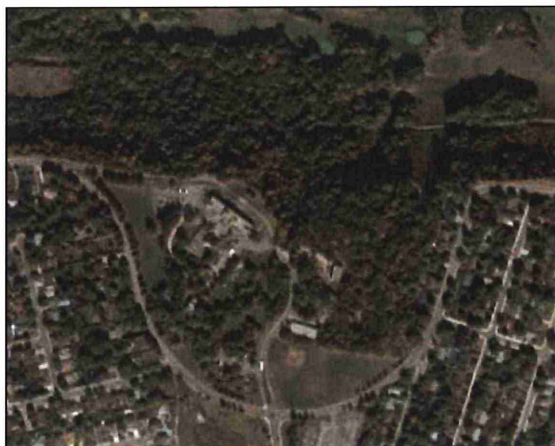


**Open View from the top of the Escarpment to the North East.**

## 2.6.5 CIRCULATION SYSTEMS

The curvilinear alignment of Scenic Drive and Sanatorium Road define the site, contrast the linear grid of the surrounding neighbourhood, and provide a succession of views into the site. The existing circulation system responds to the natural features of the site, the irregular escarpment edge and stream corridor. Within the site, there are secondary driveways and parking areas associated with individual buildings that have been added over time. There is also an internal walkway system linking the buildings.

The 1938 photo shows that the original walkways and driveways associated with the Brow building have changed over time. The original alignment of Sanatorium Road curved to immediately abut the building entrance, creating a wider lawn area between the building and the brow edge. As well, at the east end of the building, a circular walkway introduces a formal geometry to the building setting. This area is now parking lots and the road alignment has been moved away from the building entrance. The lawn area between the road and the brow edge still remains, although it is narrower than the previously designed.



## 2.6.6 WATER FEATURES

The water course running through the site has a natural bank profile with naturalized vegetation along its length. It provides habitat for wildlife and ideal growing conditions for the Browland collection of *Mertensia virginica* (Virginia Bluebells), mentioned in a previous background study as prevalent on site in the 1920s. The stream is crossed by an ornamental pedestrian bridge, which together create a picturesque composition and amenity area. The water level fluctuates throughout the seasons, adding a dynamic quality to the landscape. The stream outlets through a storm pipe at the edge of the Niagara escarpment, demonstrating the considerable volume of water that shaped the landscape.



## 2.6.7 BUILT FEATURES

### .1 The Cross of Lorraine

The suggestion of using the Cross of Lorraine as a distinctive emblem of the war against tuberculosis was made at the International Conference on Tuberculosis in Berlin, 1902 and the official cross design of equal arms lengths and pointed ends was adopted in 1912.

The Cross of Lorraine has a long history as a symbol of hope and humanity. The double barreled cross was the emblem for the Dukes of Lorraine in France; was chosen by Godfrey de Bouillon, the leader of the first Crusade as his standard when he was made Ruler of Jerusalem in 1099; and was the symbol of the Free French during World War II.

The Cross of Lorraine, also known as the archiepiscopal cross because it is part of heraldic arms of the archbishop of the Roman Catholic Church, was also the emblem of the eastern branch of the Christian church and is still the symbol of the Greek or Orthodox Catholic church.

The Cross of Lorraine at the Chedoke site was built by E.L. Ruddy Co. and erected in November 1953. "It was placed on the edge of escarpment so that it would be visible from most of the city and across the bay. Its purpose was to publicize the constant threat

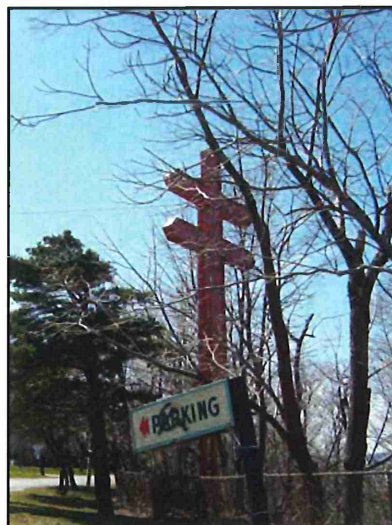


of TB, to keep people alert to its dangers and to bring hope to those already afflicted” (Archives of Hamilton Health Sciences, 2007). This placement indicates that the crest of the escarpment was at least partially open and not forested.

The Cross of Lorraine is a community landmark and as the site continues to evolve and change, its importance as a key interpretive device will continue to grow.

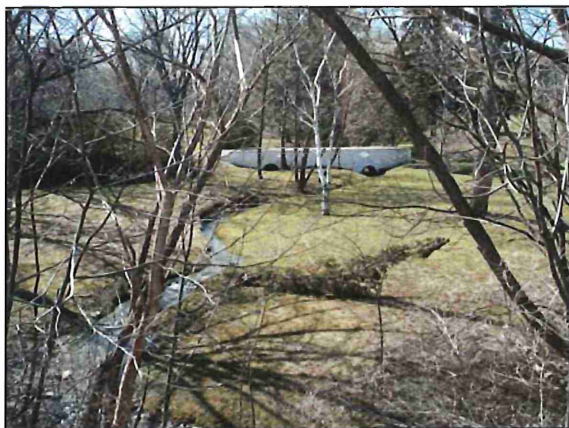


*Mountain San greeting card - 1954.*  
(Wilson, 2006, p. 3)



## .2 The Pedestrian Bridge

The early concrete pedestrian bridge is part of the designed landscape adding a scenic picturesque quality to the site. The composition of the bridge and meandering stream is part of viewing yard overlooked by the East Pavilion and Brow Building. The tree collection contains a variety of trees such as white birch, Norway spruce and others which add interest to the setting. The access to the bridge is by means of a walkway which leads from the East Pavilion to Sanatorium Road.



### .3 The Stone Wall and Pillars at the Vehicular Bridge

The stone wall and two pillars at the vehicular bridge along the edge of escarpment are a rare example of ornamental rustic stone work with raised ribbon jointing. The deliberately selected granite boulders contrast the indigenous limestone of the escarpment found below it. There is evidence of extensive repairs being completed and oral history confirms that a staff person repaired or built a section of the wall in the 1950s. Pillars mark the end of the bridge section with a lower wall extended north around the top of the brow for several metres.



### .4 The Stairs

There is documentary evidence that a set of stairs extended down the escarpment, providing access to the railway below for employees and visitors of the Sanatorium. The existing concrete stairs lead directly to the stream headwall outfall and are possibly a remnant of this earlier access route. The top of the stairs is currently blocked by a section of the restored stone wall which may indicate that this section of the wall was extended across the stairs from the northern most bridge pillar. Further investigation will be required to more precisely date the period of the concrete stairs in comparison to the wall.



## 2.7 HERITAGE ASSESSMENT

The Browlands site has evolved and changed dramatically over time. Many of the cultural landscape features existing today reflect the various periods of the properties past. However, within the site's chronology the period from 1916 to 1963 is most important to understanding the commitment of the community to the treatment and care for TB patients. The Chedoke Browlands Sanatorium was one of a small number of sanatoriums specifically built to deal with the growing impact of this terrible disease at the beginning of the twentieth century. The initiative of the citizens of Hamilton resulted in the creation of the Chedoke Browlands complex- specifically planned to take advantage of the orientation and exposure of the site to the sun and fresh air- the necessary foundations for treatment. The natural beauty of the site at the edge of the escarpment overlooking the city below and the country side and harbour at the horizon was used to create a scenic setting for treatment which encouraged rest and quiet. Many of the existing cultural landscape features date from this period and are significant evidence of this design intent.

The landscape components which are the key defining features of the sanatorium era are:

### **Landform**

The gently undulating natural topography of the site varies from the flatter grades around the building perimeters, across the level lawns to the naturalized stream corridor and the dramatic drop at the escarpment face.

### **Circulation**

The curvilinear alignment of both Scenic Dr. and Sanatorium Rd. has generally remained unchanged since the site was designed. Only the shifting of the road immediately in front of the Brow Building closer to the escarpment has altered the original layout.

### **Views**

The original road alignment and the treatment of the escarpment have created many significant views into and from the site. As illustrated on the attached figure, the significant views to the site are primarily from Scenic Dr. at the north and south entrances and where the stream corridor crosses Scenic Dr. Distant views to the site are from the extreme distance of York Boulevard and Hwy 403 since the view of the site from immediately below the escarpment is obstructed by the edge. Important unobstructed views within the site are oblique views to either end of the Brow building, from the vehicular bridge to the pedestrian bridge and from Sanatorium Rd. to the Long and Bisby building. The open view from the top of the escarpment out over the city is one of the most dramatic in Hamilton.

### **Vegetation**

The natural area of the woodlot is a significant concentration of a variety of trees, understory shrubs and ground covers providing unique bird and wildlife habitat in an urban setting. The edge of the woodlot and the interior trail are significant cultural landscape features. The association of the Chedoke name with the oaks found at the

woodlot add value to the tree collection in the woodlot. The tree collection within the stream corridor is an important feature of the cultural landscape as well since it is part of the amenity area and contains both native and non-native species. The plantation and street trees and the remainder of the specimen trees have generally been added since the original landscape design although complement its intent is to create an attractive healthy setting for healing.

## 2.8 SUMMARY

The heritage values associated with the landscape are those which illustrate the period of development on the site when it provided healing and treatment for tuberculosis sufferers. The overall landscape setting in general and specifically the curvilinear road alignment, the integration of the ordered geometry of the buildings in a natural setting, the views, natural and planted vegetation, the stream corridor, and built landscape features such as the bridges reflect the original design intent. All these features contribute to a significant cultural landscape which should be considered and integrated in planning for the redevelopment of the site.

## 3.0 BUILT HERITAGE

For the evolution of the Browlands and the development of sanatoria, refer to 2.0 - Landscape Heritage Assessment. Design principles for sanatoria buildings were greatly influenced by English design guidelines for "garden cities," resulting in pavilion-like structures.

### 3.1 AS-FOUND ASSESSMENTS

#### 3.1.1 LONG & BISBY BUILDING (1920)

Site Assessment March 2007

##### .1 Building Age / Type (Architect: Witton <sup>(2)</sup>)

- 1920 built as a nurses' residence
- 1973 'Cool School' for troubled children
- 1983 daycare
- Neoclassical with asymmetrical facade <sup>(2)</sup>

##### .2 Present Use

- Daycare

##### .3a Integrity of Original

- Protruding wooden cornice with dentils has been replaced with flush wood band & metal flashings.
- Flag standard and masonry chimney have been removed.
- Returned stone entry steps have been replaced by straight run.
- Original double hung 6 panes over 6 panes have been replaced by single hung single pane, single glazed sash.

##### .3b Additions to Original

- Fire escape and roof access
- Exterior entry to basement
- To the rear, one or two single storey additions

##### .4 Number of Storeys Above & Below Grade:

- Ground floor 10'-8" to underside of ceiling
- Second floor ?? to underside of ceiling
- Basement 9'-0" to underside of ceiling

##### .5 Approximate Footprint / Size

- 78' x 40' / 3,120 sq.ft. per floor

.6 Condition Assessment

#	ELEMENT	CONDITION / MAKE GOOD
A10	<b>FOUNDATIONS</b> Poured concrete or double layered parged bricks similar to Brow Building?	Good No settlement cracking noted. Some cracking has occurred, possibly from water penetration. Repairs required.
B10	<b>STRUCTURAL SYSTEM</b> unknown	Very good
B20	<b>EXTERIOR WALLS</b> Buff (tapestry) clay brick running bond assumed to be backed by some type of masonry. (Same brick as Brow Building) Continuous tooled limestone band at sill height of first floor windows. Bricks recessed around windows, end stacked on sides with turned end course over. Limestone tablet over entry	Good All protruding courses require 100% repointing. Some cracks associated with rear additions Efflorescence adjacent to driving surfaces
B22	<b>PARAPETS / CORNICE</b> Brick parapet (2'6" high?) Limestone or manmade stone coping Two corbelled end courses below cornice and recessed brick panel above cornice	Fair Coping stone has extensive repairs. Parapet and protruding courses require 100% repointing. Parapets require 10% rebuilding/replacement. Either restoration of cornice and/or significant maintenance of existing
B23	<b>CHIMNEYS</b> None visible from grade	
B24	<b>WINDOWS</b> The windows are wood replacement single pane single hung windows. All windows have aluminum storms. Replacement campaign started very early (see historic photo). Air conditioning units are through some sash. Some basement windows have been closed in; others suffer sill rot from creeping grade. Blue paint not sympathetic to design intent	Fair Preference would be installation of thermally broken wood windows with dividing panes to match original, cream (?) coloured to match original

1  
 2  
 1  
 6  
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<b>B25</b>	<p><b>ENTRIES / DOORS</b></p> <p>Main entry portico: overhanging flat roof with metal railing and dentil decorated wood soffit supported by a wood ring beam held up by two sets of paired columns</p> <p>The front stone and concrete stoop have undergone modification and require foundation work. Top stone cracked. Concrete stairs not as per original design.</p> <p>Original wood door, glazed fanned transom and sidelights.</p> <p>Side entry has been modified and is being deteriorated by salt.</p> <p>Rear entry stairs are precast replacement. There appears to be ongoing history of deterioration. Canopy over entry appears original.</p>	<p>Main entry: Fair</p> <p>Conserve iron railing.</p> <p>Re-roof.</p> <p>Minor wood repairs.</p> <p>Replace bases of all columns.</p> <p>Remove stairs, rebuild foundation, install new stairs and railing.</p> <p>Paint all woodwork.</p> <p>Side entry: Fair to good</p> <p>Move driving surface farther from building.</p> <p>Rear entry: Poor</p> <p>Staircase railings do not meet code. See D10-Accessibility. The newer addition should be removed while the older if retained requires considerable upgrading.</p>
<b>B30</b>	<p><b>ROOF TYPE &amp; MATERIALS</b></p> <p>Flat roof, no access</p>	<p>From the condition of the parapets, at the very least, vented back flashings need to be installed.</p>
<b>B31</b>	<p><b>SOFFIT, FASCIA, GUTTERS, DOWNSPOUTS etc.</b></p>	<p>Condition of internal drains not known</p>
<b>C10</b>	<p><b>INTERIOR CONSTRUCTION</b></p> <p>Unknown</p>	<p>Very Good</p>
<b>C20</b>	<p><b>STAIRCASES</b></p> <p>Main stair has iron railing with wooden rail and terrazzo treads.</p> <p>Flight to basement now separated with fire enclosure</p>	<p>Good.</p> <p>Fire separations detract from appearance. Building code audit will be required to determine if additional exit from second floor is required with change of use.</p>
<b>C30</b>	<p><b>INTERIOR FINISHES</b></p> <p>Variety of floor, wall and ceiling finishes.</p> <p>Few original doors or moldings other than in lounge area.</p>	<p>Fair to Good</p> <p>If this building were to be reused as a showpiece, all floors and ceilings would require replacement or repair.</p>
<b>C40</b>	<p><b>FIXTURES &amp; FITMENTS</b></p> <p><b>Lounge:</b> retains beamed ceiling, tiled fireplace &amp; mantle, beveled glass transom and moldings. It would appear the original main entry was through what is now the nursery.</p>	<p>Fair to Good</p> <p>It is desirable to completely restore the lounge inclusive of: wall, floor and ceiling refinishing, removal of vent from fireplace, new light fixtures, restoration of original entry and closure of new secondary entry. See also B25-rear entry.</p>

<p><b>D10</b></p>	<p><b>ACCESSIBILITY</b>                  The main floor is 6' above grade. The split entry vestibule makes retrofitting for accessibility almost impossible.</p>	<p>Very bad                  Presently no entry is accessible. No elevator.                  No barrier free washrooms.</p>
<p><b>D20</b></p>	<p><b>BUILDING SYSTEMS:                  ELECTRICAL HVAC</b>                  Self contained boiler in basement and cast iron radiators throughout building.                  No air conditioning</p>	<p>Will require upgrades, at a minimum air conditioning.</p>
<p><b>D40</b></p>	<p><b>FIRE PROTECTION</b>                  Annunciator panel, standpipe, emergency exit lighting, smoke detection and fire alarm.</p>	<p>Any change in use could trigger requirement for sprinklers.</p>

- 3

**.7 Feasibility for Reuse**

It is the intention to continue to use this building.

The uses requiring the minimum change would be to continue as a daycare centre or convert to office use. All other uses would require a second means of egress from the second floor.

Conversion to high end residential units (2 to 4?) would likely result in changes to the openings in the building envelope.

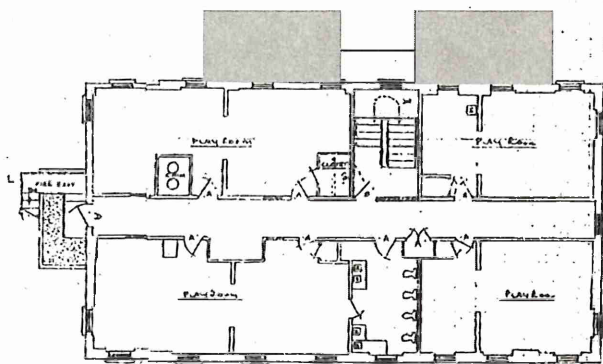
If the building was to be converted to a community centre, it would be difficult to allow public access to the second floor as either a second stairwell or negotiation under Part 11 of the Code for alternative measures through the addition of sprinklers would be required.

Due to the split level main entry, accessibility poses the largest challenge to building reuse. Reworking of the area where the rear additions are could facilitate building access. Reworking of the side entry in combination with an elevator might also be feasible. A ramp, elevator and accessible washrooms would have to be added should there be any change in use.

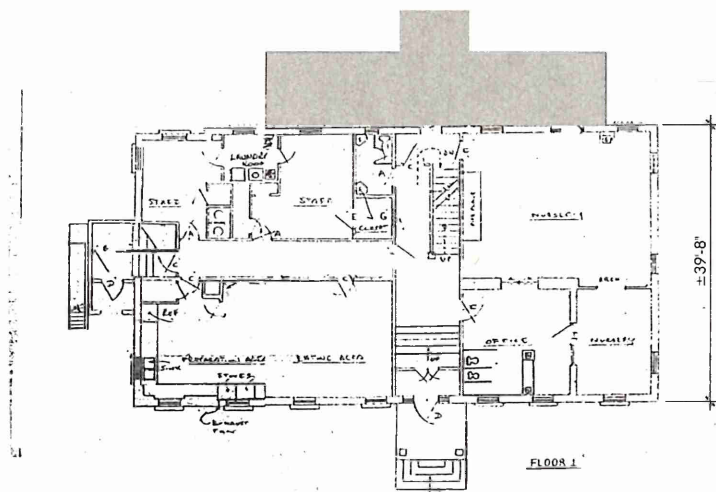
Regardless of the future use, the building envelope requires work as outlined in the Condition Assessment. Air conditioning would have to be added to the building and other systems would require upgrading.



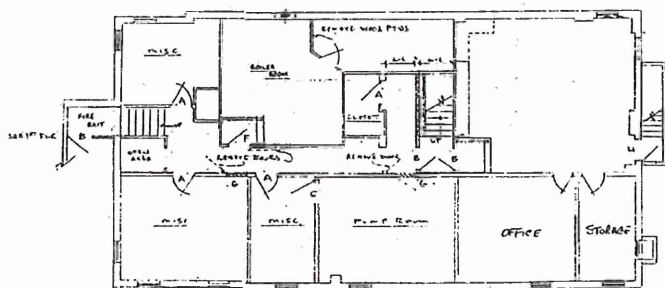
.8 Floor Plans



2ND FLOOR PLAN





1ST FLOOR PLAN



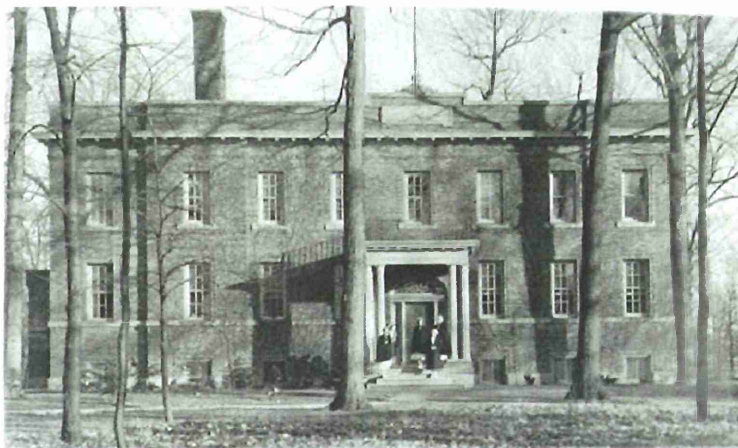
BASEMENT

LEGEND

-  ORIGINAL BUILDING FOOTPRINT
-  ADDITION



**.9 Photo Elevations**



EARLIER PHOTO



NORTH ELEVATION



EAST ELEVATION



SOUTH ELEVATION



WEST ELEVATION

**3.1.2a BROW BUILDING (1916)**

Site Assessment March 2007

- .1 Building Age / Historical Use** (Architects Stewart and Witton)
  - 1916: built to house and treat First World War soldiers
  - 1923: last military patients
  - 1959: converted to convalescent and chronic care facility
  
- .2 Present Use**
  - Vacant, undergoing decommissioning
  
- .3a Integrity of Original**
  - The following elements are missing: the curvilinear parapets over the entries, the glazed roofing tiles on the sloped roofs at the entries and parapets, the decorative eave brackets, the balconies, floor to ceiling wood windows, and the balustrade of the roof decks of the bays adjacent to the central three storey portion.
  - All window openings have been shortened to accommodate perimeter fan coil units.
  - Some window openings have been blocked in their entirety.
  - The chimney stack is considerably lower than at some point in the past.
  - The interiors have undergone continual renovation
  
- .3b Additions to Original**
  - Stairwells at either end of the building
  - Numerous rear additions
  - Connection to annex is not the 1917? original connection.
  - Communication tower and a myriad of roof top units
  
- .4 Number of Storeys Above & Below Grade:**
  - Central portion: 3 storeys above grade plus basement
  - Wings: two storeys above grade plus crawl space
  - First floor: 11' floor to ceiling
  - Second and third floors 10'-10" floor to ceiling
  
- .5 Approximate Footprint / Size**
  - 64' (max) x 227' / 47,000 sq.ft. including basement

**.6 Condition Assessment**

#	ELEMENT	CONDITION
<b>A10</b>	<p><b>FOUNDATIONS</b></p> <p>The wings have crawl spaces with exposed hollow clay tile on much of the interior surfaces. The central portion has a full basement with parging on the interior.</p> <p>The exterior wythe is soft fired red clay brick with a heavy cementitious coating. The footings rest directly on escarpment limestone; thus settlement is not an issue.</p>	<p>Water infiltration has been a chronic problem. The building lacks perimeter waterproofing and drainage. The exterior parging has had ongoing repair campaigns of varying degrees of success. (Parging extends above grade to finish floor over cants and decorative rolls.)</p>
<b>B10</b>	<p><b>STRUCTURAL SYSTEM</b></p> <p>Reinforced concrete columns and beams. The floor slabs are concrete ribs infilled with hollow clay tile. Hollow clay tile is brittle and must be penetrated with care.</p>	<p>Structure and floor slabs appear in remarkably good shape. (Loading of this archaic system would have to be confirmed.)</p>
<b>B20</b>	<p><b>EXTERIOR WALLS</b></p> <p>Tapestry buff clay brick, the same as used in the Long and Bisby Building, in Belgium bond coursing over masonry backing (clay tile?).</p> <p>Areas that had been previously covered by sloped roof and protruding brick courses have a remedial cementitious coating.</p>	<p>Brick is in good condition; cementitious coating is in only fair condition and is less than attractive.</p>
<b>B22</b>	<p><b>PARAPETS</b></p> <p>Prefinished brown back and coping flashing. (The rear sunroom has the only residual ornamental coping flashing.) Parapet brick is mismatched replacement brick as originally concealed behind sloped roofing.</p>	<p>Fair</p>
<b>B23</b>	<p><b>CHIMNEYS</b></p> <p>There are miscellaneous chimneys and roof vents from differing periods.</p>	<p>Good</p>
<b>B24</b>	<p><b>WINDOWS</b></p> <p>There are second and third generation replacement windows. The window units are all shorter than original. The replacement units have much smaller operating sections, severely limiting the through ventilation. Windows have solid sections for the insertion of air conditioning units. Many of the thermopane units have failed seals.</p>	<p>Fair.</p> <p>Even if new, these windows would be substandard in today's luxury housing market.</p>

<b>B25</b>	<b>ENTRIES / DOORS</b> All steel and all well used. Front entry stairs in poor condition and very ugly.	Fair to poor
<b>B30</b>	<b>ROOF TYPE &amp; MATERIALS</b> Flat roof sloping to hidden interior drains. The roofing appears to be stone ballast, over rigid insulation (?), over some form of membrane on a concrete deck.	Fair Anecdotal evidence has it that there have been chronic problems with the roofing. There only appeared to be one leak at time of inspection.
<b>C10</b>	<b>INTERIOR CONSTRUCTION</b> Mostly masonry units with plaster coating.	
<b>C20</b>	<b>STAIRCASES</b> Two open interior metal staircases with terrazzo treads. Two enclosed metal fire stairs at either end of the building.	Good
<b>C30</b>	<b>INTERIOR FINISHES</b> Mix of vinyl tile, linoleum, drywall, plaster, and acoustic tile.	Poor Decommissioning of the systems has resulted in damage to interior finishes.
<b>C40</b>	<b>FIXTURES &amp; FITMENTS</b> None of significance	
<b>D10</b>	<b>ACCESSIBILITY</b> Rear entry is accessible. Elevator to all levels. Washrooms barrier free.	Yes
<b>D20</b>	<b>BUILDING SYSTEMS : ELECTRICAL HVAC</b>	In the process of being decommissioned. The decommissioning of these systems brings urgency to building reuse.
<b>D40</b>	<b>FIRE PROTECTION</b>	Fire/smoke alarm being maintained

## .7 Feasibility for Reuse

The reuse of the building envelope and structure poses some real challenges:

- In the crawl spaces, there is water infiltration between the footings and the underlying limestone.
- There is water infiltration through cracks in the parging over the soft fired clay bricks of the foundation walls.
- The replacement windows are substandard.
- The ballasted membrane roofing system complete with metal flashing has had the chronic leaking problems commonly associated with this type of system. Substantial interventions would be required to run services and insulate the envelope.

The distance from the face of building to the corridor is almost 30 feet, a reasonable depth for a modern condominium unit. (The interior load bearing columns are approximately 15 feet on centre which could be accommodated within the unit, but is less than the 20 feet plus dimension desirable in units that also facilitates parking beneath.) The central corridor with fire stairs at each end is a reasonable residential plan.

Reusing the existing building envelope without restoring the original decorative features would not only do a disservice to interpreting what the original design intent was, but it would also be less than visually appealing to potential purchasers.

This building is presently being decommissioned. The decommissioning will leave the aboveground area extremely susceptible to mould. The hollow clay tile foundations are extremely susceptible to damage once the heat has been shut off.

Reusing the building envelope may allow for an existing non-conforming encroachment within the 30m conservation authority setback from the top of the defined brow.



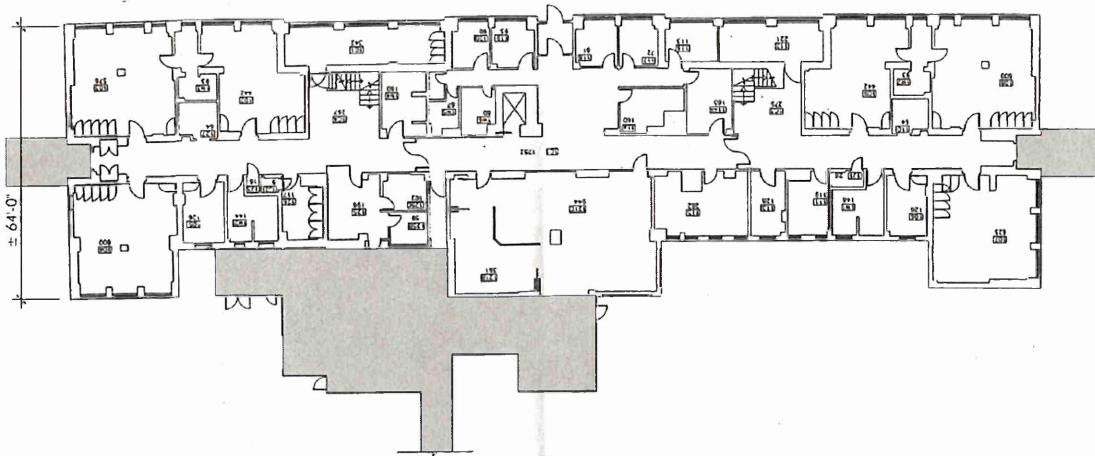
Early Photo



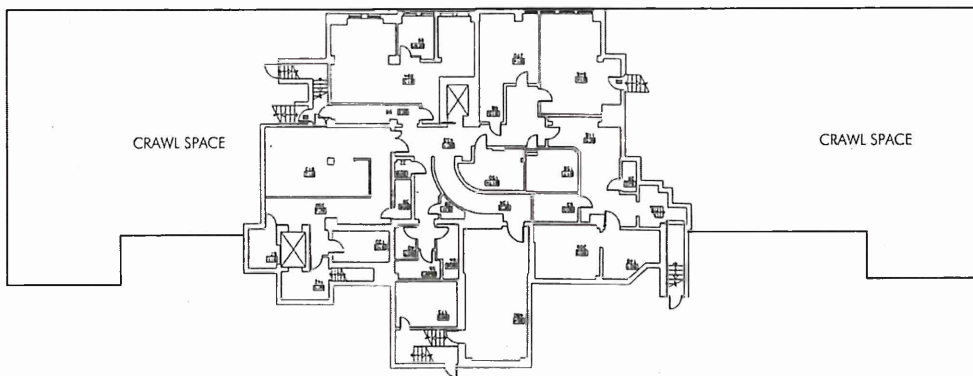
2007 Photo

## .8 Floor Plans

### Basement and First Floor



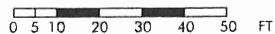
1ST FLOOR PLAN



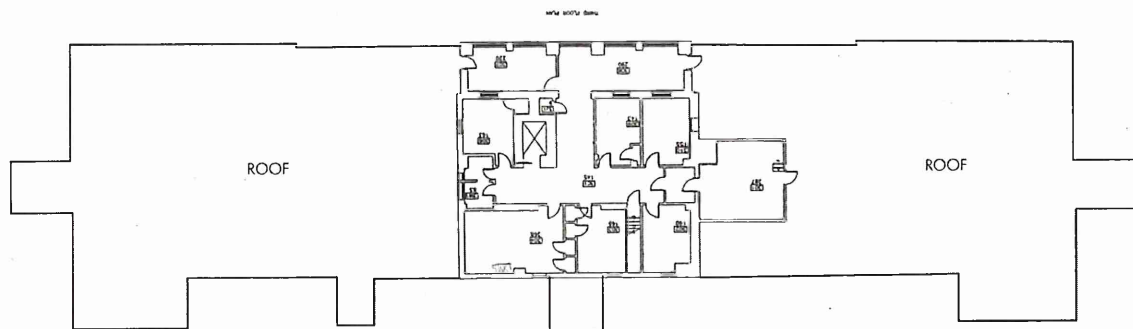
BASEMENT

LEGEND

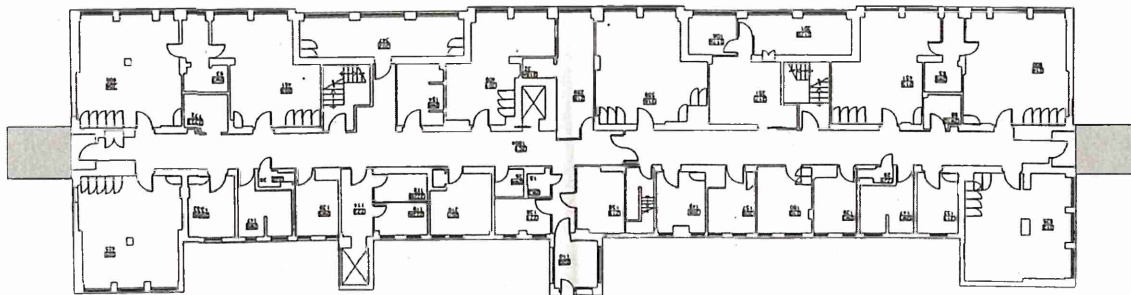
- ORIGINAL BUILDING FOOTPRINT
- ADDITION



### Second and Third Floor





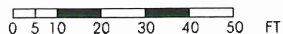
3RD FLOOR PLAN



2ND FLOOR PLAN

LEGEND

-  ORIGINAL BUILDING FOOTPRINT
-  ADDITION





## .9 Photo Elevations



FRONT (NORTH)



EAST SIDE



REAR (SOUTH)



WEST SIDE

**3.1.2b BROW ANNEX (1917)**

Site Assessment March 2007

**.1 Building Age / Type**

- Built in 1917 as a cafeteria ground floor. (Second floor?)
- The link to the main building may have been original but the present link is not that link. (A link with gabled entries is in a 1934 aerial photo.)

**.2 Present Use:**

- Vacant (recently used as cafeteria with offices on second floor)

**.3a Integrity of Original**

- The only substantial loss is wooden soffits and eave brackets, and original windows on the ground floor.
- Some ground floor windows have been blocked.
- Portions of exterior walls enclosed by additions have been drywalled over.

**.3b Additions to Original**

- There are additions upon addition, mostly for vocational space, to the north and west
- Fire escape
- All additions are purely utilitarian and have no architectural significance.

**.4 Number of Storeys Above & Below Grade**

- Ground Floor: 10'-11"
- Second Floor partially sloped, 8'-11" under flat portion

**.5 Approximate Footprint / Size**

- 30' x 75' / approx 2,250 sq.ft. per floor

**.6 Condition Assessment**

#	ELEMENT	CONDITION
A10	<b>FOUNDATIONS</b> Slab on grade, foundations inaccessible.	Appear to be in good condition as no cracking in walls above grade was noted
B10	<b>STRUCTURAL SYSTEM</b> Floor system unknown Wood frame roof	Good
B20	<b>EXTERIOR WALLS</b> Red clay brick, medium to soft	Good 30% of brick sugared but not requiring replacement. Some repoint near grade
B23	<b>CHIMNEYS</b> None extant	NA

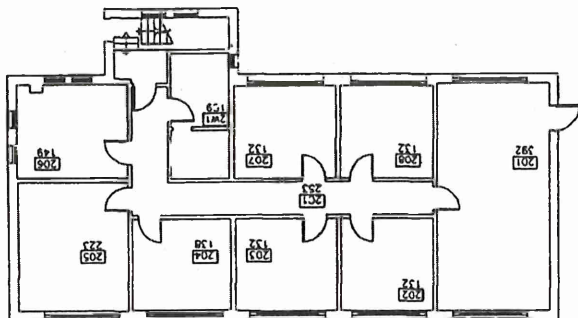
<b>B24</b>	<b>WINDOWS</b> Original wood three over three panes casement on second floor Replacement single pane on ground floor	Fair to good
<b>B25</b>	<b>ENTRIES / DOORS</b> The original exterior entrance was at the south which is now buried inside an addition.	NA
<b>B30</b>	<b>ROOF TYPE &amp; MATERIALS</b> Cottage roof Asphalt Shingles	Excellent; recently re-roofed
<b>B31</b>	<b>SOFFIT, FASCIA, GUTTERS, DOWNSPOUTS etc.</b> All replacement. Decorative elbow brackets missing.	Good
<b>C10</b>	<b>INTERIOR CONSTRUCTION</b> Ground floor - a single open room.	Good
<b>C20</b>	<b>STAIRCASES</b>	One conforming interior. One non-conforming exterior.
<b>C30</b>	<b>INTERIOR FINISHES</b> Drywall and plaster walls. Ground floor has original T&G wood ceiling and beams above T bar. Linoleum flooring. Second floor has a variety of flooring. Residual plaster ceilings have lost their key & are in danger of collapse.	Ground floor: good, T&G ceiling very good.  Second floor: poor to good
<b>C40</b>	<b>FIXTURES &amp; FITMENTS</b> None of significance	NA
<b>D 10</b>	<b>ACCESSIBILITY</b>	Ground Floor only

**.7 Feasibility for Multi-Family Residential Reuse**

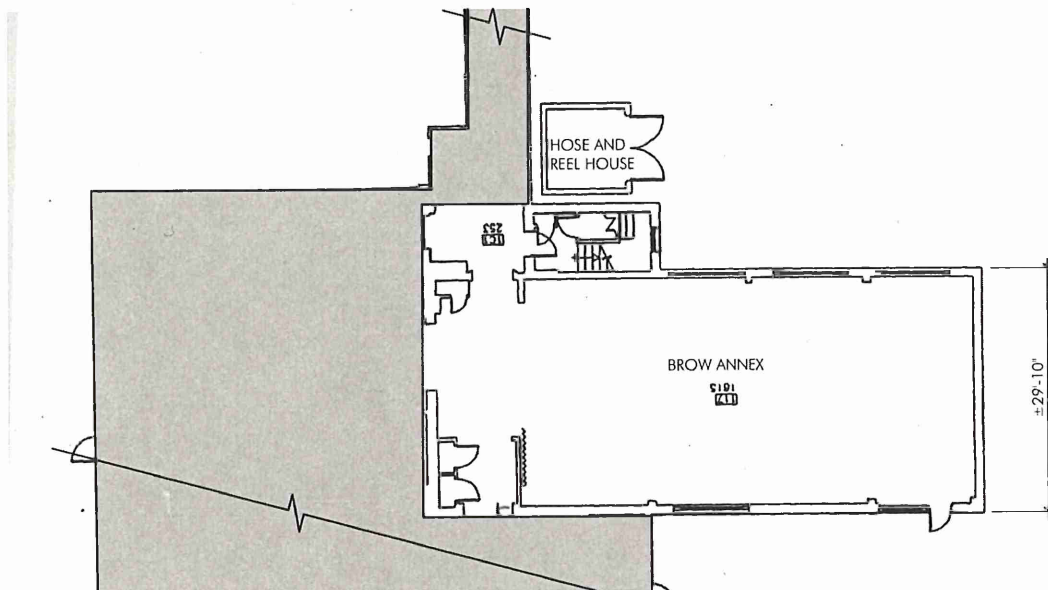
The design of this small pavilion-like building does not easily lend itself to use as a multi-family residential building.

The ground floor of this building could easily be re-used for recreational purposes as per the original design intent. OBC compliance would limit the use of the second floor as it has only one Code conforming means of exit.

### .8 Floor Plans



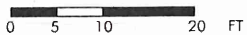
2ND FLOOR PLAN



1ST FLOOR PLAN

LEGEND

- ORIGINAL BUILDING FOOTPRINT
- ADDITION



**.9 Photo Elevations**



FRONT (NORTH) ELEVATION



EAST ELEVATION



SOUTH ELEVATION

**3.1.2c HOSE AND REEL HOUSE (1917?)**

Site Assessment March 2007

**.1 Building Age / Historical Use**

- Assumed built about the same time as the Brow Annex , 1917?  
 The Unterman McPhail report <sup>(2)</sup> refers to this building as the hose and reel building.  
 Rick Provo <sup>(3)</sup> indicated that it has served to house the emergency back-up generator since the fifties. (Rick indicated no early artifacts remain in the building.)

**.2 Present Use**

- Emergency back-up generator (in the process of being decommissioned)

**.3a Integrity of Original**

- New roofing, doors, fascia and soffit

**.3b Additions to Original**

- None

**.4 Number of Storeys Above & Below Grade:**

- Slab on grade

**.5 Approximate Footprint / Size**

- 20ft x 20ft.

**.6 Condition Assessment (No access)**

#	ELEMENT	CONDITION
A10	FOUNDATIONS	Good. No settlement cracking
B20	EXTERIOR WALLS Red brick, matching Annex	Fair Lower portion requires repointing, replacement
B25	ENTRIES / DOORS Replacement	Serviceable
B30	ROOF TYPE & MATERIALS Cottage Roof Quaint central pole framing	Good New asphalt shingle roofing

**.7 Feasibility for Reuse**

This building would have no continuing use for fire fighting or emergency generator systems. The building does not serve an interpretive function either as there are no visual indicators of its design intent.

**.8 Photo Elevation**



**3.1.3 EAST PAVILION (1917)**

Site Assessment March 2007

**.1 Building Age / Historical Use**

- Built in 1917
- Accommodation for soldiers returning with tuberculosis and gassed lungs
- Wards / dining room / vocational workshop

**.2 Present Use**

- Employees Assistance Program (EAP) offices and administration
- Partly vacant

**.3a Integrity of Original**

- Extensively remodeled on the interior in 1980 (Provo <sup>(3)</sup>)
- Missing soffit brackets, shed dormer louvers
- Missing wood fascia, soffits and exposed rafter ends
- Ground floor windows replaced with vinyl
- All entrances have been modified. Gabled parapets missing above east entries
- Bay's decorative roof pediment missing and coping stone missing or flashed over.
- Two east bays have been given over to mechanical ducts, and the prime exterior space adjacent to the bay has been given over to a mechanical compound. (Building not designed to be heated)

**.3b Additions to Original**

- Enlarged in 1922, 1932, and 1950-52 <sup>(3)</sup>
- Basement and basement entry addition
- Mechanical compound to the east

**.4 Number of Storeys Above & Below Grade**

- Ground floor: 10'-6" floor to ceiling
- Second floor: 10'-0" floor to ceiling
- Partial basement with crawl space under the wings

**.5 Approximate Footprint / Size**

- 26' x 137' / total area 6,800 sq.ft <sup>(3)</sup>

**.6 Condition Assessment**

#	ELEMENT	CONDITION
A10	<p><b>FOUNDATIONS</b></p> <p>The underpinned poured concrete basement in central portion is an addition.</p> <p>Wings: early poured concrete crawl spaces</p>	<p>Fair</p> <p>Water seepage running through from north wing to sump, moisture infiltration throughout due to lack of, or poor, perimeter drainage.</p> <p>No settlement cracking</p>



<b>B10</b>	<b>STRUCTURAL SYSTEM</b> Exterior load bearing masonry walls with one interior load bearing wall running the length of the building. Floors are industrial wood flooring (dimensional lumber on side nailed together forming a structural slab) Wood frame roof.	Good
<b>B20</b>	<b>EXTERIOR WALLS</b> Low fired red clay brick (bricks matching those of the Brow Annex). Concrete sills continuous between brick pilasters	Good 5 to 10% sugared bricks
<b>B22</b>	<b>PARAPETS</b> Removed or residual over east entries. Flashed over at bay.	Fair Suspected problems under flashings
<b>B23</b>	<b>CHIMNEYS</b> One rebuilt chimney for boiler in basement	Good
<b>B24</b>	<b>WINDOWS</b> Double hung wood windows with aluminum storms on most of second floor. Vinyl clad thermopane units on ground floor.	Fair condition  Excellent (appear new)
<b>B25</b>	<b>ENTRIES / DOORS</b> Front door could be original; others are modern steel fire doors. Canopies over all three entries are original.	Good
<b>B30</b>	<b>ROOF TYPE &amp; MATERIALS</b> Asphalt shingles	Good
<b>B31</b>	<b>SOFFIT, FASCIA, GUTTERS, DOWNSPOUTS, etc.</b>	Very Good
<b>C10</b>	<b>INTERIOR CONSTRUCTION</b> Much renovated	Good
<b>C20</b>	<b>STAIRCASES</b> Original wood staircases of simple design at either end of building	Good <b>Non Code conforming</b>

<b>C30</b>	<b>INTERIOR FINISHES</b> Walls: painted plaster and GWB. Floors: carpet, vinyl tile, etc. Ceilings: plaster second floor, ground floor different acoustic tile systems	Fair A mishmash of materials. Some 12" x12" acoustic tiles may contain asbestos.
<b>C40</b>	<b>FIXTURES &amp; FITMENTS</b> Some original 5 panel doors and casing on the second floor. Cast iron radiators in stairwells	Good in the few locations still remaining
<b>D10</b>	<b>ACCESSIBILITY</b> Washroom accessibility unknown	Building is accessible. Second floor not accessible.
<b>D20</b>	<b>BUILDING SYSTEMS: ELECTRICAL HVAC</b> Built without heating system. Then, on central steam plant. Presently self-contained boiler / air handling units in compound at grade, Perimeter fan coil units.	Adequate
<b>D40</b>	<b>FIRE PROTECTION</b> fire alarm smoke detection system	Unknown

**.7 Feasibility for Multi-Family Residential Reuse While Retaining Heritage Assets**

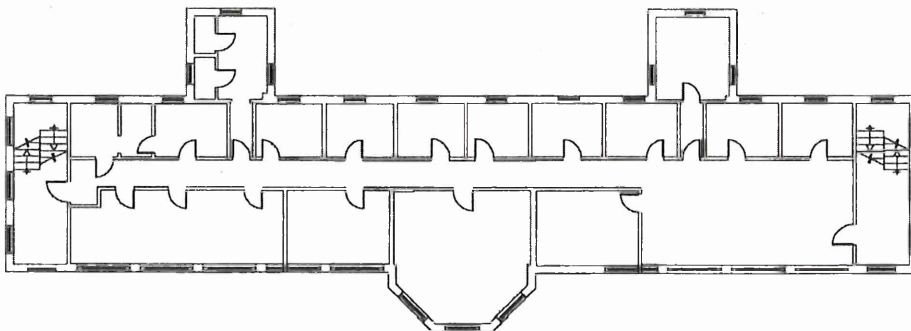
The building envelope is feasible for reuse.

Inserting a modern heating and cooling system within the envelope would be a challenge.

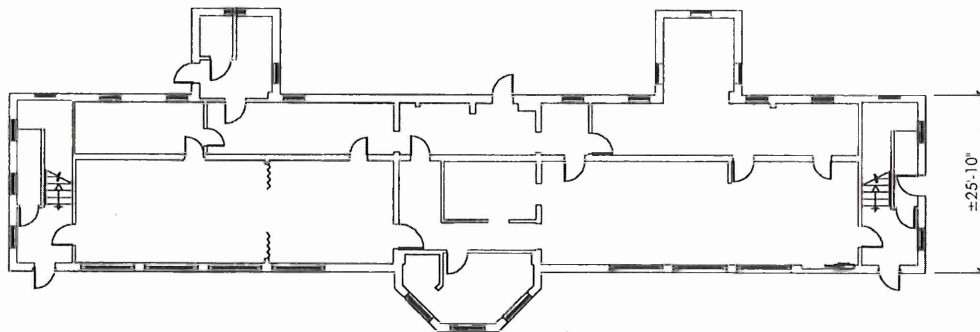
Because the building is so narrow, 26 ft, it could only logically be divided into row housing, seven units of approximately 1,300 sq.ft. each.

This building has already lost many of its significant features. New entries and the enlargement of windows on the west elevation would be essential to the conversion. These interventions required to convert the structure to row housing would further distort the building's historical design intent of being a pavilion like structure having the architectural features associated with the garden city movement in England.

### .8 Floor Plans





2ND FLOOR PLAN



1ST FLOOR PLAN

LEGEND

-  ORIGINAL BUILDING FOOTPRINT
-  ADDITION



**.9 Photo Elevations**



NORTH ELEVATION



EAST ELEVATION



SOUTH ELEVATION



WEST ELEVATION

**3.1.4 MORELAND RESIDENCE (1936)**

Site Assessment March 2007

**.1 Building Age / Historical Use**

- Belongs to the intermediate phase of hospital development
- 1936: built as a residence for 60 males, known as the "Orderlies Home"
- 1962: renovated for School of Medical Technology
- 1974: closed as a residence
- 1974 to 2003: ?

**.2 Present Use**

- 2004: Alcohol Treatment Education Centre (offices)

**.3a Integrity of Original**

- Exterior is intact except for: missing parapet and original windows (The new windows are vinyl clad with a small operating lower sash, while the originals were wood, double hung, 9 panes over 9 panes.)
- Interior extensively altered

**.3b Additions to Original**

- None
- Fire escape north elevation?

**.4 Number of Storeys Above & Below Grade**

- Ground floor 9'-6" floor to ceiling
- Second floor 8'-6" floor to ceiling
- Third floor 8'-6" floor to ceiling
- No basement

**.5 Approximate Footprint / Size**

- 38' x 82' / 3,100 sq.ft. per floor

**.6 Condition Assessment**

#	ELEMENT	CONDITION
A10	<b>FOUNDATIONS</b> No basement Exterior assessment	
B10	<b>STRUCTURAL SYSTEM</b> Assumed: Exterior and interior load bearing masonry walls with concrete slab floors and wood frame roof.	Very good condition. Loading capacity unknown as built as residence

<b>B20</b>	<b>EXTERIOR WALLS</b> Blended red rugged clay brick with clay tile or similar masonry backing. A highly fossilized limestone is used for lintels; sills roll molding.	Very good condition
<b>B22</b>	<b>PARAPETS</b> Thought to be more of a gravel stop as the higher original parapet has been removed, probably due to poor condition. Limestone coping stones (originally stone cornice)	Not inspected from roof  Good
<b>B23</b>	<b>CHIMNEYS</b> None visible, original appears to be removed	NA
<b>B24</b>	<b>WINDOWS</b> Recent replacement vinyl clad	Very good
<b>B25</b>	<b>ENTRIES / DOORS</b> All doors are replacement metal and glass doors. Main entry has original sidelights and glazed transom and decorative stone surround.	Good
<b>B30</b>	<b>ROOF TYPE &amp; MATERIALS</b> Not accessed - assumed to be built-up roofing	
<b>C10</b>	<b>INTERIOR CONSTRUCTION</b> Hollow clay tile load bearing walls <sup>(3)</sup> and stud partitions	Very good but spaces very broken up
<b>C20</b>	<b>STAIRCASES</b> The central staircase is a very simple yet elegant bolted cast iron system with wood rail. Probably too steep to be Code conforming.	Very good
<b>C30</b>	<b>INTERIOR FINISHES</b> Floors mostly carpeted, 2' x 4' acoustic tile ceilings, and painted GWB and plaster walls	Fair
<b>C40</b>	<b>FIXTURES &amp; FITMENTS</b> None of interest other than central staircase	

<b>D10</b>	<b>ACCESSIBILITY</b> Only the ground floor, through the north entrance, is accessible.	No accessibility above ground floor level.
<b>D20</b>	<b>BUILDING SYSTEMS : ELECTRICAL HVAC</b>	unknown
<b>D40</b>	<b>FIRE PROTECTION</b> Smoke detectors, fire alarm, emergency exit lighting, standpipe	unknown

**.7 Feasibility for Multi-Family Residential Reuse While Maintaining Heritage Assets**

The building envelope is in very good condition and feasible for reuse.

As the building only has one interior staircase, which is not Code conforming, some significant modification would have to be made to allow for safe exiting if the use was to be changed to residential. The building could continue in as non conforming office use.

The building was designed to house orderlies in wards with a shared central bathroom. Later the wards were broken down into rooms designed for two to share.

The building's narrow floor plate does not lend itself to an efficient layout of units on both sides of the central corridor.

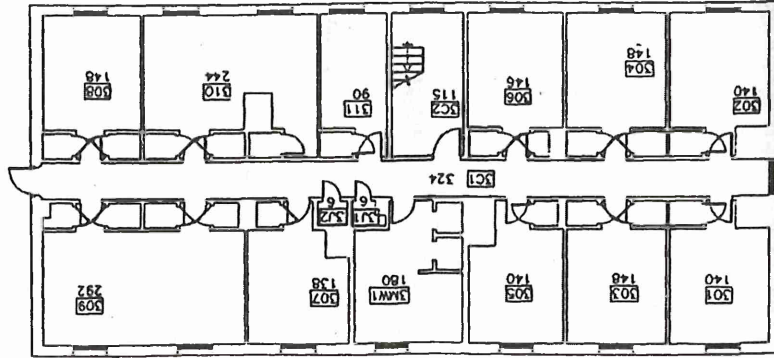
The building could be converted into 4 large three-storey townhouses. The additional entrances plus the enlargement of all ground floor windows would significantly change the appearance of the building.

or:

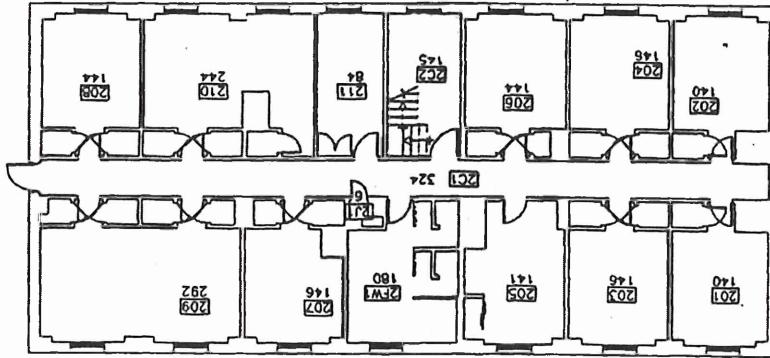
If the building were sprinklered and a second enclosed staircase added, it could be converted into four one-bedroom units per floor. In order to make these units desirable, significant changes would have to be made in the fenestration.

Although built as a residence, in order to retain the original appearance, the building is most suitable for continued use as offices.

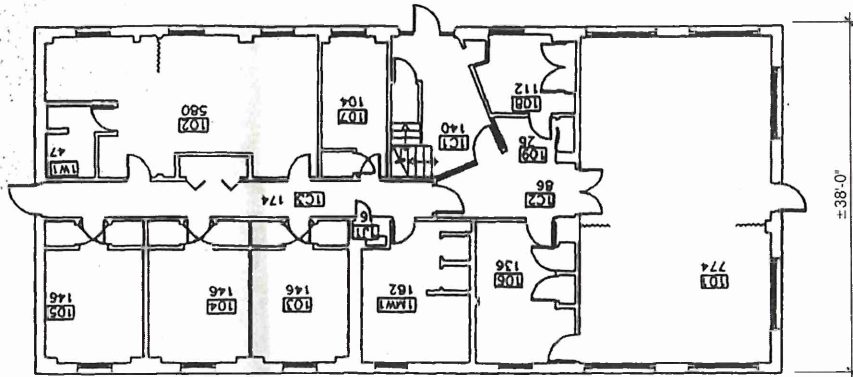
.8 Floor Plans



3RD FLOOR PLAN





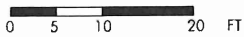
2ND FLOOR PLAN



1ST FLOOR PLAN

LEGEND

-  ORIGINAL BUILDING FOOTPRINT
-  ADDITION





### .9 Photo Elevations



EARLIER PHOTO



PHOTO TAKEN AT 2007



NORTH ELEVATION



EAST ELEVATION



SOUTH ELEVATION



WEST ELEVATION

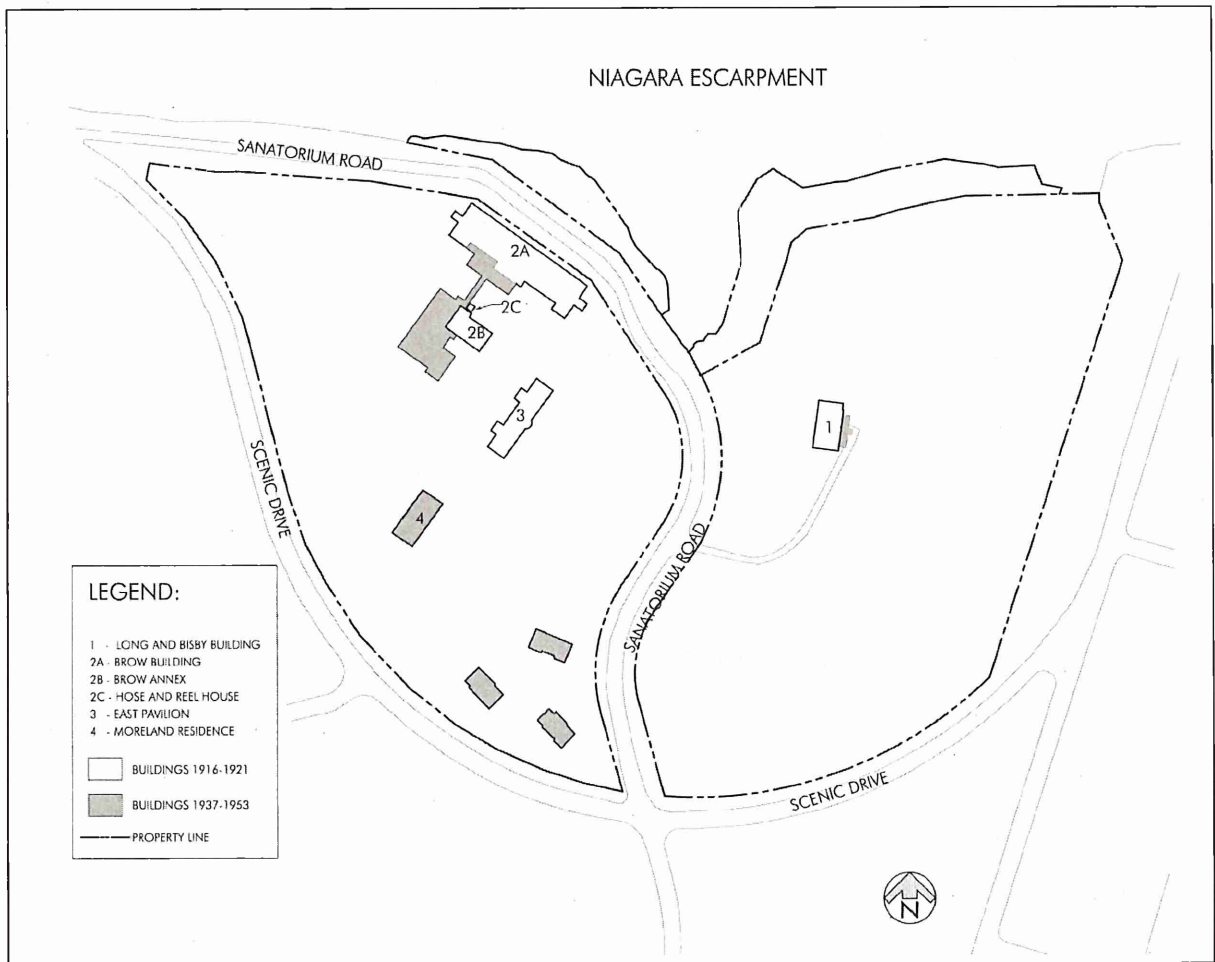
### 3.2 BUILT HERITAGE ASSESSMENT

*Note: Refer to Unterman and McPhail report (2) for contextual history and historical development of Chedoke Hospital*

#### 3.2.1 BUILT FORMS' CONTRIBUTION TO CULTURAL HERITAGE LANDSCAPE

Chedoke Hospital developed from 1906 to 1914 south of Scenic Drive in an area referred to as the Orchard site.

The Browlands represent the second wave of development, from 1915 to 1920. This wave of development was in tuberculosis chronic care. Much of the funding came from the Military Hospital Commission, and the majority of the patients were soldiers returning from WWI. The Brow Building, Brow Annex, and East and West Pavilions were all built from 1916 to 1917. These two years represented the zenith of sanatorium development of the Browlands. The buildings and design intent of this period have the greatest heritage significance.



Staff residences were later built to better service the sanatorium - Long and Bisby in 1920, and the double doctor's residences in 1921. Moreland Residence (1937) is the only building of any stature built on the Browlands after 1920 and in many ways is more closely tied to the Orchard site to the south.

A very important attribute of the buildings of the Browlands is their contribution to the understanding of the Cultural Heritage Landscape. They contribute to the cultural landscape through *historical association and context*.



## **.1 West of Sanatorium Road**

Up until 1937 when the Moreland Residence was built, all substantial masonry buildings west of Sanatorium Road were for hospital and hospital ancillary use.

The Brow Infirmary Building boldly marks the northern most extent of the hospital site.

The Brow Infirmary Building established the east of north axis that all the other buildings west of Sanatorium Road respected.

The campus design for buildings west of Sanatorium Road was very formal. All buildings were laid out on or perpendicular to the Brow Infirmary's axis. The Brow Infirmary Building with the East and West Pavilions formed a large quadrangle with the Brow Annex, the community focal point in the centre.

## **.2 East of Sanatorium Road**

Buildings east of Sanatorium Road were designed for residential use; nurses and doctors residences. They did not follow any formal grid but rather were fit into the landscape. Their longitudinal axis was parallel to Sanatorium Road.

### 3.2.2 ARCHITECTURAL MERIT

*Note: The italicized significance statements that follow are from Unterman McPhail (2). Although only buildings assessed in the Unterman McPhail work as being significant were included, the Brow Annex has been treated in this report as the separate building it is rather than an add-on to the Brow Building.*

#### .1 Long and Bisby Building 1920, Architect unknown, General Contractor W.H. Cooper

*Significance:*

*The Long and Bisby building is listed in the City of Hamilton LACAC Inventory of Buildings of Architectural and Historical Interest. This structure is considered an important local architectural feature and merits appropriate preservation treatment and consideration for reuse.*

#### Historical Value

The Long and Bisby Building is historically interesting because of its association with Chedoke Hospital's Browlands. The building is named after the two realtors who donated the 96 acres for the Hamilton Sanatorium and the building costs.



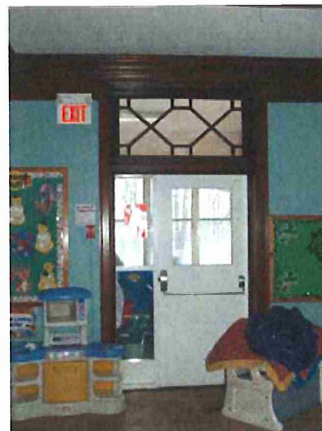
Early Photo - Long & Bisby Building



2007 Photo



Lounge



Glazed Transom

### Architectural Value

It is a handsome building made of the same buff tapestry brick as the earlier Brow Building. Its architectural merit is based on its classical symmetry and the restrained use of materials, offset by the neo-classical entry with decorative tablet and flag mast over.

The nurses' lounge is one of the most significant interior spaces on the site, giving a glimpse into a past nursing lifestyle.

### Contextual Value

It is the only remaining residence associated with WWI chronic care. It is the only remaining building of stature in a park-like setting.

## .2a The Brow Infirmary Building 1916, Architects: Witton and Stewart

### *Significance:*

*The Infirmary building is the oldest building on the former Mountain Sanatorium site and is closely associated with the initial phase of development at the Mountain Sanatorium by the HHA.*

### Historical Value

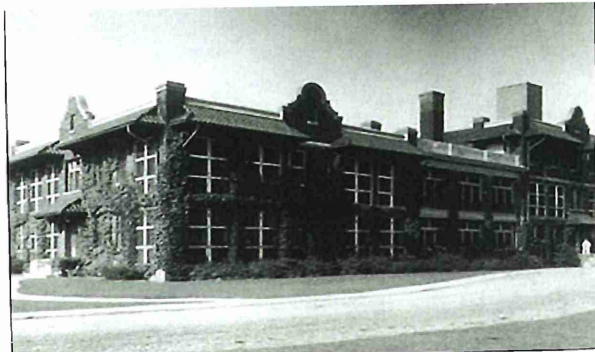
The Brow Building, later known as the Continuing Chronic Care Building, is the first and largest hospital purpose building built on the Browlands. Historically, it is the most significant building on the site.

### Architectural Value

The Brow Infirmary Building as originally designed and built would have been the building of enduring architectural merit. Unterman McPhail has called the original design "Spanish Colonial Revival." Unfortunately nothing remains of the significant features of this style; the curvilinear parapets over the entries, the glazed roofing tiles on sloped roofs at the entries and parapets, the decorative eave brackets, the balconies and even the windows have all been removed.

The second floor sundeck is the only location where any of the sloped features remain.

The Brow Infirmary Building as it appears today has little architectural merit and does not reflect the original design intent. It would be possible to reconstruct the missing architectural features but this would be pure reconstruction, not preservation of existing significant features.



Early north elevation - Brow Building



2007 north (front) elevation



Sundeck (original brackets and roof flashings)

### Contextual Value

The Brow Infirmary Building's relationship to the brow of the escarpment is significant. It was sited as close to the Brow as possible. The vegetation directly in front of the building was kept low. This not only ensured the curative winds off the lake would reach the tubercular patients, but also ensured view corridors from the hospital to the City of Hamilton and from the City back to the hospital that cared for its citizens.

The tallest structure on the site is the three storey central block.

### .2b The Brow Building Annex 1917

#### Historical Value

The Brow Building Annex was designed as a cafeteria and recreational building. With its construction, the Browlands became more independent from the Chedoke Orchard site.

#### Architectural Value

The Brow Annex was a classic example of an early 20th century institutional cottage type building. It is built of the same red brick as the East Pavilion. With the exception of the eave brackets, its original architectural features are intact, and it is today the only building that retains the sense of a 'garden city' pavilion.

Removing the extensive additions would allow for the interpretation of the structure's original use. (The existing connection to the Brow Building does not appear to be original.)

### **Contextual Value**

Both physically and socially, the Brow Building Annex was the focal point of all other structures.

### **.2c The Hose and Reel Building No. 7 (Unterman McPhail name for building)**

#### *Significance:*

*It contributes to the historical character and context of the Brow site.*

#### **Historical Value**

This small building's value, whether as a fire hose building or more recently as the back-up generator building, was to contribute to the site's independence from the remainder of the hospital.

#### **Architectural Value**

The exposed carved peak support of the roof is an interesting element.  
The bricks match those of the Brow Annex and East Pavilion

#### **Contextual Value**

This building may have housed the fire house and reel for the site. Today, and as far back as current staff can recall, it houses the emergency back-up generators. Although it may represent original fire protection for the site, there is nothing about the building that would give the casual observer any clue to its original or present use. The casual observer would assume it is a garbage enclosure.

Its location smack up against the Brow Annex is unfortunate from an architectural appreciation of the Brow Annex.

### **.3 The East Pavilion 1917**

#### *Significance:*

*Build as part of a federal government program during World War I to build its own permanent tuberculosis facilities across Canada to serve returning soldiers. It was one of the first permanent facilities built by the federal government in Canada.*

#### **Historical Value**

This is the only remaining pavilion which housed the WW1 and the many other that followed patients. (The West pavilion which married the East around the vertical design axis has been demolished.)



### Architectural Value

Its more charming architectural features, decorative eave brackets and parapets, have been lost.

As it appears to-day this building's significance lies in giving context to the Brow Site portion of Chedoke Sanatorium, not in its architecture.

### Contextual Value

This building forms the western built edge of the 1916 / 1917 buildings. Its glazed side where the wards were located opened onto a garden with water feature.



Early East Pavilion



2007 east elevation

## .4 Moreland Building 1936

### *Significance:*

*This is the only building to be erected on the Brow Site between early 1920s and 1937.*

### Historical Value

By 1922, with the completion of the doctors' residences, the Brow Site was complete as a self-sustaining community. The Moreland Building was built to house male orderlies.

The Unterman McPhail report indicates that it represents the intermediate years of the site (1920 - 1960) and is the only building built on the site between 1920 and 1937.

It is not associated with the original 1916 / 1917 development of the site.

### Architectural Value

It is a handsome building typical of institutional buildings of the time. Other examples of this period can be found on the Orchard site.

### Contextual Value

It is the building sited farthest from the brow. It is both architecturally and historically more closely associated with the orchard site than the Browlands.



Early north elevation - Moreland Building



2007 north elevation

## 4.0 HERITAGE INTERVENTION PRINCIPLES AND GUIDELINES

### 4.1 INTRODUCTION

Preservation of a heritage resource must be based on recognized principles. When it is a given that the anticipated interventions will be of a substantive nature (as in this case, where after a century the land use is to change from sanatorium to multi-family), these principles must address the balance between attaining functional goals and conserving the significant heritage characteristics of both the landscape and the buildings that are found on the site. Careful consideration must be given to the impact of a decision to achieve a functional goal at the expense of a significant heritage feature and vice versa. In an ideal world all heritage features would be retained, but in reality many significant features have already been lost and there are legitimate needs that run contrary to heritage conservation.

In establishing intervention guidelines that can practically govern the redevelopment of this site, the basic approach must respect the elements of heritage significance of both the buildings and the setting.

Interventions may occur anywhere in a spectrum from slow and natural deterioration to total demolition and redevelopment. The scale of intervention will determine whether it affects the entire site, a setting within that site, several buildings or a single building or only an element of a building or landscape. The activities which characterize such scales and *levels of intervention* may range from "documentation, monitoring and maintenance, conserve and repair, stabilize and mothball, retrofit and/or alter for rehabilitation, reconstruction to replicate, alteration and additions or infill, and severe acts such as moving, salvage, fragmentation and monumentation in conjunction with demolition and redevelopment.

The aim in setting out these guidelines is to mitigate the effects of change on the heritage significance of the site. A clear understanding of the significance of the site is required. The documents listed in the bibliography are a major contributing source to the understanding of the heritage significance of this site and should be read in conjunction with this report.

Any proposal for this site should explain what aspects of the proposal conform to these intervention guidelines; or in the event that some aspects of the proposal do not, it should be shown how the proposal mitigates any detrimental impact on the heritage significance of the site.

## 4.2 INTERVENTION PRINCIPLES

- 4.2.1 The principles of intervention must apply at all levels of intervention activity and to all owners, lessees, and tenants of all portions of the 'Browlands.'
- 4.2.2 The overall site planning objectives have created, within Setting #2, a juxtaposition between the axial symmetry of the buildings and internal pedestrian paths and a curvilinear vehicular circulation network. This juxtaposition should be preserved.
- 4.2.3 Major historic views of and view corridors from the site and its built form should be protected.
- 4.2.4 Historical associations, environmental context, and the functional and spacial relationships should be respected.
- 4.2.5 Historical natural environmental precincts and significant cultural landscape features should be protected and integrated in the redevelopment plans.
- 4.2.6 Pedestrian precincts should be protected.
- 4.2.7 Buildings and structures retaining heritage significance should be respected and protected.
- 4.2.8 Services should be provided in a manner that causes the least physical harm to and visual impact on the landscape, buildings and structures.
- 4.2.9 Public interest in the integrity and significance of the site should be protected and interpreted.

## **4.3 CULTURAL HERITAGE LANDSCAPE INTERVENTION GUIDELINES**

The heritage value of this cultural landscape is found in the various character defining features still found on site and dating from the development period of the Mountain Sanatorium. Figure 1 in Appendix A is a plan illustrating the landscape features of the site with heritage value. These features include:

### **4.3.1 LANDFORM**

The existing topography of the perimeter roads and the central stream corridor and woodlot should be retained and integrated into the new development plan. Significant regrading of the landscape for engineering purposes such as stormwater management should be limited.

### **4.3.2 SPATIAL ORGANIZATION**

The overall design intent including the orientation, grouping and axial symmetry of the core quadrangle of buildings juxtaposed with a naturalistic landscape setting should be respected.

### **4.3.3 VEGETATION**

#### **.1 Woodlot and Stream Courses**

The vegetation of the woodlot and the stream courses should be retained and protected.

#### **.2 Individual Specimens and Street Trees**

A tree assessment should be undertaken to determine candidates for protection and preservation of individual specimens and street trees before detailed design and Site Plan Approval submissions.

#### **.3 Commemorative Trees**

Commemorative trees should be protected and integrated into the redevelopment plans.

### **4.3.4 VIEWS**

All significant views should be protected including the view to the city from the top of the escarpment, views along the stream corridor, views to the Brow Building from Sanatorium Road, and views into the site at the Scenic Drive and Sanatorium Road entrances. The open view of the park-like setting in front of the Long and Bisby Building should be retained and integrated in the new development.

#### **4.3.5 CIRCULATION SYSTEM**

New circulation routes in the redevelopment plan should respect the alignment of Scenic Drive and Sanatorium Road.

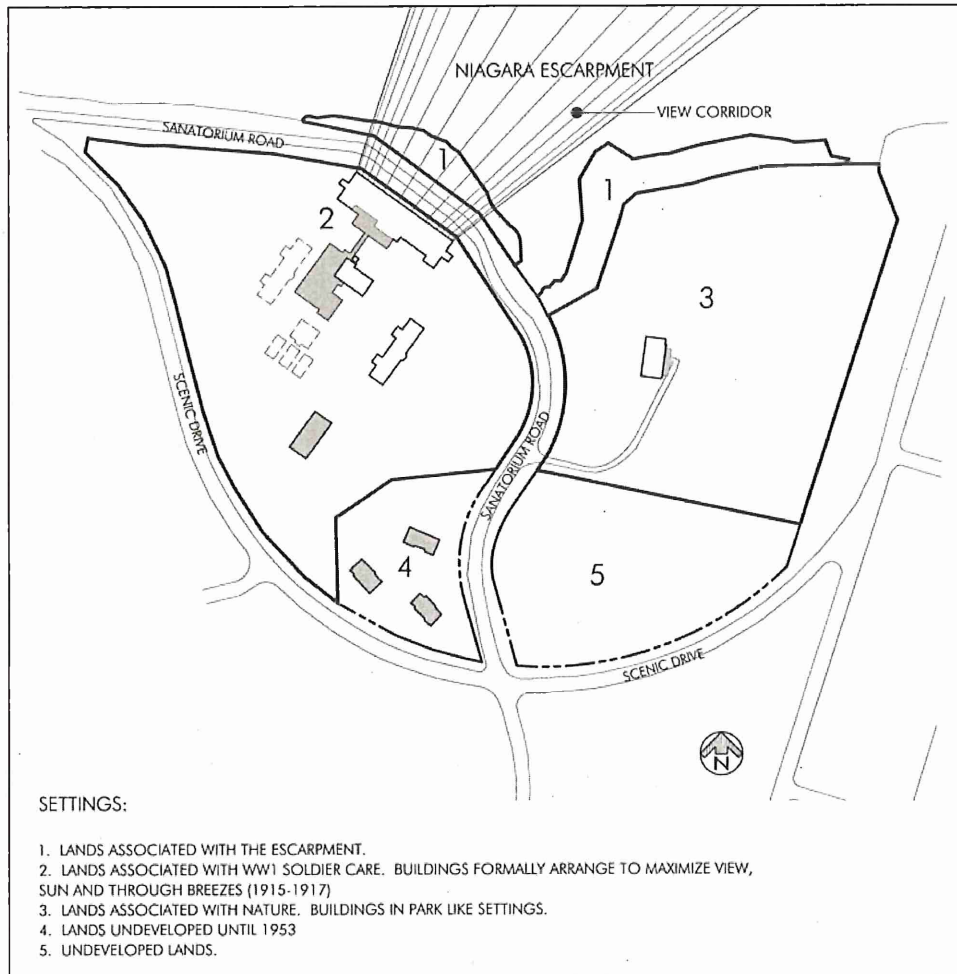
#### **4.3.6 STREAM CORRIDOR**

Any new development should not encroach on the paleo stream channel corridor which varies in width from 4m -20m within the site.

#### **4.3.7 BUILT FEATURES**

All built features with heritage significance including the pedestrian bridge, the stone wall and pillars at the vehicular bridge, and the Cross of Lorraine should be protected, and retained in their current location, and repaired as needed.

## 4.4 BUILT FORM INTERVENTION GUIDELINES



### Settings

#### 4.4.1 GENERALLY APPLICABLE GUIDELINES FOR SETTINGS #1 & #2

**4.4.1.1** The future use of this previously public site will be private. The exception to this is the edge of the Brow, which will become an ever increasingly important public corridor. For this reason, special attention must be paid to ensure that the historical significance of the site can be interpreted along the length of the Brow corridor whether it becomes a pedestrian corridor or remains a vehicular route.

**4.4.1.2** At a minimum, any building of significance that it is to be demolished shall be documented (minimum 4 elevations, professional archival quality photographs and scaled floor plans).

**4.4.1.3** The site and building services are presently in the process of being decommissioned. Until such time as a demolition permit has been issued by the City of Hamilton, an approved stabilization/maintenance/monitoring plan should be followed.

**4.4.2 SETTING #2 ASSOCIATED WITH WWI SOLDIER CARE**

**4.4.2.1 Brow Building - Historical and Contextual Value**

This is the most important building in this most significant setting. Unfortunately, the removal of decorative features and fenestration has denuded the building of the majority of its heritage assets.

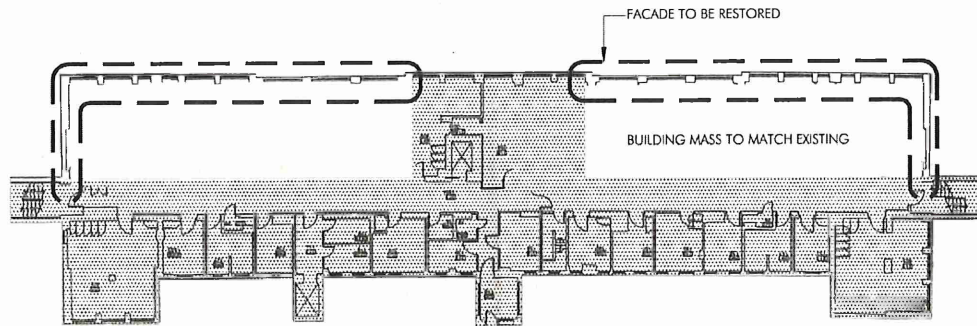
The heritage impact to the Brow Building as it now stands can be mitigated by different strategies. Regardless of which strategy is chosen, some built feature must remain or be created that allows the public to be able to interpret the front edge of where the Brow Infirmary Building stood.

**Strategy #1 Conforming to Niagara Escarpment Planning Policies**

The preferred strategy would preserve portions of the front façade, restoring lost architectural features.

Policy 1.3 Escarpment Natural Area, Objectives: *“To maintain the most natural Escarpment features, stream valleys, wetlands, and related significant natural areas and associated cultural heritage features”* should then allow for building within 30 m of the top of the defined bank.

- .1 Preserve the facades of the outer two bays (see sketch) and reconstruct all missing architectural features.
- .2 Reconstruction should include window openings, window types, tile roofing elements, straight and decorative parapets, stone and decorative metal copings, and railings.
- .3 Maintain the massing back as far as the central corridor.
- .4 The central bay could be dealt with as an infill or reconstruction to approximately the existing height.
- .5 Massing could be added to the rear, south, of the building providing it is stepped backwards.



**Strategy #1 Partial Restoration of Facades**



## Strategy #2 Fragmentation

This strategy would require any new construction to be a minimum of 30 m back from the defined Brow as per the Niagara Escarpment Plan.

- .1 Demarcate the line and extent of the front façade of the building.
- .2 Enduring hard materials should be utilized, and for this reason, it is not necessary to preserve the existing foundation wall, which would have significant structural problems.
- .3 The demarcations could be complemented by plant materials.

In both strategies, sufficient brick should be reclaimed to conserve and if proposed alter the Long and Bisby Building.

### 4.4.2.2 Brow Annex - Architectural and Contextual Value

- .1 Any redevelopment plan of this setting should include for the feasibility of restoring this building, which is the only one that retains the air of a 'garden city' pavilion-type building.
- .2 The restoration should include eave brackets, soffits and fascia, demolition of all additions, and the reuse of the building as a community focus for the setting. Every effort should be made to restore the wood ceiling of what was the cafeteria.
- .3 Should the approved scheme require the demolition of this building, efforts should be made by the developer to give or sell the bricks to heritage suppliers or projects. The demolition plan submitted to the City for permit should include a methodology that preserves the majority of the bricks.

### 4.4.2.3 Hose and Reel Building No 7 - Contextual Value

- .1 Even surrounded by the buildings it served, the Hose and Reel Building is very difficult to interpret as part of the fire fighting system for the site. Once the site is redeveloped, there will be no context and the building chief heritage asset will have been lost.
- .2 In addition to the documentation noted as required for all buildings, research into whether original equipment exists should be undertaken, and that equipment and the roof structure should be documented.
- .3 If the Brow Annex is to be retained, bricks from this building should be reclaimed for repairs

### 4.4.2.4 East Pavilion - Historical and Contextual

- .1 Much of the architectural value has already been lost, and once the site is redeveloped, there will be no context for this building buried on the perimeter of the setting.

- .2 Should the approved scheme require the demolition of this building, efforts should be made by the developer to give or sell the bricks to heritage suppliers or projects. The demolition plan submitted to the City for permit should include a methodology that preserves the majority of the bricks.

#### **4.4.2.5 Moreland Building**

- .1 The Moreland building, architecturally and contextually, is this least representative of this setting.
- .2 The building could be demolished should the redevelopment scheme require it.

#### **4.4.2.6 New Buildings in this setting**

##### **Siting**

- .1 Maintain the feeling of a formally arranged campus around a central space.
- .2 Although not desirable, should the single family neighbourhood bordering Scenic Drive require it, the buildings fronting onto Scenic Drive frontage could be sited more in keeping with that neighbourhood.

##### **Form**

- .1 Be primarily rectilinear in form.
- .2 Adjacent to the east-west portion of Sanatorium Road, have a maximum height similar to that of the central bay of the Brow Building.

##### **Architecture**

- .1 Be substantially clad in stone or clay masonry units of either red or buff colour (not both).
- .2 The following architectural features are desirable:
  - parapets with stone or decorative metal copings
  - decorative eave brackets
  - stone or precast window sills
  - divided window units with clear glazing
  - recessed masonry panels
  - horizontal stone banding

#### **4.4.3 SETTING #3 BUILDINGS IN PARK-LIKE SETTINGS**

##### **4.4.3.1 Long and Bisby Building**

- .1 This building is to be retained.
- .2 As a condition of Site Plan Approval:
  - the building should be designated
  - a building conservation masterplan should be submitted and approved for but not limited to the make good requirements outlined in 3.1.1

- .3 A permanent long term use should be established that enables public access, while limiting interventions to significant features.
- .4 This may prove to be an appropriate location to showcase site interpretive material.

#### **4.4.4 SETTING #4 LANDS UNDEVELOPED UNTIL 1953**

The three 'modern' bungalows were built for married doctors in 1953 <sup>(1)</sup>. They have no associative value in relation to Setting #2 and little architectural value. They may be demolished.

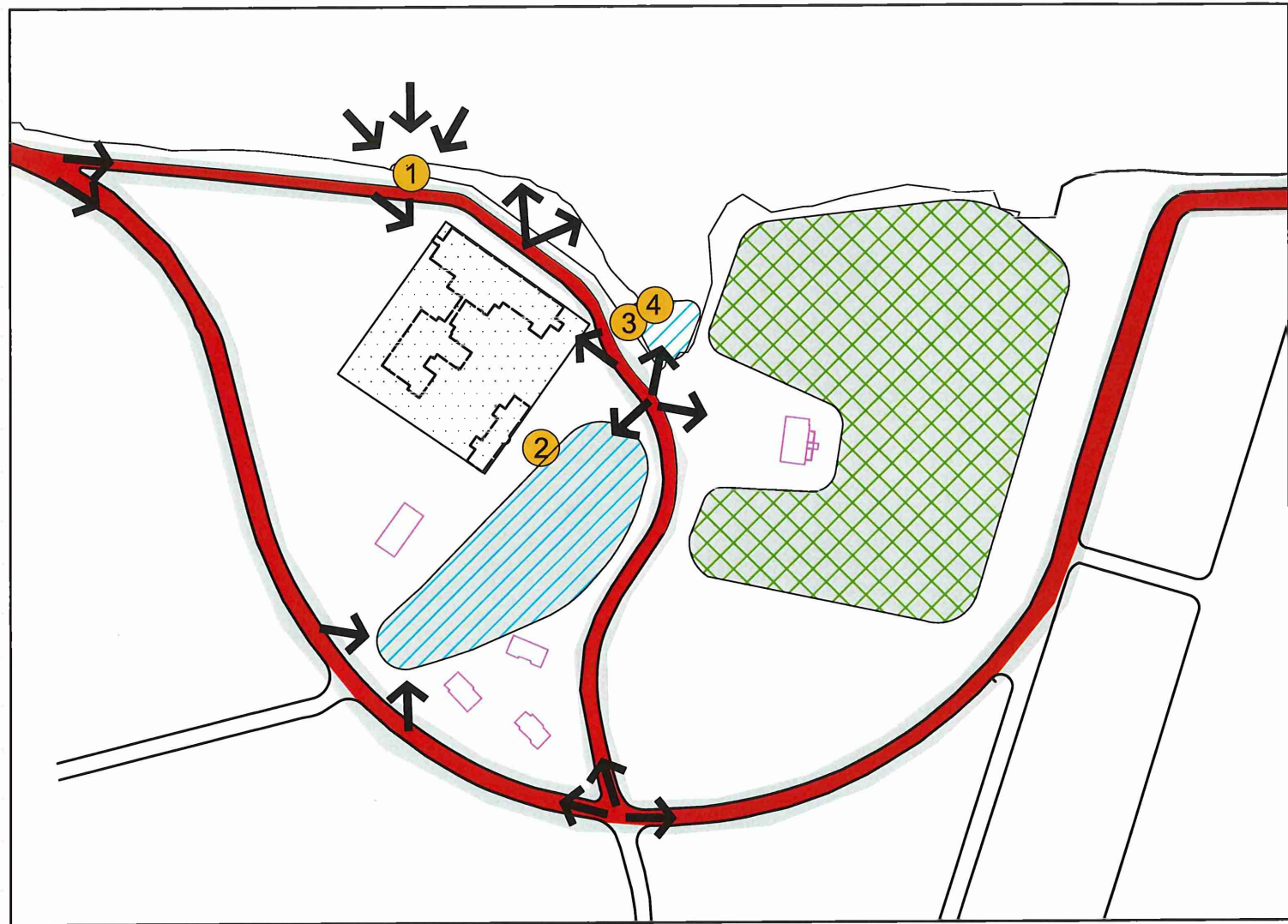
#### **4.4.5 SETTING #5 UNDEVELOPED LANDS**

There are no permanent structures in this setting.

## **APPENDIX A**

# **PLAN OF CULTURAL LANDSCAPE FEATURES**

# CULTURAL LANDSCAPE FEATURES WITH HERITAGE VALUE



## LEGEND

<u>BUILT FEATURES</u>		<u>VIEWS</u>		<u>SPATIAL ORGANIZATION</u>	
①	THE CROSS OF LORRAINE	➔	DIRECTION OF VIEWS	▣	BUILDING ORIENTATION AT CORE QUADRANGLE
②	PEDESTRIAN BRIDGE				
③	STONE WALL & PILLAR	<u>WATER FEATURES</u>		<u>TOPOGRAPHY</u>	
④	STAIRS	▨	WATER COURSE & VEGETATION	▣	TOPOGRAPHICAL FEATURES
<u>CIRCULATION</u>		<u>VEGETATION</u>			
➔	VEHICULAR AND PEDESTRIAN ROUTE	▨	WOODLOT		

## **APPENDIX B**

### **HISTORICAL MAPS**

Ancaster Township, 1875 (1 page)

Map of Barton Township, 1889 (1 page)

Map of the City of Hamilton, 1920 (1 page)

City of Hamilton: Western Section, 1921 (1 page)

Hamilton: A Panorama of Beauty and Industry, 1938 (1 page)

City of Hamilton, 1940 (1 page)

Mountain Sanatorium Key Plan, 1960 (1 page)





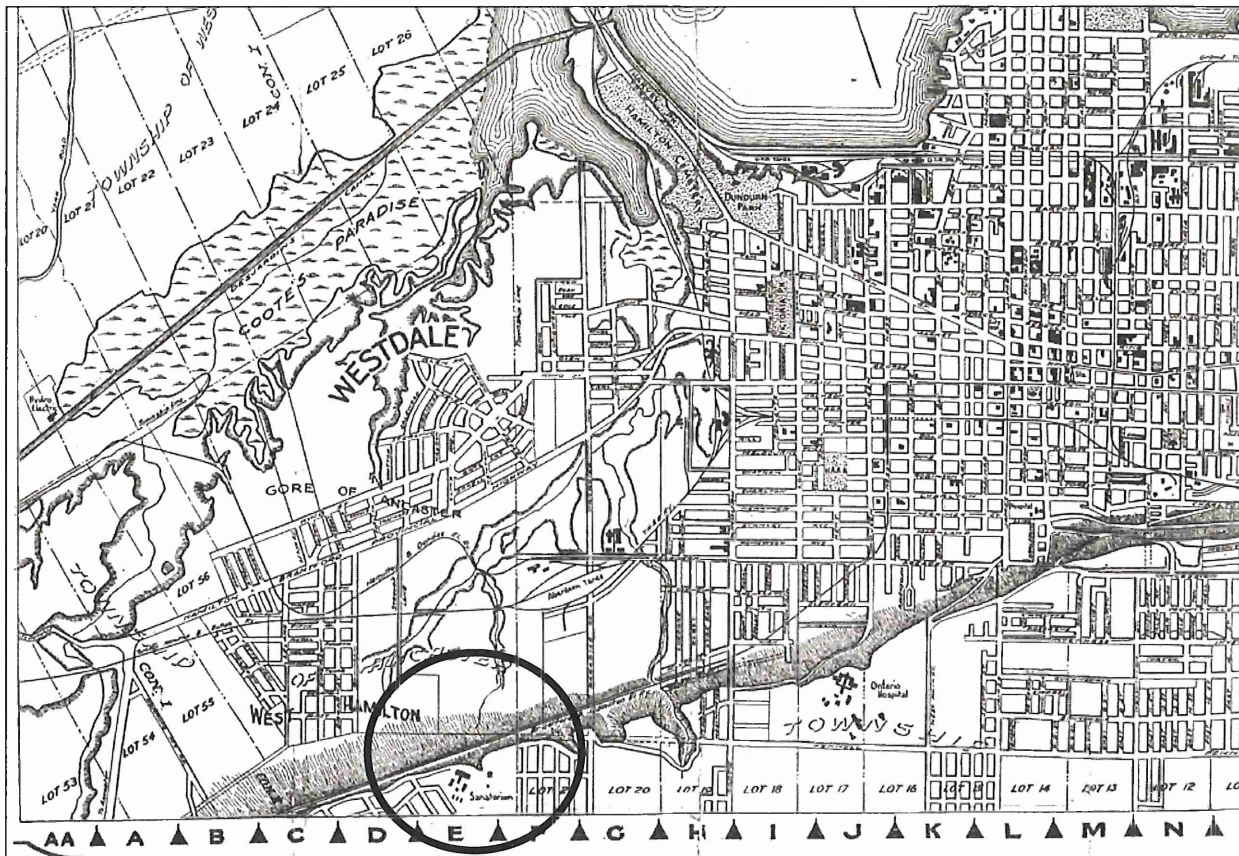
Map of Barton Township. Howell Lith. Co. Hamilton, ONT. 1889



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Map of the City of Hamilton. J.W. Tyrell & Co. 1920.

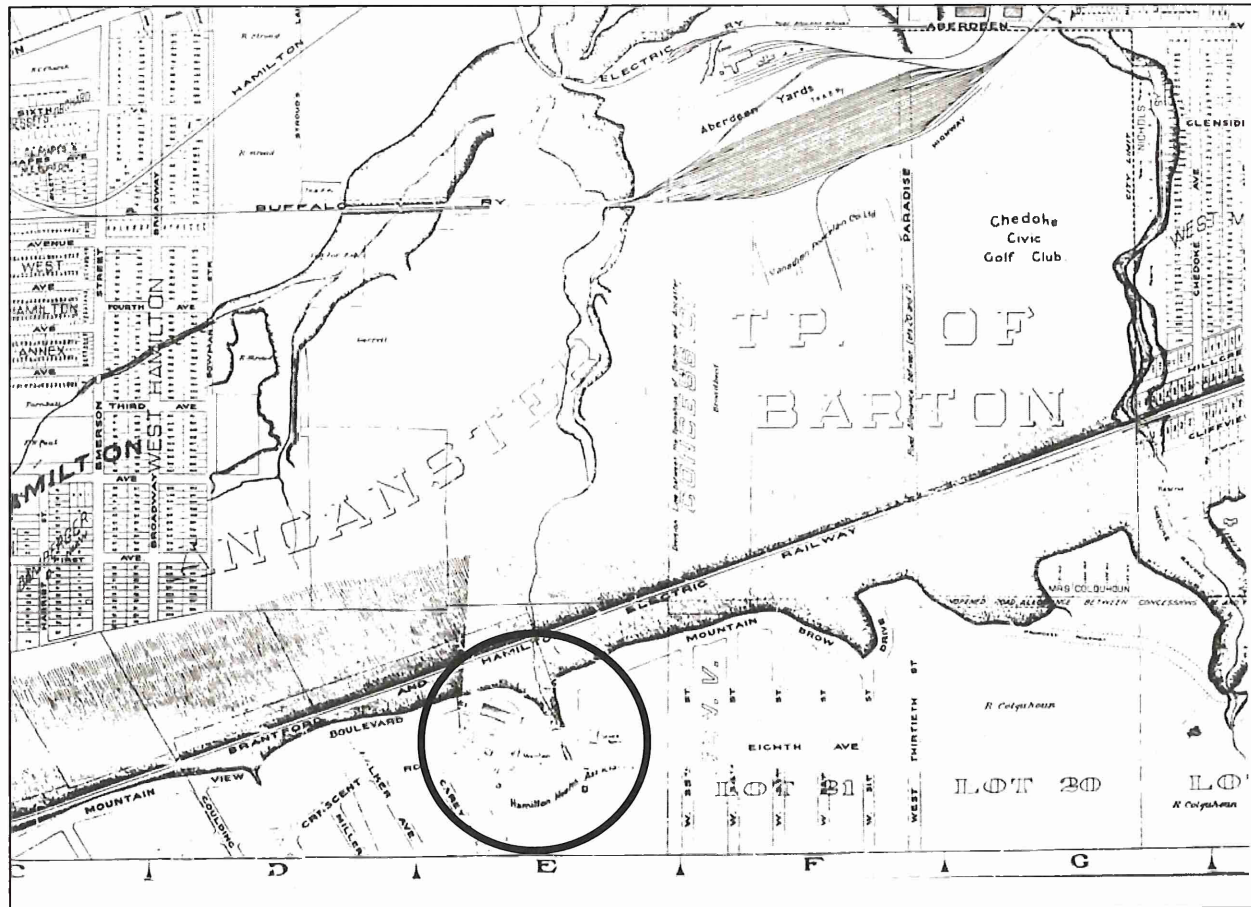
Scale 1 inch = 2000 feet



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Compiled by  
**J.W. TYRRELL AND Co.**  
Civil Engineers and Surveyors.  
— SCALE —

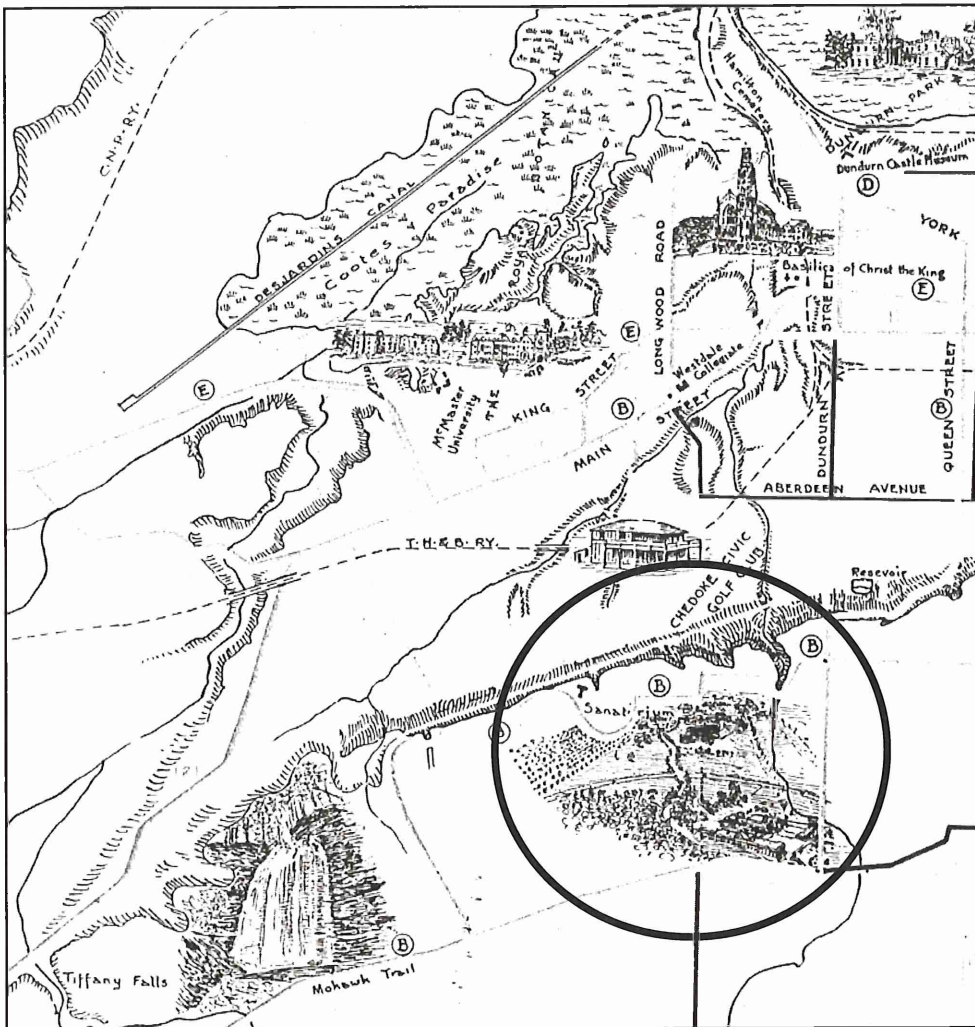


City of Hamilton: Western Section. J.W. Tyrell & Co. 1921.



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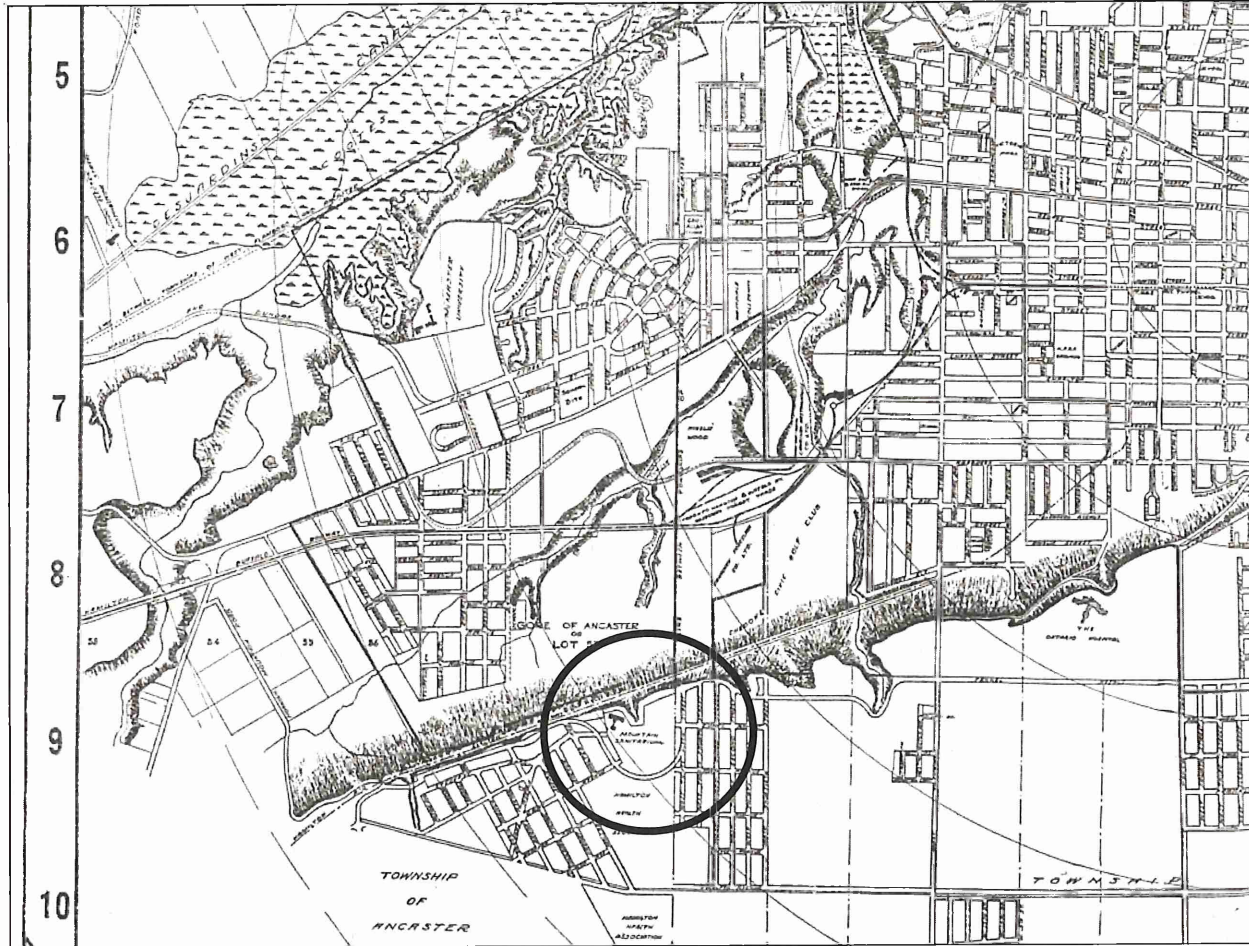


Hamilton, Ontario, Canada: A Panorama of Beauty and Industry. 1938



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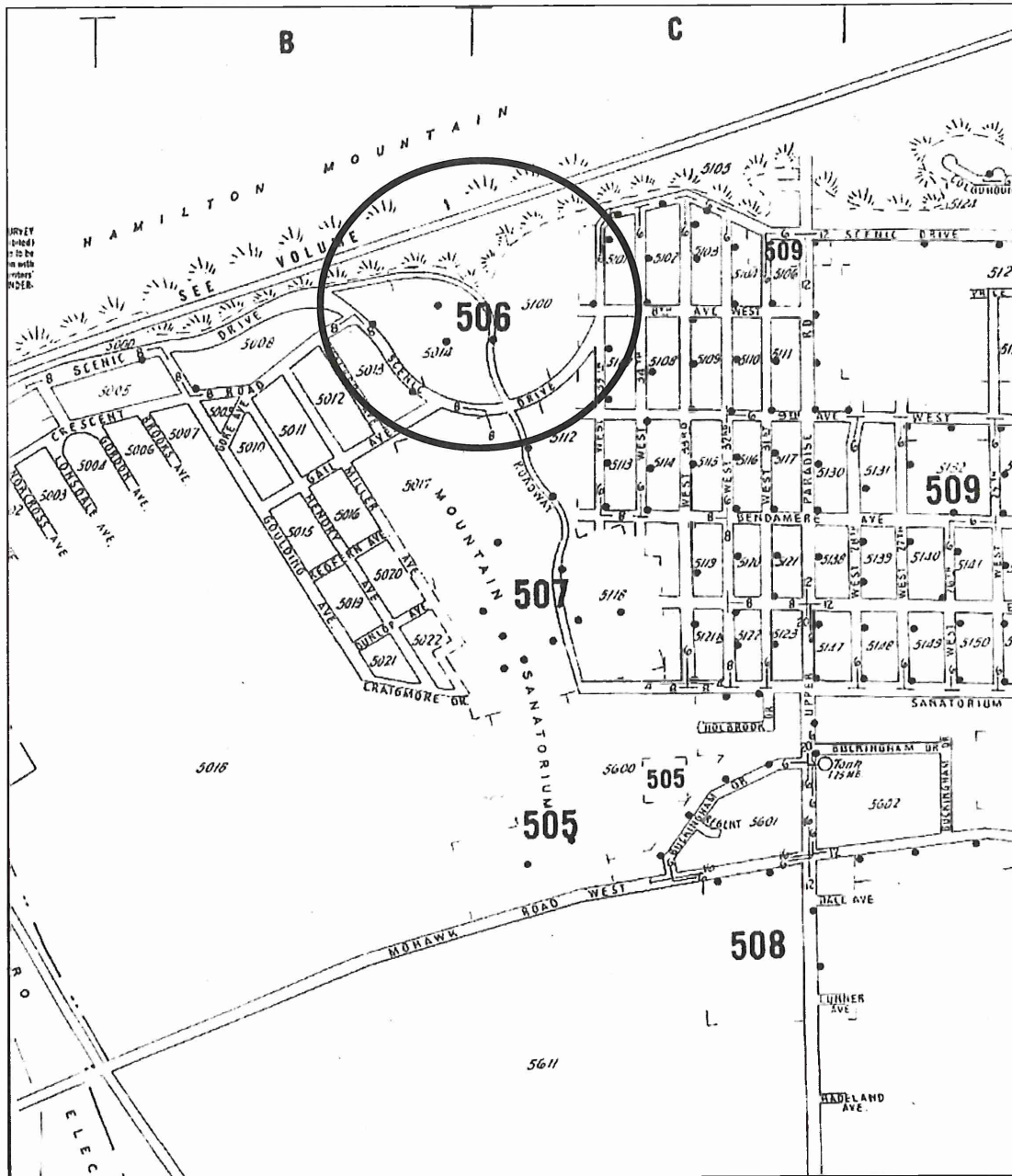
City of Hamilton. W.L. McFaul. 1940.

Scale 1 mile = 3 inches



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Mountain Sanatorium Key Plan. Underwriters' Survey Bureau, Volume 5, (September 1960).

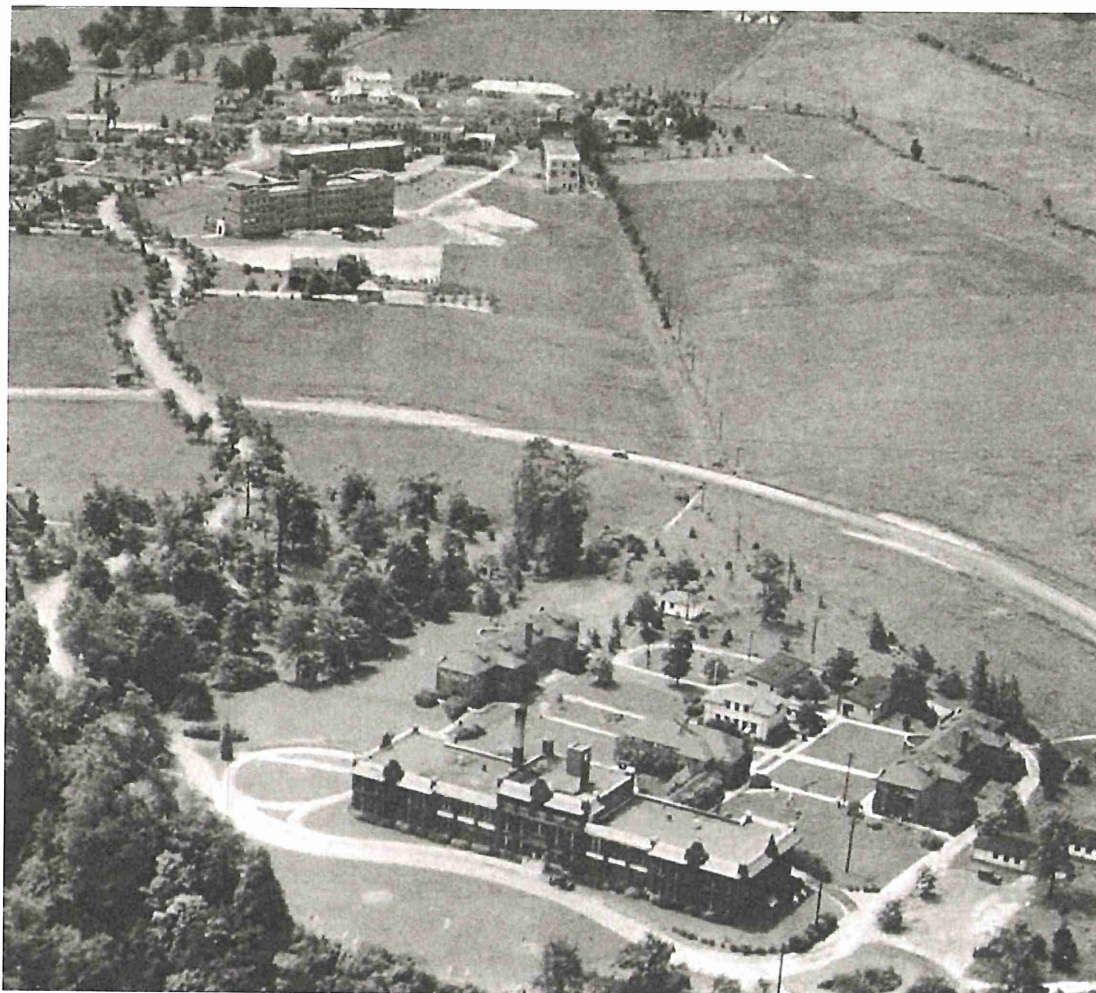


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# APPENDIX C

## AERIAL PHOTOGRAPHS



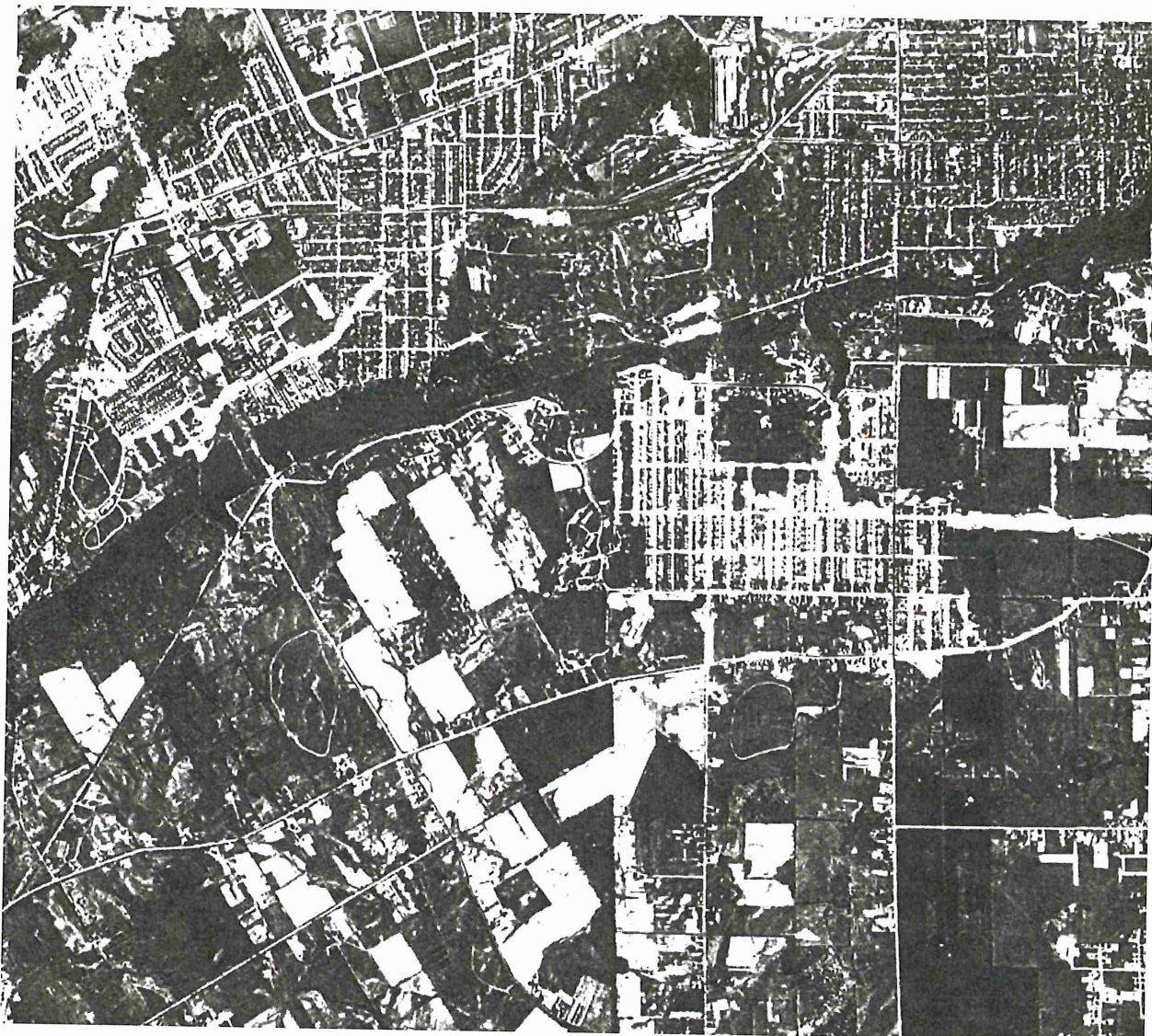
Aerial Photo of Chedoke Hospital Site, 1934.



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wshearer@on.aibn.com



Aerial Photo of Chedoke Hospital Site, 1958.

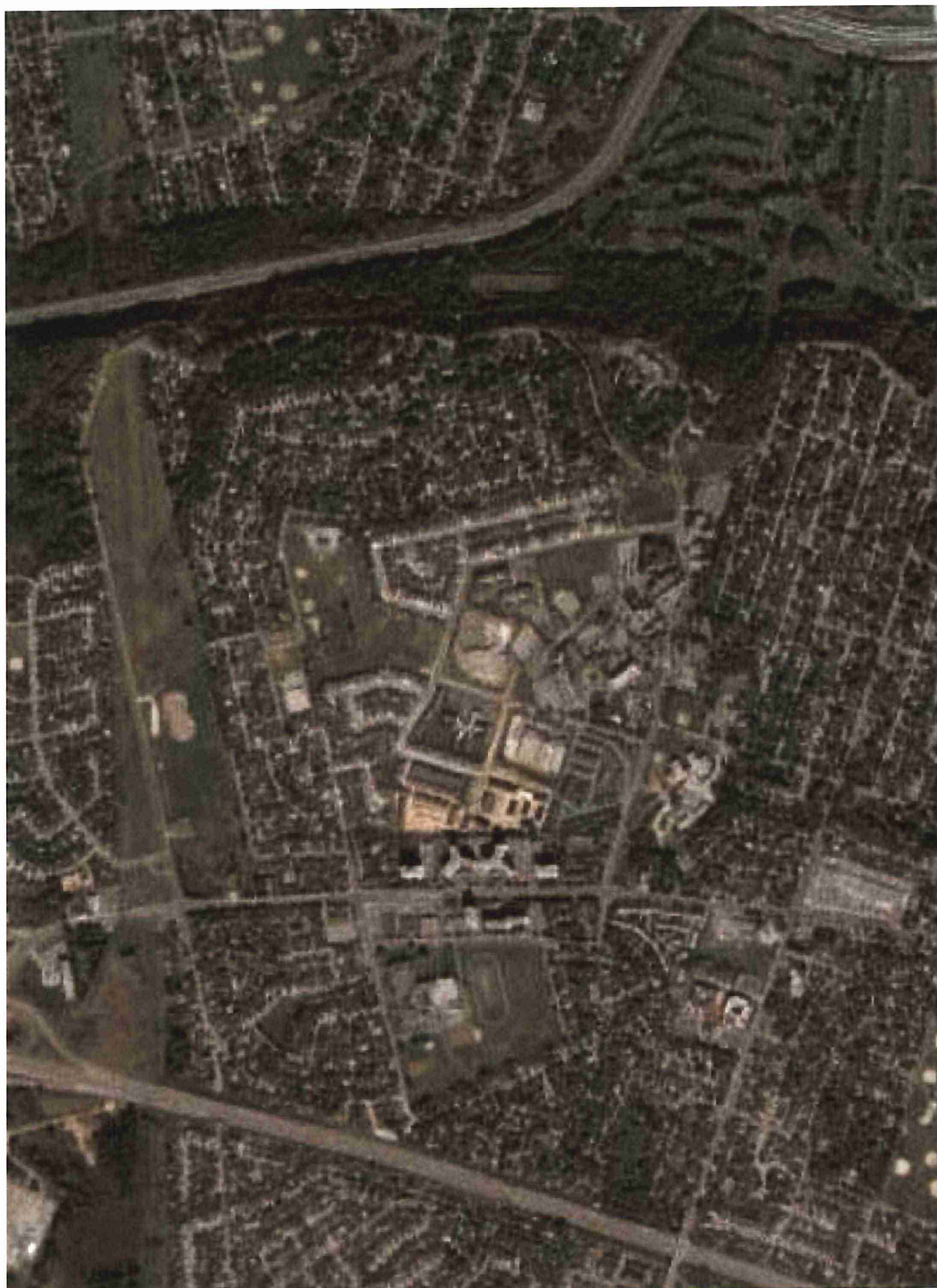


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Aerial Photo of Chedoke Hospital Site, Google Earth, 2007.



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## **APPENDIX D**

# **CHEDOKE HOSPITAL HISTORICAL TIMELINE**

Archives Hamilton Health Sciences - Timeline

- 1882 Dr. Robert Koch, a German physician, discovered the mycobacterium tuberculosis, the organism which causes tuberculosis.
- 1882 Dr. Edward Livingston Trudeau, afflicted with tuberculosis since 1874, heard about Dr. Koch's discovery and established the Trudeau Laboratory in order to identify and isolate the bacteria for himself.
- 1884 The Adirondack Cottage Sanatorium was founded by Dr. Trudeau on Saranac Lake in the Adirondacks of New York State. It was the first sanatorium in North America.
- 1895 Wilhelm Konrad von Roentgen, a German physicist, discovered x-rays for which he received the first Nobel Prize for physics in 1901. The chest x-ray became a standard diagnostic tool in the diagnosis of pulmonary tuberculosis. Permanent and travelling chest clinics were used to screen various population groups such as school children and industrial workers for suspected cases.
- 1896 National Sanatorium Association (NSA) was founded in Canada.
- 1897 Muskoka Cottage Hospital opened at Gravenhurst, Ontario. It was the first sanatorium in Canada.
- 1899 The next province after Ontario to start building sanatoriums was Nova Scotia. The Highland View Sanatorium in Nova Scotia operated from 1899-1903.
- 1900 The Canadian Association for the Prevention of Consumption and other Forms of Tuberculosis was founded. It became the Canadian Tuberculosis Association in 1922 and the Canadian Lung Association in 1977.
- 1900 The Hamilton City Improvement Society was formed.
- 1902 Second sanatorium in Ontario opened as the Muskoka Free Hospital for Consumptives, 1 mile from the Muskoka Cottage Sanatorium.
- 1903 The Hamilton City Improvement Society collected \$8000 towards establishing a sanatorium locally. Controversy over where the sanatorium should be located discouraged the idea and the money was donated to the National Sanatorium Association. A frame pavilion at the Muskoka Cottage Hospital was renamed the Hamilton Pavilion and some Hamiltonians were treated there. The society disbanded shortly thereafter.
- 1904 First Christmas Seals were introduced in Denmark.
- 1904 The National Tuberculosis Association was founded in the United States.
- 1904 The third sanatorium in Ontario, the Toronto Hospital for Tuberculosis at Weston, Ontario opened by the National Sanatorium Association. It was the first sanatorium in Canada to isolate juvenile from adult patients.
- 1905 Even though health care is a provincial concern, the federal government passed a resolution in the House of Commons to take active steps to combat tuberculosis. Plans were made to facilitate the establishment of sanatoriums in each province.
- 1905 Hamilton Health Association (HHA) was formed to combat tuberculosis in Hamilton.



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- 1905 A farm on the escarpment overlooking what would one day be West Hamilton was donated to the HHA for use as a sanatorium by W.D. Long and G.H. Bisby, two Hamilton businessmen.
- 1906 May 28: The Mountain Sanatorium opened with a matron, a nurse, a housekeeper, two "men of all work" and four patients. Governor-General Earl Grey and his daughter, Sybil officiated. It was the fourth sanatorium founded in Canada.
- 1906 The following buildings were constructed in the original orchard to replace the two tents: Crerar Reception Hall. Torn down in 1930; Doctors shack, Dispensary and Laboratory, renamed Villa St. Julian. Torn down in 1939; Villa St. Cecilia. Torn down in 1939; Dunedin Pavilion. Torn down in 1947; The original farm house called the Staff house. Torn down in 1972.
- 1906 The Ladies Auxiliary Board was founded. It acted as the operating committee for the sanatorium while the Gentlemen's Board, later renamed the Board of Directors of the Hamilton Health Association, acted as the executive committee. In 1945 the Ladies Board changed its name to the Women's Auxiliary Board.
- 1907 Stevens Shack constructed. Torn down in 1926.
- 1907 Sanholm farm began with the purchase of chickens.
- 1907 Grafton Pavilion, also called the Grafton Infirmary, constructed. Torn down in 1969.
- 1907 Dr. Charles Mantoux, a French physician, developed on the work of Dr. Robert Koch and Austrian scientist, Clemens Peter Freiherr von Pirquet, to create the Mantoux test, in which tuberculin is injected under the skin as a diagnostic test for tuberculosis. This was the TB skin test, which became the primary diagnostic test for tuberculosis.
- 1908 Hamilton Health Association opened the first chest clinic in Hamilton on Hess Street.
- 1908 Dr. J. Howard Holbrook took over as Physician-in-charge from Dr. Alexander Unsworth.
- 1908 Empire Shack, funded by Imperial Order Daughters of the Empire, constructed. Torn down in 1927.
- 1908 Christmas Seals introduced in Canada.
- 1909 Southam Home for Consumptives, a 24 bed hospital for advanced cases of tuberculosis constructed on the grounds of the Hamilton General Hospital.
- 1910 Preventorium, to house infant and child patients, constructed. Torn down in 1952.
- 1910 Commercial Travellers' shack constructed. Torn down in 1939.
- 1912 Reporting on cases of tuberculosis became mandatory in Ontario.
- 1912 35-acre Sanholm dairy farm began operation. It operated until 1968.
- 1912 Administration Building, last known as the Child and Family Research Building, constructed. Torn down in 1999.



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- 1916 Long and Bisby Cottage constructed. Torn down in 1926.
- 1916 **Brow Infirmary, also called the New Infirmary, constructed. Gassed and tuberculosis stricken soldiers returning from the World War I were treated here.**
- 1917 **East and West Pavilions constructed. The East Pavilion was torn down in 2001.**
- 1918 McLean Nurses' Residence constructed. Torn down in 1995.
- 1919 Pneumothorax treatment (collapse lung therapy) became standard practice in Canada.
- 1920 **Long and Bisby Home for Nurses constructed.**
- 1921 The Bacillus Calmette Guerin (BCG) vaccine was created by French bacteriologists, Albert Leon Calmette and Alphonse F.M. Guérin. Canada was a pioneer in the study and clinical trials of this vaccine. In 1947, the Canadian Tuberculosis Association officially endorsed its use to prevent and control tuberculosis. It is now a internationally accepted protection against tuberculosis.
- 1921 Bruce Memorial Building constructed.
- 1922 March 1: Macklem farmhouse destroyed by fire. It was the residence of the Medical Superintendent and his family on the sanatorium grounds.
- 1922 Residence 37 constructed as the new home for the Medical Superintendent and his family.
- 1923 Radio equipment installed, a gift from Mr. Charles S. Wilcox, a member of the Board of Directors.
- 1924 Service Building constructed as new laundry for the sanatorium. It operated until 1969. The building was then renovated for administrative offices.
- 1925 Staff House partially destroyed by fire. Rebuilt and finally torn down in 1972.
- 1926 Central Building constructed as new kitchen and later administration building for the sanatorium.
- 1926 Steven Shack and the Long and Bisby Cottage torn down.
- 1927 Empire Shack torn down.
- 1927 Marion Crerar Daughters of the Empire Building constructed, replacing the Empire Shack.
- 1927 The sale of Christmas Seals was introduced in the first national campaign. Christmas Seals became the official method for tuberculosis associations to raise money.
- 1928 Southam Pavilion constructed.
- 1930 McMaster University moves to Hamilton from Toronto (incorporated 1887 with bequest by Senator William McMaster)
- 1930 Crerar Reception Hall torn down.



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- 1932 Evel Pavilion constructed.
- 1932 Patterson Building constructed.
- 1937 Moreland Building constructed.
- 1939 Wilcox Pavilion constructed.
- 1939 Villa St. Julian, Villa St. Cecilia and the Commercial Travellers' Shack all torn down.
- 1944 Dr. Selman A. Waksman, an American microbiologist, discovered streptomycin, the first specific antibiotic lethal to mycobacterium tuberculosis. Two other antibiotics, Para-amino-salicylic acid (PAS) and isoniazid were also soon discovered. By 1953 drug therapy was the standard, phasing out inpatient treatment and the need for sanatoriums. Today most tuberculosis patients are treated as outpatients.
- 1946 Dr. Holbrook retired after 37 years as Medical Superintendent.
- 1946 Dr. Cecil H. Playfair, appointed Medical Superintendent. He died suddenly in August 1947.
- 1947 Dr. Hugo Turnbull Ewart appointed Medical Superintendent.
- 1947 Dunedin Pavilion torn down.
- 1949 Inauguration of a pension plan for all Mountain Sanatorium employees.
- 1950 Inauguration of a hospitalization plan for all Mountain Sanatorium employees.
- 1950 737 patients in residence, the largest number since the Mountain Sanatorium opened.
- 1951 Holbrook Pavilion constructed.
- 1951 Bed capacity at the sanatorium reached its maximum at 754 beds.
- 1952 Preventorium torn down.
- 1953 The Cross of Lorraine, the symbol of the National Tuberculosis Association and the fight against respiratory diseases, erected on the edge of the escarpment.
- 1953 Peak number of beds available in Canada for tuberculosis patients with 19,000 beds in 101 sanatoriums and special tuberculosis units in hospitals. By 1963 this number had been halved and sanatoriums were closing.
- 1954 **Due to a lack of hospital beds in the far north, Dr. Ewart received a request from the Dept. of National Health and Welfare to treat Inuit tuberculosis patients.**
- 1955 Inuit tuberculosis patients began to arrive for treatment at the Mountain Sanatorium. In 1960 half the tuberculosis patients in the sanatorium were Inuit. Between 1954-1963, 1274 Inuit had been at the sanatorium.



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- 1957 March 14: Dr. Holbrook died age 82.
- 1957 Hamilton Health Association leased a 13 acre site for 99 years at a dollar per year on which the Aged Women's Home was constructed. It was later renamed Idlewyld Manor.
- 1957 Hamilton Health Association granted a 2 acre site to the Hamilton Board of Education on which the Holbrook Elementary School was constructed.
- 1958 The Charter of the Hamilton Health Association was amended to broaden its activities to all health related fields.
- 1959 Mortality rate for tuberculosis in Hamilton was 2.7 per 100,000 population. This was a dramatic decrease even from 1950 when it had been 6.1 per 100,000 population. The number of tuberculosis patients was almost half what it had been in 1950 falling to 387 from 737 patients. The average length of stay had fallen from 511 days in 1950 to 332 days. In 1905 the mortality rate had been 126 per 100,000 population.
- 1959 The Brow Infirmary was renovated and reopened as AThe Hospital for Convalescent and Chronic Care Patients.
- 1960 The Wilcox Building was renovated and reopened as "Chedoke General and Children's Hospital".
- 1961 The Women's Auxiliary Board was dissolved after 55 years of service and the Women's Auxiliary was created.
- 1961 The Nash Lecture Hall opened.
- 1962 Feb. 28: Ellen Wanless Ewart, Director of Nurses, died suddenly. The Ellen Wanless Ewart Memorial Chapel was created in the Evel Pavilion in her honour.
- 1962 Hamilton and District School of Medical Technology opened.
- 1963 **Last of the Inuit tuberculosis patients discharged.**
- 1964 The first class of nursing students in the Hamilton and District School of Nursing started classes in the Holbrook Building. A year later, in 1965, the building was completed.
- 1968 Hamilton and District School of Radiology opened.
- 1968 Chedoke-McMaster Centre opened with two parts, the Hamilton and District Rehabilitation Hospital in the Holbrook Building and the Chedoke Child and Family Centre in the Evel and Bruce Buildings.
- 1968 Dairy herd sold.
- 1968 The first class of medical students arrived at the new McMaster University School of Medicine. Because the McMaster University Medical Centre was not completed until 1972, the students received their instruction at Chedoke.

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- 1969 January: Sanholm farm sold after 63 years of operation.
- 1969 Grafton Pavilion torn down.
- 1969 War Memorial cairn was erected by the Royal Canadian Legion 163 (Mountain Branch) in Grafton Gardens on the site of the former Grafton Pavilion.
- 1969 Hamilton and District School of Medical Technology building constructed between the Southam and Evel Pavilions.
- 1970 Dr. Hugo Ewart retired after 23 years as Medical Superintendent.
- 1970 Dr. James Allison became Executive Director, Chedoke Hospitals.
- 1971 Cool School, "The Experimental Secondary School Program for the Rehabilitation of Drop-Outs Who Have Used Drugs" opened under the direction of Dr. James Anderson. In 1973 Chedoke Hospitals took over formal sponsorship of the program.
- 1971 The Hamilton Health Association renamed Chedoke Hospitals.
- 1972 The original farmhouse called the Staff House torn down.
- 1971 Mohawk Hospitals Services created to provide laundry and linen service to the district hospitals.
- 1972 McNally (West or Beamis) and B'nai Brith (East or Miller) cottages constructed. Torn down in 1997.
- 1972 The name "Mountain Sanatorium" was officially discontinued. Tuberculosis patients were now treated in the Respiratory Disease Unit of Chedoke Hospitals which was located in the Evel Building. It had 19 beds and existed until 1974.
- 1972 Hamilton and District School of Radiology transferred to the authority of Mohawk College.
- 1973 Hamilton District Schools of Nursing and Medical Technology transferred to the authority of Mohawk College.
- 1973 Brow Infirmary renamed Chedoke Continuing Care Centre.
- 1974 Chedoke General and Children's Hospital renamed Chedoke General Hospital.
- 1975 The Women's Auxiliary changed its name to the Volunteer Association of Chedoke Hospitals.
- 1976 Alcohol Treatment and Education Centre opened in Moreland Residence.
- 1976 March 24: The Ministry of Health announced plans to close all active treatment beds at Chedoke as of June 1. Chedoke must stop admitting active treatment patients by April 30. Chedoke to concentrate on rehabilitation and chronic care.
- 1976 April 5: Public rally held in support of Chedoke at Sir Allan McNab School with more than 750 people in attendance.



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- 1976 Apr. 9: Delegation from the Hamilton District Health Council presented "Save Chedoke" petition of 80,000 signatures to the Minister of Health, Bette Stephenson.
- 1977 Mar 22: Ministry of Health plan revised to allow Chedoke to keep 150 acute-care beds. Chedoke told to plan for a future as a rehabilitation, chronic care and community health centre.
- 1979 Apr. 1: Chedoke Hospitals and McMaster University Medical Centre amalgamated to form Chedoke-McMaster Hospitals.
- 1980 June 3: Chedoke Hospitals renamed Chedoke Health Corporation (CHC).
- 1983 Children's Exercise and Nutrition Centre opened under the aegis of Dr. Obed Bar-Or.
- 1990 Sir William Osler Health Institute constructed.
- 1992 Emergency Dept converted into Urgent Care Services. Urgent Care closed as of Jan. 31, 1999.
- 1992 Centre for Studies of Children at Risk opened. Later renamed the Offord Centre for Child Studies in honour of its founder, Dr. David Offord.
- 1994 Oct 25: Dr. Hugo Ewart died. Mrs. Margaret (Boggs) Ewart died on Sept. 15, 2006.
- 1995 Mclean Nurses' Residence torn down.
- 1996 Nov. 28: Hamilton Civic Hospitals and Chedoke-McMaster Hospitals amalgamated to form the Hamilton Health Sciences Corporation.
- 1999 St. Peter's Hospitals assumed responsibility for Chedoke Continuing Care Centre.
- 1999 Hamilton Health Sciences' human resources and finance offices, formerly the Hamilton and District School of Medical Technology, renamed the Ewart Building in honour of Dr. Hugo Ewart.
- 1999 Administrative Building, last known as the Child and Family Research Building, torn down.
- 2001 St. Peter's Hospital received \$2.2 million worth of land from Chedoke Hospital Corporation.
- 2001 **East Pavilion demolished.**
- 2002 Hamilton Health Sciences announced it will close all continuing care beds at Chedoke.
- 2003 Chedoke Hospital is no longer an acute care hospital. It provides rehabilitation and child and family services to the Hamilton community.



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**APPENDIX E**

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**AND**  
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## INTRODUCTION

The Urban Design Guidelines for the Chedoke Browlands site have been prepared to provide a framework for future development. These guidelines establish visionary goals and principles for the area focusing on urban design, architecture, streetscape and the natural environment.

### Purpose:

- To provide design direction for future development.
- To promote a high level of sustainable design in accordance with the City of Hamilton and the Niagara Escarpment Commission policies and guidelines.
- Promote responsible development in accordance with provincial policy and the Places To Grow Act.



Image Credit: Tyler Colhurst

# 1.0 OVERALL NEIGHBOURHOOD IDENTITY

## 1.1 SUB-NEIGHBOURHOOD CONTEXT

The Chedoke Browlands Sub-Neighbourhood comprising 9.05 Ha, including the woodlot and existing stormwater management facility, is located at the intersection of Scenic Drive and Sanatorium Road. It extends south of the curved brow of the Niagara Escarpment to Scenic Drive. (Figure 1) The lands are irregular in shape, with a total of approximately 473 metres of frontage along Scenic Drive. Sanatorium Road also runs in a curvilinear route through the site from the intersection at Scenic Drive to the Niagara Escarpment brow, reconnecting with Scenic Drive at the northwestern corner of the site.

Adjacent land uses include:

- The brow of the Niagara Escarpment to the north with the Chedoke municipal golf course at its base;
- Low density residential neighbourhoods to the east;
- Columbia College institutional residences at the southeast corner of the Scenic Drive/Sanatorium Road intersection;
- Stormwater management facility at the southwest corner of the Scenic Drive/Sanatorium Road intersection;
- Low density residential uses to the west with larger lots fronting directly onto Scenic Drive and traditionally-sized lots in the interior neighbourhood;
- Chedoke Hospital facilities to the south along Sanatorium Road;
- Multi-family residential (i.e. apartments and townhouses) and community-scale commercial land uses including retail food and convenience uses along Mohawk Road West to the south.

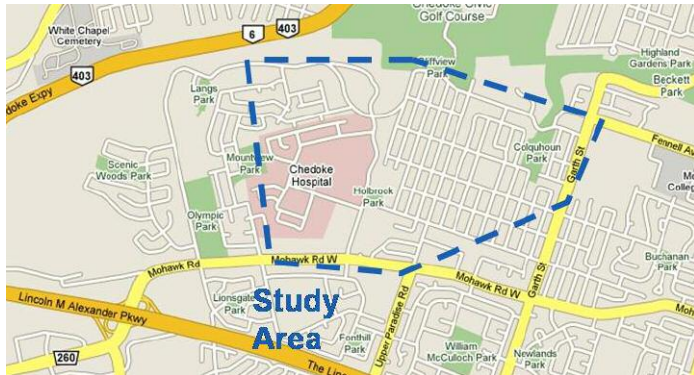


Figure 1: Existing Context

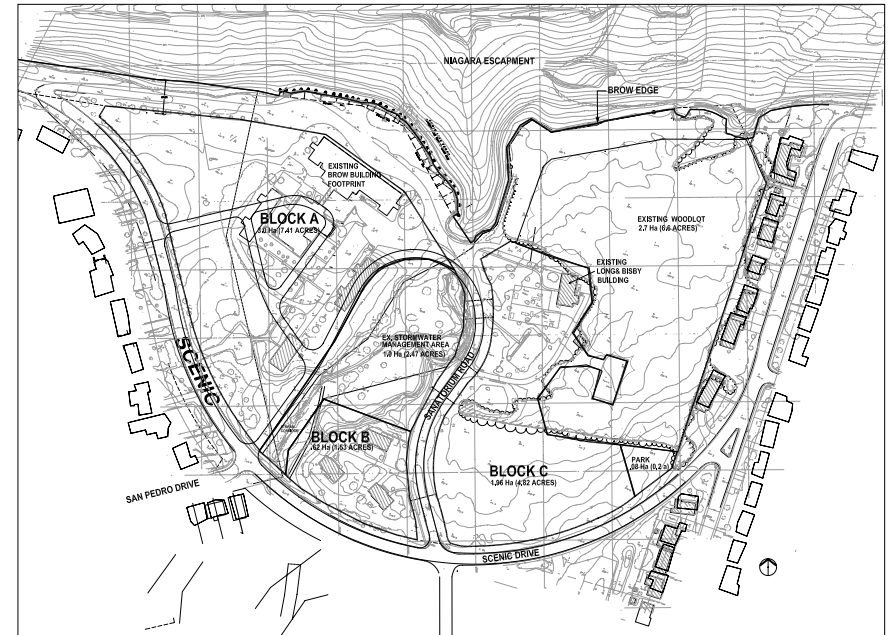


## 1.2 NEIGHBOURHOOD PLAN

As a result of the existing physical characteristics of the Chedoke Browlands Sub-Neighbourhood, there are three separate developable areas (Figure 1) reflected in the neighbourhood plan, as follows:

- Block A: 3.00 Ha in area and bounded by Scenic Drive (west), the Escarpment Brow and the SWM facility;
- Block B: 0.62 Ha in area and bounded by the SWM facility, Sanatorium Road and Scenic Drive; and,
- Block C: 1.96 Ha in area and bounded by Sanatorium Road, the woodlot and Scenic Drive (east).

The Urban Design Guidelines reflect the preferred land use plan for the Chedoke Browlands Sub-Neighbourhood illustrated on below in the Land Use and Development Concept Plan.



▲ Figure 1: Neighbourhood Plan



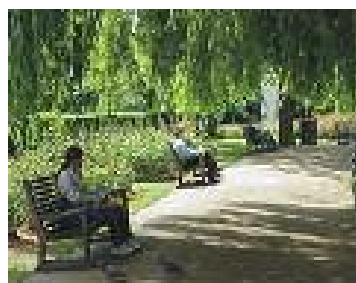
▲ Land Use and Development Concept Plan



Image Credit: Tyler Colhurst



Image Credit: Tyler Colhurst

▲ *Aerial view of existing site*▲ *Street-related development*▲ *View from brow edge overlooking Niagara Escarpment*

### 1.3 GUIDING PRINCIPLES

The redevelopment of the Chedoke Browlands Sub-Neighbourhood shall be guided by the following principles:

- Public access along the Niagara Escarpment should be maintained.
- The existing woodlot and open space associated with the Chedoke Creek/stormwater management facility should be retained
- Significant view corridors of and through the site should be maintained.
- A network of connected landscaped open space and walkways should be provided, which are accessible to all residents, with a strong link to the Niagara Escarpment brow.
- Significant cultural landscape and built-form heritage features (including the Long & Bisby Building) should be preserved or commemorated with any redevelopment.
- Taller building heights should be sensitively located to minimize visual impacts as seen from the surrounding neighbourhood and along the Niagara Escarpment brow.
- High quality, higher density, owner occupied residential uses, responding to the City's long-term housing demands including seniors housing, are accommodated.

## 2.0 BUILT FORM

### 2.1 LOCATION

#### 2.1.1 High Rise

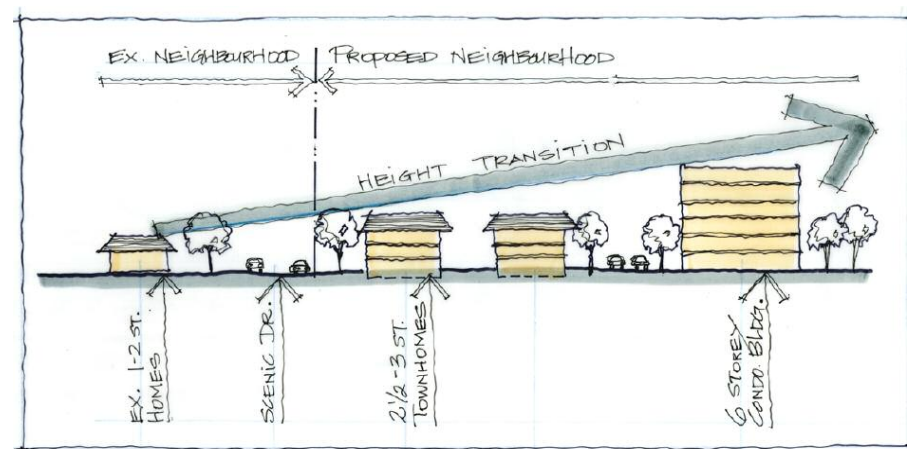
- Defined as multi-family residential buildings of 7 full storeys and over.
- The higher rise development of the site is planned for the area north of the intersection of Scenic Drive and Sanatorium Road.
- Appropriate massing, building projections, and recesses at grade will promote the prominence of this intersection and create a gateway into the development.
- These buildings will also serve to frame prominent view corridors of the escarpment and the existing Long and Bisby building.
- The properties across the street and south of this intersection are institutional and/or stormwater management areas and are more suited to higher density neighbours than the existing low rise housing near the western portion of the site.

#### 2.1.2 Medium Rise

- Defined as multi-family residential buildings of 4–6 full storeys.
- Medium rise housing is found throughout the site to provide appropriate transition in scale from the existing low density neighbourhood to the taller buildings on the site.

#### 2.1.3 Low Rise

- Defined as grade related multi-family residential buildings of up to 3 full storeys.
- In order to accommodate rear lane parking access.
- The ground floor of townhouses fronting on Scenic Drive will be raised by less than a floor above existing sidewalk grade.
- Low rise townhouses should be located along Scenic Drive directly across from the existing low density development to provide an appropriate transition in scale.



▲ Transition in scale from existing neighbourhood south of Scenic Drive

#### EXAMPLES OF BUILT FORM RELATED TO DENSITY



▲ High Rise



▲ Medium Rise



▲ Low Rise

## 2.2 ORIENTATION

In order to create a strong pedestrian-related community, it is important that all built form address both local public roads and condominium roads.

### Design Principles:

- All of the built form in the development will front onto adjacent public streets and internal condominium roads. By doing so, a strong prominent street wall is created.
- Reverse frontage orientation should not be permitted on public streets.
- Corner lot buildings or flankage lots should be oriented toward the street with their building elevations treated as principal building façades. Architectural detailing will emphasize these buildings as prominent structures within the street wall.
- All of the buildings facing the Niagara Escarpment will respect its character and protect its views in accordance with the Niagara Escarpment Commission Development Guidelines and approved building envelope.



▲ Examples of corner lot buildings that addresses the street with all building elevations treated as principal façades.

## 2.3 BUILDING SETBACKS

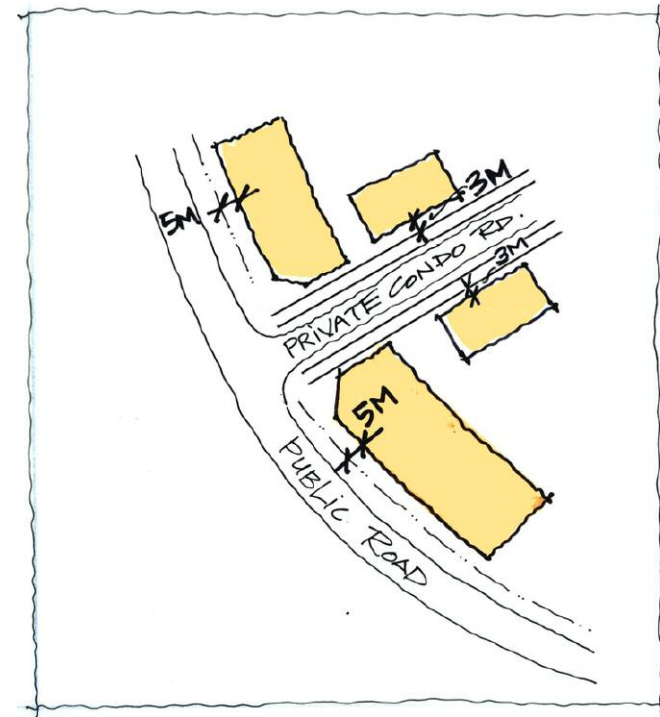
- Building setbacks from the property line are designed to accommodate a variety of functions.
- The majority of the streets within the development will have a building setback that ranges from 3.0m to 5.0m from the sidewalk or curb to accommodate street tree planting and special character areas.

### 2.3.1 Buildings on Public Roads

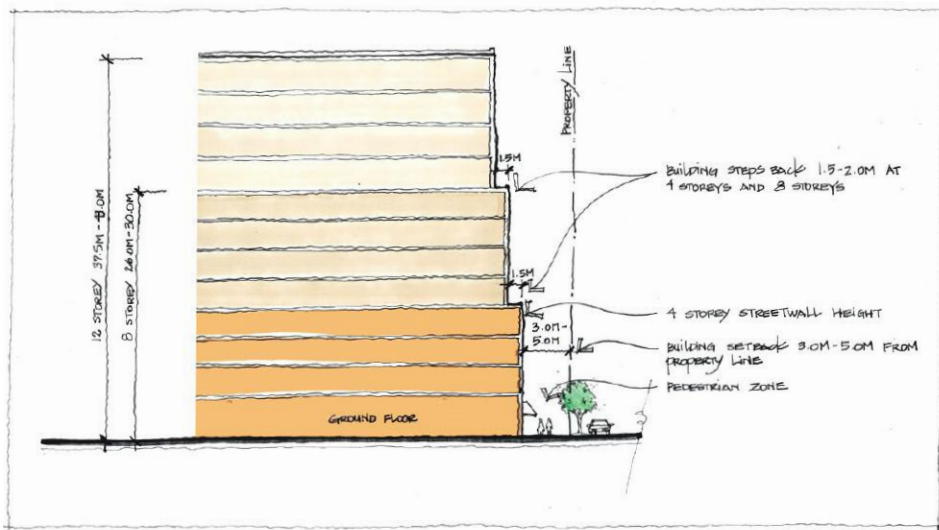
- The buildings along the public roads (Scenic Drive and Sanatorium Road) will generally have a setback of 5.0m to create a constant and clearly identifiable public realm and pedestrian zone.

### 2.3.2 Buildings on Condominium Roads

- The residential buildings on the condominium roads will generally have a setback of approximately 3.0m from the sidewalk to the main building face. Non-habitable front porches, canopies, and steps however, are encouraged to encroach in this setback zone.



▲ Building Setbacks



▲ Building Stepbacks Diagram



Examples of Building Stepbacks in an urban context

## 2.4 BUILDING STEPBACKS

Building stepbacks or terracing help visually reduce the vertical scale of taller buildings at pedestrian level. They are usually utilized in buildings with heights greater than 4 storeys.

The buildings along Sanatorium Road will transition in height from 4 to 12 storeys and are considered street wall buildings that define the street. The street wall height here will be 4 storeys and will stepback a distance of 1.5 to 2m and again at 8 storeys. This is intended to acknowledge the existing low-rise character of the surrounding neighbourhood and provide a gradual transition in scale. Stepping of the building at the upper floors to provide terraces is encouraged.

## 2.5 GRADUATED BUILDING HEIGHT RELATED TO BUILDING STOREYS

- The medium and high rise buildings on the Browlands site should have a ground floor height of approximately 4–4.5m tall in order to accommodate a diverse range of uses depending on the building’s location. Such uses may include local ancillary/convenience and amenity space.
- The floor-to-floor heights of the mid and high-rise buildings above the ground floor are assumed to be in the range of 3.0 to 3.5m in height to allow for greater ceiling heights in luxury units. The following assumptions have been made:
  - 6 storey building: 19.5m–25.0m total height
  - 8 storey building: 26.0m–30m total height
  - 12 storey height: 37.5m–43.0m total height

*Note: The guidelines related to building stepbacks and building storeys are general guidelines and should offer flexibility to incorporate site specific design expression.*

## 2.6 HEIGHT AND MASSING

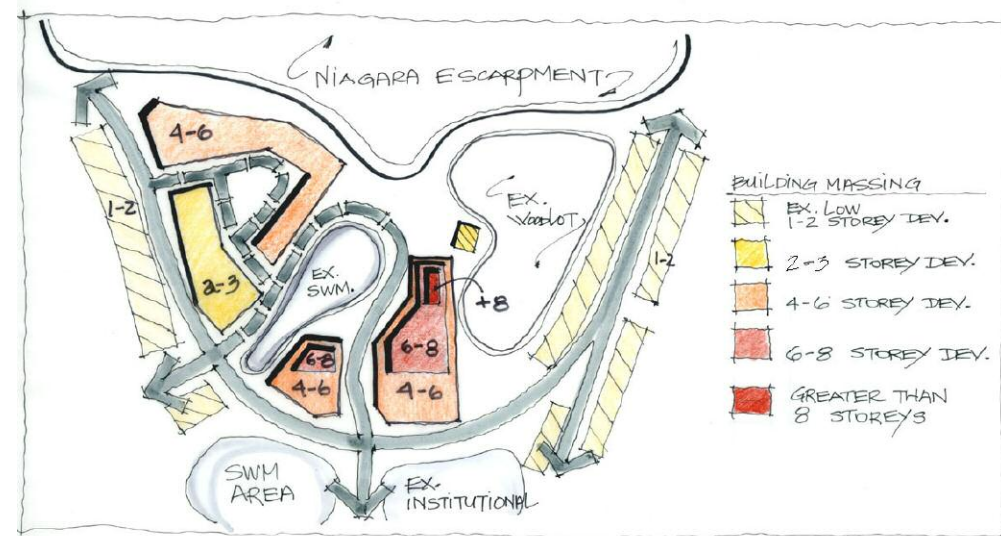
The design and height of the proposed buildings will take into consideration the fact that the surrounding neighbourhood context is low density, low-rise development. The impact of the new development on the existing neighbourhood will be analyzed according to sun/shadow studies, and the design developed to reduce shadowing and overview.

There will be a gradual transition in scale from the adjacent low rise neighbourhood along Scenic Drive towards the centre of the site with the higher rise development being concentrated north of the major street intersection of Scenic Drive and Sanatorium Road. This will help to reinforce the prominence of this location and acts as a gateway into the development. In addition, the properties directly across from this planned gateway include institutional buildings, a future stormwater management area and a parking lot, which are less sensitive to the effects of taller buildings.

Taller buildings of the development will have a base, middle, and top with the first 2–4 storeys appearing to be visually separate from the upper storeys. This can be achieved by a variety of methods including banding, cornice, window fenestration and pedestrian scale lighting for example. A highly defined building base will ensure a strong streetwall at a pedestrian scale and will improve the community feel of the development. Above the 6 storey height, upper storeys will be recessed, stepped back, or otherwise treated in order to visually break up the building mass (see section on *Building Stepbacks 2.5*).

Along the length of Scenic Drive directly opposite the site, there is presently low rise development of 1 to 2 storeys in height. Any proposed buildings along this frontage will have a base height no greater than 2 storeys above the adjacent neighbouring properties, i.e. no greater than 4 storeys for example at this location. By providing a gradual height transition of the built form, the impact of sun/shadow on the adjacent low density developments is minimized.

*Note: All building heights should satisfy the angular plane restrictions and development guidelines in force by the Niagara Escarpment Commission.*



▲ Height and Massing Diagram

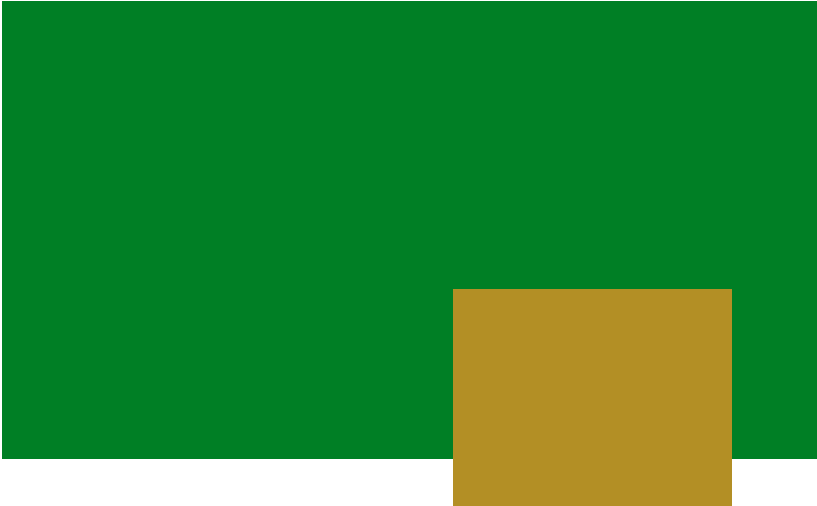


▲ Existing low-rise development on Scenic Drive

## 2.7 ARCHITECTURAL DESIGN - FAÇADE TREATMENT

The architectural design of the proposed buildings will follow established urban design principles to ensure a high quality pedestrian-friendly environment. The following guidelines apply:

- Establish diversity along lengthy building façades in the form of articulation and materials that permit visual expression and flexibility. Architectural elements such as balconies, terraces, bay windows and fenestration will add to the architectural diversity.
- The building material will reflect the general character of the historical Chedoke hospital site specifically stone or clay masonry units of either red or buff colour. These colours can occur simultaneously on the same building façade.
- The architectural detailing shall include historical details of the Chedoke site such as: parapets with stone or decorative metal coping, decorative eave brackets, stone or precast window sills, divided window units/mullions with clear glazing, recessed masonry panels, and/or horizontal stone banding for example.
- The 2-storey base of all buildings will have a high level of detail and articulation in order to reinforce the street wall and pedestrian scale of the community.
- Where conditions permit, and with the exception of townhouses and existing buildings, buildings will have their ground floors located at street level in order to support street related activities. The treatment of the ground floor should reflect the activities and nature of the uses within.
- Rhythm and design of the architecture of the entire development will be cohesive and unified.
- Corner façades should have a high level of detail and should be treated as principle building façades. Architectural detailing should emphasize these buildings as prominent structures within the street wall.
- Mechanical equipment i.e. air conditioners, transformers, hydro/gas meters will not be located at the fronts of buildings but will be located to the side or back of the building, wherever possible away from view of the public street. Rooftop mechanical equipment and venting should be incorporated into the building design and screened from view using complimentary building techniques and materials.



▲ *Corner façade with a high level of architectural detail such as porch, bay window and landscaping.*



▲ *Architectural elements such as balconies, terraces, bay windows and fenestration add architectural diversity to the building façade.*



## 2.8 ACCESS / EGRESS

- For access, safety and eyes-on-the-street purposes, all principle residential entrances should be located along primary internal roads and should be clearly defined, safe, barrier-free and visible for both residents and visitors.
- Secondary rear and side entrances should be provided whenever parking areas are located to the rear or side of the building.

## 2.9 PARKING

The majority of parking required for the development will be located underground for the larger buildings or under a patio terrace for the townhouse blocks. By eliminating the majority of cars from view, a stronger pedestrian-friendly community is established.

It is recognized that some short-term surface parking stalls are necessary for the larger development blocks to accommodate deliveries, mail drop-off and passenger pick-up for example. Here, the surface parking lots will be limited to a maximum of two aisles with a drive. They will ideally be located adjacent to principle building entrances and screened from view of the street using plant material, low architectural walls, fencing or a combination of these.



▲ *Parking garages are concealed from view of the public street by a rooftop terrace in this townhouse development.*



▲ *Underground parking ramp is incorporated into the building design of this low-rise condominium.*

## 2.10 VIEW CORRIDORS

This picturesque site is prominently located on top of the Niagara Escarpment near the brow edge. The site plan acknowledges that there are existing major historic views to and from the site and that they should be respected and/or protected. Views to the City of Hamilton skyline, along the stream corridor, the Cross of Lorraine, the Long and Bisby Building and to the Brow Building from Sanatorium Road will be respected and/or framed and accentuated by the proposed building design and placement.

*Note: All buildings facing the Niagara Escarpment will respect its' character and protect its' views in accordance with the Niagara Escarpment Commission Development Guidelines.*



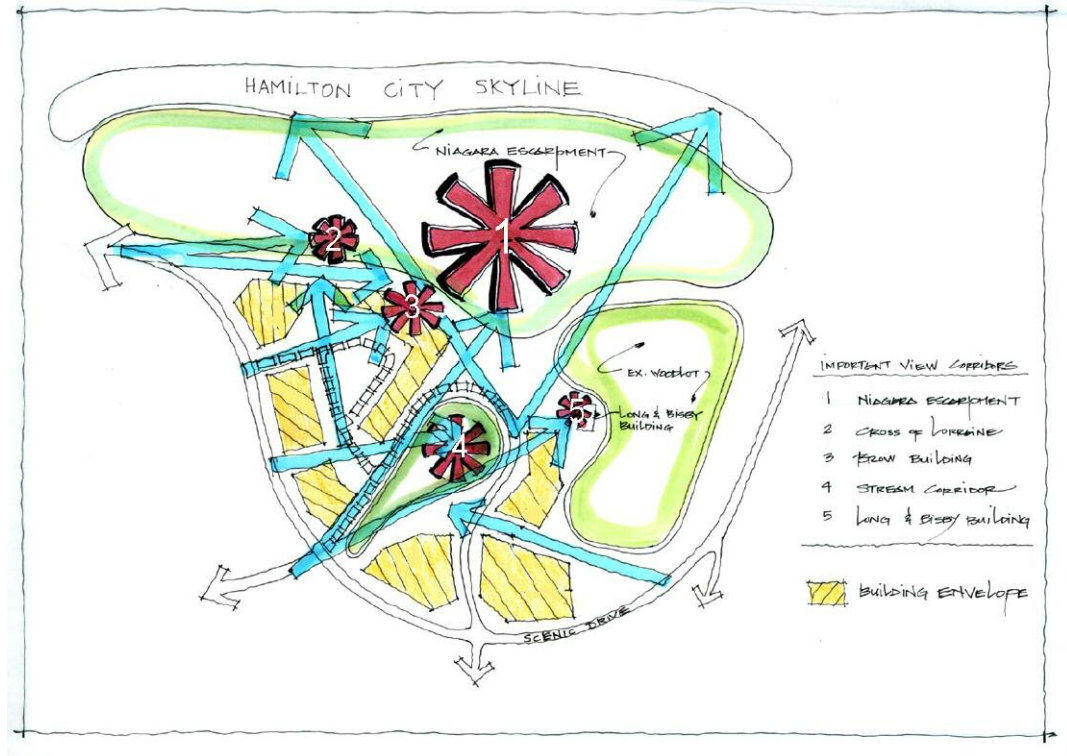
▲ Cross of Lorraine



▲ Stream Corridor



▲ Hamilton City Skyline



▲ View Corridors

### 3.0 HERITAGE MATTERS

Development within the Chedoke Browlands Sub-Neighbourhood shall have regard to the following heritage built-form intervention guidelines:

- The continuation of a pedestrian corridor along the brow of the Escarpment;
- Retention and conservation of the 'Long & Bisby' Building with an adaptive re-use;
- Where possible, the front façade of the 'Brow' Building and/or the 'Brow Annex' Building may be integrated into any redevelopment plans;
- Should the 'Brow' Building be demolished, new development should be set back 30 meters from the defined Escarpment edge and incorporate a built-form or landscape element demarcation to denote the location of the 'Brow' Building's front façade; and,
- Appropriate documentation of all buildings to be demolished shall be provided to the City.

Development within the Chedoke Browlands Sub-Neighbourhood shall have regard to the following cultural heritage landscape intervention guidelines:

- Maintenance of the existing topography of the perimeter roads, woodlot, and central stream/stormwater management facility;
- Wherever possible, the alignment of new buildings located to the west of the Chedoke Creek/stormwater management facility, shall generally on an axial basis to the Niagara Escarpment brow with curvilinear pedestrian and/or vehicular networks;
- Retention and protection of the woodlot and vegetation in the Chedoke Creek/stormwater management facility;
- Preparation of a tree assessment to determine opportunities for the protection and preservation of individual specimen or street trees;
- Protection and integration of existing commemorative trees into redevelopment plans, wherever possible;
- Protection of significant views to, and view corridors from, the site and its built-form;
- Protection of the open park-like landscape setting in front of the 'Long & Bisby' Building;
- Respecting the existing Scenic Drive and Sanatorium Road alignments;
- Prohibiting development within the Chedoke Creek stream channel/stormwater management facility; and,
- Preservation of significant heritage built features such as the existing pedestrian bridge, stone wall/pillars, and Cross of Lorraine, where possible.



▲ *Brow Building*



▲ *Long and Bisby Building*



▲ *Stone wall and pillar at vehicular bridge*



▲ *Cross of Lorraine*



▲ *Pedestrian bridge*

## 4.0 OPEN SPACE AND LANDSCAPE

### 4.1 EXISTING NATURAL FEATURES

#### 4.1.1 The Niagara Escarpment

Because the Niagara Escarpment extends along the northern boundary of the Chedoke site, any development here must adhere to the strict development guidelines and policies put forth by the Niagara Escarpment Commission.

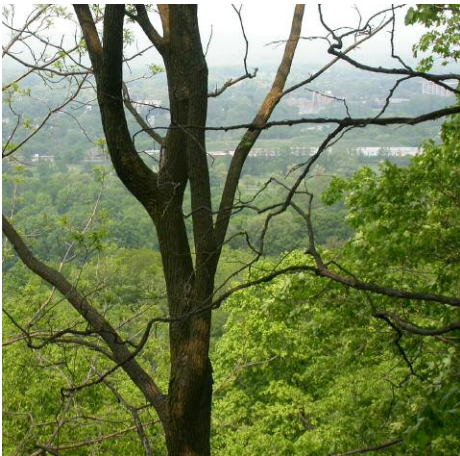
- In order to protect the cultural integrity of the Escarpment, any new development in proximity of the brow edge must be setback a minimum of 30 metres.
- Any building renovations such as the Brow Building will follow existing building footprints and setbacks.
- Any and all development should be located to protect and conserve views to and from the Escarpment.
- Lighting along the Escarpment brow should be downcast to minimize impact on the existing wildlife habitat living within the escarpment.

#### 4.1.2 The Woodlot

- The mature woodlot located on the eastern boundary of the site will be maintained.
- Any existing hazardous trees including invasive species and diseased or weak wooded trees should be removed as recommended by a certified arborist.
- An accessible trail system through the woodlot that connects with the existing escarpment trail network may be implemented, subject to ensuring the protection of significant woodlot species. This will improve connectivity through the development and provide passive recreation opportunities for the neighbourhood.



▲ Aerial view over Chedoke Browlands site and Niagara Escarpment.

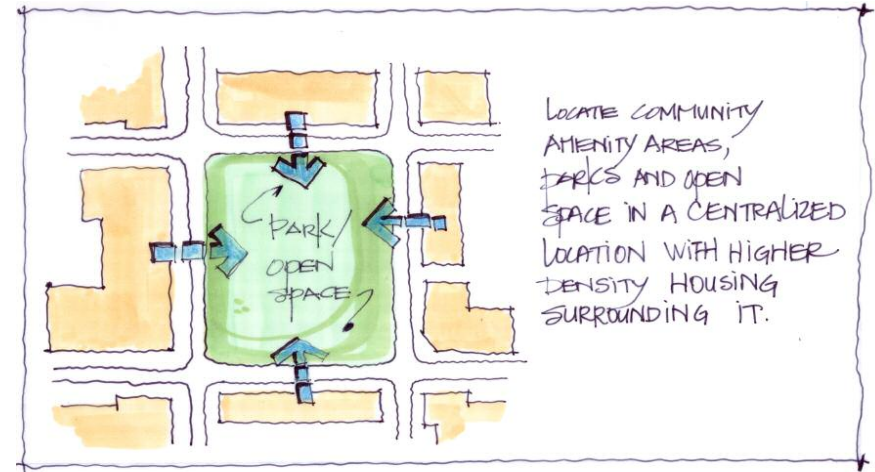


## 4.2 PARKS AND OPEN SPACE

The open space network of the Chedoke Browlands Sub-Neighbourhood is comprised of passive open spaces, neighbourhood parks, naturalized stormwater management areas, and the stream corridor all integrated into the existing neighbourhood context.

### Design Principles:

- Parks and open space should be centrally located to provide optimum access and visibility to the community.
- Provide park entrances along the street frontage with seating, signage and landscaping.
- Preserve and protect existing mature and healthy trees, including commemorative trees.
- Proposed vegetation particularly trees should be native species to protect the cultural landscape of the Niagara Escarpment.
- Integrate the open space and/or parks with existing natural attributes including topography, woodlots, the escarpment brow and Chedoke Creek.
- Where possible, extend parks and open space through the development block so that they become a continuation of the street and public realm in addition to having public exposure for safety.
- Provide common open space for passive recreation accessible to the neighbourhood.
- Pedestrian and bicycle trails through the park or open space should connect with the larger municipal trail system where possible.



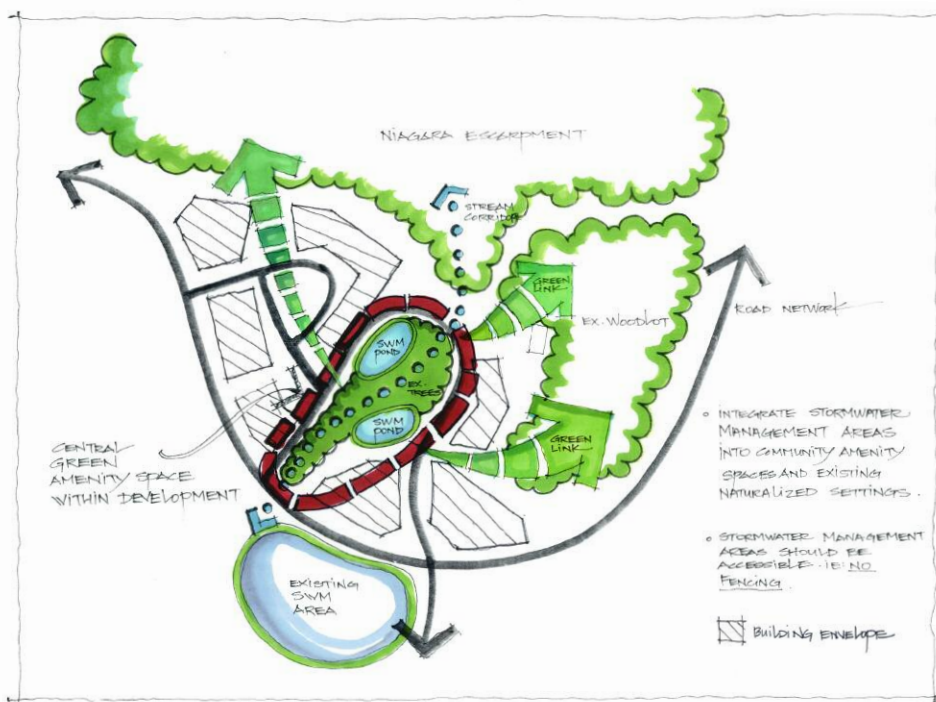
▲ Example of a centrally located neighbourhood park surrounded by medium and high density development



▲ Integrate the Chedoke Creek and its related mature vegetation into the parks and open space system



▶ Connect proposed pedestrian trails with existing Bruce Trail



▲ Integrate Stormwater Management Areas into the existing natural attributes of the site



▲ Chedoke Creek



▲ Existing pedestrian bridge crosses Chedoke Creek Stream Corridor.

### 4.3 STORMWATER MANAGEMENT FACILITIES

Stormwater management ponds should be publicly accessible and enhanced as passive community amenities. They should be designed in an appropriate manner sensitive to the surrounding neighbourhood context.

The site has an existing stormwater management area and watercourse (Chedoke Creek) running through its centre. It is bordered by Sanatorium Road and is well established with mature vegetation. This area of the site already functions as a passive recreational area surrounded by mature vegetation and the existing heritage pedestrian bridge. There is a good opportunity to locate any proposed ponds here to enhance the existing stream corridor.

#### Design principles of stormwater management ponds:

- Stormwater management facilities (SWM) should be integrated into the community amenity areas, open space and into existing naturalized areas where possible.
- Coordinate an urban edge treatment for the ponds with the abutting street edge and pedestrian system.
- The design of the SWM facility should negate the need for any fencing. The facility should be an accessible amenity feature integrated into the neighbourhood trail system.
- The vegetation of the SWM facility should be naturalized including native riparian plant species to encourage natural habitat and survivability.
- Concrete headwalls should be screened with naturalized native plant species, if required.
- SWM facilities should be designed to meet public safety standards.

## 5.0 ROADS AND STREETScape

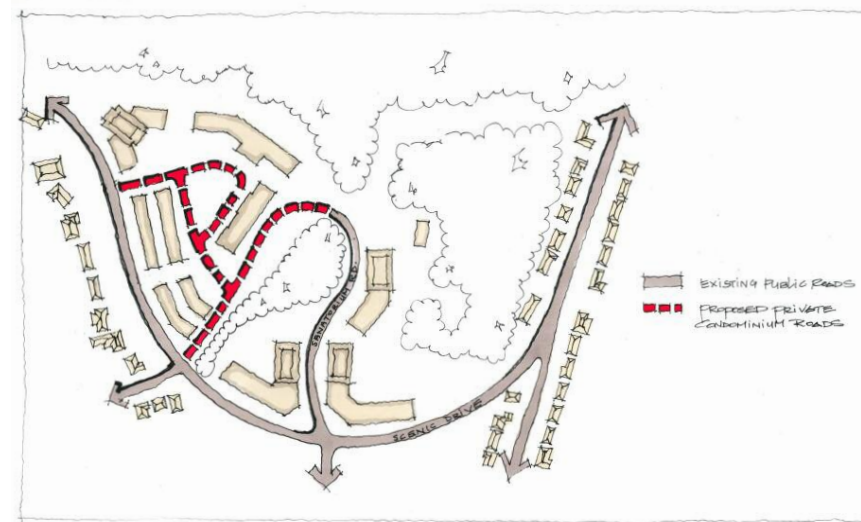
Pedestrian oriented aesthetic streetscapes provide a vital role in establishing the visual character of a neighbourhood. Good streetscape design ties the public realm to the private realm and promotes walkability.

### Design Principles:

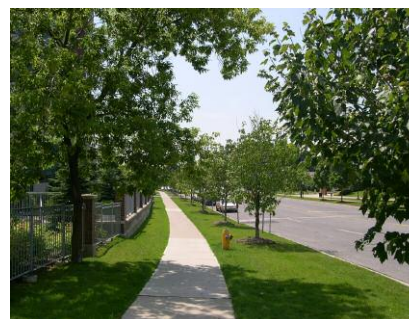
- Position buildings to parallel the street edge.
- Limit the building setback from the road right of way.
- Create visual interest through architectural design detailing such as varied but compatible massing, roof lines, and materials for example.
- Coordinate street furnishings and paving to promote community identity.
- Provide a continuous tree canopy to create a 'green' streetwall.

### 5.1 PUBLIC REALM – Scenic Drive and Sanatorium Road

- Street trees should be provided along all streets wherever possible to improve the streetscape, strengthen the street wall and provide shade.
- Street trees should generally be located within the boulevard in a continuous linear row spaced 6 to 8 metres on centre according to traffic safety criteria.
- Tree species should be predominately native to ensure survivability and compatibility with the existing native species within the Niagara Escarpment.
- The planting of infill trees along existing streets should be of compatible spacing and species to existing trees for consistency.



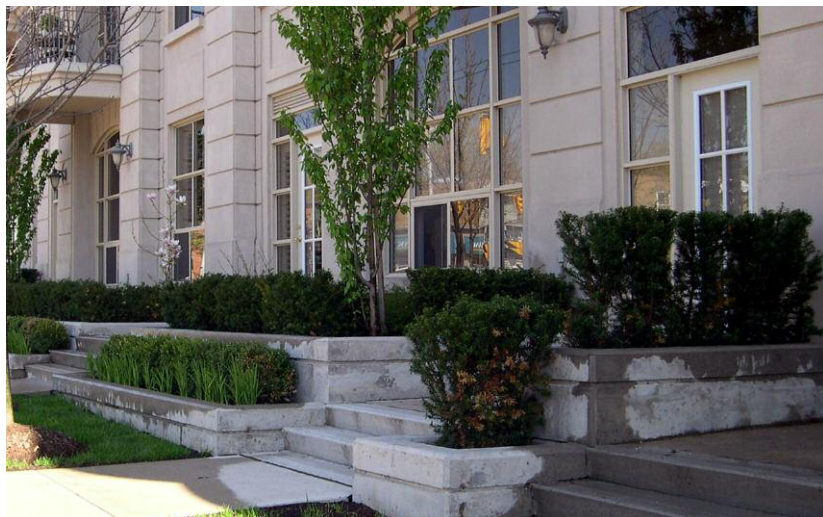
▲ Layout new roads respecting existing significant view corridors, vegetation and circulation patterns



▲ New street tree planting in a grassed boulevard

► Street tree planting along Scenic Drive creates a green street wall





▲ Examples of pedestrian scaled streets with a consistent row of street trees

## 5.2 PRIVATE REALM

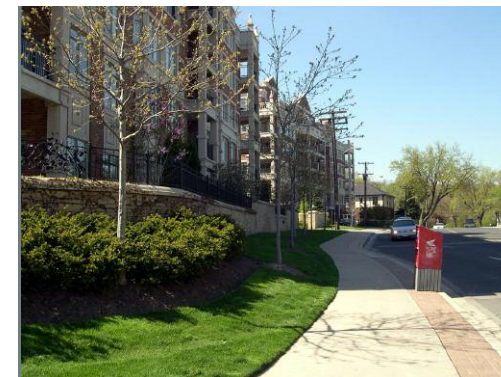
### 5.2.1 Local Condominium Roads

- Local condominium roads should be designed at a pedestrian scale to promote walkability and discourage excessive speed and through traffic. The right-of-way standards should be reduced to the minimum width where possible.
- The street furniture including light standards, benches, trash receptacles, recycling facilities should be of pedestrian scale and contribute to the identity of the neighbourhood.
- Deciduous street trees, preferably native species, should line the street in a continuous linear row spaced from 6 to 8 metres on centre.
- Sidewalks with a minimum width of 1.5 metres should be provided on at least one side of all streets.
- Street curb radii at intersections should not exceed 6.5 meters. Smaller curb radii at corners will:
  - Reduce the distance of the crosswalk at intersections
  - Provide more pedestrian area at intersections
  - Require vehicles to slow down as they turn corners
- Utilities should be buried underground where possible. All above grade utilities within the road right-of-way should be screened from view of the street through the use of landscaping and/or architectural screen walls.
- Street corners should be designed to adequately accommodate multiple functions, including pedestrian crossings, location of utility and traffic signal poles, traffic movements, and pedestrian waiting areas for example.
- The choice of curb radii should consider the geometry of the intersection, the street classification and whether there is on-street parking and or a bike lane within the road right-of-way.



## 5.2.2 Sidewalks

- Sidewalks should be provided on at least one side of the street.
- Sidewalks should have a minimum width of 1.5m and should be accessible.
- Sidewalks should be barrier-free and made of stable smooth materials such as poured concrete.
- Sidewalks should be coordinated with any feature paving material found at major intersections.
- Sidewalks should connect with any proposed or existing public recreational trail systems.



▲ Provide pedestrian connections into the development from public sidewalks.

## 5.2.3 Street Furniture and Lighting

- All street furniture including lighting, benches, trash receptacles and recycling facilities should be developed within an overall theme to contribute to the identity of the neighbourhood.
- Pedestrian scale lighting at a maximum height of 4.5 metres should be implemented along all local roads within the development.
- All lighting should be downcast to protect the night sky, prevent negative impacts on wildlife within the escarpment, and to prevent light trespass on adjacent existing residential properties.
- Additional lighting should be considered where pedestrians tend to gather such as major crosswalks, public trail access points and pedestrian nodes along the escarpment brow.
- All lighting should be located within the road boulevard, approximately 1.0m from the curb edge.



▲ Street furniture such as lighting, benches and fencing contribute to neighbourhood identity



◀ *Integrate underground parking ramps into the architectural design of the building*



▲ *This architectural planter wall creatively screens the building venting system from view.*



▲ *Screen utilities that are at street level with architectural walls and/or landscaping*

### 5.2.4 Parking

- Where possible, the majority of residential parking will be located below grade.
- Integrate underground parking ramps into the architectural design of the building.
- Locate surface parking to the side and rear of buildings where possible.
- Short term parking facilities within a residential block should be limited to single row with drive and should be screened from view of the street with landscaping.
- Appropriate lighting levels should be provided in parking areas to assist pedestrian and vehicular circulation and safety while respecting adjacent land uses.
- Designated handicapped spaces to city standards should be located as close to the building entrance as possible.

### 5.2.5 Utilities

- Utilities should be located below grade where possible.
- Above grade utilities should be sited with regard for their visual impact on the streetscape.
- Where possible, above-grade facilities should be located in low profile areas away from intersections, day-light triangles, and important view corridors.
- Where possible, street grade public utilities such as transformers or switching stations should be screened through the use of landscaping or low architectural walls that fit into the neighbourhood context.

## 6.0 ENVIRONMENTAL SUSTAINABILITY

### 6.1 LANDSCAPE AND STREETScape

- Soft landscaping should be maximized to increase the amount of rainwater absorption by plants.
- Minimize the surface area of impervious hardscape (i.e. concrete and asphalt paving) to reduce discharge into the storm drainage system.
- Green roofs on larger buildings should be incorporated where feasible to improve building insulation, reduce surface runoff and minimize discharge into the storm drainage system.
- Native plant species should be used throughout the site to protect the cultural heritage landscape of the Niagara Escarpment. Native plant species are also low maintenance and require less water than non-native species.
- Existing mature significant non-invasive trees should be preserved and integrated into the design development where possible.
- Incorporate deciduous trees throughout the development. Deciduous trees provide shade in the summer and help to reduce internal building temperatures. In the winter months, deciduous trees shed their leaves and allow sunlight to penetrate windows and warm internal temperatures.
- Solar powered lighting and LED lighting should be implemented throughout the site to minimize energy consumption.
- Implement full cut-off lanterns to minimize light pollution, glare and light trespass and ensure protection of the night sky.

### 6.2 BUILT FORM

- Site design and building placement should consider passive cooling and ventilation.
- New buildings should incorporate sustainable building technology including high energy efficiency, recycled materials for example using LEED standards as a model.
- Adaptive reuse of existing buildings on site should be incorporated into the design development where feasible.
- Renewable energy systems should be considered for all buildings.
- Innovative recycling of wastewater and graywater should be encouraged including sustainable irrigation systems. This will reduce the amount of discharge into the storm drainage system.

## 7.0 IMPLEMENTATION

These urban design guidelines have been prepared to provide a framework for development within the Chedoke Browlands development. They will guide the private sector in preparation of site plan applications and assist the public sector in their review and assessment of such proposals. However, design criterion contained herein may be superseded by the City of Hamilton design and engineering standards and bylaws during the evaluation process.

ISSUE DATE:  
  
**June 22, 2012**



PL100691

By-law No. 12-165

Ontario  
Ontario Municipal Board  
Commission des affaires municipales de l'Ontario

Deanlee Management Inc. has appealed to the Ontario Municipal Board under subsection 17(40) of the *Planning Act*, R.S.O. 1990, c. P.13, as amended, from the failure of the City of Hamilton to make a decision respecting the lands composed of Part of Lot 57, Concession 2 in the City of Hamilton.  
(Approval Authority File No. OPA-07-014)  
OMB File No. PL100691

Deanlee Management Inc. has appealed to the Ontario Municipal Board under subsection 34(11) of the *Planning Act*, R.S.O. 1990, c. P.13, as amended, from Council's refusal or neglect to enact a proposed amendment to Zoning By-law 6593 of the City of Hamilton to rezone lands respecting Part of Lot 57, Concession 2 from "AA-S1353" (Agricultural) District to a site specific "DE" (Low Density Multiple Dwellings) District, Modified and "E" (High Density Multiple Dwellings) District, Modified to implement the Official Plan Amendment  
OMB File No. PL100692

Deanlee Management Inc. has appealed to the Ontario Municipal Board under subsection 51(34) of the *Planning Act*, R.S.O. 1990, c. P.13, as amended, from the failure of the City of Hamilton to make a decision respecting a proposed plan of subdivision on lands composed of Part of Lot 57, Concession 2 in the City of Hamilton  
(Approval Authority File No. 25T-200712)  
OMB File No. PL100706

**APPEARANCES :**

**Parties**

**Counsel**

Deanlee Management Inc.

P. DeMelo

City of Hamilton

N. Smith

Niagara Escarpment Commission

J. Thompson

Derek Schmuck

Roy Wolker

**DECISION DELIVERED BY H. JACKSON AND K. J. HUSSEY AND ORDER  
OF THE BOARD**

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**Introduction**

The matter before the Ontario Municipal Board ("Board") is an appeal by Deanlee Management Inc. ("Applicant"), from the City of Hamilton's ("City") failure to make a decision on proposed amendments to the Official Plan ("OP") and zoning by-law, with respect to 9.6 hectares of land composed of Part of Lot 57, Concession 2 in the City of Hamilton. The lands that are currently designated Major Institutional are required to be re-designated and rezoned to permit the Applicant's proposal for a development consisting of town homes and apartment-style buildings.

**Background and context**

The subject property, formerly owned by Chedoke Hospital, was declared surplus and offered for sale in 2006. It is known locally as the Chedoke Brow Lands. It is bounded by the brow of the Niagara Escarpment on the north side and Scenic Drive that encircles the land on the south side. The site is bisected by Sanatorium Road that leads south to Mohawk Drive. The eastern portion is comprised mainly of a large woodlot and on the west side, there is a smaller woodlot. A portion of Chedoke Creek flows to the north.

The Chedoke Hospital is to the south of Scenic Drive. There is a municipally owned storm water treatment pond at the southwest corner of Scenic Drive and Sanatorium Road and on the southeast corner there is a new, four-storey residence for Columbia College. There are low density residential uses to the east and west of the subject site and there is a golf course to the north at the toe of the escarpment. The Brow Trail, part of the Bruce Trail, occurs along the brow of the escarpment.

The subject property is historically and physically unique and was originally developed as a sanatorium for the treatment of tuberculosis patients. The physical setting of the buildings within the landscape was designed intentionally to provide a tranquil, natural environment to assist in the patients' recovery. The open space remains an important characteristic of the neighbourhood. The first building on the portion of the lands north

of Scenic Drive was the Brow Infirmary, built in 1916. Subsequent buildings that were added to the site were clustered, with curved roads and open spaces between the buildings. There are important cultural heritage structures remaining on the site that are designated under the *Heritage Act* and/or identified by the City in its inventory of heritage properties.

The Applicant purchased the subject property and in 2007, submitted an application for a development consisting of town homes and apartment buildings. Existing heritage buildings would be retained and used if possible.

The original application proposed buildings with up to 10 storeys. Various studies were commissioned to support the proposed development, including planning, transportation, visual impact assessments, archaeological, heritage, phase 1 environmental site assessments and soils investigations.

The proposal was modified to have apartment buildings up to six storeys, with 600 standard residential units. At this number of units, it was determined that there would be no servicing constraints and no traffic issues that would restrict development on the site. Transit is available to the site.

The Applicant undertook a series of public meetings and consultations and had many meetings with City planning staff on the proposed development. Consultation with the public indicated that the public wanted very little to no development at the site. Ultimately, on June 10, 2010, City planning staff recommended approval of the application to the Economic Development and Planning Committee (Exhibit 11).

Council neglected to make a decision regarding the applications and on June 30, 2010, the Applicant filed these appeals.

## **Issues**

### Niagara Escarpment Commission (NEC)

At the start of the hearing, the Board was advised that the Applicant and the NEC had reached a settlement. Counsel for the NEC advised the Board that the concerns of the NEC were addressed in the Minutes of Settlement of May 26, 2011 (Exhibit 1), and the

subsequent Addendum to the Minutes of Settlement, dated December 6, 2011 (Exhibit 2).

The NEC originally had the following concerns regarding the proposal:

1. Views from a distance to the brow, that is, would there be a sky-lining of buildings above the vegetation?
2. Would there be sufficient setback from the brow?
3. Would sufficient natural features on the site be preserved to retain the park-like setting of site that currently exists?
4. Would visual access from the neighbourhood into the site be preserved?

Counsel advised that the first concern is no longer an issue, as the proposed buildings will have a maximum height of six storeys, rather than eight storeys as was contemplated in an earlier proposal. With regard to the setback from the brow, there is an agreed minimum 30 m setback that is carried through to the current Minutes of Settlement and this satisfies the NEC. With respect to the third concern, the NEC is satisfied that the natural features to be retained will preserve the open character of the site.

With regard to the fourth concern, it was agreed that the lands would be subjected to a Holding provision (H symbol) under the zoning by-law. The development would require a full visual impact analysis to be done at the site planning stage for the removal of the holding zone. As described by the NEC, there is still a concern about the view, but this will be provided for by a process that requires a master site plan and precinct plan for each development phase, and includes that the required studies be conducted to the satisfaction of the Director of Planning.

The specific matters to be addressed in the visual impact assessment, as agreed between the NEC and Deanlee Management Inc., are provided in Attachment "4" to this Board Order. This document shows the specific view-sheds, and in red-line, the points at which the visual impact should be assessed. Through this mechanism, the NEC is satisfied that the visual impact will be addressed in consultation with the NEC.

The proposed development must conform with the purpose of the Niagara Escarpment Plan (NEP). Counsel for the NEC stated that she was satisfied that the documents presented address the NEC concerns in a manner that the NEC considers appropriate.

On that basis, the NEC withdrew from the hearing.

#### Derek Schmuck

Derek Schmuck, who requested and was granted party status, withdrew his appeal before the start of the hearing.

#### The City

Agreed statement of facts:

The City and the Applicant submitted an agreed statement of facts (Exhibit 6). The City and the Applicant agree on the following:

- Medium density appropriate
- 2:1 for retirement units
- Maximum unit count and Gross Floor Area (GFA) on west side of site
- Ground floor commercial uses
- No traffic constraints
- No servicing constraints
- In-force OP applicable (not the new OP subject to appeal)
- Urban in NEC plan, do not require development permit under NEC
- Should provide access to Bruce Trail
- 30 m setback from brow
- A zoned open space



- Chedoke Creek not dedicated to City
- Storm Water Management (SWM) facility to be retained in private ownership (maintenance by condominium)
- No physical parkland dedication
- Parkland credit due to brow dedication
- Listed (not designated)
- Designated are the Brow and Long and Bisby buildings
- Cultural heritage features are dealt with appropriately
- Appropriate implementation framework (in OP)
- Further visual impact assessments prior to site plan approval by NEC

The parties agreed on a series of actions ("a tool box") for the implementation of the development, including:

- Holding provisions will be in place.
- The site will not be developed all at once, but over time.
- Studies have been done for a macro level of buildings, but would need to be updated depending on the actual plan as some of the studies can only be done when the site plan is complete.

### **Remaining Issue**

#### The City, Roy Wolker and area residents

Notwithstanding the significant amount of negotiation and agreement that was reached between the parties prior to the hearing, a number of issues remain outstanding.

1. Unit Yield and Density

- a) Should the floodplain be included for purposes of calculating net residential density?
- b) What is an appropriate unit yield on these lands (450 versus 529)?
- c) Is the density proposed in the Deanlee planning documents acceptable and does it constitute medium density residential development?
- d) Should the zoning by-law exclusion from the unit yield cap for dwelling units in an existing building apply where the Brow Infirmary building is demolished and replaced (Mr. Wolker's concern)?

2. Maximum Building Height

- a) Should building heights be restricted to 4 storeys for buildings along Scenic Drive in Area B?
- b) Should building heights be restricted to 4 storeys for the entire development (Mr. Wolker's concern)?

Mr. Wolker and the area residents are also concerned about open space, cultural and natural heritage and conformity with the NEP, as specified below:

3. Landscaped Open Space Along Scenic Drive in Area A

- a) What is the appropriate percentage of landscaped open space along Scenic Drive in Area A in relation to the policy objective of clustering town homes along a limited portion of the Scenic Drive frontage in order to preserve an open space character along Scenic Drive?

4. Cultural Heritage Features

- a) Does the proposed development protect the cultural heritage landscape and identified built heritage features, in conformity with Section C.6 of the Official Plan?

## 5. Natural Heritage

- a) Does the proposed site plan and design account for the fact that the natural heritage is an integral and significant part of the cultural heritage?

### The witnesses

Wendy Nott, who was retained by the Applicant, and Jamie Bennett, who was retained by the City, provided opinion evidence on land use planning. Dr. Barry Colbert was called as a lay witness by Mr. Wolker. Dr. Colbert is a professor of policy and strategic management and Chair of the Board of "Sustainable Waterloo Region". He participated in the public meetings related to this proposed development as he and his family are long-time residents of Hamilton. Dr. Colbert has lived adjacent to the Brow Lands for nine years.

A number of local residents testified in opposition to the proposal. Among other concerns, the residents are of the view that the development is too intense and does not maintain the open, park-like setting of the area.

### **Developmental Concept**

Ms. Nott described the development concept with the assistance of Exhibit 5, a figure showing the "with prejudice" re-development plan, dated September 29, 2011. The lands are to be developed comprehensively as a condominium site. The section of Sanatorium Road within the site would be closed to through traffic and the closed portion of the road would be dedicated to the City, to be used for the Brow Trail. Sanatorium Road from Scenic Drive into the development site would be maintained as a private road. This road would also provide pedestrian access to join up with the Brow Trail.

The proposed development consists of 529 conventional townhouse and apartment units. However, the Applicant has proposed that one or more of the buildings would have retirement lifestyle units. These generally are smaller units and generate less traffic and have fewer other impacts. In light of that fact, the replacement is on a 2:1 basis, which means that if standard residential units are converted to retirement lifestyle units, they can be converted 2:1. The Applicant therefore has the option to have 429

conventional town home and apartment units and 200 active retirement lifestyle units (or some other appropriate combination).

There is GFA credit if any existing buildings are retained and used, thus providing an incentive to use the existing buildings. Live-work or home occupation and commercial uses will be permitted at some locations.

There is currently a significant amount of pedestrian activity at the site. The extension of the Brow Trail and open landscape areas would provide added benefit to the residents as well as to the public.

The Site is comprised of three main areas:

1. Area A

There is no dispute between the City and Applicant regarding this area, as shown in Schedule J-1 of Exhibit 20, the proposed modified Chedmac Planning Area Secondary Plan.

There are five town home units (Blocks A to F) proposed, consisting of four units each. These blocks front onto either Scenic Drive or the Brow. The units are designed in a manner to maintain an open landscape character. There are large Norway maples along the west side of Scenic Drive that are to be preserved as long as they are healthy. Three new, four-storey apartment buildings, Building I, J, and K, are proposed within the interior in this area. The existing Brow building is proposed to be retained and converted, if possible. If not, it will be demolished and rebuilt. If demolished, the same building footprint will be used. For the Brow Annex building, the proposal is to retain the original portion and to demolish the more recent additions. The Moreland building is to be retained wherever possible and converted.

2. Area B

Area B includes the lands that front onto Sanatorium Road and/or Scenic Drive as well as the lands surrounding Chedoke Creek. The intensity, the building height, and compatibility of the development with the surrounding area remain issues for Area B.

There are four buildings proposed. Buildings L and N are located on opposite sides of Sanatorium Road at the intersection of Scenic Drive. Both buildings are proposed to be six-storey apartment buildings, with a step-back of 3 m at the fifth floor and an additional 3 m on the sixth floor. Both these buildings are the focus of the height and density dispute. Building M, in the interior of the site, is proposed to be six storeys in height, and Building O that fronts onto Scenic Drive is proposed to be a four-storey building.

The Long and Bisby building within Area B is a designated heritage building and it will be retained.

### 3. The ESA Woodlot

The large woodlot on the east portion of the site has been identified as an ESA. This woodlot, along with a buffer, will remain as private open space.

The section of Chedoke Creek and surrounding hazard lands to the west of Sanatorium Road will also be retained in private ownership. There will be additional SWM facilities for the development, but they will be privately owned and determined at a later date.

### **Planning context**

The proposal is required to conform to the relevant provisions of the Hamilton Wentworth Regional Plan. The lands are designated Urban in this plan, which is intended to accommodate the majority of settlement with a range of land uses.

The lands are designated major institutional in the in-force City OP, related to the previous use as a hospital. An official plan amendment (OPA) is required to re-designate the lands for residential purposes. The City has determined that the entirety of these lands should be part of the Chedmac Secondary Plan area, an objective of which is to provide a range of housing types with a range of affordability that provides for low- and medium-density housing.

The City's OP contains its own policy framework to implement that portion of the escarpment occurring within the city. These lands fall within Special Policy Area 1C that has the following criteria:

1. Minimize the further encroachment on the escarpment; and

2. All development is to be compatible with the visual and natural environment of the escarpment.

The new Hamilton Urban OP, though not yet approved, represents council's intent. Consistent with the in-force OP, the new Urban OP promotes and supports intensification and a full range of dwelling types and densities. The GRIDS study was undertaken by the City as a conformity exercise with the Growth Plan and was conducted as a high-level review. The subject area was identified as a location for intensification as it is a large institutional parcel in the GRIDS study.

### **Evidence and findings**

#### Unit yield, density and building height

The issue of most significance to the City, Mr. Wolker, and area residents, is the calculation of unit yield, density and building height related specifically to the two buildings at the corner of Scenic Drive and Sanatorium Road, being Buildings L and N, as shown on the site plan (Exhibit 5). These buildings are proposed to be six storeys, with step-backs on the fifth and sixth storeys that front onto Scenic Drive. The City and Mr. Wolker are opposed to the two additional storeys above four storeys and the additional 79 units, which corresponds to 529 units versus 450 units.

The site-specific OPA proposes a density that is broken down by number of units and by GFA. The mass is allocated by floor space, and is 20,000 m<sup>2</sup> on Block A with a maximum of 195 units, and 34,000 m<sup>2</sup> in Block B with a maximum of 335 units. The Applicant proposes a maximum number of 529 dwelling units.

The parties had much discussion and disagreement regarding the calculation of the number of residential dwelling units per hectare ("residential density") and whether the calculation should be "net" or "gross", with no clear definitions of either. Ms. Nott testified that it is her interpretation that net excludes the public lands and should also exclude the woodlot as it is an ESA; therefore, the portion of the road dedicated to the City and the woodlot is excluded in the calculation. The balance of the land (about 6.8 ha) is the land upon which the residential density is calculated. This includes the lands of Chedoke Creek, on the basis that these lands will be privately owned by the condominium development and will be an amenity feature enjoyed by the residents.

This approach was supported by the City planning staff during Ms. Nott's consultations with the City (Exhibit 11). The creek lands and any associated SWM facility will be protected and preserved in open space character, but will be privately owned and operated.

Under cross-examination, Ms. Nott testified that the residential density was calculated separately for Area A (195 units / 2.98 ha = 65 units per ha) and Area B (335 units / 3.87 ha = 86.5 units per ha); for Area B, the area in the calculation includes the lands around Chedoke Creek. Mr. Bennett took issue with the calculation of the residential density for Area B. Mr. Bennett regards the inclusion of the lands around Chedoke Creek as inappropriate. In his opinion, these lands are not an amenity and should not be included in the calculation. He notes that the lands cannot be developed as they are hazard lands. He supports his interpretation by noting that if the lands were publicly owned, then they would not be included in the calculation for residential density. If the lands are not included, then the calculation for the number of units per hectare is higher and falls within the high density category, which does not conform to the Secondary Plan. He recommends that the density be reduced and that all the buildings be limited to four storeys.

#### Intensity, compatibility and sensitivity

Mr. Bennett testified that along with his concern regarding the increase in density of the development in comparison to the surrounding lands, the City does not identify this as an area for intensification within the City. As such, there is no imperative to maximize density at this location. He opined that the proposed density is more intensive than the surrounding area and does not fit or achieve harmonious integration with the surrounding low density residential uses and moderate intensity institutional uses. Mr. Bennett testified that the growth strategy for the City is described in the GRIDS plan and that this plan identifies that growth should be at nodes and corridors. This site is not within such an area.

Dr. Colbert testified as a lay witness. His view, shared by many of the residents who spoke, was that the development is far too intense for the location. He felt that there should be far fewer units (only 175 units) in order to minimize the overall environmental impact on the area, both in terms of the building footprint and the number of people and cars that would be introduced to the area. He felt that the built form should conserve

the park-like character and the cultural heritage of the setting as a healing centre, preserve the maximum number of trees and green space, and adaptively re-use buildings wherever possible. He also noted that the area is not near main arterial roads, is not in an identified area for intensification, and the character of the surrounding neighbourhood is very low density and therefore, raises compatibility issues. He felt strongly that the new development should be a mix of residential and small local commercial uses to build an integrated, pedestrian friendly, sustainable community.

The Board's findings on height, density and intensity

The Board finds that the site is an appropriate location for the intensity proposed. The testimony of Ms. Nott has satisfied the Board that the location is appropriate for this form of development. The site is served by a defined road and the physical size is sufficiently large to allow for mitigation strategies to meet compatibility issues. The Board finds that the development is compatible with the surrounding neighbourhood, can function at the density proposed, and can exist in harmony with the surrounding low density uses. The following factors are relevant to this finding:

- The proposed planning documents are consistent with the City documents
- The development will contribute to a variety of housing types
- An obsolete site will be redeveloped
- There is a gradation of residential unit types proposed
- Apartments are concentrated across from SWM facilities and institutional uses and are buffered by the woodlot to the east
- Controls on massing will also control intensity of use
- The access through the site is consistent with existing access
- Cultural heritage is being maintained
- The intensity of the site can be met by the existing infrastructure and road capacity



- The development will contribute to city's intensification goals of 40%, therefore is consistent the with the intensification policies of the city

The Board finds that the intent of the Chedmac Secondary Plan for an appropriate gradation of density is achieved by this development. The Board is in agreement with Ms. Nott's opinion that the arrangement of the buildings on the site will ensure compatibility with the surrounding area. She testified that buffering will be achieved by building setback and landscaped open spaces and will not impact the low density residential uses. The Board agrees with Ms. Nott's opinion that the lands surrounding the creek will provide amenity space to the residents of the proposed development, and therefore, it is appropriate to include these in the calculation of units/hectare for the determination of the density of the development in Area B. As described by Ms. Nott, the lands where the creek is located are to be improved as set out in the arborist's report (Exhibit 31). These lands will be maintained by the condominium corporation and will be in private ownership. On this basis, the Board finds that the maximum number of dwelling units proposed (335 for Block B) does not exceed the maximum densities allocated for Area B. Area A is not in dispute.

The total number of units – 529 units to 6.8 ha – is equivalent to 78 units per ha and the Board finds this density is appropriate for medium density residential development. This conforms to the Chedmac Secondary Plan that indicates that the zoning for these areas is to be medium density. The potential for retirement lifestyle units on a 2:1 basis does not change the calculation of the determination of medium density.

The dispute regarding density is related to the proposed fifth and sixth floors in buildings L and N. These two buildings will have step-backs on the fifth and sixth floors at the front of the buildings that front onto Scenic Drive. The step-backs will mitigate the visual impact of the height and the mass of the buildings. The buildings are isolated from the low density, single family homes to the east and west that are more sensitive to impacts from apartment-style buildings. There are no identified adverse impacts with respect to privacy or overlook to the single family homes from the two, six-storey buildings. There is no issue with shadows, as shadows would fall on the site.

The Board finds that the impact of the fifth and sixth storeys is very limited, as these buildings are opposite a storm water pond and a four-storey building (the Columbia College residence). There will be no significant impacts to the surrounding area as a

result of these two buildings at the six-storey height. There is a six-storey building (M) that is integral to the development fronting on to Sanatorium Drive and there is no opposition to the height of this building.

For all these reasons, the Board finds that the proposal will result in an amenable mixture of densities and arrangement that will minimize conflicts between different forms of housing. There is no dispute with parking; there will be one access through Sanatorium Road, and therefore, there will be no alteration of traffic flows.

#### Conformity with NEP

Ms. Nott testified that it is her opinion that the proposal conforms to the relevant provisions of the NEP. Mr. Walker still expressed concern regarding conformity. Ms. Nott opined that the NEP is a provincial plan that is directly related to the physical landscape. The site is within a designated urban area and an objective of the plan is to minimize further urbanization, which is met by this proposal. The NEC is satisfied that the planning documents meet the Development Objectives of the NEP and that the continued consultation with the NEC, as expressed in the Minutes of Settlement, will ensure that the requirements of the NEP are met. It is Ms. Nott's opinion that the urban design can be made compatible through the implementation process and that the proposed uses would be in conformity with NEP. The Board agrees.

The Board finds that the planning documents conform to the NEP and the City policies that relate to the Niagara Escarpment. The Board accepts the opinion of Ms. Nott in this regard. The Board also accepts that with the agreement reached between the NEC and the Applicant, the objectives of the NEP are satisfied.

#### Landscaped open space

At issue for Mr. Wolker and the area residents is whether there is sufficient landscaped open space on Scenic Drive to maintain the open character. The Board finds that the plan which allows only town homes fronting onto Scenic Drive in Area A, with 50% open space to a depth of 25 m, provides sufficient open space to maintain the character of the area. The development will be on a distinct parcel, separated by Scenic Drive to the south, the brow to the north, and the woodlot to the east, with a connection to the low density area by Scenic Drive.

### Alternative development proposals

Both Dr. Colbert and Mr. Bennett presented alternative development proposals for the lands. It is evident that there are alternatives that could be contemplated for development of the lands. However, the matter before the Board is the conceptual plan as presented in Exhibit 5, which the Board finds to be appropriate and constitutes good planning. Ultimately, prior to development, a master site plan and precinct plans will be required to ensure compatibility with the OP and the surrounding neighbourhood and be to the satisfaction of the NEC.

### Natural and cultural heritage

With respect to natural and cultural heritage, Mr. Wolker expressed concern that the Norway maples along Scenic Drive be protected as they are an important part of the current visual landscape. The Board is satisfied that the requirement for a tree preservation plan to the satisfaction to the City will ensure appropriate protection of the trees. It is not likely that the trees will be impacted by the development, as there is an 8 m setback from the road right of way, and there are no driveways onto Scenic Drive from the development.

The Board is satisfied that significant natural areas have been identified and protected (such as the creek) and will continue to be protected during the ongoing development.

The proposal includes measures to re-use existing cultural heritage buildings on the site and measures to ensure that new development is compatible with the cultural heritage landscape that is comprised of curvilinear roads and open spaces.

### **Decision and order**

The Board finds that the development is consistent with the Provincial Policy Statement. The proposal is residential intensification that is appropriate and consistent with provincial policy. The Board finds that the proposal conforms to the relevant provisions of the Hamilton Wentworth Regional Plan and conforms to the in-force City of Hamilton Official Plan. As with the in-force OP, the new Urban OP, not yet in force, promotes and supports intensification and a full range of dwelling types and densities that is met by this proposal. The entirety of these lands is to be part of the Chedmac Secondary Plan

area and consistent with policies in that plan, a range of housing types with a range of affordability that provides for medium density housing is proposed.

The Board finds that the "Draft Plan of Subdivision – The Browlands", prepared by A.J. Clarke and Associates Ltd., and certified by B.J. Clarke, OLS, dated March 26, 2009, comprising Part of Lot 57, Concession 2, Sanatorium Road and Scenic Drive, Hamilton, as set out in Exhibit 7, meets the criteria of 51(24) of the *Planning Act*.

Accordingly, the appeals are allowed, and the Board Orders as follows:

1. The Official Plan for the City of Hamilton is amended as set out in Exhibit 20, as modified, now Attachment "1" to this Order.
2. Zoning By-law 6593 is amended as set out in Exhibit 21, as modified, with the Explanatory notes as set out in Exhibit 22, now part of Attachment "2" to this Order.
3. Zoning By-law 05-200 is amended as set out in Exhibit 23, as modified, with the Explanatory note as set out in Exhibit 22, now part of Attachment "2" to this Order.
4. The draft plan prepared by A.J. Clarke and Associates Ltd. and certified by B.J. Clarke, OLS, dated March 26, 2009, comprising Part of Lot 57, Concession 2, Sanatorium Road and Scenic Drive, Hamilton, is approved subject to the fulfillment of the conditions set out in Attachment "3" to this Order, and subject to the Visual Impact Assessment set out in Attachment "4" to this Order.

Pursuant to subsection 51(56.1) of the *Planning Act*, the City of Hamilton shall have the authority to clear the conditions of draft plan approval and to administer final approval of the plan of subdivision for the purposes of subsection 51(58) of the *Act*.

In the event that there are any difficulties implementing any of the conditions of draft plan approval, or if any changes are required to be made to the draft plan, the Board may be spoken to.

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PL100691

So Orders the Board.

"H. Jackson"

H. JACKSON  
MEMBER

"K. H. Hussey"

K. H. HUSSEY  
VICE-CHAIR

ATTACHMENT 1 *Exhibit 20*

Amendment No. \_\_\_\_ to the  
Official Plan for the former City of Hamilton

The following text, together with:

- Schedule "A" (Schedule A- Land Use Concept, former City of Hamilton Official Plan); and,
- Schedule "B" (Schedule "J-1" - Chedmac Planning Area Secondary Plan, former City of Hamilton Official Plan).

attached hereto, constitutes Official Plan Amendment No. \_\_\_\_ to the former City of Hamilton Official Plan.

**Purpose and Effect:**

The purpose of this Amendment is to redesignate the subject lands from "Major Institutional" to "Residential" and designate the lands as "Brow Lands Policy Area" in order to permit medium density residential uses and to establish a redevelopment strategy to appropriately implement a broader range of residential uses within the established neighbourhood.

The effect of the Amendment is to permit the development of a unique residential area while protecting and preserving the natural area and cultural heritage features of the site. The subject lands will be included as the 'Brow Lands Policy Area' within the Chedmac Planning Area Secondary Plan.

**Location:**

The lands affected by this Amendment are located on Part of Lot 57, Concession 2 on the north side of Scenic Drive and east and west of Sanatorium Road, between the Niagara Escarpment and Scenic Drive in the former City of Hamilton.

**Basis:**

The basis for permitting the proposal is as follows:

- The proposed amendment is consistent with the Provincial Policy Statement.
- The proposed amendment respects the Niagara Escarpment Plan's "Urban" designation policies and is compatible with the visual and natural environment of the Escarpment.
- The proposed amendment is compatible with the existing and planned development in the immediate area.

- The proposed amendment is consistent with the Places to Grow Growth Plan by providing appropriate intensification within an established area and provides alternative housing options for the immediate area.
- The proposed amendment increases linkages along the Brow Trail and provides protection for the Environmentally Significant Area.
- The proposed amendment respects the cultural heritage landscape of the site by preserving built heritage, significant heritage features and views through and to the site.

**Actual Changes:**

**Schedule Changes**

(a) Schedule "A" - Land Use Concept is revised by re-designating the subject lands from "Major Institutional" to "Residential" and "Open Space", as shown on the attached Schedule "A" of this amendment.

(b) Schedule "J-1" - Chedmac Planning Area Secondary Plan be revised by adding the subject lands as "Brow Lands Policy Area" to the Secondary Plan area and designating the subject lands, as shown on the attached Schedule "B" of this amendment.

**Text Changes**

(a) That Section A.6.1 be amended by adding the following subsections:

A.6.1.2 l) a)

*(5) Medium Density 3 development shall consist of a full range of housing forms, excluding single detached and semi-detached dwellings, at a maximum density of 75 - 80 units per net residential hectare. For the purposes of determining the permitted density, the private open space lands shown as Area D on Schedule J-1 shall be included as part of the net residential area.*

(b) That section A.6.1 be amended by adding the following subsection:

**A.6.1.3 Brow Lands Policy Area**

For lands shown as Brow Lands Policy Area on Schedule "J-1", the following policies shall apply:

A.6.1.3.1 Objectives

Notwithstanding Section A.6.1.1 Objectives, the following Objectives shall apply to the Brow Lands Policy Area:

- i) To ensure that the development of the Brow Lands Policy Area shall provide a safe, attractive and pedestrian-oriented residential environment with a high quality of design of buildings, public spaces and streets;
- ii) To encourage energy conservation through community planning, site planning and urban design;
- iii) To integrate natural and cultural heritage features into the design of the site with specific focus on the open space areas as well as providing a strong link to the Niagara Escarpment;
- iv) To integrate significant cultural heritage landscape features and characteristics such as the pavilion design, the curvilinear street pattern, as well as the sense of openness and park-like setting, into the development;
- v) To identify and protect historically or architecturally significant buildings and cultural heritage landscape features;
- vi) To ensure compatibility with the existing residential area;
- vii) To develop a land use pattern and transportation system that supports transit, cyclists and pedestrians and vehicular traffic;
- viii) To provide public linkages to and through the site; and,
- ix) To provide and/or protect significant views and encourage sensitive development adjacent to the Niagara Escarpment.

A.6.1.3.2 Residential

Notwithstanding Subsection A.6.1.2 i) *Residential*, the following policies shall apply to those lands designated Medium Density Residential 3 (Areas A and B) on Schedule "J-1":

- (a) Direct vehicular access to permitted uses shall be prohibited from Scenic Drive. The site shall be developed on the premise of a network of common private driveways together with a private condominium road or public street.



- (b) New buildings and structures will be set back a minimum of 30 metres from the staked limit of the brow of the Niagara Escarpment. Existing building BI (Brow Infirmary) as shown on Schedule J-1 may be enlarged or replaced in whole or in part, provided no part of any new construction shall be within the 30 metre setback or within the area between the façade of the existing building BI facing the escarpment and the staked brow of the escarpment
- (c) The development of live/work dwelling units is encouraged in order to provide for the opportunity of smaller scale commercial and business uses in close proximity to residential uses. Live/work units shall be permitted in block townhouses, except where such units front onto Scenic Drive, and on the ground floor of apartments where the units have direct access at-grade and shall be limited to the following: artists' or photographers' studios; personal services; craftsperson shop; and business or professional office.
- (d) Limited local commercial uses shall be permitted in accordance with the Zoning By-law. These uses shall be permitted within apartment buildings on the ground floor only and within buildings in existence at the date of the passing of this amendment.
- (e) A maximum of 529 dwelling units will be permitted within the Brow Lands Policy Area. For the purposes of overall unit count, up to 100 of the permitted dwelling units may be allocated as retirement dwelling units and two retirement dwelling units shall be equivalent to one residential dwelling unit. Should the land owner choose to implement that equivalency scenario, a maximum of 429 residential dwelling units and 200 retirement dwelling units will be permitted within the Brow Lands Policy Area. Notwithstanding this equivalency option, retirement dwelling units can also be permitted on a one-to-one basis exceeding the 200 equivalency units, provided that the total number of all units shall not exceed 629.
- (f) The following policies shall apply to Area A as shown on Schedule "J-1":
- i) Permitted uses shall include low-rise apartments, block townhouses, accessory uses, or retirement dwelling units and amenity uses required as part of contributing to a more diverse mix of residential uses within the Chedmac Planning Area.
  - ii) To provide a transition to the existing low density residential uses on the south side of Scenic Drive, the permitted uses shall be limited to block townhouses and open space along the north side of Scenic Drive within Area A. Block townhouses along

Scenic Drive shall be clustered along a limited portion of the Scenic Drive frontage within Area A so as to preserve an open space character along Scenic Drive. The use of the land between the townhouses and the street shall be restricted to ensure that these lands are landscaped and free of structures in the manner of a front yard.

- iii) The maximum height of buildings shall not exceed 4 storeys interior to the site. Buildings along Scenic Drive shall not exceed 3 storeys.
- iv) The overall gross floor area for all residential units shall not exceed 20,000 square metres.
- v) The number of residential units will not exceed a maximum of 195 units.
- vi) Buildings existing at the date of the passing of this amendment shall be conserved and adaptively reused, where feasible.
- vii) The existing heritage building known as the "Moreland" building (shown as M on Schedule J-1) and the original portion of the "Brow Annex" building (shown as BA on Schedule J-1) shall be retained and conserved, where structurally feasible, through sympathetic adaptive re-use.
- viii) The Brow Infirmary building (shown as BI on Schedule J-1) may be preserved and expanded for residential use. If preservation of this building is not structurally feasible, a replacement residential building may be developed which maintains the existing setback from the Escarpment brow and the design of such building shall incorporate the recommendations of the Cultural Heritage Impact Assessment as required by Section A.6.1.3.6.
- ix) Uses contained within any existing building will not contribute to the overall unit count and shall not be subject to the overall gross floor area set out in iv) and v) above and in Section A.6.1.3.2.e.

Deleted: Where the Brow Infirmary building (shown as BI on Schedule J-1) is replaced, the amount of new gross floor area equal to the existing gross floor area of the building and equivalent number of residential units, shall be exempt from the overall gross floor area and total units set out in iv) and v) above. ¶

- (g) The following policies shall apply to Area B as shown on Schedule "J -1":
- i) Permitted uses shall include low-rise and mid-rise apartments, block townhouses, accessory uses, or retirement dwelling units and amenity uses required contributing to a more diverse mix of residential uses within the Chedmac Planning Area.
  - ii) The maximum height of block townhouse dwellings shall be 3 storeys.
  - iii) The maximum height of apartment buildings shall not exceed 6 storeys.
  - iv) The number of residential units will not exceed a maximum of 335 units.
  - v) The overall gross floor area for residential uses in Area B shall not exceed 34,000 square metres.
  - vi) The existing listed heritage building, known as the "Long and Bisby" Building (shown as LB on Schedule J-1), shall be retained and conserved through sympathetic adaptive re-use. Uses contained within any existing building will not contribute to the overall unit count and shall not be subject to the overall gross floor area set out in iv) and v) above.
  - vii) The local commercial uses permitted in the "Long and Bisby" Building are limited to: Art Gallery; Artist Studio; Craftsperson Shop; Business or Professional Office; Personal Services; Retail Store excluding a Convenience Store, not to exceed 200 square metres; Day Nursery; Library; Museum; Community Centre; Lecture Room; and Medical Office.
  - viii) The existing "Long and Bisby" building may also be converted for residential use provided the heritage character of the building is not altered significantly. A maximum of 12 residential dwelling units may be permitted within the existing building.

A.6.1.3.3 Natural Open Space

- (a) Area C and Area D as shown on Schedule "J-1" shall be preserved as natural open space and no development shall be permitted. Conservation, flood and erosion control, and passive recreation uses shall be permitted.

- (b) A vegetation protection zone (buffer) will be provided along Area C, as identified through an approved Environmental Impact Statement, and revegetated in accordance with the recommendations of this study.

A.6.1.3.4 Urban Design

The Brow Lands Policy Area shall be developed in accordance with the following urban design principles:

- (a) Prior to the approval of site plan and/or plan of condominium applications, the applicant is required to submit:
  - i) A Master Site Plan including, among other matters, a phasing plan, visual impact assessment and urban design guidelines, in accordance with section h) below;
  - ii) A Precinct Plan, in accordance with h) below;
  - iii) Architectural Control Guidelines, in accordance with l) below; and,
  - iv) An Urban Design Report, in accordance with Section A.6.1.3.9 iv).
- (b) Significant views to and from the Escarpment Urban Area shall be maintained and enhanced, consistent with the cultural heritage landscape.
- (c) Surface parking shall be prohibited between Scenic Drive and the main wall of any building that faces Scenic Drive.
- (d) The majority of parking shall be accommodated either through underground structures or within buildings.
- (e) A minimum of 30% of landscaped open space shall be maintained for each of Area A and Area B. In order to preserve the open, park-like setting the established groupings of trees shall be preserved, where possible.
- (f) Continuous building walls along Scenic Drive shall be prohibited. Buildings shall provide appropriate spacing based on building height to allow light, reduce shadow impacts and provide privacy between buildings. The spacing of the buildings will also promote views into and through the site.
- (g) All new development proposals within the Brow Lands Policy Area shall conform to an approved Visual Impact Assessment prepared to the satisfaction of the City of Hamilton, in consultation with the Niagara Escarpment Commission. The visual impact assessment shall determine

the potential for adverse impacts on the Niagara Escarpment. Recommendations in the visual impact assessment for mitigation measures to assist in visual integration of buildings into the landscape of the Niagara Escarpment, including but not limited to, landscaping, architectural treatment of buildings, building heights, roof details and fenestration, glazing of buildings and lighting, shall be implemented in accordance with the approved document, as appropriate. Prior to site plan approval and removal of the 'H - Holding' provisions in the implementing Zoning By-law, an addendum to the Visual Impact Assessment is required detailing how the final building locations meet the Visual Assessment Guidelines and the requirements of this amendment.

- (h) A Master Site Plan shall be prepared prior to the removal of any 'H - Holding' provisions in the implementing Zoning By-law and prior to site plan approval. Such Master Site Plan shall provide a general site plan for all of the lands within the Brow Lands Policy Area including key neighbourhood design and built form elements, such as: the internal road system; pedestrian and cycling circulation and connectivity; buildings and associated parking areas; open space and recreational areas; cultural heritage buildings, structures and features that are to be preserved; environmental protection areas; stormwater management facilities; the locations of commercial and other non-residential uses; and other neighbourhood and site design elements (such as viewsheds identified in the Visual Impact Assessment as set out in g) above). Such Master Site Plan shall also identify a phasing plan for the Brow Lands Policy Area and a further Precinct Plan shall be prepared for each phase of development. As each phase of development proceeds, a more detailed Precinct Plan shall be prepared for each phase to illustrate the intended form of development for each block including the implementation of the overall neighbourhood design and built form elements (as set out in the Master Site Plan, and include building footprints and heights; parking areas; landscaped areas; the manner in which cultural heritage buildings, structures and features are to be preserved and integrated into the project; and the locations of commercial and other non-residential uses.

Deleted: 1) below

- (i) The Master Site Plan and Precinct Plan(s) shall be used as a guide in the preparation and review of site plan and plan of condominium applications. Deviations from the Master Site Plan would be permitted where required to reflect detailed building or infrastructure design, provided the change is consistent with the intent of the site-specific Official Plan Amendment and the fundamental principles of the Master Site Plan are maintained, to the satisfaction of the City.
- (j) The Master Site Plan shall contain general urban design guidelines to illustrate the intended character of buildings, streets and exterior spaces, and building relationships to streets and public spaces, to natural

environment areas, to heritage buildings and structures to be preserved and to the surrounding neighbourhood. The guidelines shall address how the proposed development features such as new buildings, entry features, streetscape and landscape design are to be sympathetic in nature to the historical significance of the Brow Lands, retained natural heritage features (including the Niagara Escarpment) and, to the heritage architectural and cultural landscape features that will be conserved.

- (k) Development of the Brow Lands shall incorporate sustainable site and building features and technologies to minimize energy consumption, conserve water, reduce waste, improve air quality and promote human health and wellbeing. All new development shall incorporate Leadership in Energy and Environmental Design (LEED) certification for new construction and neighbourhood development and Low Impact Development (LID) approaches, where possible.
- (l) Architectural control guidelines shall be prepared prior to site plan approval to provide design guidance necessary to achieve a high quality of architectural design and to ensure that new buildings are sympathetic to both the historical significance of the Brow Lands Policy Area and to the heritage architecture and cultural landscape features that will be preserved. Architectural control is to be implemented through a third-party registered architect retained by the City.
- (m) All block townhouse units shall have the principal front door orientated towards Scenic Drive or an internal private condominium road or driveway. For townhouse units fronting both Scenic Drive and an internal public street, private condominium road or driveway, the principal entrance shall be orientated towards the public street.
- (n) Green roofs shall be incorporated, where feasible, for all buildings that exceed 4 storeys in height.
- (o) All apartment buildings shall have a minimum podium height of 2 storeys and a maximum podium height of 4 storeys. Those portions of apartment buildings that abut Scenic Drive shall be setback above 4 storeys.

#### A.6.1.3.5 Transportation

In addition to section 6.1.2 iv) *Transportation*, the following policies shall apply to Brow Lands Policy Area:

- (a) The Brow Lands Policy Area will be developed on the premise of a network of private driveways together with a private condominium road or public street, with a minimum of two driveway accesses to Scenic Drive.

- (b) New development shall support the use of public transit by creating a comfortable pedestrian environment with links to the public arterial road system where transit will be provided.
- (c) A pedestrian pathway network shall be established throughout the Brow Lands Policy Area to connect to the Brow Trail. A public access easement shall be granted for pedestrian linkages within the north-south portion of the private road (as shown as a dashed line on Schedule "J-1") between the Bruce Trail and the surrounding neighbourhood.
- (d) A roundabout may be required at the southerly intersection of Scenic Drive and the private road (as shown as a dashed line on Schedule "J-1") and any land required to accommodate the roundabout shall be dedicated to the City.
- (e) The Owner shall submit a streetscape plan for existing Sanatorium Road either as a private condominium road or as a public street.
- (f) A bicycle pathway, as identified in the City's Trails Master Plan, shall be provided and maintained through an easement along the north-south alignment of the Sanatorium Road either as a private condominium road or public street (as shown as a dashed line on Schedule "J-1").
- (g) Any private condominium road shall be engineered and built to carry the load of fire apparatus to the satisfaction of the Fire Chief.

#### A.6.1.3.6 Heritage

- (a) The cultural heritage landscape consists of the curvilinear street pattern, open-park like setting, the undulating topography, the natural areas, the views through the site and the spatial organization of the buildings. In addition, the buildings themselves, the pedestrian bridge, the Cross of Lorraine, the stone pillars and stone wall, the stormwater management facility, and Escarpment stairs are elements of the cultural heritage landscape.
- (b) The lands contained within the Brow Lands Policy Area have been included in the City of Hamilton's Inventory of Buildings of Architectural and/or Historical Interest, Appendix A: Inventory of Cultural Heritage Landscapes, as such, development and redevelopment within the Brow Lands Policy Area shall be sympathetic to the cultural heritage landscape and shall ensure the conservation of significant built heritage and cultural heritage resources.

- (c) The Brow Lands Policy Area shall be developed in accordance with the following built heritage conservation and planning principles and objectives:
- i) The continuation of a pedestrian corridor along the brow of the Escarpment;
  - ii) The protection and retention of the "Long and Bisby" Building (shown as LB on Schedule J-1), the "Moreland" Building (shown as M on Schedule J-1) and the original part of the "Brow Annex" Building (shown as BA on Schedule J-1), in situ through sympathetic adaptive re-use;
  - iii) The presumption in favour in any redevelopment of the retention, renovation and expansion to 4 storeys of the "Brow Infirmary" building (shown as BI on Schedule J-1). Where the "Brow Infirmary" building is determined to be unsuitable for adaptive re-use and expansion, as determined through a Cultural Heritage Impact Assessment prepared to the satisfaction and approval of the City, a new building that is designed to respect the heritage architecture of the original building may be constructed in the same approximate building footprint to a maximum height of 4 storeys and shall be set back from the staked limit of the brow of the Niagara Escarpment, no closer than the existing "Brow Infirmary" building;
  - iv) The protection and retention of the Moreland, Brow Annex and Brow Infirmary buildings may not be required where it is demonstrated that it is not structurally feasible to re-use and adapt such buildings.
  - v) The preservation and conservation of the pedestrian bridge over the Chedoke Creek and the stone vehicular bridge and associated stone wall/pillars.
  - vi) The preservation and conservation of other heritage resources shall be encouraged. Where these resources cannot be retained, then the City will require the appropriate documentation of all buildings to be demolished be provided prior to removal.
- (d) Development within the Brow Lands Policy Area shall have regard to the following cultural heritage landscape requirements:
- i) Development shall be compatible with the existing cultural; heritage landscape, such that open spaces, plantings and the curvilinear street pattern are maintained and/or referenced in



- the new development and that the layout and scale of buildings reflect the existing site, where possible;
- ii) The existing topography of the perimeter roads, woodlots and Chedoke Creek and stormwater management facility shall be maintained, where feasible;
  - iii) The existing trees and vegetation within the Chedoke Creek/stormwater management facility shall be maintained and enhanced;
  - iv) A tree preservation plan shall be submitted to determine the opportunities for the protection and preservation of individual trees and the recommendations shall be implemented, to the satisfaction of the City. The plan shall be prepared in association with the Heritage Impact Assessment so that trees that contribute to the cultural heritage landscape can be identified and considered for preservation;
  - v) Significant views and view corridors to, through, and from Brow Lands Policy Area shall be protected, as identified in the Master Site Plan;
  - vi) An open, park-like landscape setting shall be provided in front of the "Long and Bisby" building. Limited parking may be permitted provided there are no other feasible alternative locations; and,
  - vii) The existing curvilinear road alignment of old Sanatorium Road shall be respected, where technically feasible.
- (e) A Cultural Heritage Impact Assessment or Assessments shall be undertaken prior to site plan approval for any development within Brow Lands Policy Area by a qualified professional with demonstrated expertise in cultural heritage assessment, mitigation and management, according to the requirements of the City's Cultural Heritage Impact Assessment Guidelines, prepared to the satisfaction and approval of the City and shall contain the following:
- i) Identification and evaluation of the following potentially affected cultural heritage resource(s): the Long and Bisby building; the Moreland building; the Brown Infirmary; and, the Brow Annex; including detailed site(s) history and *cultural heritage resource* inventory containing textual and graphic documentation;
  - ii) A description of the proposed *development* or *site alteration* and alternative forms of the *development* or *site alteration*;

- iii) A description of all *cultural heritage resource(s)* to be affected by the *development* and its alternative forms;
  - iv) A description of the effects on the *cultural heritage resource(s)* by the proposed *development* or *site alteration* and its alternative forms; and,
  - v) A description of the measures necessary to mitigate the adverse effects of the *development* or *site alteration* and its alternatives upon the *cultural heritage resource(s)*.
- (f) The City may require that, as part of the development or redevelopment of the lands, heritage features be retained on site and incorporated, used or adaptively re-used as appropriate.
- (g) Where appropriate, the City may impose a condition on any development approval for the retention and conservation of the affected heritage features or the implementation of recommended mitigation measures through heritage easements pursuant to the Ontario Heritage Act and/or Development Agreements.

#### A.6.1.3.7 Archaeology

- (a) An archaeological assessment shall be undertaken by an Ontario licensed archaeologist for the entire site to the satisfaction of the Ministry of Culture and the City of Hamilton prior to any development or site alteration (including site grading, tree planting/removal and topsoil disturbance);
- (b) Where archaeological features are identified, the development proponent shall develop a plan, to protect, salvage or otherwise conserve the features within the context of the proposed development as recommended by a licensed archaeologist and approved by the Province and the City of Hamilton.

#### A.6.1.3.8 Stormwater Management and Engineering

- (a) Stormwater management facilities shall follow an integrated design process. The design of the facilities shall respect the recommendations of the Tree Preservation Plan and Heritage Impact Assessment.
- (b) Submission of engineering and grading plans for stormwater management facilities shall demonstrate a low impact design and how impact to the important heritage features identified will be minimized.

- (c) Due to the sensitive nature of the site a detailed engineering submission outlining how excavation for footings or underground parking on the subject lands can be achieved without adversely affecting the stability of the Niagara Escarpment. The report shall consider utilizing methods other than blasting, where possible.

A.6.1.3.9 Implementation

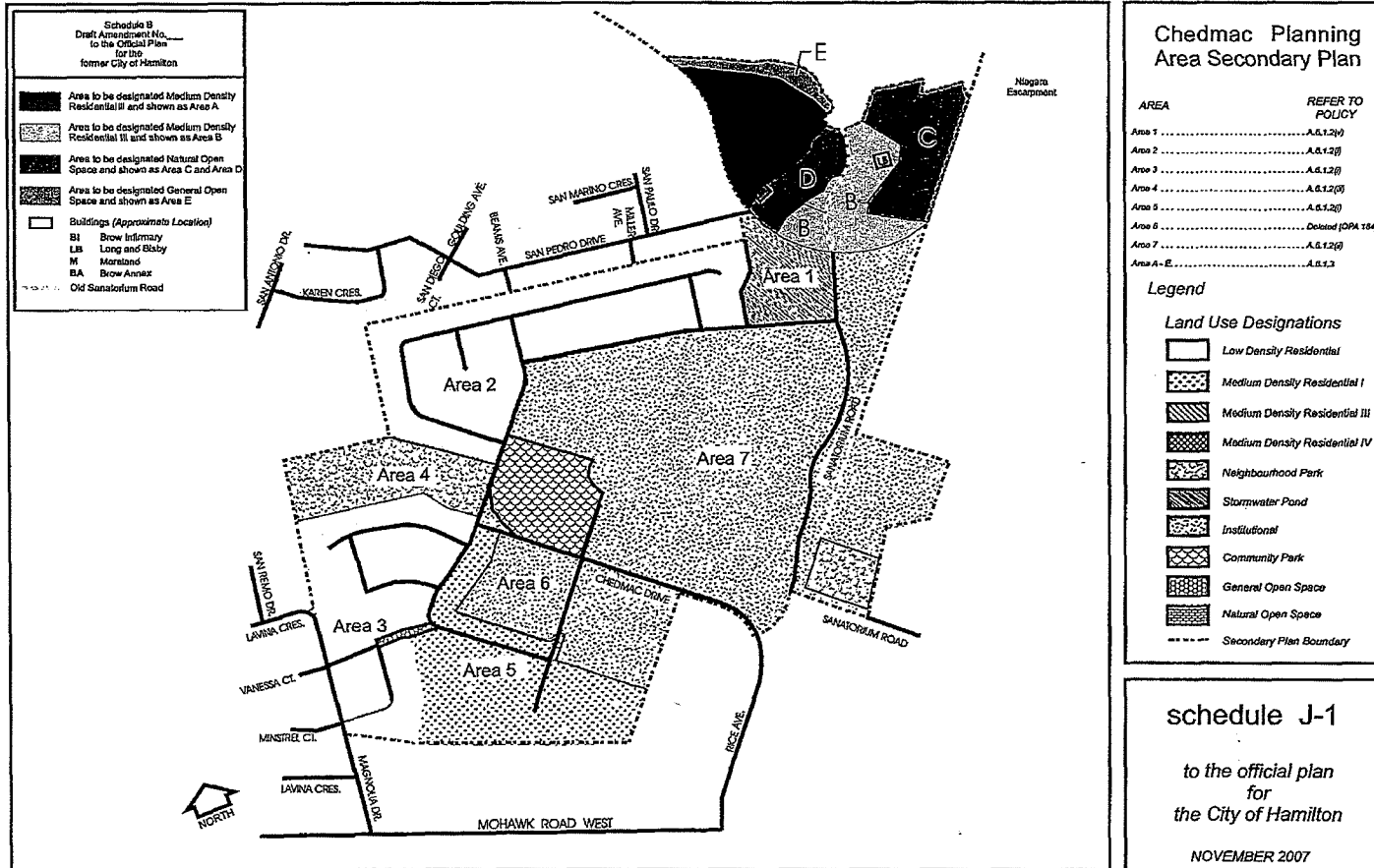
- (a) An implementing Zoning By-law, Site Plan Agreement, and Plan(s) of Subdivision will give effect to this Amendment.
- (b) The implementing Zoning By-law shall contain 'H – Holding' provisions addressing the matters set out in sub-section d) following).
- (c) The 'H – Holding' provisions may be lifted for a portion of the site to allow development to proceed in phases.
- (d) The 'H – Holding' provisions in the implementing Zoning By-law shall include the following requirements:
- i) The master site plan and/or master plan for the relevant development phase (as required in Section A. 6.1.3.4) has been prepared to the satisfaction of the Director of Planning.
  - ii) Studies, or updates/addenda to existing studies, as determined by the Director of Planning, have been prepared which inform and support the master plan(s), and which may include:
    - o Sustainability Strategy;
    - o Detailed Heritage Impact Assessment;
    - o Stormwater Management Report that considers Low Impact Development opportunities;
    - o Tree Preservation/Protection Plan;
    - o Environmental Impact Study;
    - o Traffic Impact Study;
    - o Visual Impact Assessment or Update ;
    - o Geotechnical/Engineering Study; and/or,
    - o Detailed Servicing Strategy.
  - iii) The urban design guidelines (as required in Section A. 6.1.3.4) have been prepared to the satisfaction of the Director of Planning.
  - iv) An Urban Design Report has been submitted to demonstrate, to the satisfaction of the Director of Planning, compliance with the urban design policies of this Plan and the area-specific Brow

Lands Policy Area urban design guidelines. The Urban Design Report shall include text, plans, details and/or elevations, as necessary, to demonstrate how the intent of the Secondary Plan policies and the area-specific urban design guidelines has been met.

- (e) Where there is conflict between this amendment and the parent Official Plan, the policies of this amendment shall prevail.

Draft

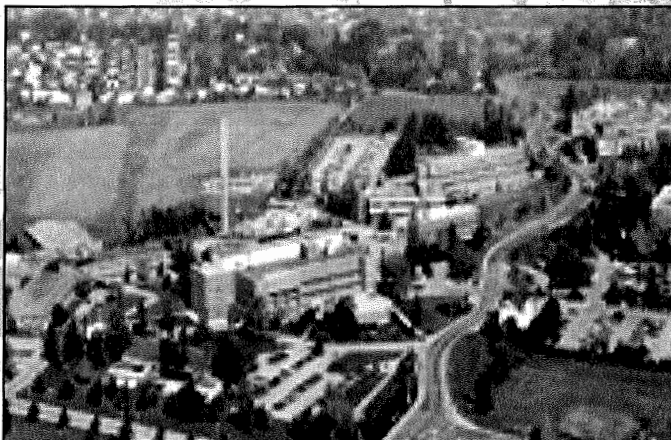




# **CULTURAL HERITAGE RESOURCE ASSESSMENT REPORT**

**of the  
BRUCE MEMORIAL BUILDING,  
SOUTHAM PAVILION, EVEL PAVILION,  
AND BROW SITE**

**CHEDOKE CAMPUS  
HAMILTON HEALTH SCIENCES  
CITY OF HAMILTON, ONTARIO**



**May 2006**

**Prepared for:  
Chedoke Health Corporation**

**Prepared by:  
UNTERMAN McPHAIL ASSOCIATES**  
*Heritage Resource Management Consultants*

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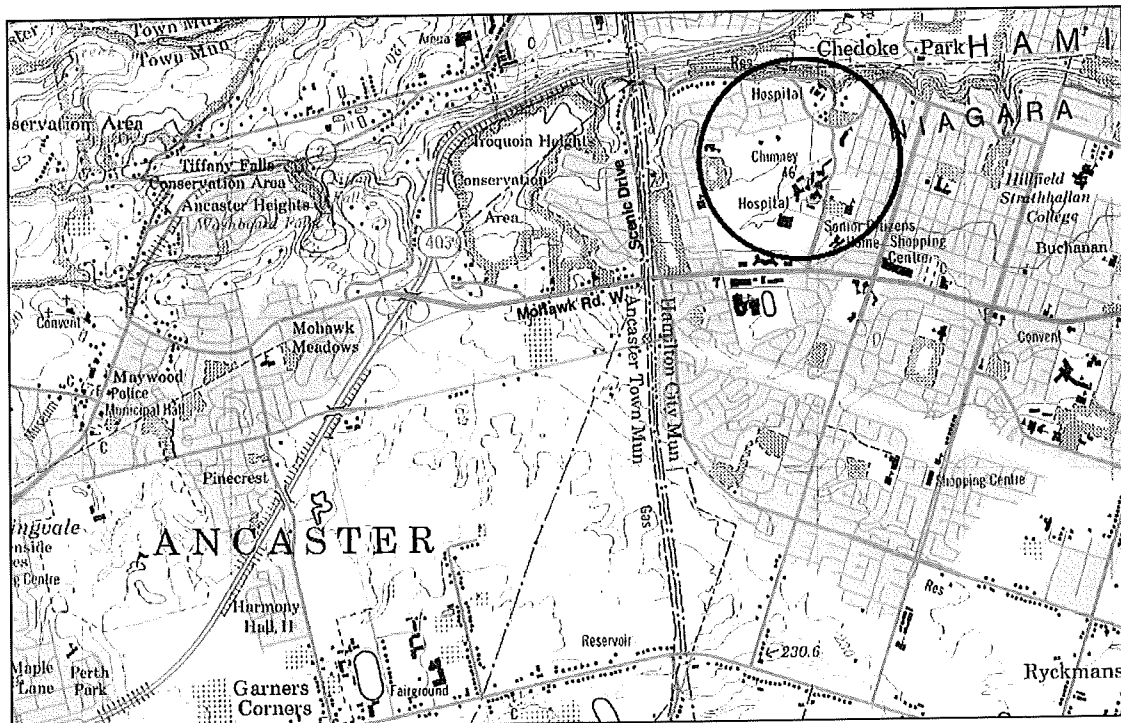
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## 1.0 INTRODUCTION

Chedoke Health Corporation (CHC) retained Unterman McPhail Associates, Heritage Resource Management Consultants, to undertake a cultural heritage resource assessment for the Bruce Memorial Building, the Southam Pavilion and the Evel Pavilion located on the Chedoke Campus, Hamilton Health Sciences (HHS). The three buildings were built as part of the Mountain Tuberculosis Sanatorium in Hamilton. The sanatorium site, developed in the early 20<sup>th</sup> century, sits on the edge of the Mountain overlooking the City of Hamilton and Lake Ontario (**Figure 1: Location Plan**). Buildings were grouped at the ‘Orchard’ site on the south end of the property and the ‘Brow’ site at the north end (**Figure 2: Site Plan**). Civilian patients were housed at the Orchard site while the Brow site became a military sanatorium during World War I. The Bruce, Southam and Evel buildings were constructed at the Orchard site in 1921, 1928 and 1932 respectively.



**Figure 1. Location Plan of the Chedoke Campus, Hamilton Health Sciences, Hamilton. (National Topographical Series, Hamilton/Grimsby 30 M/4, Natural Resources Canada, 1996).**

Unterman McPhail Associates undertook an earlier study of the Brow Site for the Scenic North Secondary Plan in 1999. The study assisted the City of Hamilton to conclude that the Brow Site of the Chedoke Campus cultural heritage landscape was of local heritage significance. This site was listed in the municipal inventory of heritage resources.

The City of Hamilton has requested the completion of the cultural heritage assessment for the Bruce, Southam and Evel buildings as supporting material for the long term planning of the site. The purpose of the assessment is to identify and evaluate cultural heritage

resources that may be affected by development of the property. In addition, it includes planning recommendations to minimize impacts to identified heritage resources. In order fully understand the planning initiatives for the whole HHS Chedoke site we have included the Brow Site history and conclusions to provide a background and context to the full site development potential. An individual cultural heritage assessment has been prepared for each of the three buildings.

A summary of the 20<sup>th</sup> century historical development of the property is included in Section 2. On-site fieldwork was undertaken on June 23, 2005 for the Bruce, Southam and Evel buildings. Exterior photography of the building was completed at that time. The cultural heritage landscape and the building are described in Sections 3 and 4, respectively. The heritage attributes of the properties are discussed in Section 5 while planning recommendations are found in Section 6. Historical maps, photographs and drawings for the property are included in Appendix A. Cultural heritage landscape photographs are found in Appendix B and photographs relating to the built heritage features are located in Appendix C.

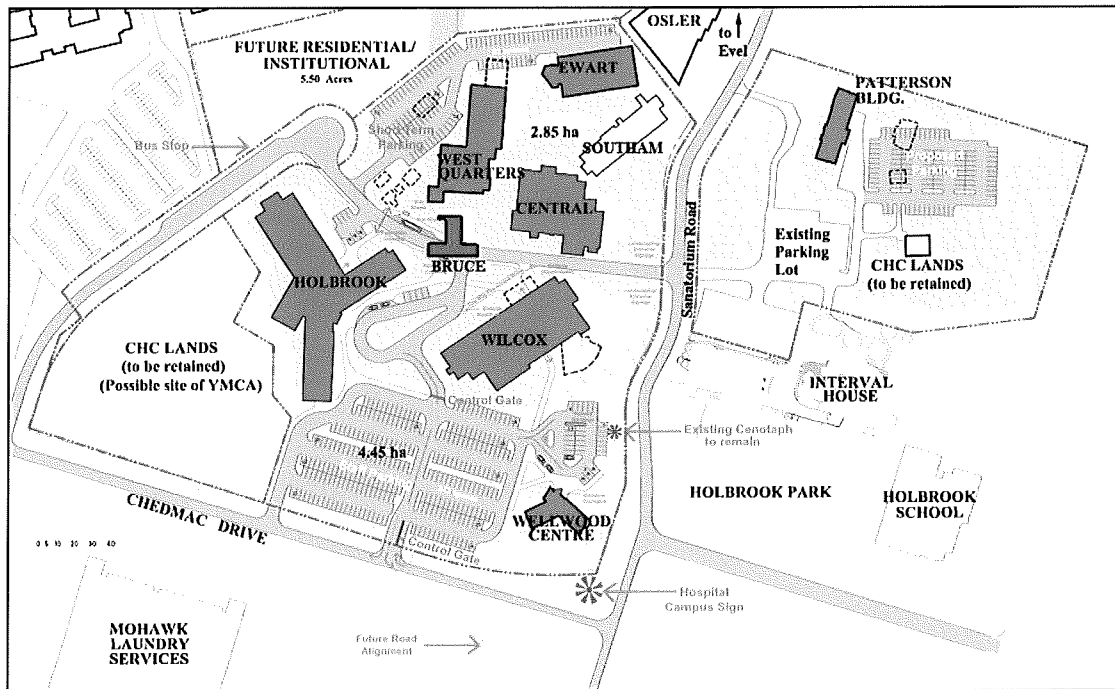


Figure 2: Site Plan.

## 2.0 HISTORICAL SUMMARY

### 2.1 Tuberculosis Sanatoria

Tuberculosis was a major cause of death in North America in the 19<sup>th</sup> century. Both the public and the medical profession firmly believed that it was unpreventable and incurable. As a result, little or no effort was made to isolate tubercular patients or to provide institutional care. With the discovery of the tuberculosis bacterium by German scientist, Robert Koch, in 1882, scientists realized that the disease was contagious. In the following years, the medical profession worked to develop techniques to prevent the spread of the disease.

Early theories on the treatment of tuberculosis emphasized the isolation of patients in a mountainous area with access to exercise and fresh air. The new facilities were based on the earlier model of health resorts or sanitarium. These health resorts were known for the combination of comfortable accommodation, good food and mineral springs for bathing or drinking. Bath in England, Baden-Baden in Germany and later Saratoga Springs in New York are well known examples of such sanitarium. In Canada the first anti-tubercular association used the name 'Sanitarium' in its charter. Early in the 20<sup>th</sup> century it was felt that a distinction should be made between health resorts and the new hospital for the treatment of tuberculosis. The new word 'sanatorium' was adopted for hospitals dedicated to the treatment of tuberculosis. When the Hamilton Health Association constructed its new facility in 1906, it became known as the Mountain Sanatorium. Most anti-tuberculosis institutions followed Hamilton's lead and used the term sanatorium in their names.

The first tuberculosis sanatoria were developed in Germany and Switzerland. The United States followed shortly afterwards with the construction of a facility in 1885 at Saranac Lake in New York State. Sir William Gage, a Toronto businessman and publisher, was the first Canadian to take an active interest in the fight against tuberculosis. He organized a meeting at the National Club, Toronto, in 1895 to discuss the problem of tuberculosis in Canada and the lack of Canadian treatment centres. The participants resolved to build isolated but accessible sanatoria for consumptives in Canada. The National Sanatorium Association (NSA) was founded in April 1896 to maintain and operate tuberculosis treatment facilities. The NSA opened the Muskoka Sanatorium, the first sanatorium in Canada, near Gravenhurst, Ontario in 1897. The association opened the Muskoka Free Hospital for Consumptives in Gravenhurst in 1902 and the Toronto Free Hospital for Consumptives in Weston in 1904.

The NSA did not construct any facilities in other provinces but set a precedent for the care of tuberculosis that was followed by other provinces. Sanatoria had been built right across the country by 1920. Some early Canadian sanatoria included: Highland View San, Nova Scotia, 1899 to 1903 and replaced by the Kemptville Sanatorium in 1904; King Edward San, Tranquille, B. C. in 1907; Laurentian San, Ste. Agathe, Quebec in 1908; King Edward Hospital, Winnipeg, Manitoba in 1912; Jordan Memorial San, River

Glade, New Brunswick in 1913; Dalton San, Charlottetown, P. E. I. in 1915; Fort Qu'Appelle San in Saskatchewan in 1917; St. Johns San, Newfoundland in 1917; and Bowness San in Calgary, Alberta in 1920. Other early facilities in Ontario included: Mountain Sanatorium, Hamilton in 1906, Royal Ottawa San in 1909, Queen Alexandra Sanatorium, London in 1910 and Queen Mary Hospital for Children, Weston in 1913.

The first sanatoria were located in isolated locales; however, the advantages of locating the facilities closer to centres of population were soon recognized. Such sites would be more convenient for the patients and their families and it would be easier to obtain staff and consultations from nearby general hospitals. As well supplies for the facilities would be more accessible and less expensive to obtain. Subsequently, many sanatoria were built close to the urban centres they served. They offered a supervised diet, exercise and morale boosting diversions.

Some late 19<sup>th</sup> century hospital design elements and new building technology and materials were incorporated into the sanatoria. They included the military field hospital concept of small, isolated, well-ventilated buildings, relatively inexpensive to build and operate, and visually pleasing in design. The cottage hospital system with its central administration building and numerous smaller residential units was used as well. Open-air verandahs became an integral part of the sanatoria design.

Interior design features adopted for sanatoria included the elimination of hard to clean interior mouldings including baseboards, chair-rails and cornices and the introduction of rounded junctures between floors, walls and ceilings for better dust control and easier cleaning. New non-absorbent and washable surfaces such as fine-graded Portland cement for walls and ceilings, enamel paints and linoleum and terrazzo floor finishes were also incorporated for sanitary reasons.

## 2.2 Mountain Sanatorium, Hamilton

The Hamilton Board of Health and interested citizens formed the Hamilton Health Association (HHA) in 1905, the first purely local anti-tuberculosis association in Ontario. The HHA was formed with the goals of educating the public about tuberculosis and providing local care.

Mr. Long and Mr. Bisby, local realtors, donated the former William Macklem farm consisting of 96-acres of land in Lot 57, Concession 2, Ancaster Township, for a proposed Hamilton Sanatorium. The *Hamilton Spectator* (1905) described the Mountain site as being above the City of Hamilton with more than half a mile of brow front. The property included a fine brick house, a splendid barn and outbuildings and a large front of wooded land with a stream running through it as well as a fine view of Hamilton and the Lake Ontario from the brow.

The HHA established the sanatorium on the southerly part of the property in the orchard of the former Macklem farm some distance from the brow's edge. His Excellency the

Governor-General Earl Grey officially opened the Hamilton Sanatorium on May 28, 1906. Its first patients were housed in two tents. The HHA built numerous buildings on the Orchard site between 1906 and 1913 including: several patient shacks; doctor's residence/dispensary; Crerar Recreation Hall; Grafton Infirmary; Nurses' Residence; Empire Pavilion; Preventorium to house children with tuberculosis and staff residences. The "San" farm using the Macklem farm buildings was opened in 1914.

Between 1910 and 1914 well-constructed and equipped hospital buildings replaced the inexpensive, temporary, patient shacks initially favoured for sanatoria. The early, optimistic view of the medical profession that tuberculosis could be eradicated quickly, shifted to the promotion of long-term care and treatment as well as surgical remedies. Consequently, sanatoria buildings were modeled after modern hospitals with special provisions for fresh air in all wards.

The City of Hamilton passed a by-law in 1913 to grant \$100,000 to the HHA to build a new, permanent, fireproof, infirmary for 100 tubercular patients at the Mountain Sanatorium. The infirmary was to house all types of tuberculosis patients. Due to the inadequacies of the water supply and sewage system at the Orchard site, the HHA decided to build the infirmary at a new location at the north end of the site. The Brow site as it came to be known was designed as a self-contained facility with all services except for laundry. The infirmary was opened on December 5, 1916 and immediately 75 of its 100 beds were assigned to the Military Hospital Commission (MHC) as a care facility for returned Canadian soldiers with pulmonary tuberculosis. In return, the government agreed to provide funds for an equal amount of beds in temporary extensions to the existing patient shacks on the Orchard site. There was a desire at this time to keep civilian and soldier patients in separate facilities. The civilians remained housed at the Orchard site while the MHC expanded the Brow site for the returned soldiers.

Both the Orchard and Brow sites were connected to city water and sewage systems by the end of 1918. At the same time, the road to the sanatorium sites had been upgraded to a first class macadam roadway and the Dominion Government granted money towards the construction of a road between the Orchard and Brow facilities.

During the 1920s and 1930s the HHA expanded the Mountain Sanatorium facilities principally on the Orchard site. A central heating plant was built in 1935 replacing the individual heating systems in every building. Dr. Holbrook, the Medical Superintendent from 1917-1945, broadened the Mountain Sanatorium catchment area beyond Hamilton and Wentworth County. As free diagnostic clinics expanded in southwestern Ontario, more beds always seem to be in demand. Several buildings were built on the Orchard site between 1920 and 1938 including, Bruce Building (1921), Empire Pavilion (1926), Southam Pavilion (1928), Evel Pavilion (1932), Patterson Building 1 (1932), Moreland Residence (1937), Wilcox Pavilion (1938), as well as kitchen, laundry and staff houses. The last military patients were placed on a civilian list in 1923 and at the Brow site, the HHA only built the Long and Bisby Nurses' Residence and a duplex doctors' residence.

By 1932 the Mountain Sanatorium had become the largest institution in Canada for the care of tuberculosis.

The 1950s saw significant changes in the treatment of tuberculosis. The average stay at the sanatorium in 1949 was 562 days. With the development of successful drug therapies during the late 1940s and early 1950s, this number dropped until in 1968, the average stay was 114 days. The HHA had to find new uses for the empty beds and in 1958 the charter for the HHA was expanded to allow it to operate as a general hospital. At the same time, at the request of the Department of National Health and Welfare, Inuit patients were flown in for treatment for tuberculosis. Between 1958 and 1963, 1,274 Inuit patients were treated at the Mountain Sanatorium. After this time, tuberculosis ceased being the focus of the HHA's mandate. The Holbrook Pavilion providing new children's wards was built in 1951 on the site of the earlier Preventorium; however, during the rest of the 1950s the trend was to renovate existing buildings to meet new uses rather than to construct new facilities. The Wilcox Pavilion was adapted for use as a 226-bed general hospital and re-opened on December 6, 1960 as the Chedoke General and Children's Hospital.

The trend of adaptive reuse continued during the 1960s with the renovation of the Southam and Evel buildings to accommodate new mandates. Of note at this time was the closure of Sanholm Farm in 1968, which had been part of the Sanatorium since the beginning, using the original Macklem farmstead, 37-acres along Mohawk Road exchanged for 18-acres of Brow property in 1912 and 10 acres of the Smith farm purchased in 1913. The farm included a dairy herd, piggery, hennery and an apiary, which provided milk, butter, eggs, honey and meat to the Sanatorium. Hay, oats, wheat and straw were grown as fodder. The farm equipment and livestock were sold at auction in 1969 and the land was redeveloped.

The HHA changed its name in 1971 to Chedoke Hospitals as the operating body of Chedoke General and Children's Hospital, the Mountain Sanatorium, the Brow Infirmary, the Chedoke-McMaster Centre, the Hamilton and District School of Medical Technology, the Hamilton and District School of Radiography and sponsoring the Hamilton and District School of Nursing. As a result of provincial legislation transferring funding for all tuberculosis sanatoria to general hospitals in 1972, the name Mountain Sanatorium was changed to the Respiratory Disease Unit (T. B.). Chedoke Hospitals amalgamated with McMaster University Medical Centre in 1979 to become Chedoke Division of Chedoke-McMaster Hospitals. Chedoke-McMaster Hospitals joined with Henderson Hospital and Hamilton General Hospital in 1995 to form the Hamilton Health Sciences Corporation.



### 2.3 Bruce Memorial Building

When the Mountain Sanatorium first opened in 1906, there were no dedicated facilities for children with tuberculosis. A separate building for children, named the Preventorium, was constructed in 1910. Originally housing 20 young patients, the two storey, frame Preventorium was enlarged several times and by 1921 had a capacity of 80 patients.

John A. Bruce, owner of J. A. Bruce Seed Co., bequeathed \$100,000.00 to the HHA in 1920 to provide a further expansion to the Preventorium. It was later decided the funds would be used for a separate building that would provide a number of services to support the children's wards. The two-storey building was located beside the Preventorium at its northeast end (*Appendix A*). At the time of construction, one-storey frame patient shacks were situated between the Bruce Building and Sanatorium Road and a water tower was located on the south side of the structure. The building included classrooms, kitchen, dining room and a workshop for the children, an operating room and an office for a visiting dentist. Accommodation for doctors, nurses and teachers who lived on the site was provided on the second floor.

Beckett and Akitt, Architects of Hamilton designed the Bruce Building and Piggott and Healey Construction Company acted as the general contractors. The overall cost was close to \$55,000.00. The building was described at the time as a modern, fireproof structure, using Don Valley brick and terrazzo floors. An architect's rendering and historic photographs indicate that the large ground floor window openings were fitted with five sets of operable sash to maximize ventilation in the classrooms, consistent with the prescribed treatment for tuberculosis (*Appendix A*). Officially designated the Bruce Memorial Building, the building opened on June 17, 1921 at a ceremony with Col. Harry F. Cockshutt, Lieutenant Governor of Ontario, officiating.

The Ancaster School Board took over the work of the Mountain Sanatorium School board in September 1947. The classrooms were converted to offices and the dining room was renovated for use as a staff cafeteria in 1948. At the same time W. H. Cooper, contractor undertook an expansion of the kitchen. The Preventorium was demolished in 1952 to make room for the new Holbrook Pavilion. That same year, the basement of the Bruce Building was renovated for rehabilitation workrooms. The incinerator removed and the chimney taken down to just above the roof line. The Community Psychiatric Hospital took over the building in 1965. Further work was undertaken in 1968 when the building was renovated once again to accommodate the Child and Family Centre's nursery school. Additional renovations were carried out in the 1990s including the replacement of the original wood window sash.

## 2.4 Southam Pavilion

The Southam Pavilion was constructed in 1928 to provide accommodation for 76 patients, laboratory space and a morgue. All the laboratory work for the sanatorium was done in the basement of the new building. The construction of the Southam Pavilion marked the end of the second era of the Mountain Sanatorium. Shacks, fresh air and good nutrition characterized the first era and rest and bed care the second. With the Southam Pavilion the total beds had grown to 445. The death rate from tuberculosis in Hamilton had dropped from 125.9 per 100,000 in 1906 to 45.5 in 1929, a favourable comparison to the national tuberculosis mortality rate of 68 per 100,000 for the same year.

Mr. and Mrs. William Southam donated more than \$128,000 to build and furnish the pavilion on the occasion of their 60<sup>th</sup> wedding anniversary in 1927. The Southam family had been supporters of the HHA since its inception and was the primary benefactor of the Southam Home for Incurables constructed in Hamilton in 1910 for the care of advanced cases of tuberculosis. William Southam was a member of the Board of Directors of the HHA from 1906 until his death in 1932. His wife held executive positions with the Ladies Auxiliary Board from 1906 until her death in 1928 and established a fund in 1926 to create diagnostic clinics throughout southwestern Ontario. Portraits of W. J. Southam and Mrs. W. J. Southam were unveiled as the "Southam Memorial" at the opening of the facility.

William Southam was born in Montreal in 1843. He began his career in the newspaper business as a delivery boy and subsequently, an apprentice printer with the *London Free Press*. He became part owner of the *Free Press* in 1867 and, with a partner, gained control of the *Hamilton Spectator* in 1877. William Southam went on to assemble Canada's largest newspaper chain including the *Ottawa Citizen*, *Edmonton Journal*, *Winnipeg Tribune*, and *Vancouver Province*, as well as the Southam News wire service. William Southam lived in Hamilton at 'Pinehurst', 132 Jackson Street West from 1891 to 1932.

W. P. Witton, Architect designed the Southam Pavilion with W. H. Cooper as the general contractor. In his design, Witton used setback verandahs, as advocated by the consultant architect to the Federal department of Soldiers' Civil Re-establishment. Unlike the existing buildings on the Orchard property, the Southam Pavilion was oriented to the southeast to allow for sunshine while protecting the wards from the prevailing winds in the cooler months, improving the comfort of the unheated wards. The Southam Pavilion also used a four-bed unit adopted from the National Sanitarium Association's new infirmary at Gravenhurst. Viscount Willington, Governor-General of Canada, presided over the opening ceremonies of the Southam Pavilion on October 28, 1928.

Both Witton and Cooper were responsible for the design and construction of several buildings at both the Orchard and Brow sites of the Mountain Sanatorium. William Palmer Witton was born in 1871 in Hamilton, Ontario. Educated and trained in Chicago, he returned to Hamilton in 1895. Witton formed an architectural practice with Walter

Wilson Stewart in 1904. Stewart and Witton designed the Brow Infirmary in 1915. After Stewart's death in World War I, Witton joined in partnership with W. J. Walsh and designed the Bisby and Long Nurses' Residence at the Brow. In addition to the Mountain Sanatorium buildings, Stewart and Witton, later Witton and Walsh, were responsible for the design of many local Hamilton and district buildings. The practice of Witton and Walsh undertook a new wing for Central Secondary School, addition to West Avenue Public School (1921), reconstruction of McIlwraith School, George R. Allan School, addition to Lloyd George School (1928) and a large addition to Mount Hamilton Hospital (1931). Witton retired in the mid-1930s and sold the practice to his partner.

William Henry Cooper, contractor, was born in 1875 in England. A bricklayer by trade, he formed the Cooper Construction Company at the start of the 20<sup>th</sup> century. Initially the firm operated as a brick and masonry yard working mainly in residential construction. The company moved onto larger projects, including many of Hamilton's notable buildings including the Normal School, Maternity Hospital, Melrose United Church, Lobby-Owens glass Company, N. Slater Company, Mercury Mills, Proctor and Gamble, T. H. & B. railway station, Hamilton Hydro office and several buildings at McMaster University. At the Mountain Sanatorium, Cooper Construction Company worked on the Long and Bisby Nurses' Residence, Holbrook Pavilion, and additions and repairs to several buildings including Bruce Memorial Building and Evel Pavilion.

With the decreasing demand for beds dedicated to the care of tuberculosis, the Southam Pavilion was extensively renovated in 1960 to accommodate new uses. The building was modified to house a fully integrated laboratory for all units of the Mountain Sanatorium. Matthew B. Dymont, Ontario Minister of Health, officially re-opened the renovated Southam Pavilion in February 1963 and members of the Southam family inspected the renovations. The Annual Report of the HHA (1963) reported that:

*"The changes inside the building are so profound as to render it almost unrecognizable even by those quite familiar with its former contours. The entire top floor has been rearranged and equipped to accommodate the Hamilton and District School of Medical Technology. This part of the renovation was rushed to completion in advance of other areas and the school was able to begin its tenancy as early as Nov. 1962. The middle floor has been re-designed to contain the main divisions of clinical pathology viz: microbiology, biochemistry, haematology and blood bank. The ground floor was reconstructed to provide suitable rooms for morbid anatomy, museums and out-patient laboratory services. At the end of this level a very fine medical library and reading room has been established. The furnishings for the latter were the donation of Mrs. J. H. Lee in memory of Dr. Joseph Lee, a member of San staff for many years. This library, which subscribes to 44 medical journals and possesses a goodly number of medical books, is for the use of all doctors on active or courtesy staffs of the Hamilton Health Association hospitals."*

The Hamilton and District School of Medical Technology required additional space by 1965 to increase its enrollment from 78 to 125 students. Preliminary plans proposed a three storey additional at the rear of the Southam Pavilion. The resulting expansion was accommodated in a stand-alone structure connected by a three storey walkway to the Southam Pavilion. The Hamilton and District School of Medical Technology, opened in 1968, was renamed Ewart Building in 1999.

## 2.5 Evel Pavilion

The Evel Pavilion was constructed in 1932 at a cost of \$240,000. The federal and provincial governments provided financial assistance to the project through the unemployment relief programmes established during the Great Depression. Based on the experience gained at the Southam Pavilion, a four storey building oriented to the southwest with the distinctive setback verandahs was constructed to provide accommodation for 155 patients. Later expansions increased bed capacity to 185. The building initially housed all the admission services for the Sanatorium on the ground floor. The second and third floors were devoted to four patient ward units along the southeast side of the building with offices and treatment rooms along the northwest side. The top floor contained the first operating rooms for the department of chest surgery.

The building was named after the late James Joseph Evel, one of the founding members of the HHA and president for 24 years. Evel was born in Plymouth, England in 1849 and apprenticed there as a cabinetmaker and builder before immigrating to Canada. He arrived in Hamilton in 1871 and worked briefly in the Great Western Railway shops before returning to his trade. Evel went into business making caskets and entered into partnership with Arthur Wellesley Semmens to provide undertakers' supplies. By 1902, Semmens and Evel employed over 100 people at their factory on Florence Street. Evel founded the Evel Casket Co. in 1908. He died in Hamilton in 1932.

Hutton and Souter, Architects were responsible for the design and construction of the Evel Pavilion. Gordon Johnston Hutton was born in Hamilton in 1881. He attended Hamilton Collegiate Institute and served an apprenticeship with Charles Mills in Hamilton. Hutton worked with Frost and Granger in Chicago from 1902 to 1905 before rejoining Mills' firm. He became a partner in 1908 and the firm was known as Mills and Hutton until Mills retired in 1914. Hutton worked alone until 1921 when the firm of Hutton and Souter, Architects and Engineers was created with William Russell Souter, a former apprentice of Mills. Projects of the firm included many notable industrial commissions such as plants and offices for the Chrysler Corporation of Canada in Windsor and Chatham, General Motors of Canada factory in Oshawa, H. J. Heinz office and plant in Leamington, National Steel Car Limited, Otis-Fenson Elevator Co. expansion, Steel Co. and west end plant of Westinghouse of Canada. The firm designed well-known public buildings in Hamilton, such as the Basilica of Christ the King, Post Office and Royal Connaught Hotel. After Hutton's death in 1942, Souter carried on the firm, later partnering with John T. Bell and C. J. Howard in 1947 and with his son, William C. Souter in 1963.

With the advent of drug treatments for tuberculosis in the 1950s, long-term isolation for patients was no longer required. The Evel Pavilion was selected as the temporary site for the Chedoke General and Children's Hospital while the Wilcox Pavilion was under renovation. The Chedoke General and Children's Hospital officially started operation on March 6, 1960. The decision to launch the general hospital in the Evel Pavilion allowed the hospital to assemble the staff required for the hospital while permitting general hospital procedures to be developed with a relatively small number of patients.

The Evel Pavilion in 1960 featured 232 beds, of which 80 were reserved for children. The admitting room, emergency operating theatres, X-ray department and administrative facilities were located on the ground floor. The children's wards were assigned to the second floor while the third floor contained a mixture of private rooms, two-bed wards and four-bed wards. The operating rooms, recovery rooms and surgical bed accommodation were located on the top floor.

By February 1963 the Wilcox Pavilion was operating fully as the Chedoke General and Children's Hospital. At that time the Evel Pavilion was closed for renovations to convert the space for use as a rehabilitation facility. Husband and Wallace, Architects, Hamilton and Robertson-Yates Corporation Limited carried out the work. The building reopened in January 1964 as the Hamilton and District Rehabilitation Hospital. An entry vestibule with open concrete frame entrance porch with glazed brick panel and enclosed stairwells at both ends of the building were added at this time. The ground floor contained physiotherapy and occupational therapy, gymnasium, small pool, doctors' offices as well as a chapel. Accommodation on the second floor included wards, nursing station, conference room, craft room and treatment room. The third floor retained the old operating rooms in addition to occupational therapy and treatment rooms. The Hamilton and District Rehabilitation Hospital moved into the Holbrook Building in 1967. The Evel Pavilion then became the maternity ward for the general hospital. It has also housed the respiratory diseases unit and the Alcohol and Drug Addiction Foundation and was the base for the Child and Family Centre.

## **2.6 Brow Site:**

### ***Initial Development***

Southam Home at the City Hospital was providing care for advanced cases of tuberculosis in Hamilton by 1910. However, patients with advanced cases continued to go to the Mountain Sanatorium. As a result, the City of Hamilton passed a by-law in 1913 to grant \$100,000 to the Hamilton Health Association to build a new, permanent, fireproof, infirmary for one hundred tubercular patients at the Mountain Sanatorium. The infirmary was to house all types of tuberculosis cases.

Due to its inadequate water supply and sewage systems at the Orchard site the HHA decided to build the new infirmary on a different location. The HHA selected the present Brow site for its new infirmary principally for its view and proximity to the stair access

up the Mountain. The brow site was designed as a self-contained facility with all services except the laundry. After some study in the United States, Hamilton architects Stewart and Witton incorporated the ward plan used at the Metropolitan Life Sanatorium, Mount MacGregor, New York, into the new infirmary design.

The ground for the infirmary was broken on May 15, 1915, and it was opened December 5, 1916. When built it faced southeast for maximum sun exposure rather than towards the view from the Brow. Two-storeys in height, the infirmary building was built of reinforced concrete and hollow tile a buff brick facing. The design allowed for a future third storey if needed. The distinctive feature of the infirmary was its ward arrangement with inner rooms heated in winter and separated by folding doors from the balconies. Each ward, except the isolation ward, had a balcony and a bed on castors. The ground floor had twenty-two beds and twenty-eight on the second floor. The ground floor also had two isolation wards while the second floor had five. Each balcony had a double hung window sash, sliding shutters and wire screens that could be lowered below the sill when conditions permitted. The shutters, when opened upward, permitted free airflow while keeping out the sun, wind or rain.

The ground floor also contained a nurses' room, examining room, waiting room and pharmacy to the right of the main entrance vestibule and offices, the medical superintendent office and a laboratory to the left as well as the main kitchen, storeroom, staff dining rooms. A diet kitchen and serving rooms and bed and sitting rooms with a sleeping porch for the doctors were located on the second floor.

Immediately upon completion, the Hamilton Health Association assigned seventy-five of its one hundred beds to the Military Hospital Commission as a care facility for returned Canadian soldiers with pulmonary tuberculosis. In return, the government agreed to provide funds to add an equal amount of beds in temporary extensions to the existing patient shacks on the Orchard site.

### ***World War I***

The high incidence of infection from pulmonary tuberculosis in the Canadian military forces during World War I created a demand for treatment beds that could not be met by existing Canadian sanatoria. The privately-owned or provincially run sanatoria were generally too small with inadequate bed space.

The Military Hospitals Commission (MHC) took over the co-ordination of the medical care needed for Canadian soldiers suffering from pulmonary tuberculosis in August 1915. Under the MHC, the Department of Soldiers Civil Re-establishment had the task of finding treatment facilities for the returning soldiers with tuberculosis. Initially the existing sanatoria accepted soldiers as patients where beds could be found. Then the Department of Soldiers Civil Re-establishment arranged to use sections of existing sanatoria exclusively for the soldiers. Finally, after much discussion, the MHC decided to provide capital financing to expand existing sanatoria rather than build its own

permanent facilities. This building programme greatly increased the tuberculosis care facilities across Canada.

The Department built its first Ontario extensions at the Mowat Sanatorium, Kingston. Then it built two, thirty-two bed pavilions (East and West Pavilions), a patient dining room and a vocational workshop, designed by the Chief Architect's Branch, at the Brow site of the Hamilton Mountain Sanatorium Hamilton in 1917. The former Engineers' Double Cottage was built in the same year by Stewart and Witton for the HHA.

The East and West Pavilions comprised two storey red brick buildings with a small basement area off the north elevation, concrete foundation walls and footings. The wards in the pavilions were located across the front or south elevation of the two storey buildings. Large windows provided ample sunlight and fresh air. Service areas and offices were located on the north elevation or back of the building. A two storey bay window projection was located in the centre of the front elevation while an entrance door was found at each end of the elevation. Stucco panels accentuated the bay projection. The Brow pavilions were similar in design and exterior detailing to those built by the Department at the Byron Sanatoria.

By the end of 1918 the Orchard and Brow sites were both connected to city water and sewage systems and the road to the sanatorium sites had been upgraded to a first class macadam roadway. The Dominion Government granted money towards the construction of a road between the Orchard and the Brow facilities in 1918. The last military patients at the Mountain Sanatorium were placed on a civilian list in 1923.

Built in haste, the military buildings at the Brow did not conform to the HHA's original design concept for a compact institution. As a result, after the war, the HHA's abandoned its plans for an extended, complete unit at the Brow in favour of expanding the Orchard site.

### ***Intermediate years: 1920-1960***

During the 1920s the HHA expanded the Mountain Sanatorium facilities principally on the Orchard site. At the Brow, the HHA built only the Long and Bisby Nurses' Residence (1920), named for its benefactors, Mr. W. D. Long and Mrs. George H. Bisby, and a duplex doctors residence (1921). Hamilton architect W. H. Witton designed the Long and Bisby Nurses' Residence while local contractor W. H. Cooper supervised the construction. Hamilton citizens, societies and commercial institutions donated its interior furnishings. The duplex was designed by architects Witton and Walsh and built by W. H. Cooper. It was not until 1937 when the Moreland Residence, a dormitory building for male employees, was built that the Brow site underwent any further changes. The East Pavilion was renovated for a Rehabilitation Centre in 1952. In 1953 the Cross of Lorraine was erected on the brow. This illuminated double barred cross was built to serve as a constant reminder of the tuberculosis campaign and the hospital site. Residences 17, 18 and 19 were built to house married doctors in 1953. In 1958-59 the Brow Infirmery

was converted by Frid Construction Co. Ltd., to a hospital for convalescent and chronically ill patients.

### ***1960-Present***

The Insurance Plan (1960) depicts the following buildings on the Brow site: Houses No. 17, 18 and 19 at the main site entrance, double houses No. 13 and 14 and double house No. 15 and 16 with garages, the Long-Bisby Residence, the Brow Infirmary (No. 1); the East pavilion (No. 2), the West Pavilion (No. 2), the Vimy Ridge Pavilion (No. 4), the Occupational Therapy Building (No. 5), the Dining Room (No. 6) and the Moreland Residence (No. 11). The same year, the Pavilion was leased to the Institute of Physical Medicine and Rehabilitation. The Dining Room was converted to a staff cafeteria in 1960. The School of Medical Technology was moved into the West Pavilion in 1962. The Doctor's Residence/Nurses Residence/Business Managers Office at the Brow was demolished in 1964.

Renovations for a Substance Abuse Treatment and Education Centre were undertaken in 1978. The Long and Bisby Building housed the Cool School, an alternative high school from 1973-1983. From 1983 to present the Day Care Centre for Employee's Children has occupied the building.

The name of Mountain Sanatorium changed to Chedoke Hospitals in 1971. The Brow Infirmary name became the Chedoke Continuing Care Centre two years later. The Chedoke Hospitals amalgamated with McMaster University Medical Centre to become Chedoke Division of Chedoke-McMaster Hospitals in 1979.

### ***Architects***

The Brow Infirmary was designed and built by the Hamilton architectural firm of Stewart and Witton. Stewart and Witton, later Stewart and Walsh, was responsible for the design of numerous buildings at the Brow and Orchard sites of the Mountain Sanatorium between 1914 and the 1920s.

Walter Wilson Stewart, born in the United States, moved to Toronto in 1872 at one year of age. The family moved to Hamilton in 1885 where Walter took up his architectural studies. He joined his father's firm as part of Stewart and Stewart and then practiced in Cleveland, Ohio, in the early 1900s. He returned to Hamilton in 1904. William Palmer Witton was born in 1871 in Hamilton, Ontario. Educated and trained in Chicago he returned to Hamilton to practice architecture in 1895. Witton and Stewart formed an architectural practice in Hamilton in 1904. The firm built schools in Brantford, Paris, Galt and Dunnville under the name Stewart, Witton and Taylor in Brantford.

Stewart and Witton were responsible for designing and building many local Hamilton and district buildings apart from the Mountain Sanatorium facilities from 1904 to 1917. They included: collaboration on a new facade and addition for the James Street Armouries; the



Galt Collegiate Institute, Wentworth Street School addition, additions to Picton Street School and Sophia Public School, King George School, Picton Street School addition and Earl Kitchener School; the Herkimer Baptist and St. Giles churches; and the I.O.O.F Temple, the Otis-Fensom (elevator) factory, the Orange Hall, and Merrick Street theatre, Mary Street Police Station, Home for the Incurables and Isolation Hospital.

Col. Stewart was killed in action during World War I. Witton joined in partnership with W. J. Walsh in 1920 and was responsible for the Bisby and Long Nurses Residence at the Sanatorium as well as a large addition to the Mount Hamilton Hospital in 1931. Witton retired in the mid 1930s and died in June 1947.

### **3.0 CULTURAL HERITAGE LANDSCAPE**

#### **3.1 Area Context Orchard Site**

The former sanatorium site sits on the edge of the Niagara Escarpment, known locally as the Mountain, overlooking the City of Hamilton and Lake Ontario. Prior to its acquisition in 1905, the 96-acre, relatively flat property was in agricultural use. The property was selected for sanatorium use as it was close to the City of Hamilton but at the same time physically removed. Its position on top of the Mountain provided access to fresh air felt to be beneficial to the treatment of tuberculosis.

The Mountain Sanatorium is comprised of two distinct grouping of buildings: the Orchard site to the south used for civilian patients from 1906 on and the Brow site to the north developed for military use during World War I. The Bruce Building, Southam Pavilion and Evel Pavilion form part of the Orchard site, so named, as the early buildings were located in the orchard of the former farmstead. The Orchard site is a campus of institutional buildings set within a landscape of planned gardens, open space and woodlots. A curvilinear road connects the Orchard and Brow sites.

The first patients were housed in two tents at the Orchard Sanatorium. The tents were replaced by simple, one storey, wood frame buildings referred to as 'shacks'. The shacks were generally oriented east to west or north to south around the edges of the apple orchard, leaving an open space in the middle. Staff residences, administration buildings and service structures were placed to the outside of the shacks.

Brick replaced wood as the predominant building material after 1920. Buildings constructed from 1920 to 1926, such as, the Bruce Memorial Building, Laundry and Kitchen, were relatively small scale, two storey brick buildings. They retained the same orientation as the earlier buildings on the site. It was at this period that Sanatorium Road was constructed between the two sanatorium sites. This curvilinear roadway contrasted with the linear pattern of the surrounding fields, treelines and concession roads. It became the major thoroughfare through the site with buildings located on either side and facing

the roadway. It retains this role today leading to buildings and parking lots and allows bus service along the road.

The construction of the Southam Pavilion in 1928 provided a new approach to the siting and scale of buildings at the Orchard Sanatorium. Set to the north of the existing buildings, the two storey building was oriented southeast to maximize exposure to the sun with patient sleeping porches lined up along this side of the building. The Evel Pavilion constructed in 1932 followed a similar orientation and layout although the building incorporated three floors of patient rooms. The appearance of the Orchard Sanatorium changed significantly with the construction of the Wilcox Pavilion in 1938. It follows the same orientation as the Southam and Evel Pavilions but it was placed in the middle of the orchard. It dwarfed the surrounding buildings and resulted in the removal of some of the earlier shacks and much of the orchard vegetation.

Historical photographs depict the open grounds beside the buildings being used for functions, such as bands, for the entertainment of the patients.

In the intervening years, the City of Hamilton has developed to the sanatorium site. The agricultural lands that initially surrounded the Mountain Sanatorium have been redeveloped in recent years for residential use. When the Sanholm Farm was closed in 1968, the land was declared surplus to the requirements of the hospital and sold. Only 60 acres of the earlier land holdings currently remain part of the hospital site. The Hamilton Health Sciences Corporation is currently developing a master plan that will result in the disposal of additional sections of the site.

Photographs of the cultural heritage landscape are contained in Appendix B.

### **3.2 Site Description Bruce Memorial Building**

The Bruce Memorial Building is located on the north side of a short drive that runs west from Sanatorium Road. It was sited originally to provide easy access from the adjacent Preventorium. The drive accesses both the Bruce and the Wilcox Buildings. A turning circle is located in front of the Bruce Building. A service drive at the east end of the building leads to the rear and connects with Central Building and West Quarters. A concrete sidewalk in front of the building leads the Holbrook Pavilion to the southwest. A square concrete curb defines the roadway, parking and sidewalk.

The Bruce Building is oriented east to west with a one storey wing extending north from the rear wall. A walkway leads from the sidewalk to the front entry, set midway along the south (front) elevation. A grass yard borders the front and sides of the building with clipped hedge along the south elevation and individual tree plantings to the east and west. The site slopes away gradually to the north. A fenced playground is set beside the northwest corner of the building while parking is provided at the northeast corner. In

terms of siting, design, materials, size and age, the Bruce Building relates to the original parts of the Central Building and West Quarters.

### 3.3 Site Description Southam Pavilion

The Southam Pavilion is located on the west side of Sanatorium Road. At the time of its construction in 1928, it stood by itself in an open landscape at the north end of the Orchard San. While the older buildings to the south were oriented north to south and east to west, the Southam Pavilion was dramatically shifted to face southeast. The Evel Pavilion (1932) and the Wilcox Pavilion (1938) followed the siting established at the Southam Pavilion.

The site slopes gently downwards to the northwest so that the two storey building extends three storeys along the northwest wall. The narrow front elevation faces northeast with an entrance porch at the northwest corner. A drive from Sanatorium Road formerly led into the site at the north end and extended around to the main entry. The drive was likely removed at the time of construction of the Ewart Building in 1968. Views south along Sanatorium Road to the front elevation of the Southam Pavilion have been obscured with the introduction of the Osler Building. Asphalt walkways run from the main entry to the sidewalk along the Sanatorium Road and to the Ewart Building. A triangular piece of land between Sanatorium Road and the Southam Pavilion has been landscaped with grass lawn interspersed with individual and grouped plantings of deciduous and coniferous trees and ornamental plantings. Historical photographs indicate that the lawn with plantings was initially graded up to the edge of the ground floor verandahs (*Appendix A*). A three storey walkway connecting the Ewart Building and the Southam Pavilion meets the northwest wall of the Southam at an angle and blocks portions of this wall. Land to the south of the link is paved for parking. An above-grade tunnel connecting the Southam Pavilion to the Central Building is located at the southwest end of the building.

### 3.4 Site Description Evel Pavilion

The Evel Pavilion is located on the west side of Sanatorium Road. At the time of its construction in 1932, it stood with the Southam Pavilion in an open landscape at the north end of the Orchard San. While the older buildings to the south were oriented north to south and east to west, the Evel and Southam Pavilions were dramatically shifted to face southeast. The Wilcox Pavilion (1938) followed the siting arrangement.

A drive from Sanatorium Road leads into the site at the north end and accesses the main entry of the Evel Pavilion located midway along the northwest wall. The drive continues around the back of the Evel Pavilion and connects with Ewart, Southam, Central, Holbrook and West Quarters buildings. The area between the drive and the Evel Pavilion is paved for parking. This roadway initially extended around the southwest end of the building and joined with the drive from Sanatorium Road to the Southam Pavilion. This road network was modified with the construction of the Ewart Building in 1968.

The land to the north of the building is landscaped with grass lawn edged with conifers. A two storey residence was located in this area until the 1960s. A large, asphalt parking lot is situated to the west. Historical photographs indicate that the triangular piece of land between the Evel Pavilion and Sanatorium Road was maintained as a flat grass lawn overlooked from the verandahs above (*Appendix A*). The introduction of the Osler Building has severely compromised the integrity of the siting of the Evel Pavilion. It blocks views to and from the building, notably obscuring the distinctive stepped back profile of the verandahs. An enclosed, one storey walkway located on the southwest wall connects the Evel Pavilion with Ewart Building and ultimately to the Southam Pavilion and Central Building.

### **3.5 Site Description Brow Site**

The former Brow Infirmary site of the Scenic North Secondary Plan study area sits on the edge of the Mountain overlooking the City of Hamilton and Lake Ontario. The main entrance to the site is by a paved road off North Scenic Drive. It is a discrete group of buildings both physically and visually separate from the principal hospital site to the west. Residential subdivisions have been built up to its boundaries. The Brow site comprises a campus of institutional buildings and structures set within a cultural landscape of planned gardens, open space, an ephemeral watercourse, woodlots and connected by a curvilinear road network. Three 1950s residences sit at the entrance to the site.

## **4.0 BUILT HERITAGE FEATURES**

The following is a brief architectural description of the Bruce Memorial Building, Southam Pavilion and Evel Pavilion. Photographs are found in Appendix C.

### **4.1 Bruce Memorial Building**

The Bruce Memorial Building was opened in 1921 to provide accommodation for a number of services to support the children's wards located in the neighbouring Preventorium, notably classrooms. The building has been used for a variety of uses over the years, most recently for infant, parent, pervasive development disorders and early childhood programmes.

#### ***Bruce Memorial Building: Exterior***

The Bruce Memorial Building is considered a good example of a 1920s institutional architecture with materials and construction techniques typical of the period. In design the building loosely follows the tenets of the Beaux Arts style including the balance of the principal façade with central frontispiece and classical detailing with heavy cornice, parapets, rectangular openings and decorative swag panels. Aspects of the design that

relate specifically to the building's use by tuberculin patients within the sanatorium site are of particular interest.

The Bruce Building is T-shaped in plan with a two storey front section measuring roughly 25-ft. north to south by 92-ft east to west. A one storey wing measuring 27-ft. east to west by 50-ft. north to south extends to north from midway along the rear wall. The *Condition Assessment Report* for the Bruce Building prepared by Physical Planning Technologies Inc. in 1998 indicates that the foundation walls, footings and ground floor slab are poured concrete. Wood joists are used for the second floor. The exterior walls are hollow tile clad in a yellow-brown rug brick with artificial stone detailing at the foundation, window sills, cornice and parapet. The flat roof is covered with tar and gravel. Door and window openings are rectangular shaped throughout the building. The main entry retains the original wood frame and double multipane wood doors; however, the rest of the exterior doors are hollow metal. The original six over six wood window sash were replaced in 1993 with double glazed units and bottom opening vents in aluminum frames. Historical photographs suggest that the woodwork was originally painted a putty colour similar to the artificial stone detailing (*Appendix A*).

#### *South (front) elevation*

The primary elevation facing south is the most detailed although dense vines and hedges currently obscure portions of the wall. The focal point of the front elevation is a centre pavilion projecting 3-ft. 6-in. from the main wall plane. The stepped parapet of the frontispiece is decorated with square and diamond panels. The length of the building is accented with the horizontal lines of the foundation, continuous window sills, cornice and parapet finished in artificial stone to contrast with the brick walls. The masonry units (2 1/2-in. high by 3 3/4-in. wide by 8 1/2-in. long) are laid in a common bond with headers every 6<sup>th</sup> row. The stretcher units feature horizontal striations while the headers have vertical markings. The tops of the window openings are finished in a soldier course.

The frontispiece features a centrally located, one storey square entry porch with metal railing on the second floor and two shallow stone steps leading to a quarry tile porch and the main entry. Pilasters and transom with decorative medallion surround the multipane double entry doors. A historical photograph indicates the porch posts were originally circular with large square lattice enclosing the sides of the porch and that the entry doors with brass kick plate and door hardware were natural wood (*Appendix A*). The wall to either side is set back slightly from the main entry and has a large window on each floor with a decorative swag panel outlined in brick and artificial stone set between the openings. Basement window wells are located below the ground and second floor openings.

When the building opened in 1921, large window openings set off the ground floor at each end and marked the location of the classrooms. Mullions divided the large openings into five equal spaces that were each fitted with two window sash, which pivoted outwards to maximize classroom ventilation. These openings have been modified with

the introduction of three contemporary window sash and green glazed tiles to close in the intermediate openings. Three window openings are regularly spaced above the classroom windows on the second floor.

#### *East elevation*

The east elevation retains some of the detailing of the front wall. The second floor window sill line, cornice and parapet detailing are carried around onto the east elevation of the main building but the foundation is clad in brick. A second floor window located midway along the wall has been modified to a door that opens onto a metal fire escape. Vines largely obscure the detailing of the ground; however, a large panel with decorative brick border is discernible. A raised brick cross is located in the centre of the panel. The introduction of a window on the ground floor cut into the bottom of the cross. In addition, signage partially covers this feature.

#### *North (rear) elevation*

The north elevation retains little of the detailing of the front elevation. The decorative brickwork at the top of the second floor windows and above the cornice extends to this elevation but there are no artificial stone accents. The top of the parapet is finished in terra cotta coping. The ground floor windows are set within the masonry wall with no decorative header or soldier course.

The rear wing covers the centre section of the north wall at the ground floor level. A bay featuring three windows with an additional window to either side is located on the second floor of the main building, overlooking the roof of the rear wing. The east end of the north wall has three windows on the ground floor in line with three windows on the second floor. A historical photograph indicates that the chimney located along this section of the wall has been reduced in height. Stairs at the east end of the wall lead down to a basement entry. A basement window with multipane metal sash is located beside this doorway. The west end of the north wall has two windows on the ground floor and three windows on the second floor. As the site slopes to the northwest, the basement opens up at grade at this end of the wall. A doorway accessing the playground and three window openings are located at the basement level.

#### *West elevation*

Like the north elevation, the west elevation retains little of the detailing of the front elevation. The decorative brickwork at the top of the second floor windows and above the cornice carry around the corner but none of the artificial stone accents extends to this end wall. The top of the parapet is finished with terra cotta coping similar to the north elevation. A door and porch has been added at the south end of the wall at the ground floor level. A window is located midway along the wall on the second floor.

### *Rear wing*

The rear wing is a one storey, flat roof structure constructed in a similar manner to the main building. It is simply detailed with the top of the parapet finished in terra cotta coping. It is believed that the rear wing originally housed the dining room with the kitchen at the north end. The east and west walls have a similar pattern of window openings on the ground floor, namely, single, paired, single, paired. The replacement window sash are smaller than the original sash, resulting in a metal panel at the top of the unit. A historical photograph shows a fireplace at the north end of the dining room at the wall shared with the kitchen but no chimney is visible from the ground. A series of basement windows are located on the east and west walls. The centre portion of the north wall of the rear wing has been stuccoed. A door leading into the basement is located in the middle of the wall.

### ***Bruce Memorial Building: Interior***

Access to the interior of the building was limited to the entry vestibule and stairwell. The original layout consisted of a centre hall on the ground floor with classrooms to either side and a dining room with fireplace and kitchen at the north end of the hall. The staff accommodation on the second floor included kitchen, lounge, bedrooms and washrooms. The basement contained offices and workshops. Historical photographs indicate that the floors in the classrooms and dining room were finished with wood.

An appraisal report of the Bruce Building (1968) indicates that the entrance lobby and basement corridors had terrazzo floors. The main staircase was steel with terrazzo treads and wood banisters and railing. The upper level had wood floors. Generally the walls and ceilings were plastered although acoustic ceiling tiles had been installed in most of the office spaces. Portions of the basement, possibly the rear wing, had concrete walls and floors. Steam heating was provided from the main power house.

By the 1998 as noted in the condition report, most of the floors were carpeted with vinyl tile on the central stairs. Acoustic 2-ft. by 2-ft. ceiling tiles on tee-bar grid were used through much of the building. The interior walls were a combination of the original hollow clay tile back up with painted plaster finish and contemporary drywall partitions. The report noted that the window sash were replaced throughout the building in 1993. Most of the interior doors were identified as wood doors in wood frames although part of the ground floor to the east of the main entrance had hollow metal doors and frames. The interior of the Bruce Building appears to have been extensively altered with significant renovations carried out in 1968 and 1995. The entry vestibule and original main staircase are retained. The main entry doors and the wood interior doors also date from the period of construction. Original materials may survive beneath current finishes. It is not known whether the fireplace remains in the former dining room.

## 4.2 Southam Pavilion

The Southam Pavilion was opened in 1928 to provide accommodation for tuberculosis patients on two floors with a laboratory and morgue in the basement. The patients were housed on the southeast side of the building with offices and services areas to the northwest. The building was extensively altered in 1960 when it was no longer required for patient care. The Southam Pavilion was modified to accommodate a fully integrated laboratory for all units of the Mountain Sanatorium on the lower two levels with the Hamilton and District School of Medical Technology on the top floor. The building was officially re-opened in February 1963.

### *Southam Pavilion: Exterior*

The Southam Pavilion is considered a very good example of institutional building displaying a distinctive style of sanatorium architecture. It was first of three buildings at the Orchard San to be oriented to the southeast to allow for sunshine while protecting the wards from the prevailing winds in the cooler months, improving the comfort of the unheated wards. It was the first building at the site to use setback verandahs, as advocated by the consultant architect to the Federal department of Soldiers' Civil Re-establishment. The Southam Pavilion implemented a four-bed unit, adopted from the National Sanitarium Association's new infirmary at Gravenhurst. These innovations were used in the Evel Pavilion (1932) and the Wilcox Pavilion (1938). The materials and construction techniques are typical of the period.

The Southam Pavilion is a long, narrow building measuring approximately 44-ft. 6-in. northwest to southeast by 168-ft. 3-in. northeast to southwest. The ground and second floors are set back from the main foundation walls. Exposed two storeys on the southeast side, the building extends three storeys along most of the northwest wall. The *Condition Assessment Report* for the Southam Pavilion prepared by Physical Planning Technologies Inc. in 1998 indicates that the foundation walls, footings and some of the interior basement walls are reinforced concrete. The structural beams, columns and joists use a combination of reinforced concrete and structural steel. The reinforced concrete floor slabs are finished with a terrazzo topping. The exterior walls are clad in a red rug brick with common brick backing and concrete detailing at the foundation, window sills, cornice, coping and top of the piers. The masonry units (2 1/2-in. high by 4-in. wide by 8 3/8-in. long) are laid in a common bond with recessed mortar joint, header course every second row and some decorative brick detailing. The door and window openings are rectangular shaped. Several door and windows have been closed in, notably along the southeast wall. The original double hung wood window sash and exterior paneled wood and glazed doors have been replaced.

The flat roof is covered with tar and gravel. A large penthouse for mechanical systems located roughly midway along its length was added *circa* 1960.



*Northeast (front) elevation*

The focal point of the northeast wall is a two storey pavilion with stepped corners, 23-ft. wide and projecting 20-ft. from the northeast wall. The centre of the pedimented parapet is highlighted with decorative concrete detailing. A French window with Juliet balcony and metal railing is set in the middle of the wall on the second floor. Smaller window openings are located to either side. Three window openings on the ground floor are set directly below the openings on the second floor. An entrance porch, 20-ft. 6-in. by 10-ft. 10-in., to the right of the centre pavilion balances the asymmetrical composition of the northeast wall. The entrance porch is set off from the rest of the building with arched openings with radiating brick voussoirs. 'Southam Pavilion, 1928' are carved in a decorative panel over the arched openings to the entry porch. A Lorraine Cross, adopted as the symbol of the global fight against tuberculosis at an international conference on tuberculosis in Berlin, Germany in 1902, forms part of the composition.

*Southeast elevation*

The long southeast wall facing Sanatorium Road is the most distinctive feature of the Southam Pavilion. The setback profile initially accommodated verandahs accessible from the adjacent wards. Brick pilasters topped with decorative concrete caps extending above the parapet divide the length of the building into nine bays. The bays at either end of the wall feature a pedimented parapet with additional concrete detailing at the peak, similar to the northeast wall. Concrete coping and cornice run between the pilasters with decorative brickwork under the cornice. Each bay originally comprised a centre entry fitted with double French doors and large window openings to either side. Historic photographs indicate that the large doors permitted the patient beds mounted on castors to be rolled out onto the verandahs (*Appendix A*). Retractable striped awnings could be lowered to provide protection from direct sunlight. The ground floor and second floor verandahs were staggered to permit exposure to the sun from each floor. The ground floor verandah extended to the edge of the foundation wall. The upper verandah projecting slightly over the ground floor is supported with paired wood brackets in line with the brick pilasters. A metal railing on the upper verandah features a raised arch section in line with the pilasters.

The large window openings and doorways that formed an important aspect of the composition of this elevation have been altered. Most of the bays have been bricked and incorporate a small window set high in the wall or occasionally an opening fitted with a steel door and with a window to either side. The floor of the lower verandah has been extended at the northeast end of the wall into formerly landscaped areas. The pavilion at the northeast end of the building has a French window on the second floor with metal balcony. A large window directly below on the ground floor has been bricked in.

*Southwest elevation*

The southwest wall has been extensively altered with the construction of a three storey enclosed brick stairwell that blocks much of the original exterior wall. A tunnel connecting the Southam Pavilion with the Central Building is also located on this wall. The balance of the wall is simply detailed with a single window opening on each of the ground and second floors.

*Northwest elevation*

The northwest wall is divided into two distinct sections. The two storey section to the northeast is defined by the entrance porch and is detailed in a similar manner to the northeast wall. Two French windows on the second floor with metal balconies are located directly above two large windows on the ground floor. The area to the southwest is three storeys in height and is simply detailed. The length of the wall is broken with a bay projecting 4-ft. from the wall with a pedimented parapet. Two storey bays with a stepped parapet are situated towards either end of the wall, the one to the northeast located at the entrance porch. The concrete coping is retained on this wall but the cornice is reduced to a simple band at the southwest end. A series of window openings are located on the basement, ground and second floors. Generally the windows are regularly spaced, directly above one another. Several openings have been closed in. This elevation has been modified with the widening of the centre bay, the addition of an elevator tower in the 1950s and the three storey walkway to the Ewart Building in the 1960s.

***Southam Pavilion: Interior***

The interior of the Southam Pavilion was not accessible. It is known from the historical record that the interior was extensively altered in the renovation, 1960-63.

**4.3 Evel Pavilion**

The Evel Pavilion was opened in 1932 and initially housed all the admission services for the Sanatorium on the ground floor. The second and third floors were devoted to four patient ward units along the southeast side of the building with offices and treatment rooms along the northwest side. The top floor contained the first operating rooms for the department of chest surgery. The building was extensively altered in 1963 when it was converted to use as a rehabilitation facility. Additional renovation work was undertaken in 1968 and 1978.

***Evel Pavilion: Exterior***

The Evel Pavilion is considered a good example of institutional building displaying a distinctive style of sanatorium architecture. The innovations developed at the Southam Pavilion in 1928, namely the southeast exposure, setback verandahs and four-bed units were applied on a larger scale at the Evel Pavilion. These details were further refined in

the Wilcox Pavilion, constructed in 1938. The materials and construction techniques are typical of the period.

The four storey Evel Pavilion is a long, narrow building measuring approximately 55-ft. 6-in. northwest to southeast by 225-ft. 4-in. northeast to southwest. The second, third and fourth floors are set back from the ground floor to form the balconies. The *Condition Assessment Report* for the Evel Pavilion prepared by Physical Planning Technologies Inc. in 1998 indicates that the foundation walls, footings, beams, columns and floor slabs are reinforced concrete construction. There is some steel framing around the elevator shaft. The verandahs are reinforced concrete finished with built-up roofing. The floor slabs contain a variety of finishes including carpet, vinyl tile, sheet flooring in addition to the original terrazzo. The exterior walls are clad in a red rug brick with common brick backing. The masonry units (2 <sup>3</sup>/<sub>8</sub>-in. high by 4-in. wide by 8 <sup>5</sup>/<sub>8</sub>-in. long) are laid in a common bond with recessed mortar joint. The walls are accented with concrete accents, concrete coping and decorative brickwork. The door and window openings are rectangular shaped. Several door and windows have been closed in, notably along the southeast wall. The original double hung wood window sash and exterior paneled wood and glazed doors have been replaced. The flat roof of the main building and the verandah floors are covered with tar and gravel

#### *Northwest elevation*

The northwest wall marks the main entry to the building. The long wall is broken into three sections. The two shallow end pavilions originally featured high, stepped and pedimented parapet, a design carried around to the northeast and southwest end walls and the end bays of the southeast wall. The centre section of the wall appears to have featured a penthouse set close to the edge of the roof, constructed in brick with concrete accents. A vertical feature was set at the northwest corner of the penthouse. The vertical line extended down the wall to the ground, possibly marking the main entrance. The overall effect was similar to a tower. The balance of the walls features a pattern of rectangular window openings on all four floors. Stairwells with doorways at the ground level are distinguished with windows located at the landings between the floors levels.

The northwest wall was significantly altered in 1964 with a five storey addition housing elevator and stairwell, entry vestibule and large concrete frame canopy with glazed brick wall. The penthouse appears to have been replaced at that time. The parapet at either end of the wall has been lowered and the design simplified. Along the main length of the wall, several of the window openings have been closed in.

#### *Northeast elevation*

The narrow northeast wall originally provided an interesting shape with four story vertical wall at one end and stepped back profile for the verandahs at the other end. The parapet was detailed in a similar manner to the end bays on the northwest and southeast

walls. This wall has been modified with the addition of enclosed stairwell that extends above the roofline. The parapet has been lowered.

#### *Southeast elevation*

The southeast wall facing Sanatorium Road is the most distinctive feature of the Evel Pavilion. The setback profile initially accommodated verandahs accessible from the adjacent wards. The long wall is broken into three sections: two solid end bays and an open centre section. High, stepped and pedimented parapets with decorative concrete panels similar to the northwest wall originally defined the two end bays. The window openings in the end bays are rectangular, outlined with a brick border and concrete sills. The centre section of the building is divided into eight bays with brick pilasters topped with decorative brickwork and concrete caps extending above the parapet. Concrete coping and wood cornice run between the pilasters. The parapet is stepped in the middle of each bay and features a concrete diamond and decorative brickwork. The pilasters on the ground floor initially extended through to the second floor verandah to form piers for the metal railing. Each of the centre bays on the upper floors originally comprised a centre entry fitted with double French doors and large window openings to either side. The large doors permitted the patient beds mounted on castors to be rolled out onto the verandahs. Retractable striped awnings could be lowered to provide protection from direct sunlight. The second, third and fourth floor verandahs were staggered to permit exposure to the sun from each floor. The second and third floor verandahs project slightly over the floor below and are supported with paired wood brackets in line with the brick pilasters. The downspouts and eavestroughs are copper.

The parapets at the ends of the wall have been lowered and simplified in design and use metal rather than concrete coping. The large window openings and doorways that formed an important aspect of the composition of this elevation have been altered. The centre bays have been bricked in with two windows incorporated into each bay. The original metal railings on the verandahs have been removed. The verandahs have been used to carry various mechanical systems including air ducts. One of the bays on the ground floor was modified to incorporate a pair tall slender windows fitted with stained glass for the chapel that was added in 1964.

#### *Southwest elevation*

The southwest wall is similar in design to the northeast wall. A four storey enclosed stairwell has been added to this wall. A one storey enclosed walkway to the Ewart Building also obscures portions of the wall.

#### ***Evel Pavilion: Interior***

The interior of the Evel Pavilion was accessible on the ground floor. It is known from the historical record that the interior has been extensively altered in renovations undertaken in 1963, 1968 and 1978.

The Ellen Wanless Ewart Memorial Chapel was installed as part of the 1963 work. It is no longer in use as a chapel and currently forms part of the resource centre. Members of the Ewart family donated the stained glass windows in the former chapel.

## **5.0 CULTURAL HERITAGE RESOURCE ASSESSMENT: BUILT HERITAGE FEATURES**

### **5.1 Bruce Memorial Building**

The Bruce Memorial Building was opened in 1921 to provide accommodation for a number of services to support the children's wards located in the neighbouring Preventorium, notably classrooms. The building has been used for a variety of uses over the years, most recently for infant, parent, pervasive development disorders and early childhood programmes.

#### *Historical/Associative Value*

The Bruce Memorial Building is associated with the development of the Mountain Sanatorium that opened in 1906 for the treatment of tuberculosis. The Bruce Building was built beside the children's wards, known as the Preventorium, and accommodated classrooms and other services for children with tuberculosis housed at the Sanatorium. Opened in 1921, the building relates to the construction of permanent brick structures at the site. The local Hamilton architecture firm of Beckett and Akitt designed the Bruce Building. It is one of the oldest remaining buildings on the Mountain Sanatorium site as a whole and the oldest remaining structure on the Orchard site. The building is named in memory of John A. Bruce, owner of J. A. Bruce Seed Company whose legacy to the Sanatorium covered the cost of construction.

#### *Design/Physical Value*

The Bruce Memorial Building is considered a good example of a 1920s institutional architecture with materials and construction techniques typical of the period. In design the building loosely follows the tenets of the Beaux Arts style including the balance of the principal façade with central frontispiece and classical detailing with heavy cornice, parapets, rectangular openings and decorative swag panels. Aspects of the design that relate specifically to the building's use by tuberculin patients within the sanatorium site are of particular interest.

Notable architectural attributes of the Bruce Memorial Building include, but are not limited to:

- Symmetrical design of the south (front) elevation with projecting frontispiece;
- Flat roof with parapet increasing in height at the centre of the building;
- Horizontal bands of artificial stone detailing including the foundation, window sills, cornice and parapet.

- Rug brick laid in a common bond with soldier course above the ground floor windows and decorative banding above the second floor windows and at the cornice level;
- One storey square entry porch with metal railing on the second floor and two shallow stone steps leading to a quarry tile porch and the main entry;
- Main entry with pilasters, transom with decorative medallion and multipane double entry doors with brass kick plates and handles;
- Regularly spaced rectangular shaped window openings and notably former large classroom windows on the south side of the ground floor;
- Two decorative artificial stone swags bordered in brick and artificial stone on the south wall
- Brick panel with cross on the east wall;
- Centre hall plan with vestibule and rooms opening off to either side and to the north end; and
- Centre steel staircase with wood balusters and railing.

### *Contextual Value*

The Bruce Memorial Building is part of a campus of buildings that relate to the Orchard site of the former Mountain Sanatorium. The Wilcox, Holbrook, Central and West Quarters buildings are in close proximity. The historic linkage with the Preventorium that the Bruce Building initially supported was lost when the Preventorium was demolished in 1952. In terms of siting, design, materials, size and age, the Bruce Building relates to the original parts of the Central Building and West Quarters.

It is set on the north side of cul-de-sac extending west from Sanatorium Road. A concrete sidewalk runs along the front of the Bruce Building with a straight walkway to the front entry. The front and sides of the building are set within a grassed lawn accented with hedges and trees. The lands to the rear of the building are paved for service areas and parking.

### *Summary of Heritage Value*

The Bruce Memorial Building is considered to be of local heritage interest. It relates to the development of the Mountain Sanatorium and is the oldest building surviving on the Orchard portion of the site. The building is associated with the John A. Bruce family and local architects, Beckett and Akitt. The institutional building is well designed with a number of notable features. It is in good condition with most of the original exterior detailing and materials retained. It contributes to the campus of individual health-related buildings set in landscaped grounds.

## 5.2 Southam Pavilion

The Southam Pavilion was opened in 1928 to provide accommodation for tuberculosis patients on two floors with a laboratory and morgue in the basement. The patients were housed on the southeast side of the building with offices and services areas to the northwest. The building was extensively altered in 1960 when it was no longer required for patient care. The Southam Pavilion was modified to accommodate a fully integrated laboratory for all units of the Mountain Sanatorium on the lower two levels with the Hamilton and District School of Medical Technology on the top floor. The building was officially re-opened in February 1963.

### *Historical/Associative Value*

The Southam Pavilion is associated with the Mountain Sanatorium that opened in 1906 for the treatment of tuberculosis. It was constructed in 1928 to provide accommodation for 76 patients, laboratory space and a morgue. All the laboratory work for the sanatorium was done in the basement of the new building. The Southam Pavilion is named after its benefactors, Mr. William J. Southam, renowned newspaper baron and his wife. The local architecture firm of W. P. Witton designed the Southam Pavilion with W.H. Cooper as the general contractor. Both Witton and Cooper were responsible for the construction of several buildings at the Mountain Sanatorium as well as many notable structures in Hamilton and the surrounding region.

### *Design/Physical Value*

The Southam Pavilion is considered a very good example of institutional building displaying a distinctive style of sanatorium architecture. It was first of three buildings at the Orchard San to be oriented to the southeast to allow for sunshine while protecting the wards from the prevailing winds in the cooler months, improving the comfort of the unheated wards. It was the first building at the site to use setback verandahs, as advocated by the consultant architect to the Federal department of Soldiers' Civil Re-establishment. The Southam Pavilion implemented a four-bed unit, adopted from the National Sanitarium Association's new infirmary at Gravenhurst. These innovations were used in the Evel Pavilion (1932) and the Wilcox Pavilion (1938). The materials and construction techniques are typical of the period.

Notable architectural attributes of the Southam Pavilion include, but are not limited to:

- Rug brick with recessed mortar joints laid in a common bond, stepped at the corners of the building and decorative brick banding, lintels and surrounds at the second floor windows.
- Concrete detailing including cornice, coping, pilaster caps, corner details and window sills.
- One storey entrance porch with arched openings, decorative plaque including name date and Lorraine cross and wood beam ceiling.

- Southeast wall with setback verandahs, metal railing and paired wood brackets supporting the second floor verandah.
- Nine bay division of the southeast elevation with pilasters with decorative concrete caps extending through the parapet and pedimented parapet at each end bay.
- Northeast pavilion with pedimented parapet, concrete detailing and large openings fitted with French windows and metal railings.
- Northwest wall with bays at either end of the wall with stepped parapet and a middle bay with pedimented parapet.

### *Contextual Value*

The Southam Pavilion is part of a campus of buildings that relate to the Orchard site of the former Mountain Sanatorium. The Southam Pavilion was the first of three buildings at the Orchard San to be sited to face the southeast, followed by the Evel Pavilion in 1932 and the Wilcox Pavilion in 1938.

The Southam Pavilion is set on the west side of Sanatorium Road. A walkway extends from the road to the Southam Pavilion and Ewart Building. The original drive leading to the main entry was removed with the construction of the Ewart Building. Views to the front elevation of the building were obscured with the introduction of the Osler Building. The front and southeast sides of the building are set within a grassed lawn accented with individual and grouped plantings. The lands to the southwest and northwest are paved for service areas and parking.

### *Summary of Heritage Value*

The Southam Pavilion is considered to be of local heritage interest. It relates to the development of the Mountain Sanatorium and conveys a distinctive architecture response to the care and treatment of tuberculosis. The building is associated with the William J. Southam family, local architect W. P. Witton and local contractor, W. H. Cooper. The institutional building is very well designed with a number of notable features, specifically its orientation and setback verandahs. It is in good condition with much of the original exterior detailing and materials retained. It contributes to the campus of individual health-related buildings set in landscaped grounds. It was the first of three buildings at the Orchard San to be oriented to the southeast to maximize exposure to the sun.

## **5.3 Evel Pavilion**

The Evel Pavilion was opened in 1932 and initially housed all the admission services for the Sanatorium on the ground floor. The second and third floors were devoted to four patient ward units along the southeast side of the building with offices and treatment rooms along the northwest side. The top floor contained the first operating rooms for the department of chest surgery. The building was extensively altered in 1963 when it was



converted to use as a rehabilitation facility. Additional renovation work was undertaken in 1968 and 1978.

### *Historical/Associative Value*

The Evel Pavilion is associated with the Mountain Sanatorium that opened in 1906 for the treatment of tuberculosis. It was constructed in 1932 with financial assistance from the unemployment relief programmes established by the federal and provincial governments during the Great Depression. The Evel Pavilion provided accommodation for 155 patients, administrative services for the sanatorium as a whole and the first operating rooms for the department of chest surgery. The Evel Pavilion is named after local businessman, James Joseph Evel (1849-1932), one of the founding members of the HHA and president for 24 years. The local architecture firm of Hutton and Souter designed the Evel Pavilion as well as many notable structures in Hamilton and the surrounding region.

### *Design/Physical Value*

The Evel Pavilion is considered a good example of institutional building displaying a distinctive style of sanatorium architecture. The innovations developed at the Southam Pavilion in 1928, namely the southeast exposure, setback verandahs and four-bed units were applied on a larger scale at the Evel Pavilion. These details were further refined in the Wilcox Pavilion, constructed in 1938. The materials and construction techniques are typical of the period.

Notable architectural attributes of the Evel Pavilion include, but are not limited to:

- Rug brick with recessed mortar joints laid in a common bond, brick window surrounds and decorative brickwork such as, checkerboard pattern on the end walls and detailing on parapets and pilaster on the southeast wall.
- Concrete detailing including coping, pilaster caps, parapets and window sills.
- Southeast wall with setback verandahs and paired wood brackets supporting the third and fourth floor verandahs.
- Three part division of the southeast elevation with two solid end bays and open centre section. The centre section of the building is divided into eight bays with brick pilasters topped with decorative brickwork and concrete caps extending above the parapet. The windows openings of the end bays are rectangular, outlined in a brick border with concrete sills.
- Stepped back profile of the end walls.

### *Contextual Value*

The Evel Pavilion is part of a campus of buildings that relate to the Orchard site of the former Mountain Sanatorium. The Evel Pavilion was the second of three buildings at the Orchard San to be sited to face the southeast, built after Southam Pavilion in 1928 and followed by the Wilcox Pavilion in 1938.

The Evel Pavilion is set on the west side of Sanatorium Road. A drive from the road leads into the site at the north end and accesses the main entry of the Evel Pavilion. The triangular piece of land between the Evel Pavilion and Sanatorium Road was maintained as a flat grass lawn overlooked from the verandahs above. The introduction of the Osler Building has severely compromised the integrity of the siting of the Evel Pavilion. It blocks views to and from the building, notably obscuring the distinctive stepped back profile of the verandahs.

### ***Summary of Heritage Value***

The Evel Pavilion is considered to be of local heritage interest. It relates to the development of the Mountain Sanatorium and conveys a distinctive architecture response to the care and treatment of tuberculosis. It was the second of three buildings at the Orchard San to be oriented to the southeast to maximize exposure to the sun. The building is associated with the James Joseph Evel family and the local architecture firm of Hutton and Souter. The institutional building is well designed with some notable features, specifically its orientation and setback verandahs. It is in good condition with some of the original exterior detailing and materials retained. It contributes to the campus of individual health-related buildings set in landscaped grounds.

## **6.0 CULTURAL HERITAGE RESOURCE ASSESSMENT: BROW SITE** ***(Excerpted from the Scenic North Secondary Plan 1999)***

### **6.1 Built Heritage Features**

The following built heritage features and structures located within the Scenic North Secondary Plan study area are considered to be of heritage interest. They are:

- Continuing Care Facility (former Brow Infirmary);
- East Pavilion;
- West Pavilion (now removed);
- Long and Bisby Building;
- Moreland Residence
- Lorraine Cross; and,
- hose and reel house.

The former patient's dining room and vocational building (1917) behind the Continuing Care Facility have been severely compromised by additions and alterations.

Of the above identified built heritage features in 1999, the City of Hamilton Local Architectural Conservation Advisory Committee (LACAC) included the Long-Bisby Building on its "Inventory of Buildings of Architectural and Historical Interest".

## 6.2 Cultural Heritage Landscapes

The Scenic North site, originally the Brow Infirmary site of the Mountain Sanatorium, forms a discrete cultural landscape unit within the larger hospital site. It is physically separated from the larger Chedoke-McMaster HHS hospital site by Scenic Drive, which bounds the study area on three sides. The north boundary is the distinctive Brow edge. Features of heritage interest within the cultural landscape unit include:

- remnants of the designed garden complete with a pedestrian bridge and pathways southeast of the East Pavilion;
- remnants of a stone retaining wall along the side of the Sanatorium Road and the brow edge between the Long & Bisby and Continuing Care buildings;
- the traditional walkways between the Brow buildings and around the site; and,
- the original roads network.

## 7.0 PLANNING RECOMMENDATIONS

The Chedoke Campus of the Hamilton Health Sciences Corporation has a significant history as the site of the former Mountain Sanatorium, important in the fight against tuberculosis from the early to the middle of the 20<sup>th</sup> century. The property developed in two sections: the Orchard site to the south for civilian use and the Brow site to the north for military use. The two sections have distinct but parallel histories. The site has continued to evolve with new buildings being constructed; existing buildings being renovated and old buildings being demolished. Much of the physical history of the site in respect to its architectural heritage has been lost or extensively altered through these changes. It is encouraged that an overall strategy for the commemoration of the Mountain Sanatorium be developed including assessment of significant landscape features, building and structures, artifacts, records and oral histories.

The Brow and Orchard sites will evolve in the next ten-year period through change in land-use and in hospital treatment and servicing. The North Scenic Drive Secondary Plan for the Brow Site will witness the development of the lands from the primarily institutional use to low profile, multi storey residential use with associated open space and pathway linkage through the site. The TB Lorraine Cross will be preserved and the Long and Bisby Building (former Nurses Residence) will remain in-situ for future adaptive re-use. The designed garden landscape will be recreated.

Over the past decade hospital treatment and the delivery of services has undergone significant change in the City of Hamilton affecting all local hospitals. The Orchard Site is experiencing change in the delivery of treatment and services and will continue in the future. The primary institutional nature of the Orchard Site will not change. However, some buildings will become redundant due to physical conditions and the cost to upgrade the facilities. New infrastructure plans will also bring physical change to the Orchard Site. Both the 1932 Patterson Building and the Residence 37 will remain in situ along with

eight acres of land. No changes are proposed for the Wilcox, Holbrook and Ewart buildings. This area will comprise some 25 acres of land.

Within this context, the following planning recommendations are made for the Bruce Memorial Building, Chedoke Campus, Hamilton Health Services:

- The Bruce Memorial Building may be considered for preservation in situ with adjoining landscape grounds if a continuing use for the building is available.
- However, a new bus transportation route to better facilitate improved access to medical services at the Orchard site is being considered by the HHS and the City of Hamilton which will displace the heritage resource.
- If displacement occurs then a photographic documentation of the building is required. The documentation report should include historical summary, exterior and interior black and white photographs with captions, photographic key plan, architectural drawings documenting the original layout and renovations and overall dimensions. The report would be prepared by a qualified heritage consultant and submitted to the municipality.

The following recommendations are made with respect to the preservation of the building if it remains in situ:

- Consideration should be given to restoring the windows to their original appearance particular the ground floor windows on the south elevation to their original appearance.
- The hedges should be removed along the front wall of the building as they retain moisture and debris against the wall and obscure important architectural features.
- The vines should be removed from the building as they damage the bricks and mortar and obscure important architectural features. The brick panel on the east wall with cross should be restored.
- The condition report (1998) recommended the replacement of the metal fire escape with an enclosed stairwell. The preferred location for the stairwell would be the north wall rather than the east wall.

The following planning recommendations are made for the Southam Pavilion, Chedoke Campus, Hamilton Health Services:

- The Southam Pavilion may be considered for preservation in situ with adjoining landscaped grounds.
- However, the cost to rehabilitate the building to deliver new medical services and use within the new HHS plan makes the building redundant within the proposed master plan. This action will displace the heritage resource.
- Prior to the removal of the Southam Pavilion, a documentation report of the institutional building, with particular reference to the physical evolution of the building should be prepared. The documentation report should include historical summary, exterior and interior black and white photographs with captions, photographic key plan, architectural drawings documenting the original layout and renovations and overall dimensions. The report would be prepared by a qualified heritage consultant and submitted to the municipality.

In addition, the following recommendations are made with respect to the preservation of the building if it remains in situ:

- Consideration should be given to restoring the distinctive southeast elevation with the original pattern of door and window openings and early landscaping.
- The two trees along the northeast (front) wall of the building should be removed as they obscure important architectural features.
- The vines should be removed from the building as they damage the bricks and mortar.
- Modifications should be developed to minimize the visual impact of the penthouse, particularly from Sanatorium Road.

The following planning recommendations are made for the Evel Pavilion, Chedoke Campus, Hamilton Health Services:

- The Evel Pavilion may be considered for preservation in situ with adjoining landscaped grounds.
- If, however, the future of the Southam Pavilion is to be considered, then the removal of the Evel Pavilion may be considered. Prior to the removal of the Evel Pavilion, a documentation report of the institutional building, with particular reference to the physical evolution of the building should be prepared. The documentation report should include historical summary, exterior and interior black and white photographs with captions, photographic key plan, architectural drawings documenting the original layout and renovations and overall dimensions. The report would be prepared by a qualified heritage consultant and submitted to the municipality.

If the Evel Pavilion is retained, the following recommendation is made with respect to the preservation of the building:

- Consideration should be given to restoring the distinctive southeast elevation with the original pattern of door and window openings.

Within this context, the following planning recommendations are made for the Brow site, Chedoke Campus, Hamilton Health Services:

- That the remnants of the designed garden complete with a pedestrian bridge and pathways southeast of the East Pavilion be considered for incorporation into the new development plan;
- That the remnants of a stone retaining wall along the side of the Sanatorium Road and the brow edge between the Long & Bisby and Continuing Care buildings be preserved and incorporated into the new development;
- That the Long & Bisby building be preserved and formally designated under Part IV of the Ontario Heritage Act,
- That every effort be considered to preserve the curvilinear original road network.
- That the Lorraine Cross be restored to working order.

In addition, the following recommendations are made with respect to the documentation and commemoration of the Brow site.

- That a commemorative plaque or interpretive panel be erected on public park or trail lands describing the evolution of the site and the importance to the City of Hamilton's medical and social history.
- That the site history and associated photographic and mapping records be assembled and presented to the McMaster University Archives.

Cultural Heritage Resource Assessment Report  
Bruce Memorial Building, Southam Pavilion, Evel Pavilion and Brow Site  
Chedoke Campus, Hamilton Health Sciences, City of Hamilton, Ontario

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*Buildings*

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Bruce Building, main entry. No date.

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National Topographical Series, Hamilton/Grimsby 30M/4, Natural Resources Canada, 1996.

**Web sites**

“A History of the Fight Against Tuberculosis in Canada”.

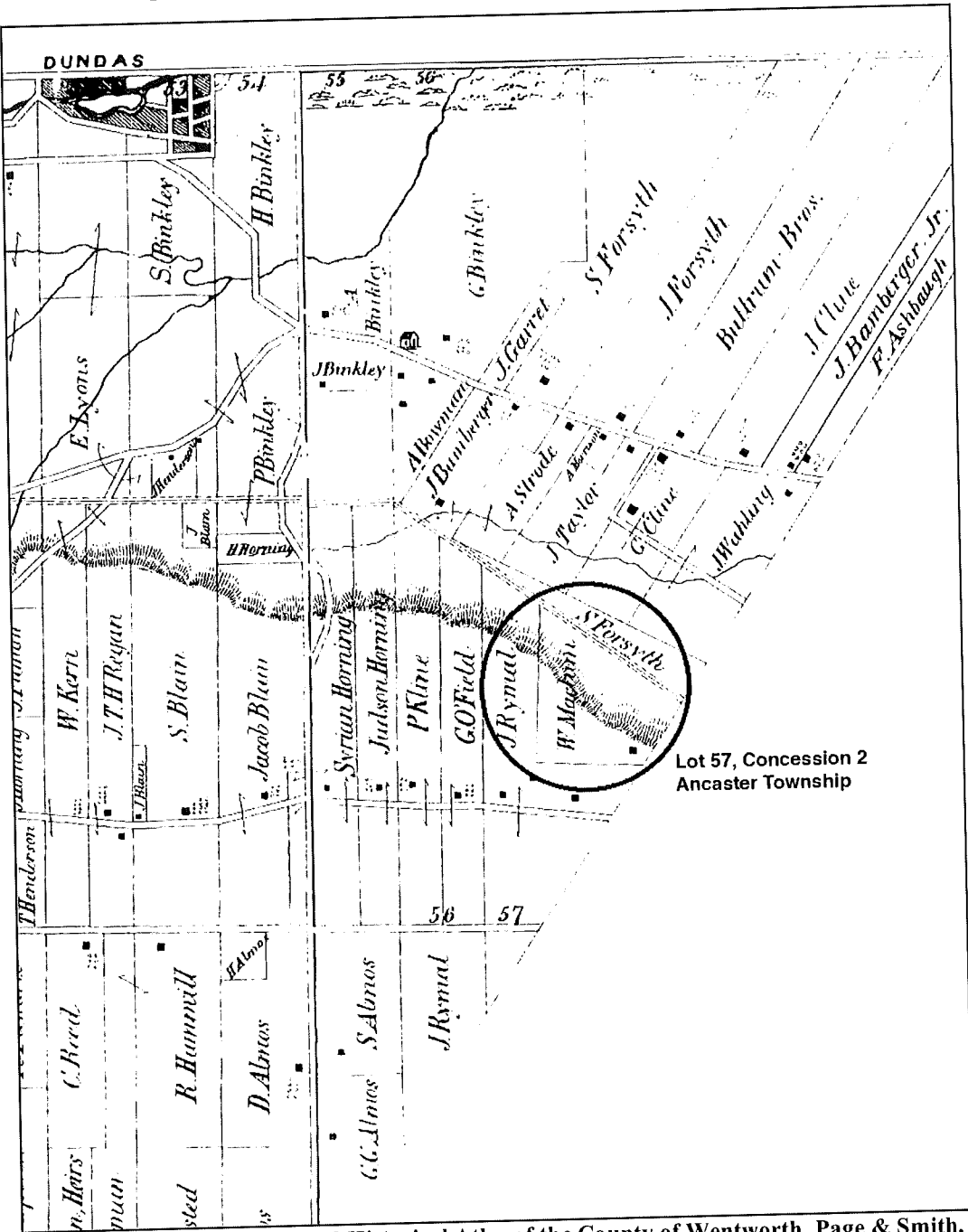
<http://www.lung.ca/tb/tbhistory/sanatoriums>. Website produced under contract to Canada's Digital Collections program, Industry Canada by the Saskatchewan Lung Association.



**APPENDIX A:  
HISTORICAL MAPS AND PHOTOGRAPHS**

Cultural Heritage Resource Assessment Report  
Bruce Memorial Building, Southam Pavilion, Evel Pavilion and Brow Site  
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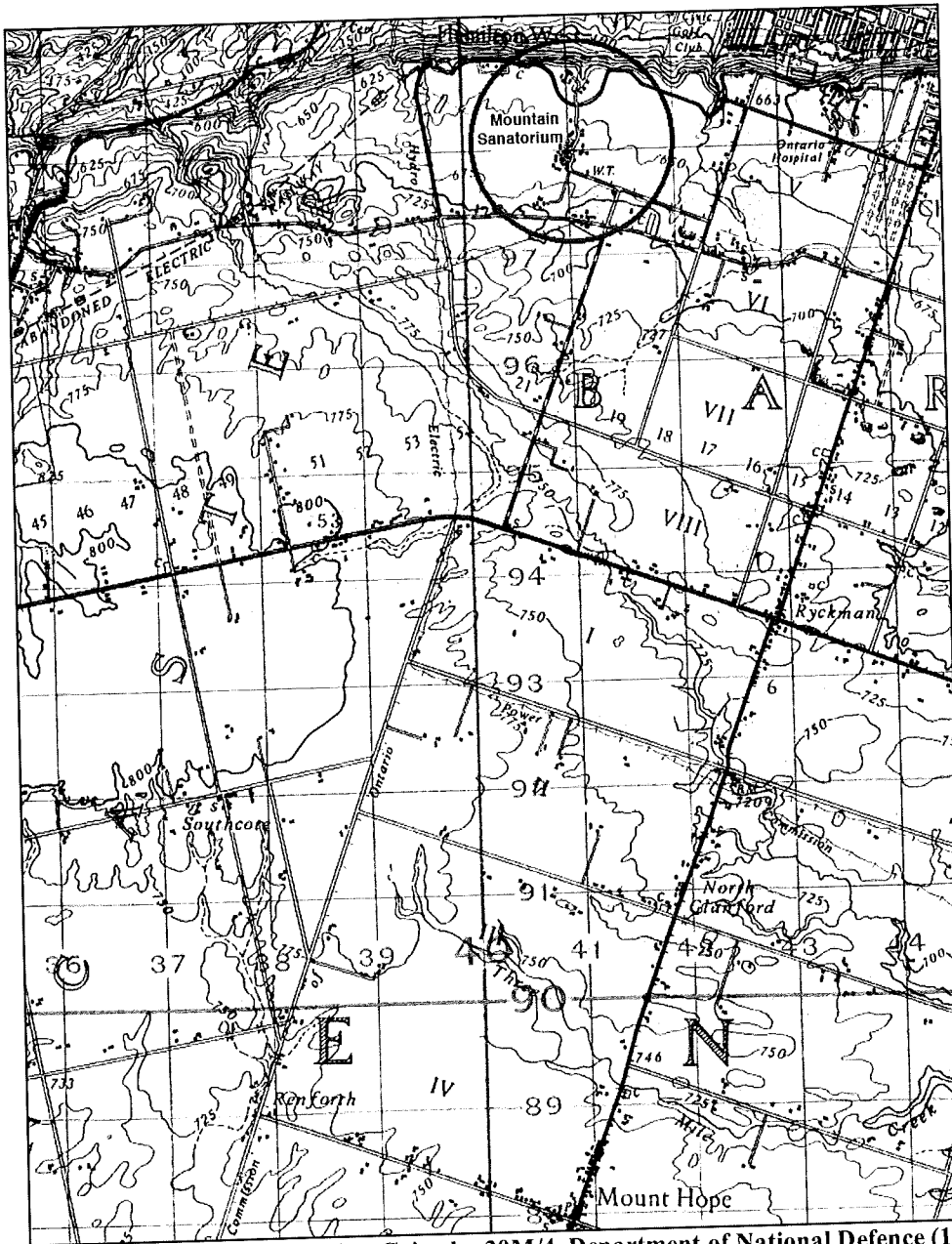
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Ancaster Township, Illustrated Historical Atlas of the County of Wentworth. Page & Smith, Toronto (1875).

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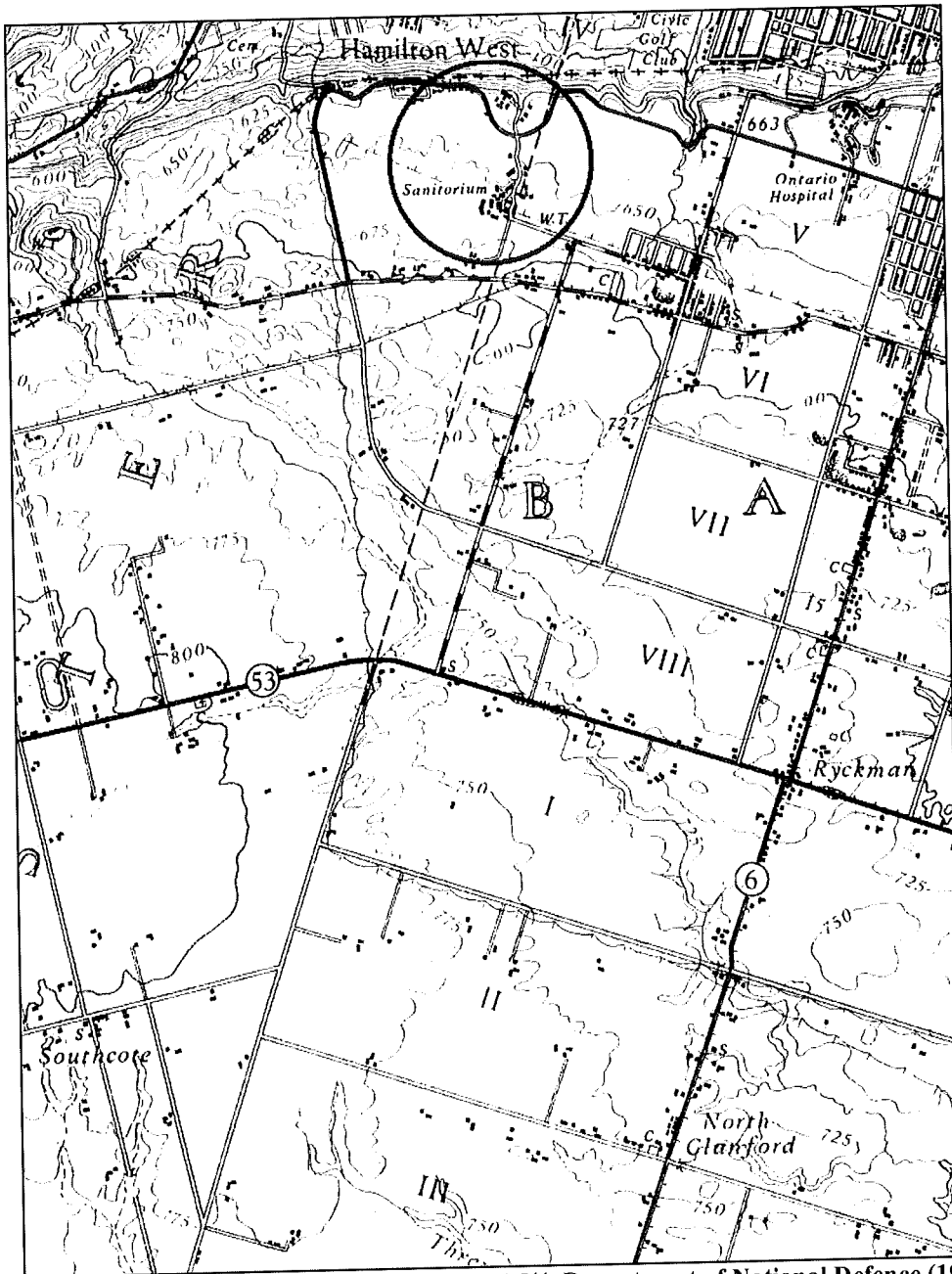
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National Topographical Series, Grimsby 30M/4, Department of National Defence (1938).

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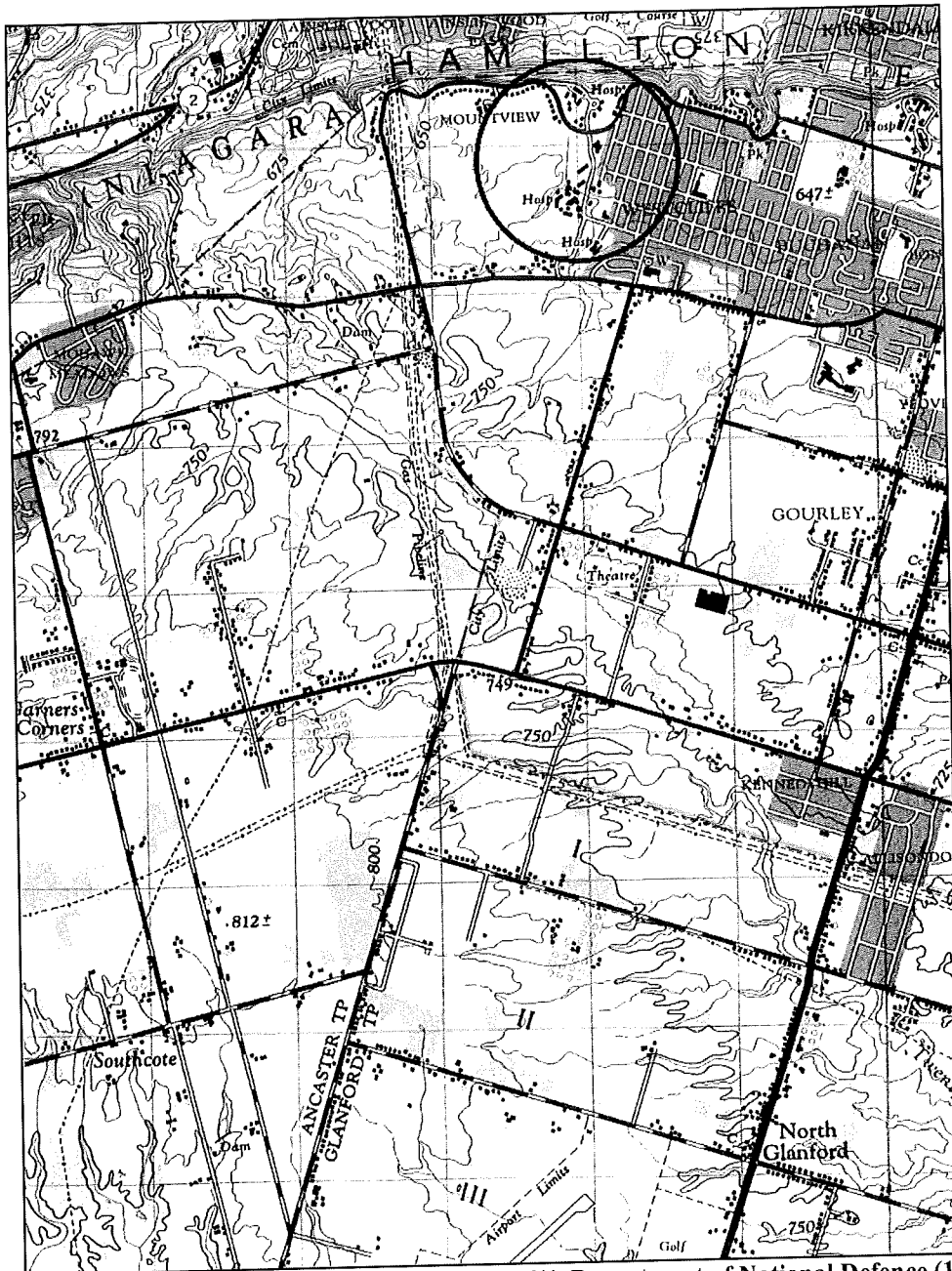
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National Topographical Series, Grimsby 30M/4, Department of National Defence (1952).

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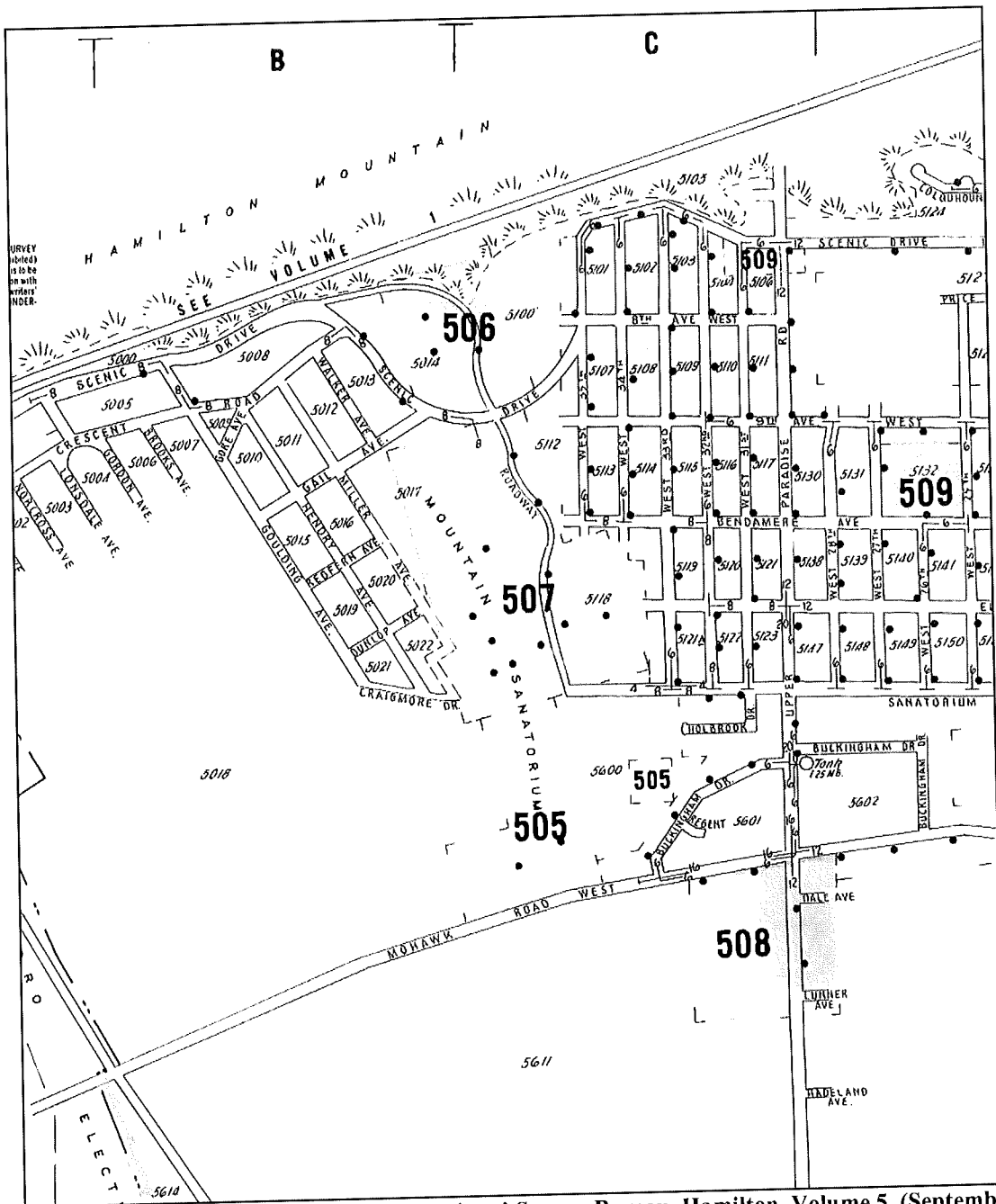
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National Topographical Series, Grimsby 30 M/4, Department of National Defence (1968).

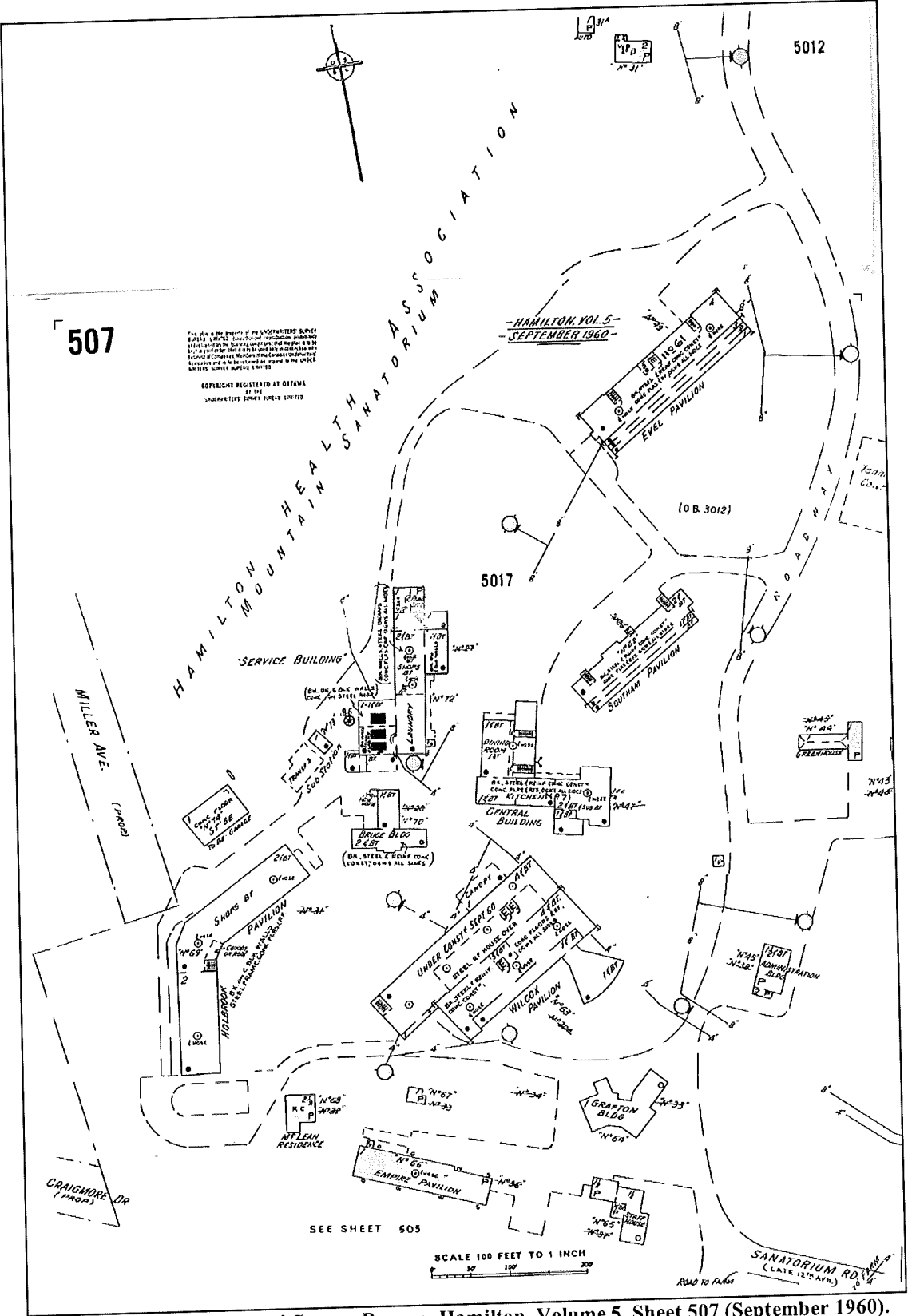
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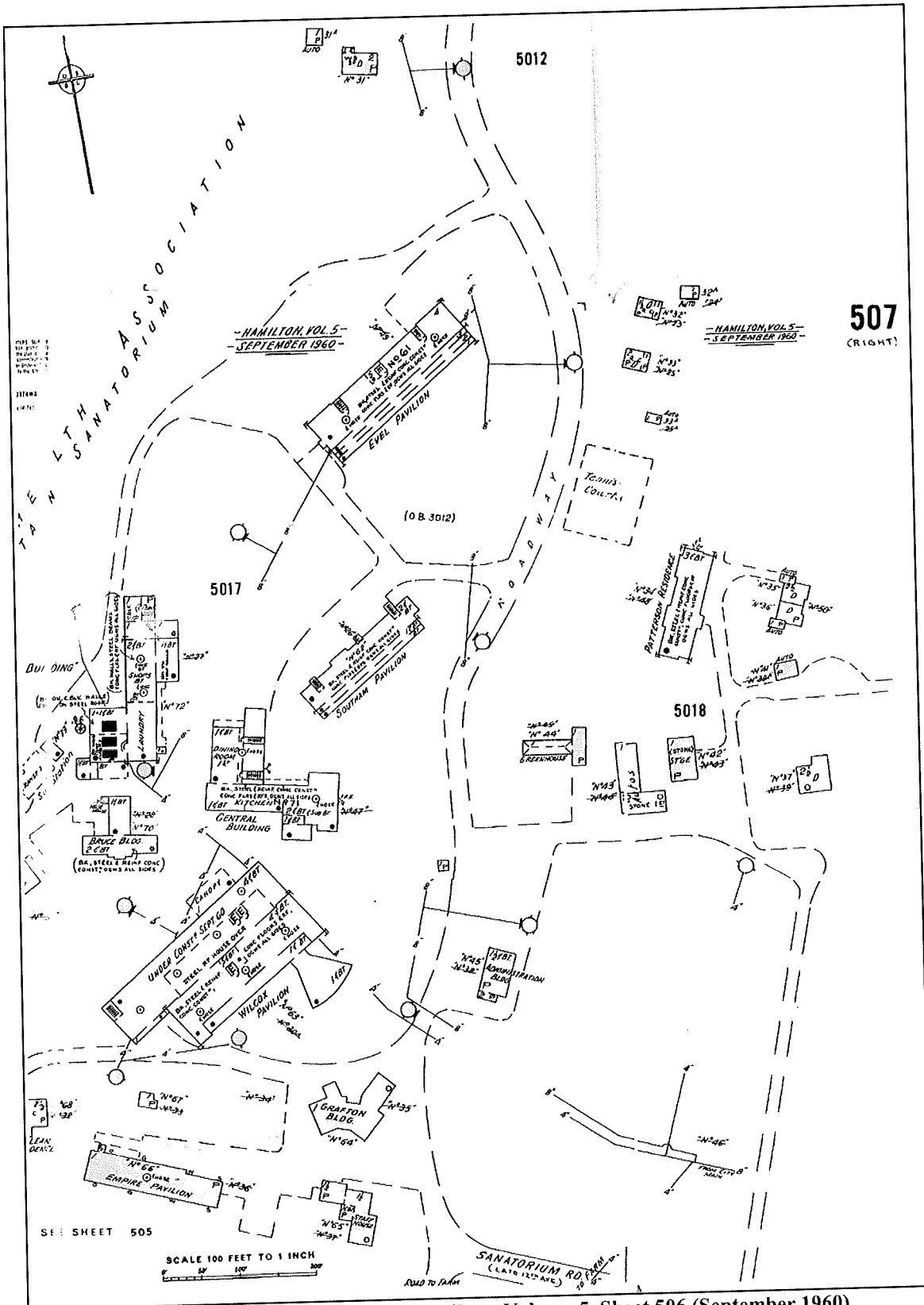
Mountain Sanatorium Key Plan. Underwriters' Survey Bureau, Hamilton, Volume 5, (September 1960).

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Orchard Site. Underwriters' Survey Bureau, Hamilton, Volume 5, Sheet 507 (September 1960).

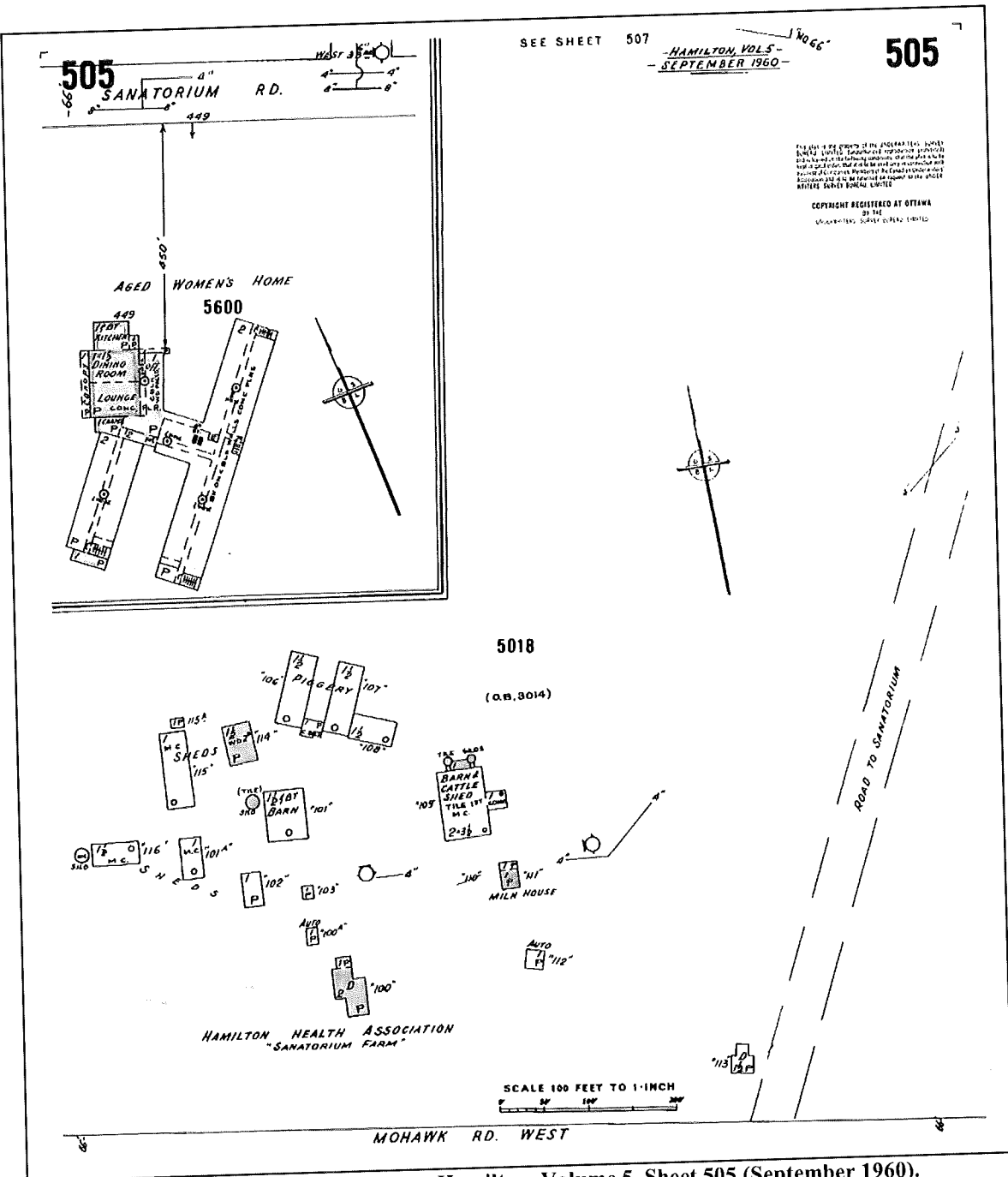
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Chedoke Campus, Hamilton Health Sciences, City of Hamilton, Ontario



Brow Site. Underwriters' Survey Bureau, Hamilton, Volume 5, Sheet 506 (September 1960).



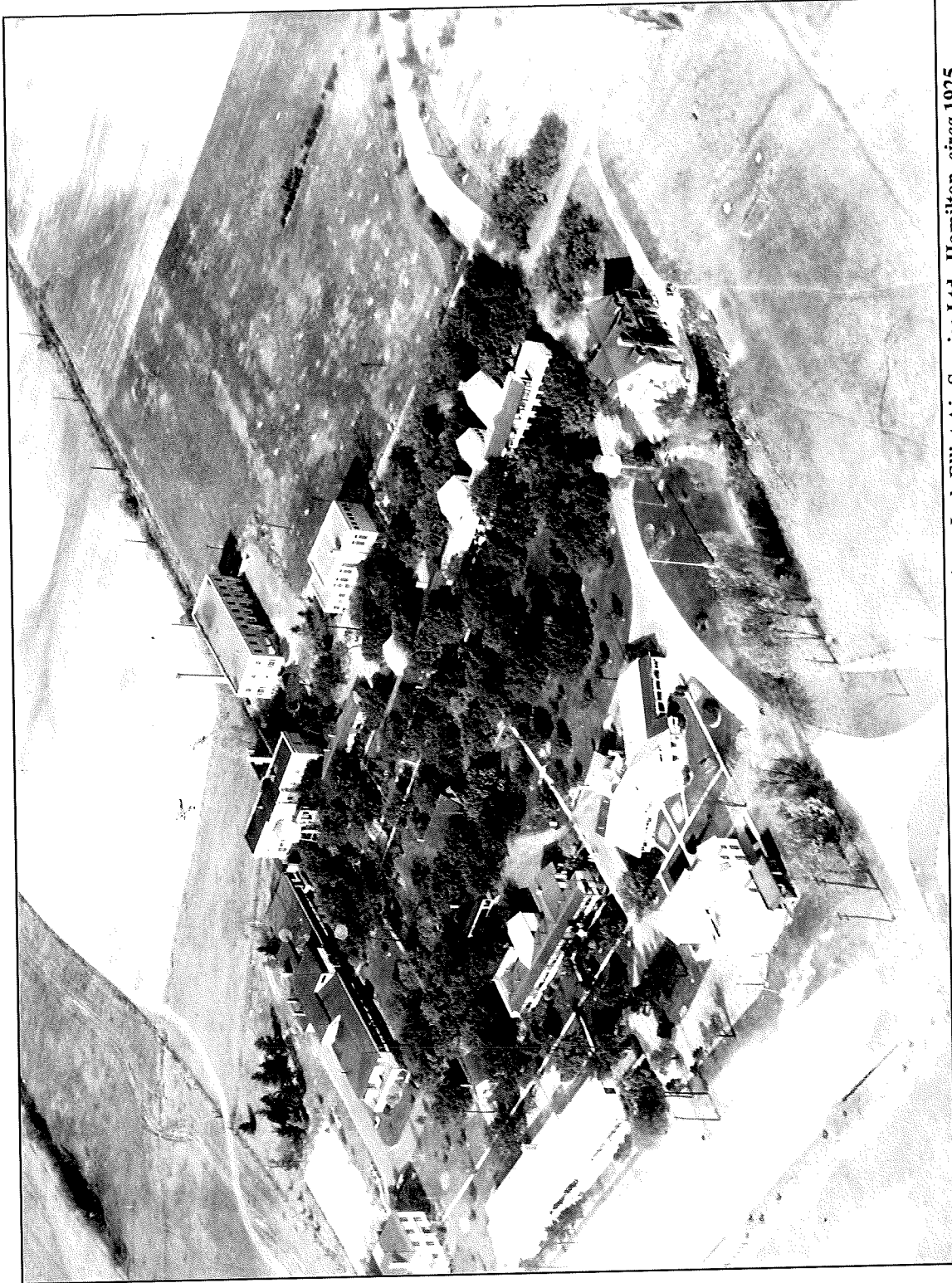
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San Farm. Underwriters' Survey Bureau, Hamilton, Volume 5, Sheet 505 (September 1960).

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View taken from the Air of the Orchard Portion of the Mountain Sanatorium. Jack Elliot Air Service Ltd., Hamilton, circa 1925  
[Health Sciences Library, McMaster University, Hamilton].

Unterman McPhail Associates  
Heritage Resource Management Consultants

May 2006

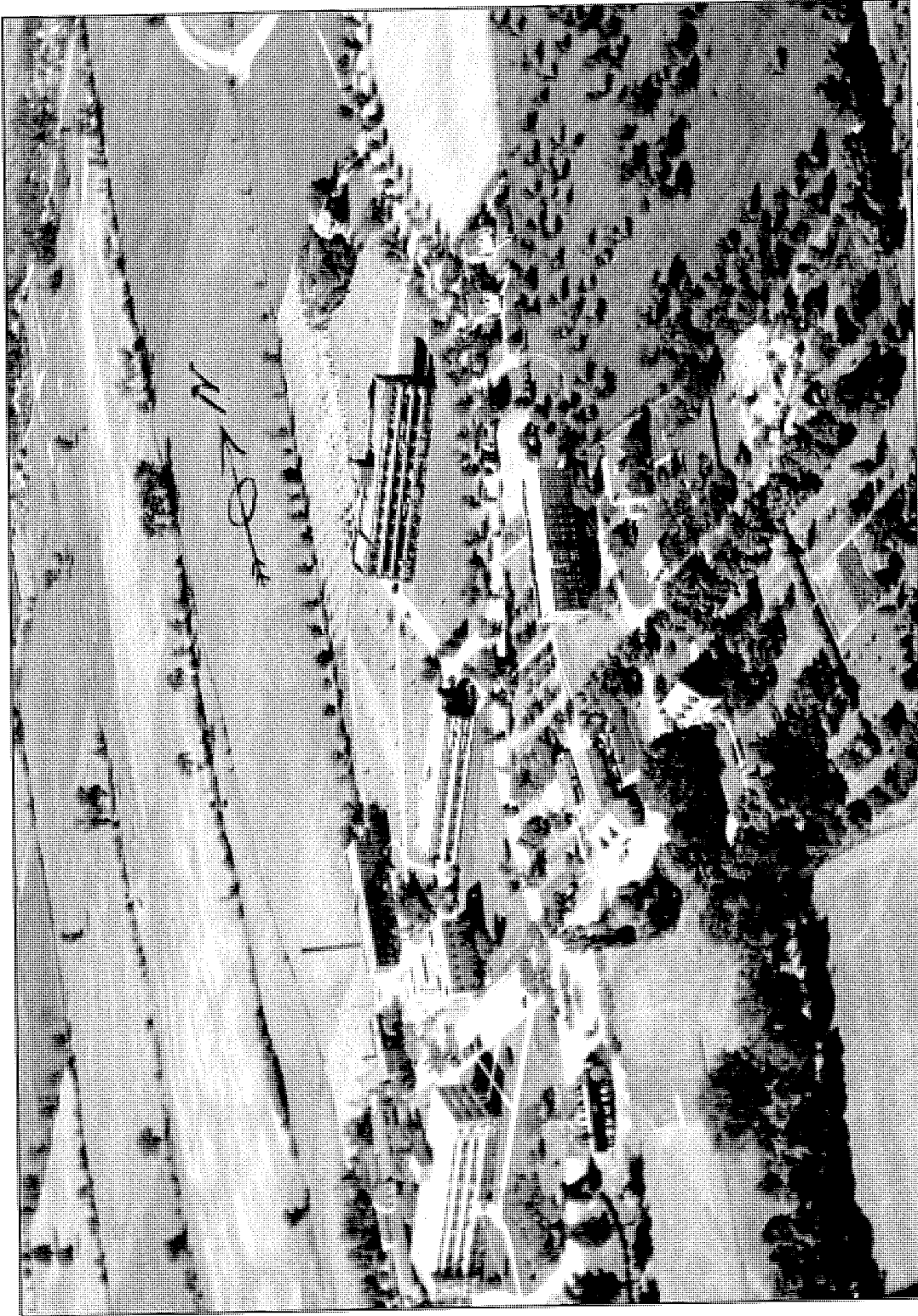
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Air map of Sanatorium taken from north end of the grounds. Annual Report, 1936 [Health Sciences Library, McMaster University, Hamilton].

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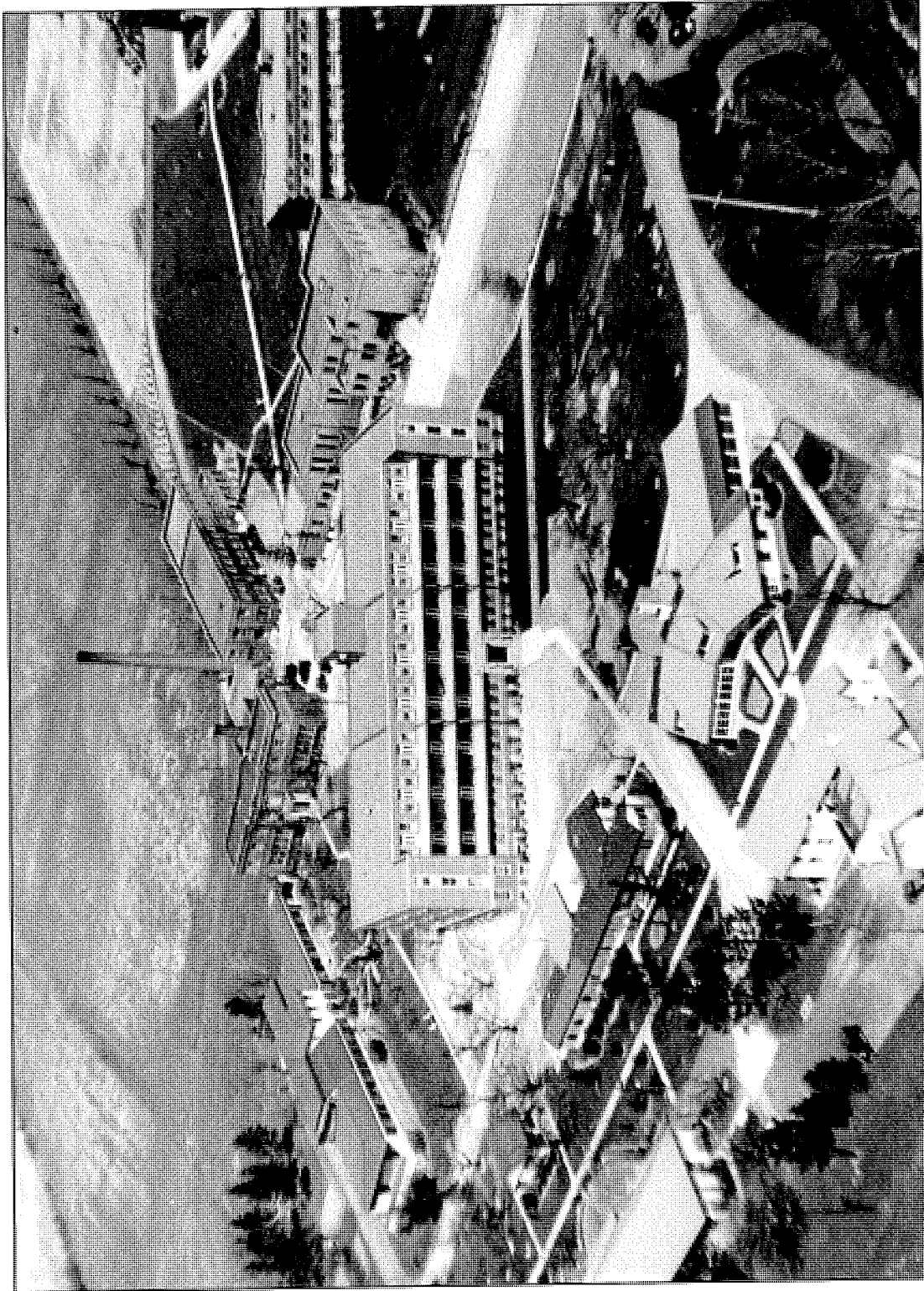
Aerial photograph of 'Orchard' San buildings and grounds. Cunningham Photography, Hamilton, Ontario. 1936 [Health Sciences Library, McMaster University, Hamilton].

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Heritage Resource Management Consultants

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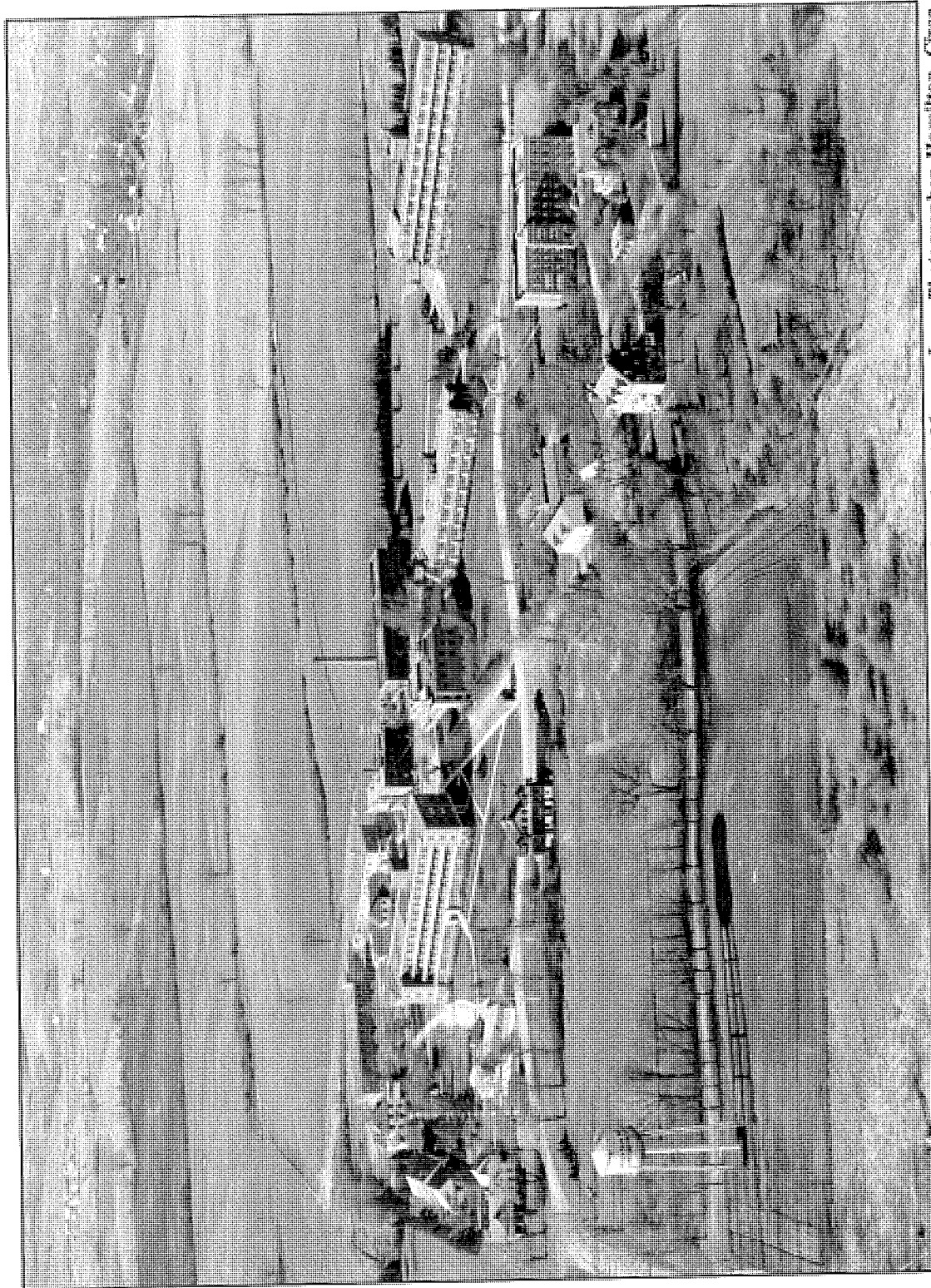
Aerial view of Wilcox Pavilion with Preventorium and Bruce Memorial Building to rear. Circa 1938 [Health Sciences Library, McMaster University, Hamilton].

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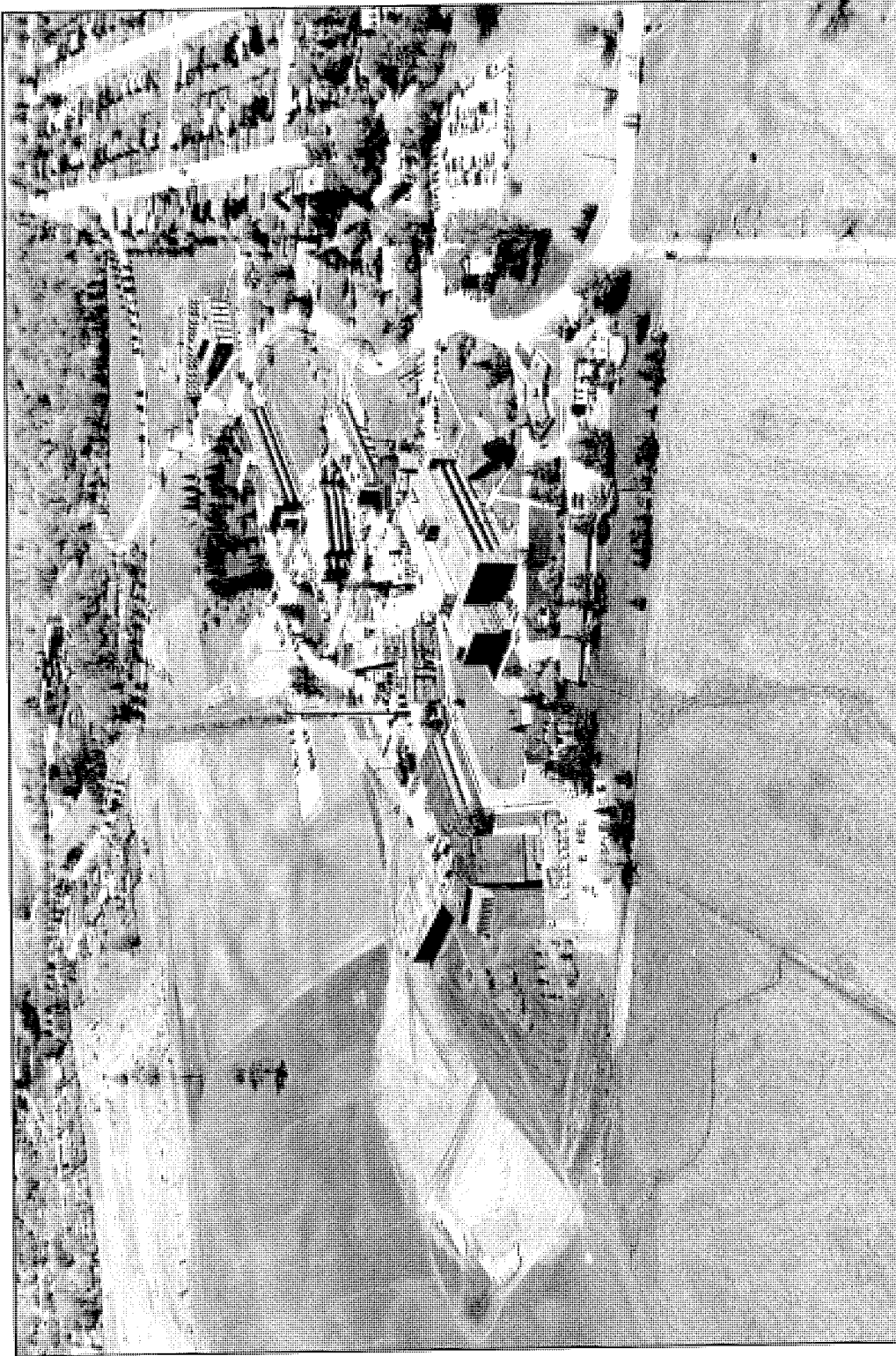
Aerial view showing left to right Wilcox, Southam and Evel Pavilions oriented southeast. Murray Laws Photographer, Hamilton. Circa 1951 [Health Sciences Library, McMaster University, Hamilton].

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Heritage Resource Management Consultants

May 2006

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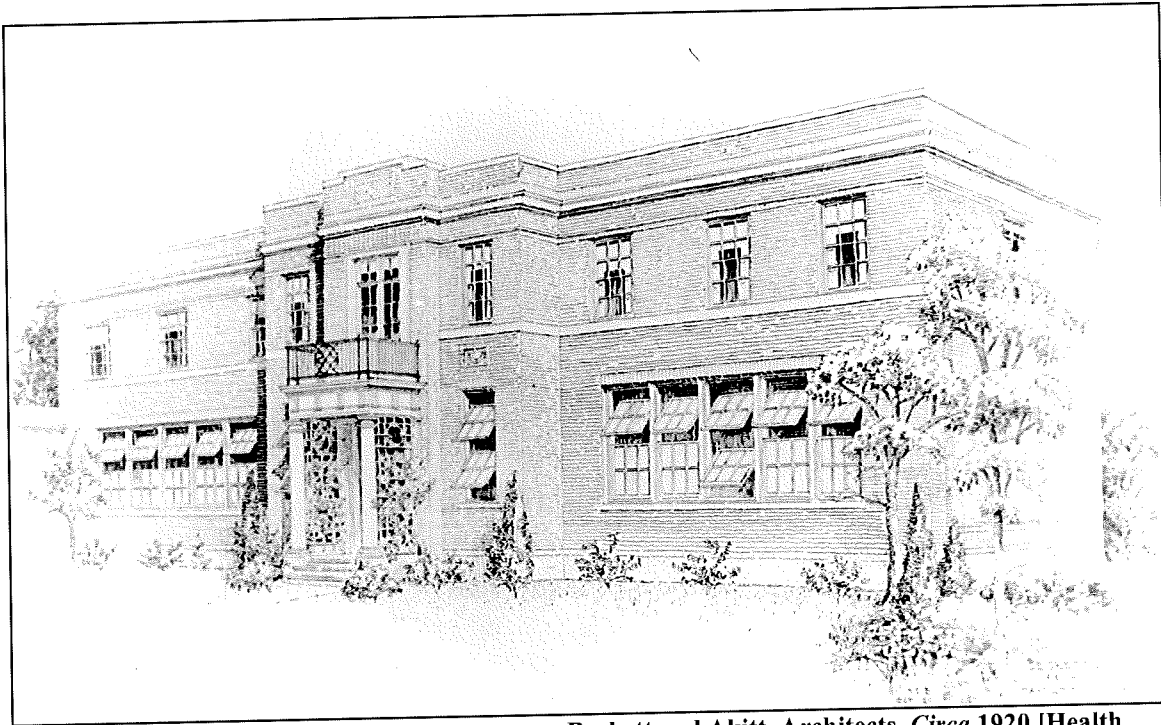
Aerial view north to 'Orchard' San. Circa 1966 [Health Sciences Library, McMaster University, Hamilton].

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**Bruce Building, perspective of southeast corner, Beckett and Akitt, Architects. Circa 1920 [Health Sciences Library, McMaster University, Hamilton].**

**Bruce Building, northeast corner during construction. Circa 1920. [Health Sciences Library, McMaster University, Hamilton].**





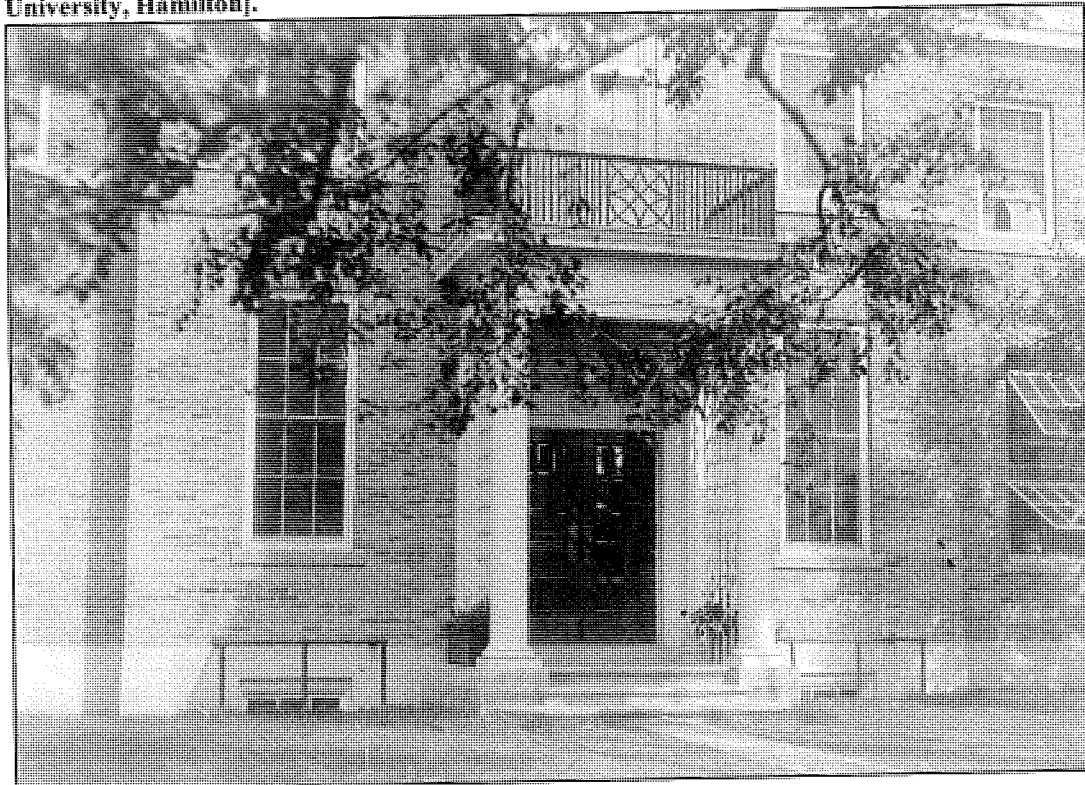
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**Bruce Building, south elevation at the west end [Health Sciences Library, McMaster University, Hamilton].**

**Bruce Building, main entry. Note original wood window sash [Health Sciences Library, McMaster University, Hamilton].**



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Heritage Resource Management Consultants

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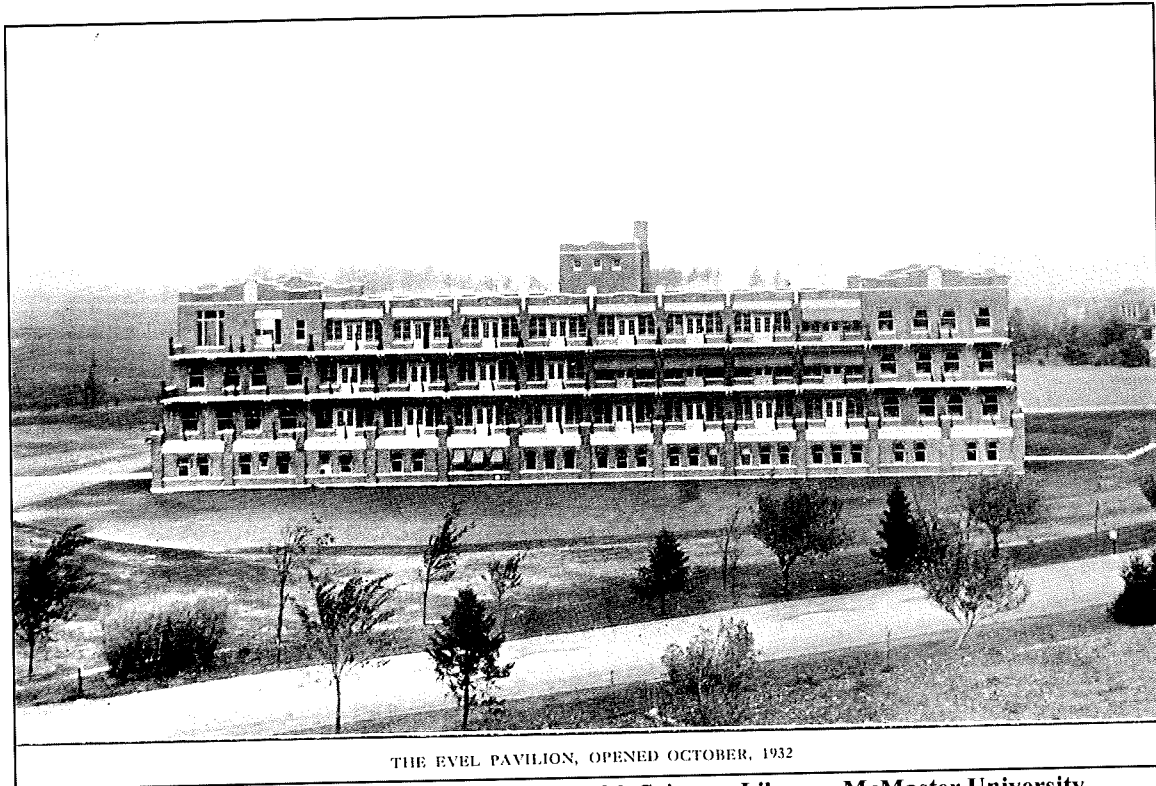
Southam Pavilion from Sanatorium Road [Health Sciences Library, McMaster University, Hamilton].

Southam Pavilion showing the open-air verandahs [Health Sciences Library, McMaster University, Hamilton].



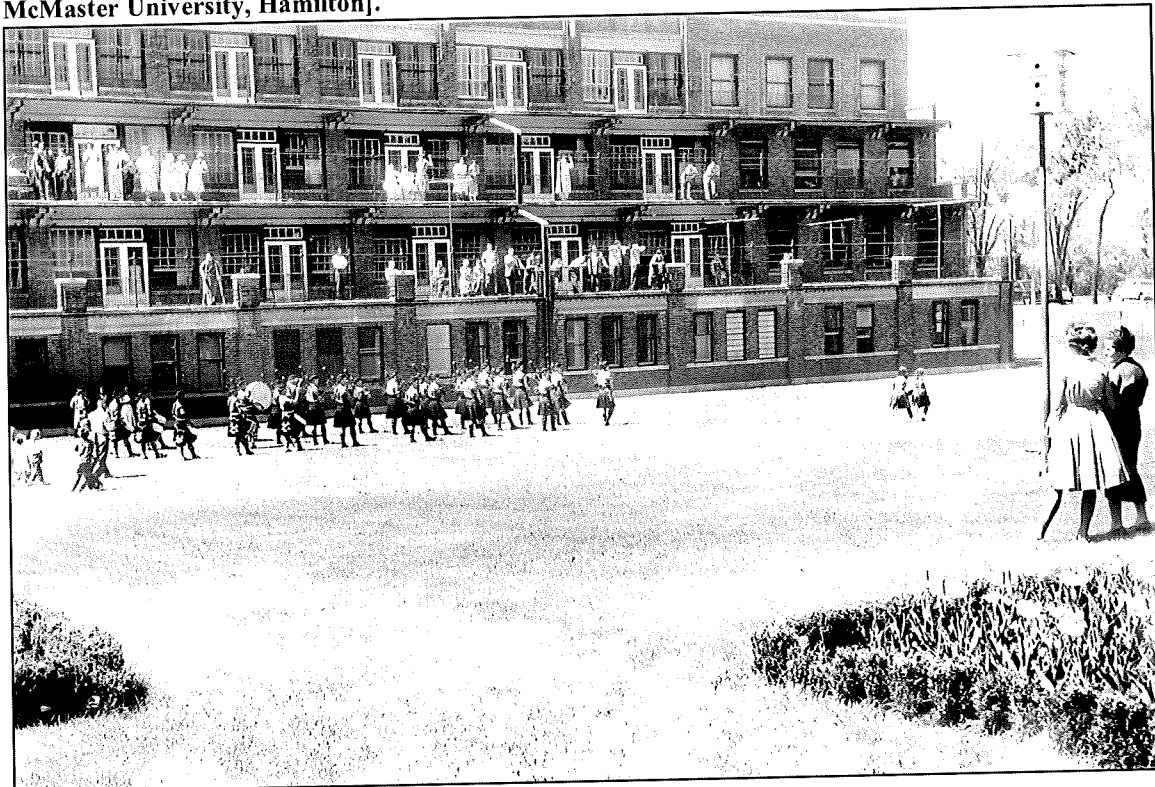
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Evel Pavilion at the time of completion in 1932 [Health Sciences Library, McMaster University, Hamilton].

Evel Pavilion with marching band for entertainment for the patients [Health Sciences Library, McMaster University, Hamilton].



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**APPENDIX B: PHOTOGRAPHS  
CULTURAL HERITAGE LANDSCAPE**

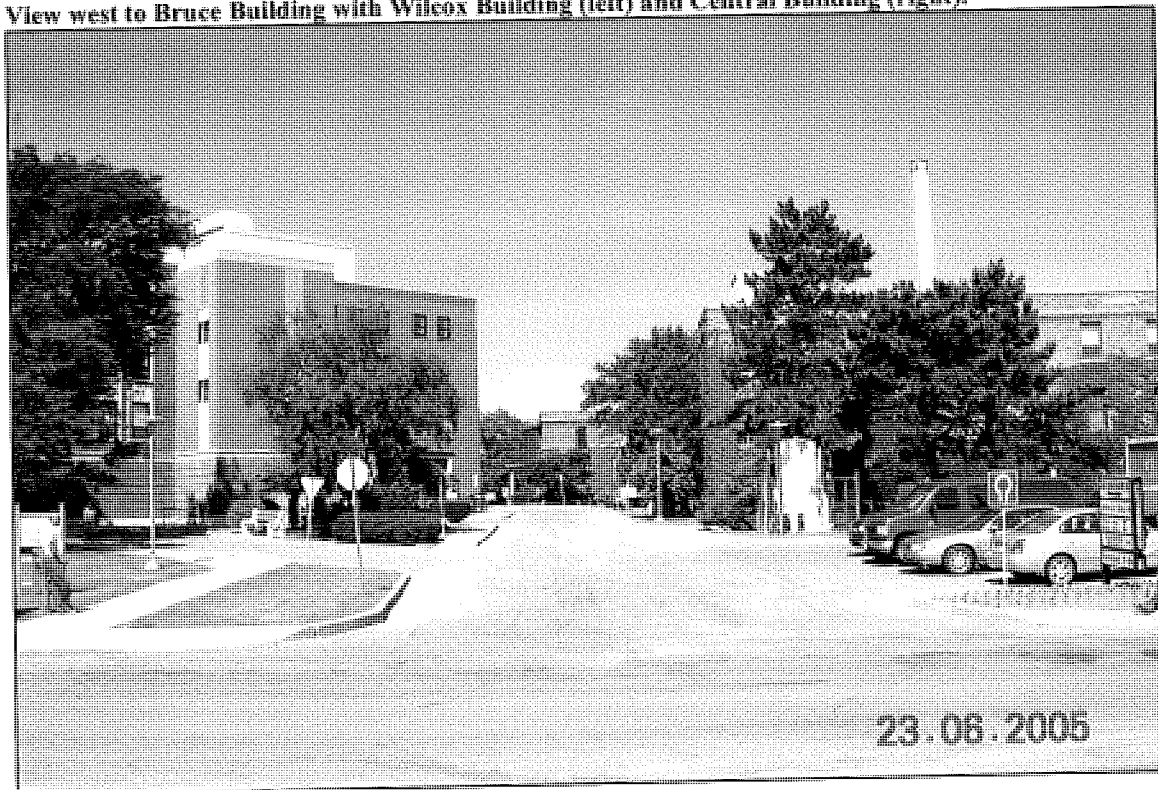
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View east from Bruce Building along drive towards Sanatorium Road.

View west to Bruce Building with Wilcox Building (left) and Central Building (right).



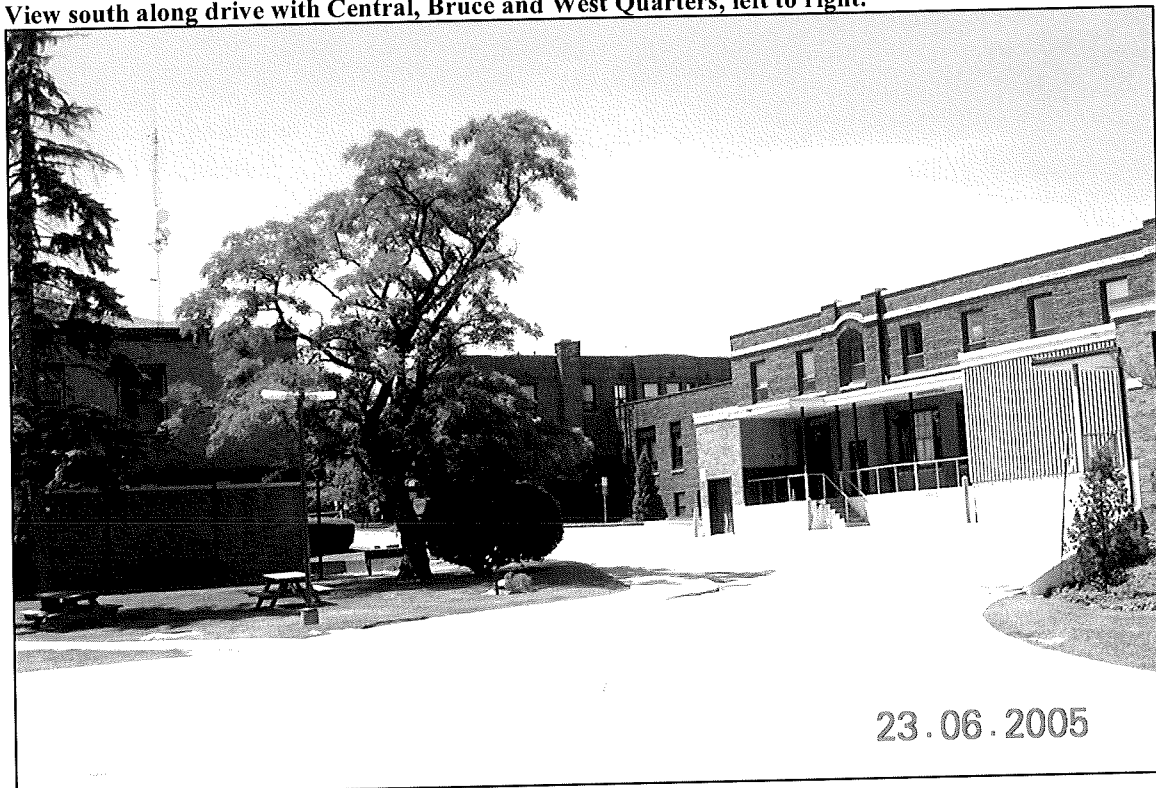
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View southwest showing landscaping and parking at the east end of the building.

View south along drive with Central, Bruce and West Quarters, left to right.



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**View across Sanatorium Road to Southam Pavilion, similar to historic photograph.**

**View south to grounds between Sanatorium Road and Southam Pavilion.**



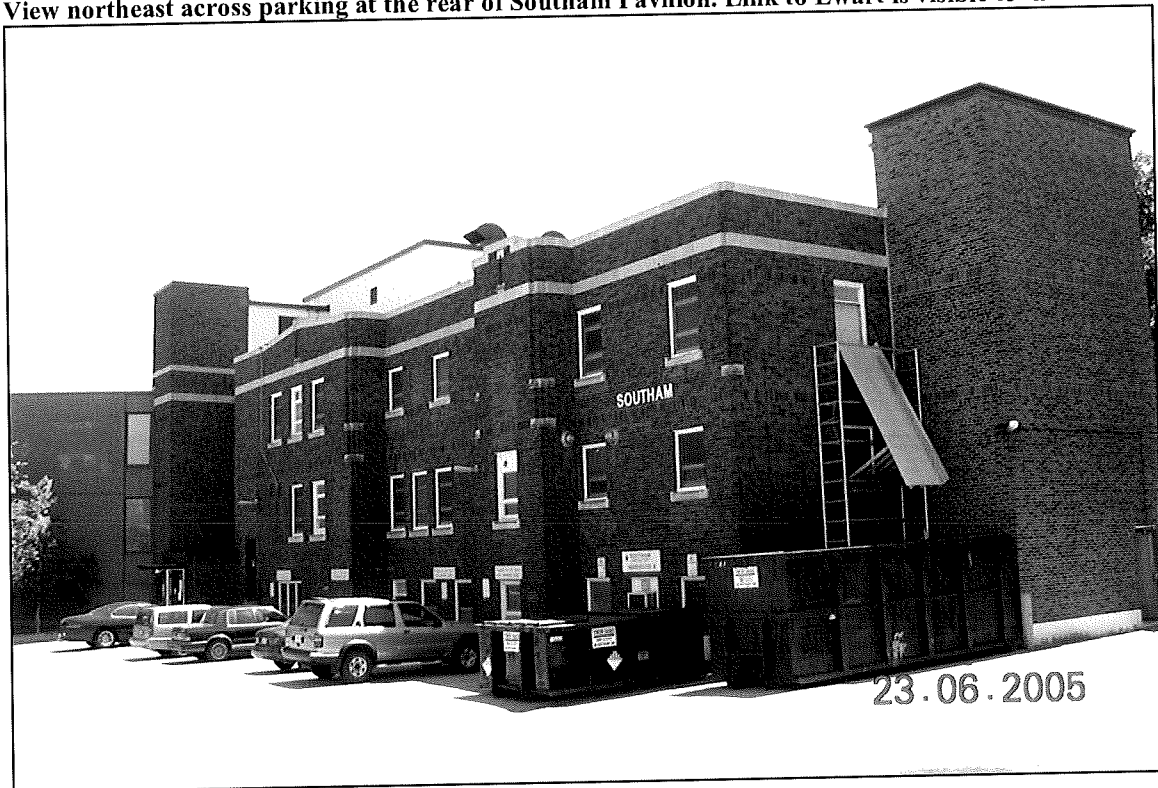
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**View east from Ewart Building to Southam Pavilion.**

**View northeast across parking at the rear of Southam Pavilion. Link to Ewart is visible to the left.**





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View west across Sanatorium Road to Evel Pavilion.

View north along Sanatorium Road at the Evel Pavilion towards the Brow site.



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**View west along drive to parking adjacent Evel Pavilion with treed grounds to the north.**

**View east along drive to Sanatorium Rd. with Evel Pavilion to the right and treed grounds to the left.**



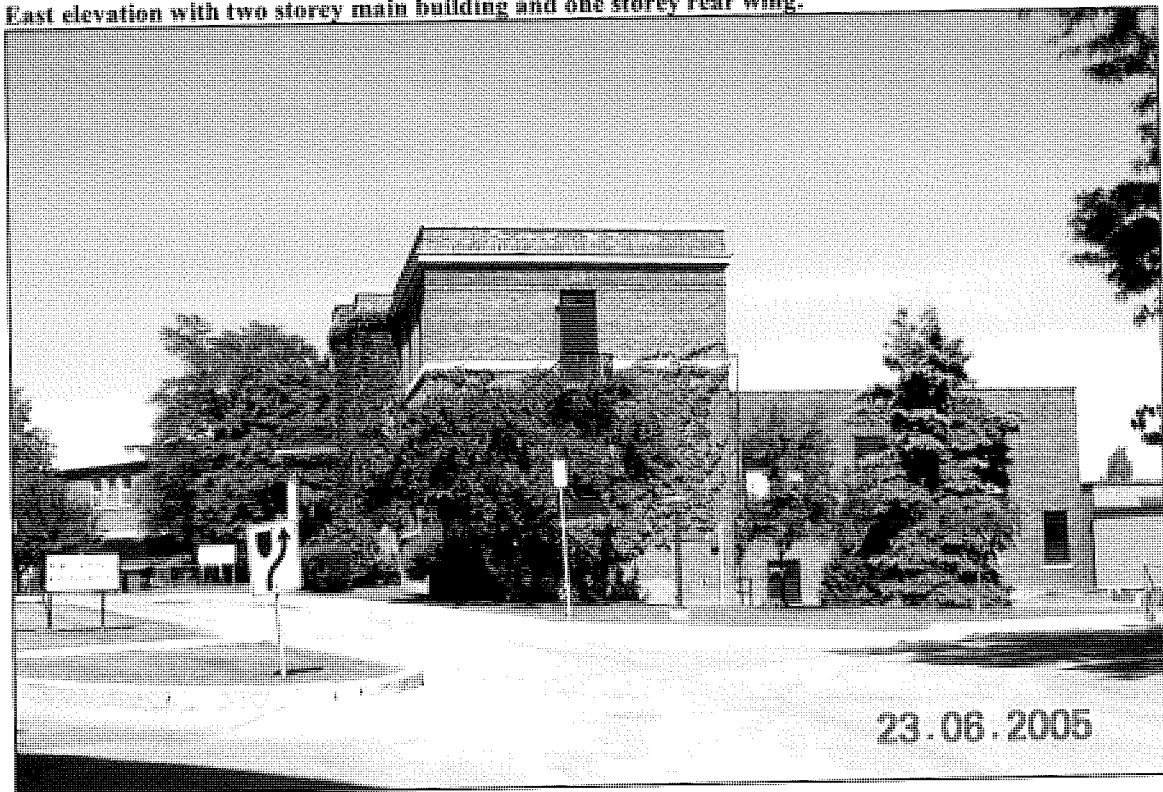
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BUILT HERITAGE FEATURES**

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Symmetrically arranged south (front) elevation with frontispiece and main entry.

East elevation with two storey main building and one storey rear wing.

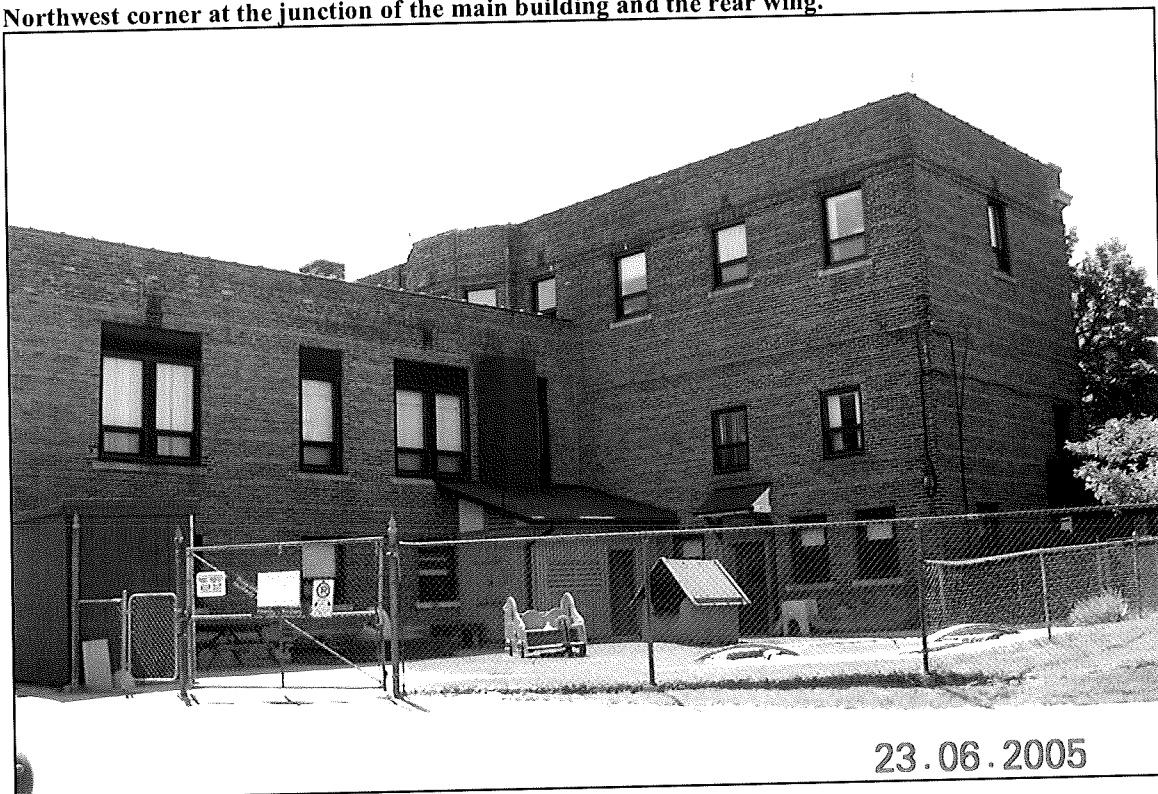


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North (rear) elevation at the east end. Note the lack of decoration on this wall.

Northwest corner at the junction of the main building and the rear wing.



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Detail of the centre frontispiece featuring the main entry.

The former classroom windows are located on the ground floor of the south wall.



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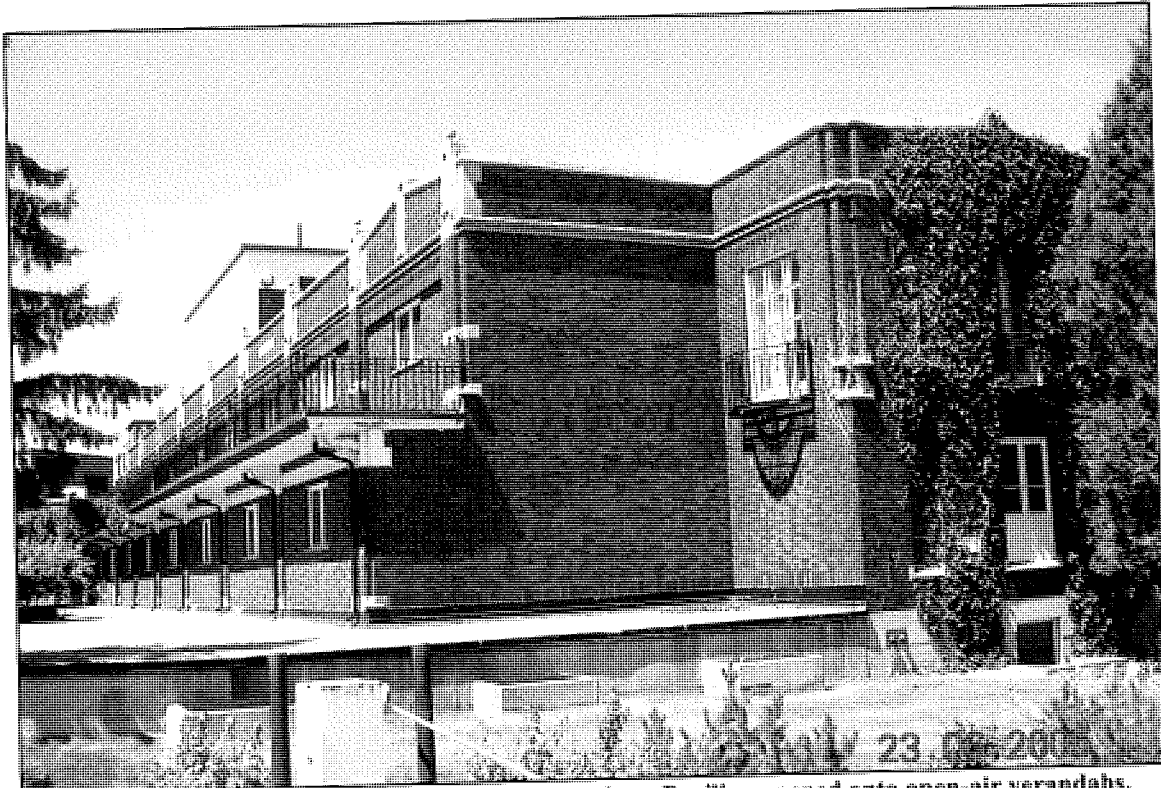


**Detail of the decorative swag bordered with brick and artificial stone.**

**East elevation. Part of the brick cross is visible above the 'Bruce Building' sign.**

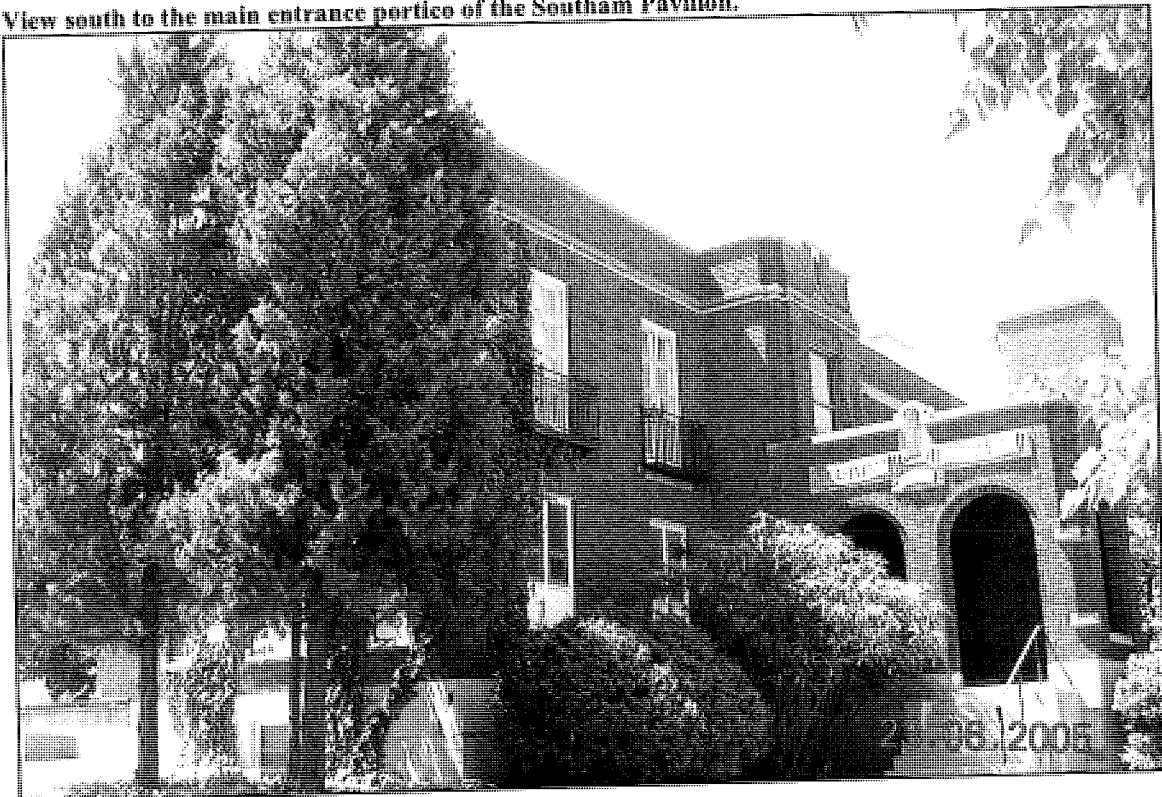


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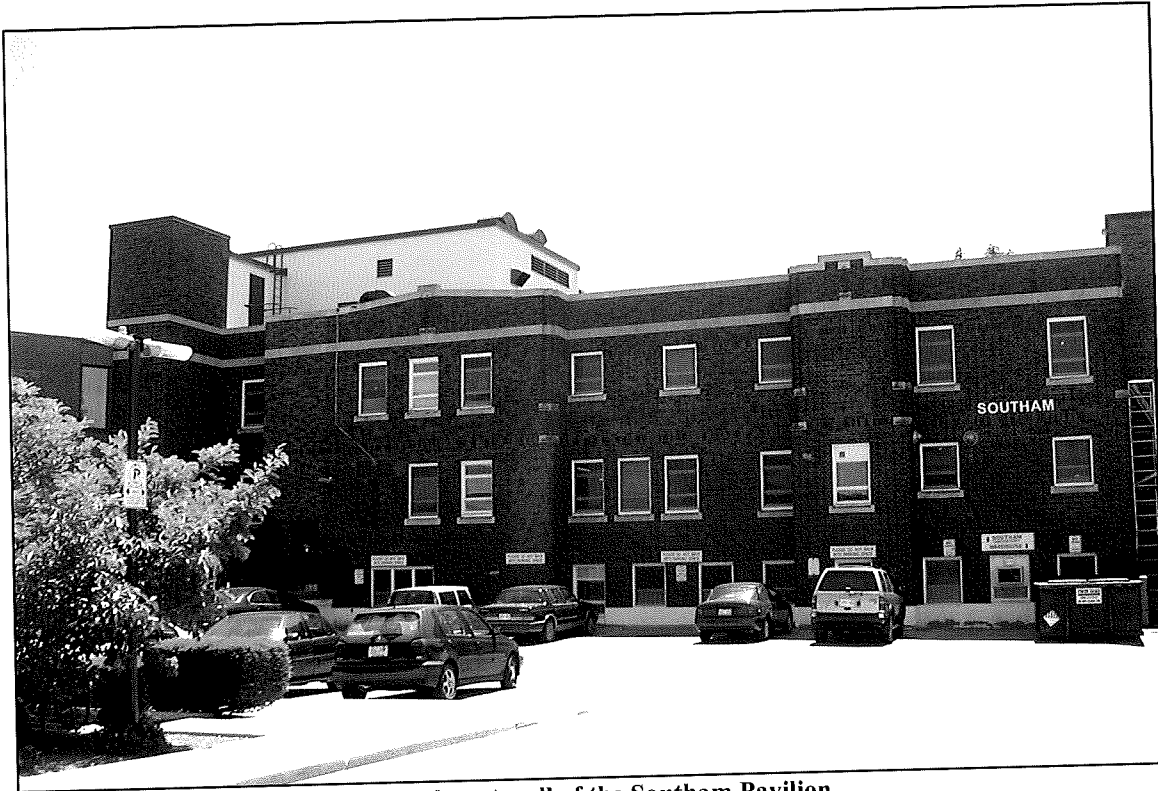
The patient rooms along the southeast wall the Southam Pavilion opened onto open-air verandahs.

View south to the main entrance portico of the Southam Pavilion.



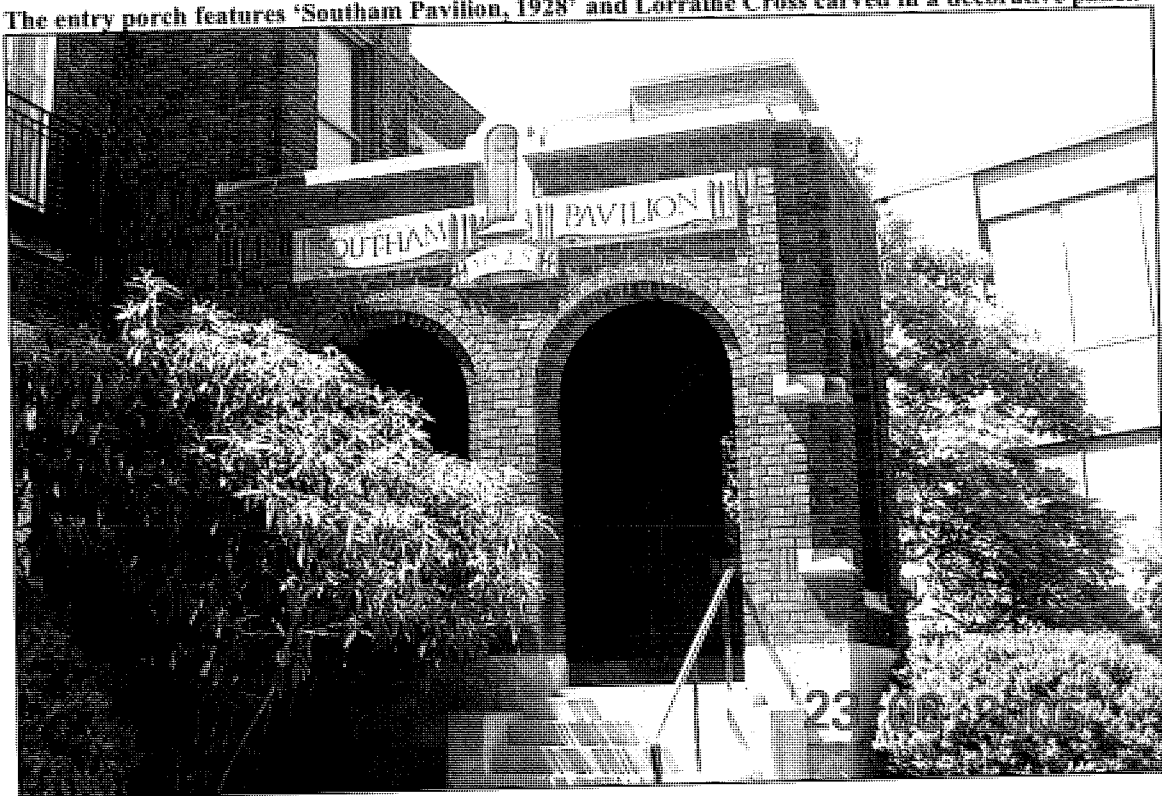


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Offices were arranged along the northwest wall of the Southam Pavilion.

The entry porch features 'Southam Pavilion, 1928' and Lorraine Cross carved in a decorative panel.





A pedimented parapet with concrete detailing highlights the end bays of the southwest wall.

Paired wood brackets support the upper verandah.



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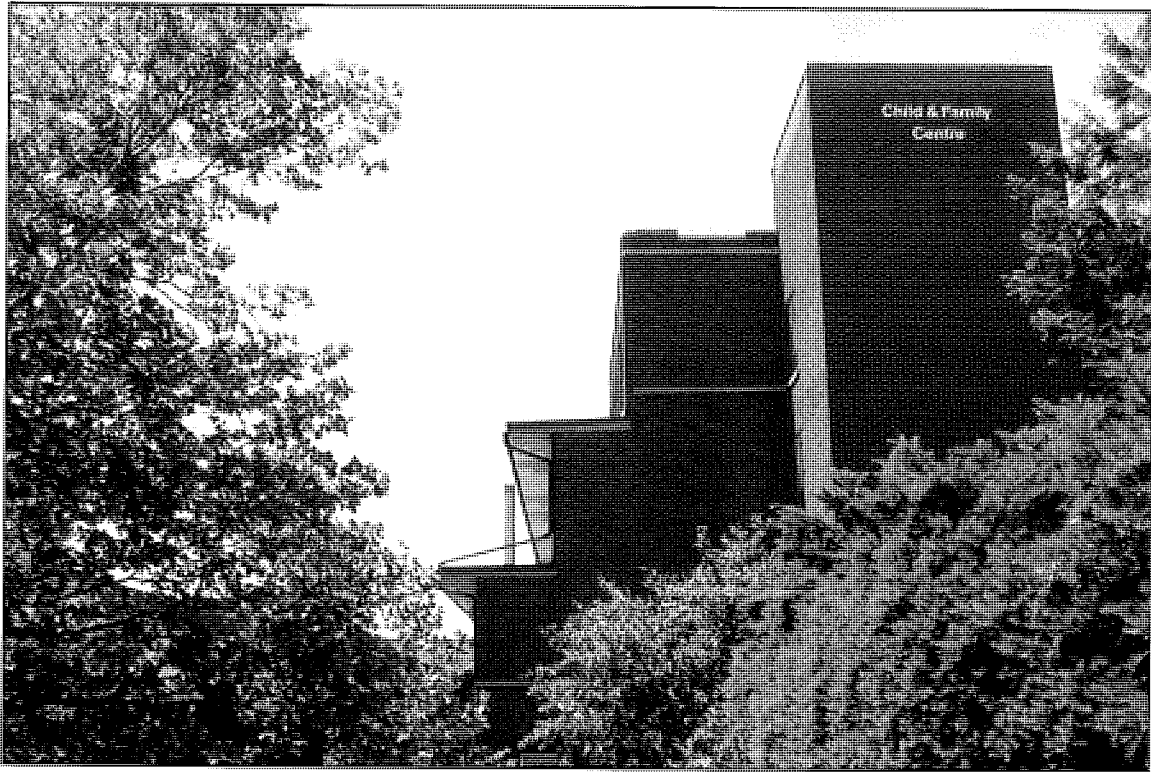
**The main entry, offices and treatment rooms were located on the northwest wall of the Evel Pavilion.**

**An addition housing entry, elevator and stairwell was added to the northwest wall in 1964.**



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The upper floors were stepped back to form balconies accessible from the adjacent wards.

The patient rooms along the southeast wall the Evel Pavilion opened onto open-air verandahs.



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Detail of the checkerboard brickwork located on the southeast wall.

The Ellen Wanless Chapel installed in 1963 currently forms part of the Resource Centre.



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**View east from Bruce Building along drive towards Sanatorium Road.**

**View west to Bruce Building with Wilcox Building (left) and Central Building (right).**



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**View southwest showing landscaping and parking at the east end of the building.**

**View south along drive with Central, Bruce and West Quarters, left to right.**





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**View across Sanatorium Road to Southam Pavilion, similar to historic photograph.**

**View south to grounds between Sanatorium Road and Southam Pavilion.**



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**View east from Ewart Building to Southam Pavilion.**

**View northeast across parking at the rear of Southam Pavilion. Link to Ewart is visible to the left.**



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**View west across Sanatorium Road to Evel Pavilion.**

**View north along Sanatorium Road at the Evel Pavilion towards the Brow site.**



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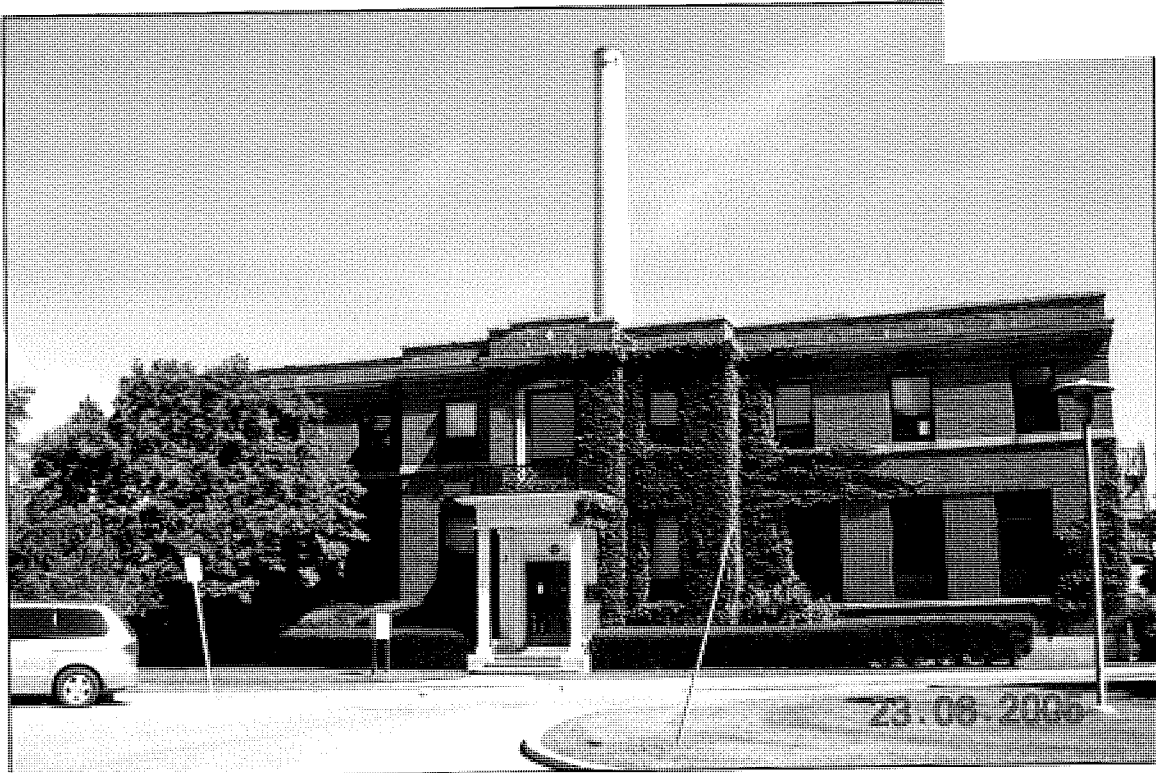
**View west along drive to parking adjacent Evel Pavilion with treed grounds to the north.**

**View east along drive to Sanatorium Rd. with Evel Pavilion to the right and treed grounds to the left.**



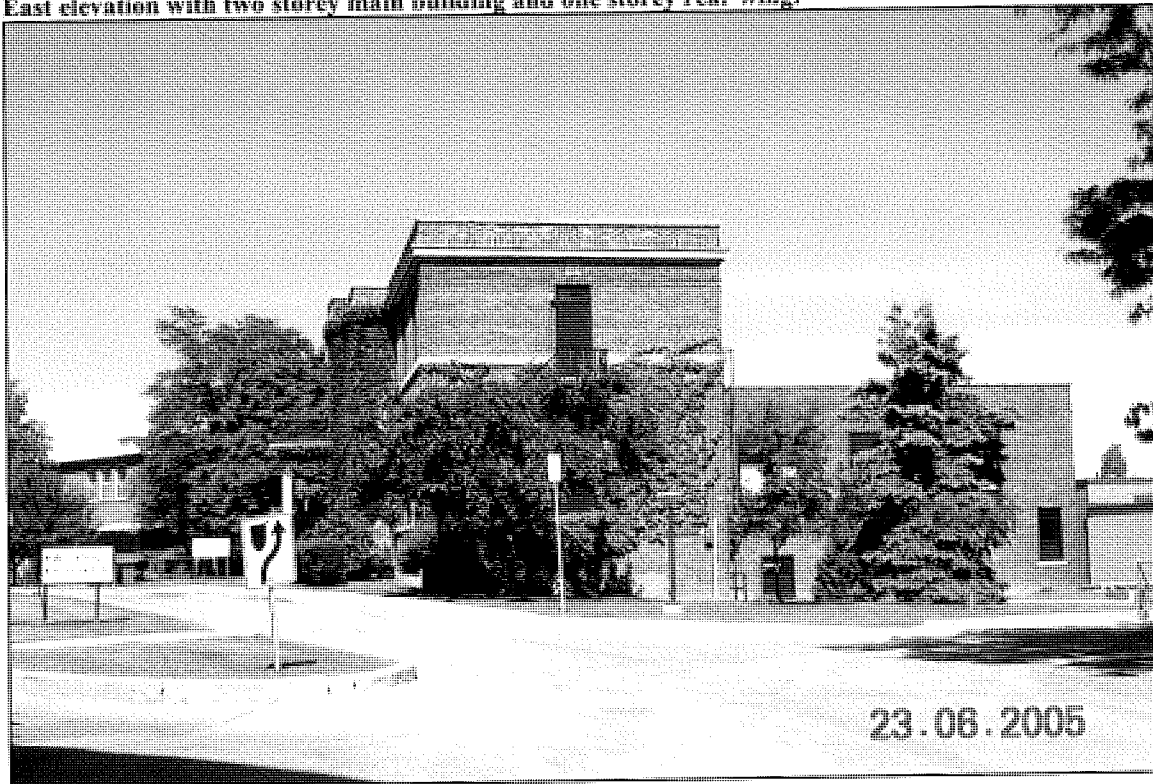
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Symmetrically arranged south (front) elevation with frontispiece and main entry.

East elevation with two storey main building and one storey rear wing.

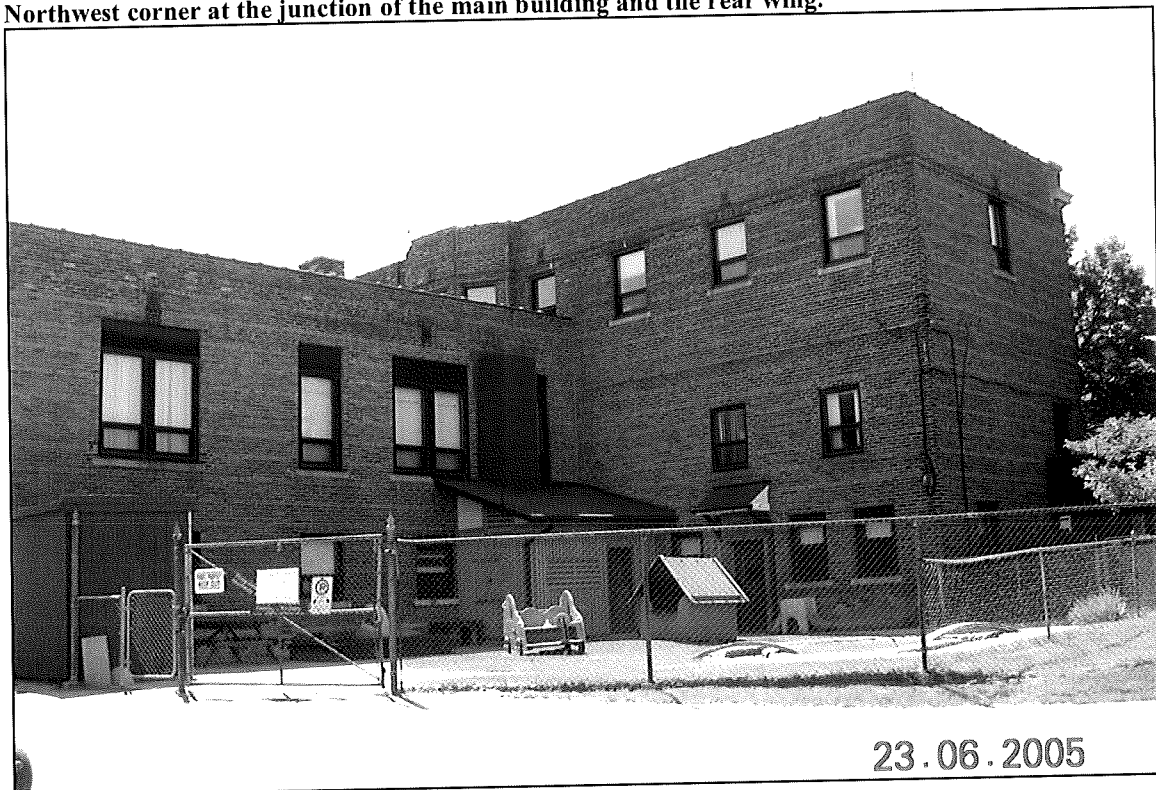


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North (rear) elevation at the east end. Note the lack of decoration on this wall.

Northwest corner at the junction of the main building and the rear wing.



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**Detail of the centre frontispiece featuring the main entry.**

**The former classroom windows are located on the ground floor of the south wall.**





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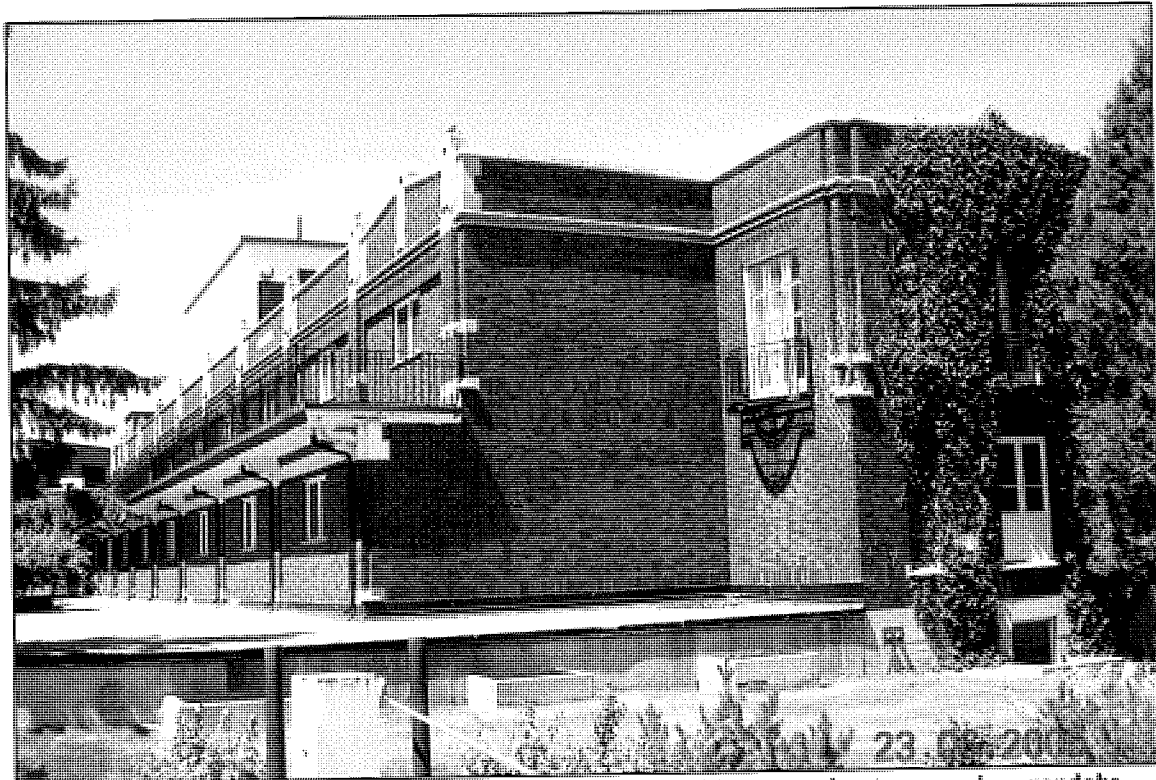
Detail of the decorative swag bordered with brick and artificial stone.

East elevation. Part of the brick cross is visible above the 'Bruce Building' sign.



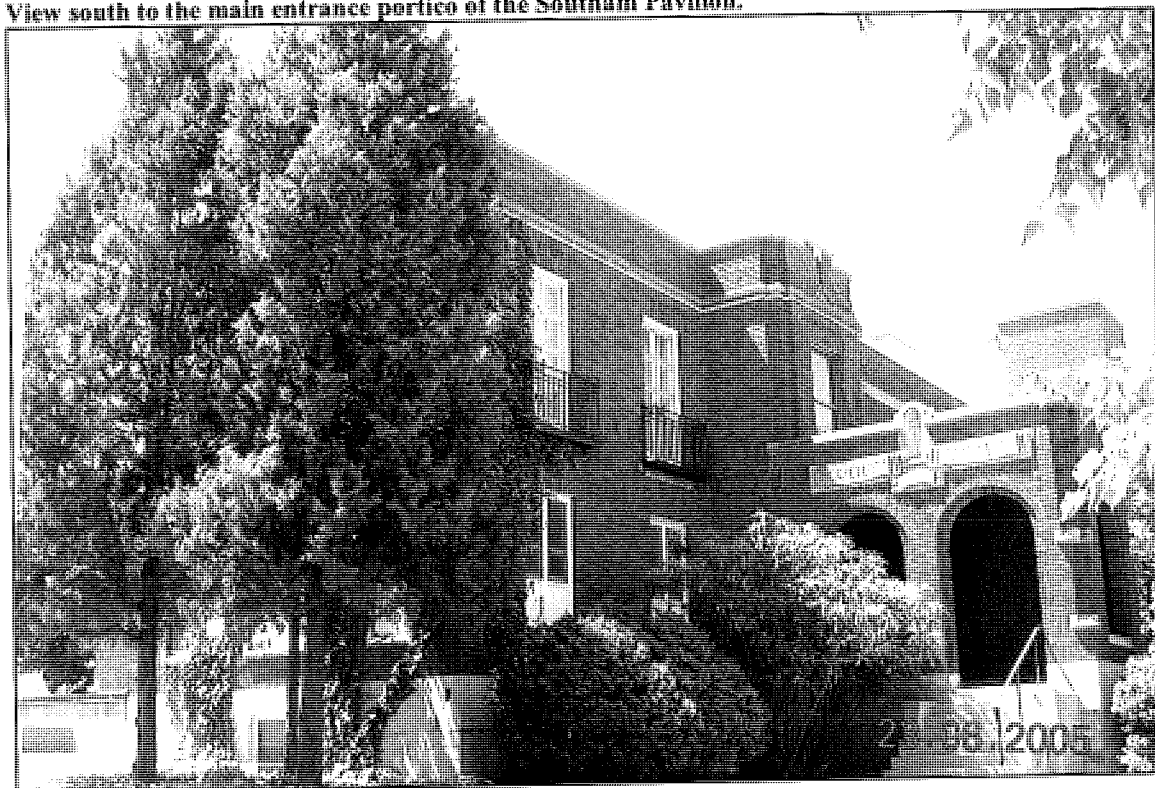
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The patient rooms along the southeast wall the Southam Pavilion opened onto open-air verandahs.

View south to the main entrance portico of the Southam Pavilion.



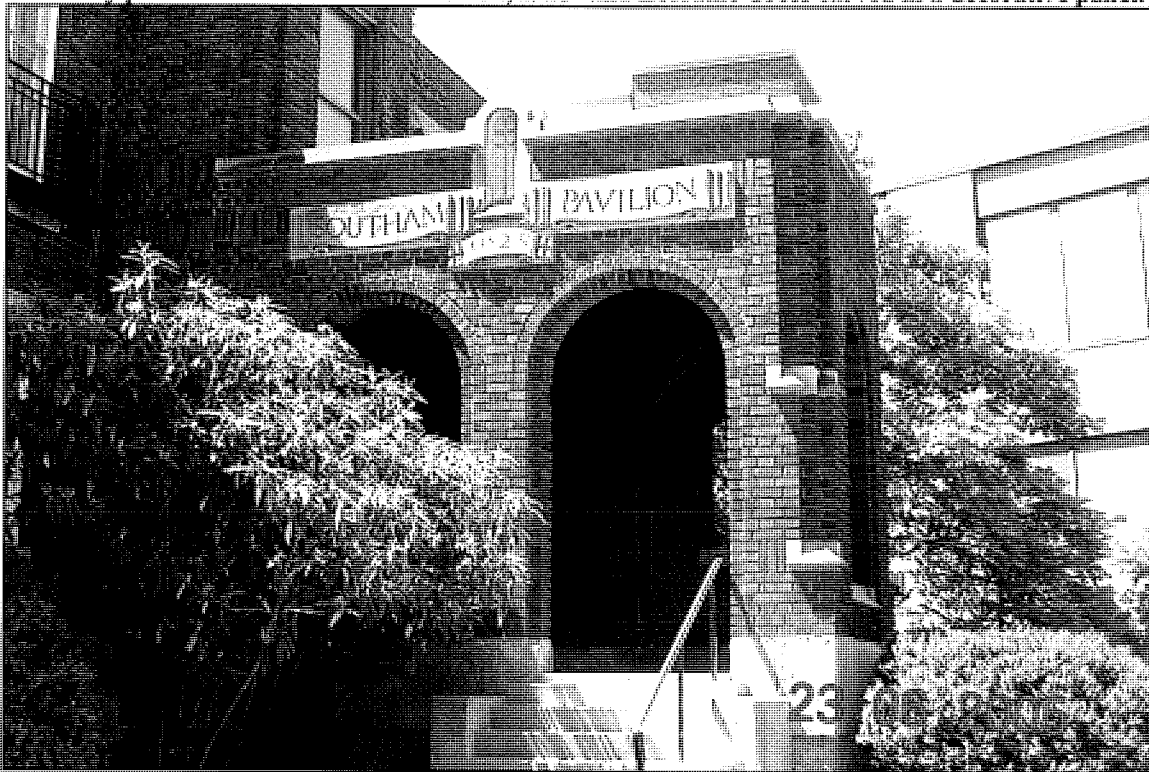
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Offices were arranged along the northwest wall of the Southam Pavilion.

The entry porch features 'Southam Pavilion, 1928' and Lorraine Cross carved in a decorative panel.



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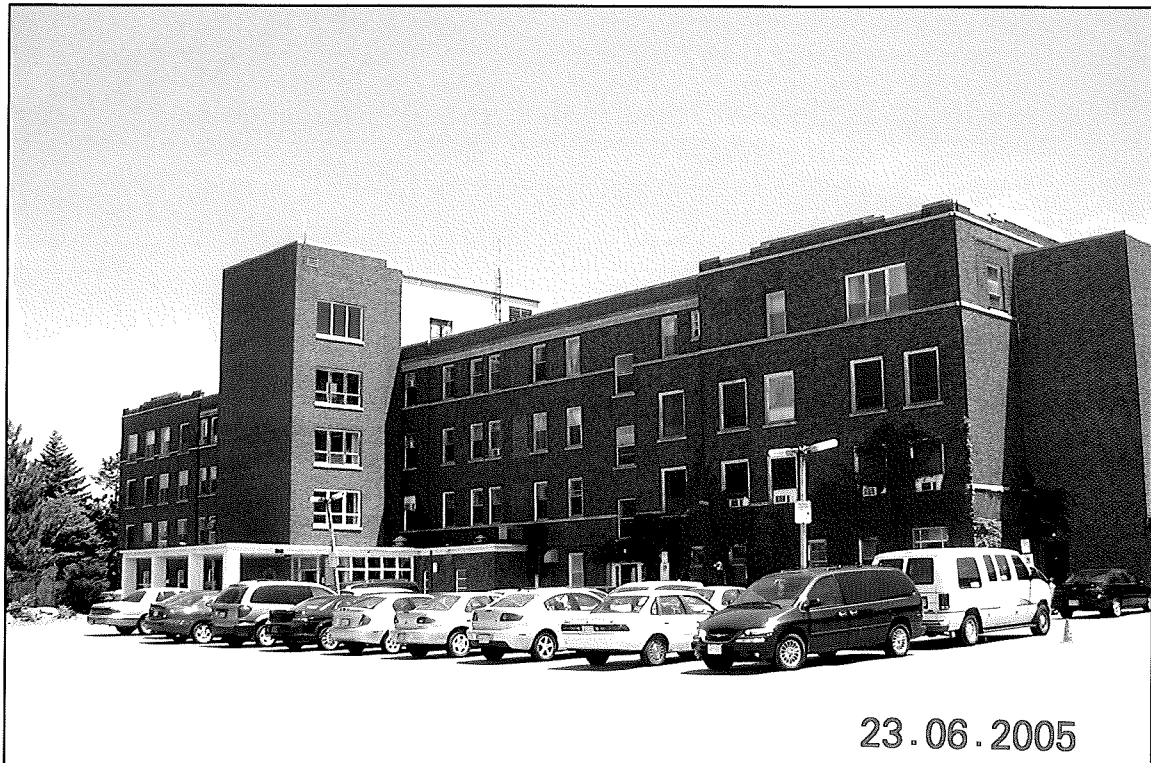
A pedimented parapet with concrete detailing highlights the end bays of the southwest wall.

Paired wood brackets support the upper verandah.



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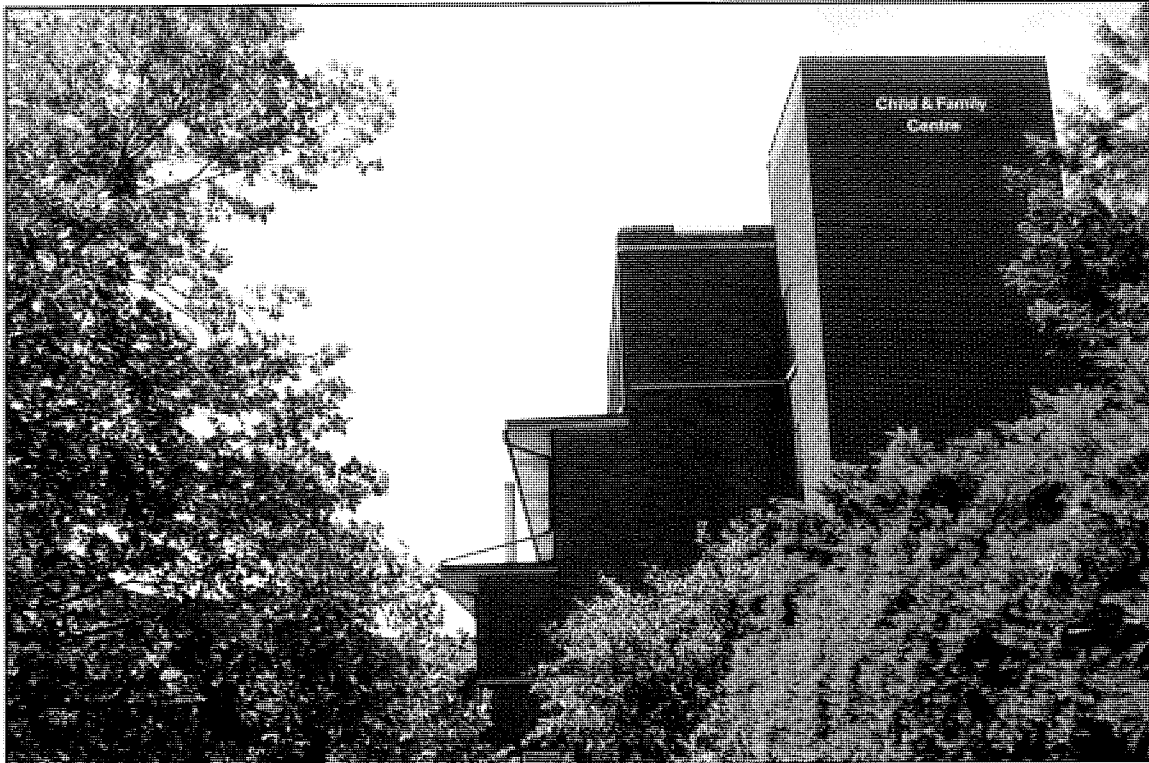
The main entry, offices and treatment rooms were located on the northwest wall of the Evel Pavilion.

An addition housing entry, elevator and stairwell was added to the northwest wall in 1964.



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The upper floors were stepped back to form balconies accessible from the adjacent wards.

The patient rooms along the southeast wall the Evel Pavilion opened onto open-air verandahs.



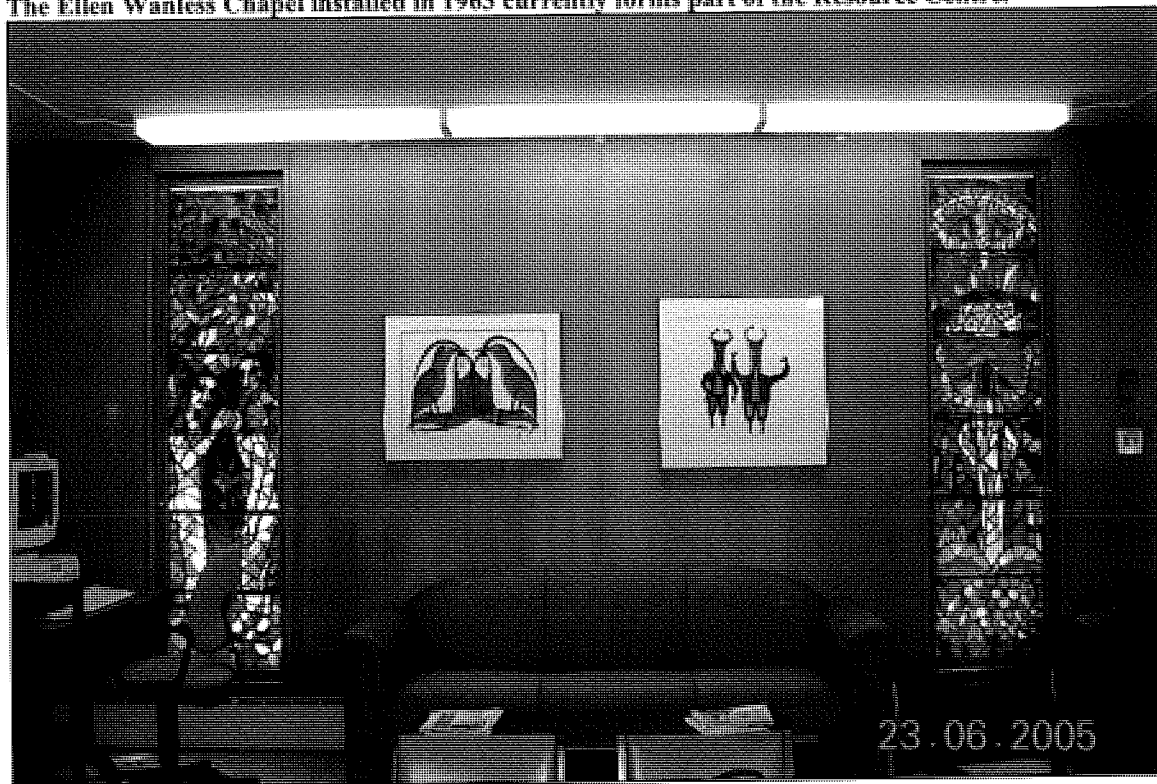
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Detail of the checkerboard brickwork located on the southeast wall.

The Ellen Wanless Chapel installed in 1963 currently forms part of the Resource Centre.



## Section 4

# CULTURAL ENVIRONMENT - HERITAGE ASSESSMENT

### 4.1 Contextual history:

This Section of the Report contains a contextual history of the development of the Canadian tuberculosis movement, a background history of the Brow site, a description of the existing environment and identification of those built heritage features and cultural landscapes older than forty years of heritage interest.<sup>4</sup>

#### Introduction

Tuberculosis was a major cause of death in North America in the nineteenth century. Both the public and the medical profession firmly believed that it was not preventable and incurable. Consequently little or no effort was made to isolate tubercular patients with institutional care. It was not until the final two decades of the nineteenth century that a movement for public education and institutional care was started.

#### Early Sanatoria Design (1895 to 1917)

After studying examples of both European and American sanatoria, Canadian sanatoria were built in isolated areas with fresh air and sunshine and offered a supervised diet, exercise and morale boosting diversions. Some late nineteenth century hospital design elements and new building technology and materials were incorporated into the sanatoria. They included the military field hospital concept of small, isolated, well-ventilated buildings, relatively inexpensive to build and operate, and visually pleasing in design and the cottage hospital system with its central administration building and numerous smaller residential units. Open-air verandahs also became an integral part of the new sanatoria design.

Interior design features adopted for sanatoria included the elimination of hard to clean interior moldings including baseboards, chair-rails and cornices and the introduction of rounded junctures between floors, walls and ceilings for better dust control and easier cleaning. New non-absorbent and scrubbable surfaces such as fine-graded Portland cement walls and ceiling enamel paints, and linoleum and terrazzo floor finishes were also incorporated for sanitary reasons.

#### Hamilton Mountain Sanatorium (1906-1914)

In 1905 the Hamilton Board of Health and interested citizens formed the Hamilton Health Association (HHA), the first purely local anti-tuberculosis association in Ontario, to help educate the public about tuberculosis and to provide local care.

Local realtors Mr. Long and Mr. Bisby donated ninety-six acres of land in Lot 57, Concession 2, in Ancaster Township, for a proposed Hamilton sanatorium. The Hamilton Spectator (1905) described the Mountain site as being above the City with more than a half-mile of brow front. The property included a fine brick house, a splendid barn and outbuildings and a large front of wooded land with a stream running through it as well

<sup>4</sup> APPENDIX D provides an excerpt of an eloquent summary of the historical context of the subject lands and adjacent lands prepared by a resident in the vicinity of the subject lands. Mrs. Iris Brunning, the author of this summary, has been a resident in the area for more than 49 years.



as a fine view of the City and the lake from the brow.

The Hamilton Health Association established the sanatorium on the southerly part of the property (south of the North Scenic Planning Area) in the orchard of the former Macklem farm some distance from the brow's edge. His Excellency the Governor-General Earl Grey officially opened the Hamilton Sanatorium on May 28, 1906. Its' first patients were housed in two tents. The HHA built numerous buildings on the Orchard site between 1906 and 1913 including:

- wooden open-air buildings to house patients;
- a doctor's residence and dispensary;
- the Crerar Recreation Hall; the Grafton Infirmary;
- a henhouse;
- a nurse's home;
- the Empire Pavilion;
- the outdoor school known as the Preventorium; and,
- a doctors/nurses/business managers residence.

The Macklem farmhouse was acquired in 1913 and the "San" Farm was opened a year later.

Between 1910 and 1914 well-constructed and equipped hospital buildings replaced the inexpensive, temporary, patient shacks initially favoured for sanatoria. The early, optimistic view of the medical profession that tuberculosis could be eradicated quickly shifted to the promotion of long term care and treatment as well as surgical remedies. Consequently sanatoria buildings were modeled after modern hospitals with special provisions for fresh air in all wards.

**4.2 Historical  
 Background:  
 Development of  
 the Brow Site**

Southam Home at the City Hospital was providing care for advanced cases of tuberculosis in Hamilton by 1910. However, patients with advanced cases continued to go to the Mountain Sanatorium. As a result, the City of Hamilton passed a by-law in 1913 to grant \$100,000 to the Hamilton Health Association to build a new, permanent, fireproof infirmary for one hundred tubercular patients at the Mountain Sanatorium. The infirmary was to house all types of tuberculosis cases.

Due to its inadequate water supply and sewage systems at the Orchard site the HHA decided to build the new infirmary on a different location. The HHA selected the present Brow site for its new infirmary principally for its view and proximity to the stair access up the Mountain. The brow site was designed as a self-contained facility with all services except the laundry. After some study in the United States, Hamilton architects Stewart and Witton incorporated the ward plan used at the Metropolitan Life Sanatorium, Mount MacGregor, New York, into the new infirmary design.

The ground for the infirmary was broken on May 15, 1915, and it was opened December 5, 1916. When built it faced southeast for maximum sun exposure rather than towards the view from the Brow. Two storeys in height, the infirmary building was built of reinforced concrete and hollow

tile with a buff brick facing. The design allowed for a future third storey if needed. The distinctive feature of the infirmary was its ward arrangement with inner rooms heated in winter and separated by folding doors from the balconies. Each ward, except the isolation ward, had a balcony and a bed on castors. The ground floor had twenty-two beds and twenty-eight on the second floor. The ground floor also had two isolation wards while the second floor had five. Each balcony had a double hung window sash, sliding shutters and wire screens that could be lowered below the sill when conditions permitted. The shutters, when opened upward, permitted free airflow while keeping out the sun, wind or rain.

The ground floor also contained a nurses' room, examining room, waiting room and pharmacy to the right of the main entrance vestibule and offices, the medical superintendent office and a laboratory to the left as well as the main kitchen, storeroom, staff dining rooms. A diet kitchen and serving rooms and bed and sitting rooms with a sleeping porch for the doctors were located on the second floor.

Immediately upon completion, the Hamilton Health Association assigned seventy-five of its one hundred beds to the Military Hospital Commission as a care facility for returned Canadian soldiers with pulmonary tuberculosis. In return, the government agreed to provide funds to add an equal amount of beds in temporary extensions to the existing patient shacks on the Orchard site.

#### World War I Years

The high incidence of infection from pulmonary tuberculosis in the Canadian military forces during World War I created a demand for treatment beds that could not be met by existing Canadian sanatoria. The privately owned or provincially run sanatoria were generally too small with inadequate bed space.

The Military Hospitals Commission (MHC) took over the co-ordination of the medical care needed for Canadian soldiers suffering from pulmonary tuberculosis in August 1915. Under the MHC, the Department of Soldiers Civil Re-establishment had the task of finding treatment facilities for the returning soldiers with tuberculosis.

Initially the existing sanatoria accepted soldiers as patients where beds could be found. Then the Department of Soldiers Civil Re-establishment arranged to use sections of existing sanatoria exclusively for the soldiers. Finally, after much discussion, the MHC decided to provide capital financing to expand existing sanatoria rather than build its own permanent facilities. This building program greatly increased the tuberculosis care facilities across Canada.

The Department built its first Ontario extensions at the Mowat Sanatorium, Kingston. Then it built two, thirty-two bed pavilions (East and West Pavilions), a patient dining room and a vocational workshop, designed by the Chief Architect's Branch, at the Brow site of the Hamilton Mountain Sanatorium Hamilton in 1917. Stewart and Witton built the former Engineers' Double Cottage in the same year for the HHA.

The East and West Pavilions comprised two storey red brick buildings with a small basement area off the north elevation, concrete foundation walls and footings. The wards in the pavilions were located across the front or south elevation of the two storey buildings. Large windows provided ample sunlight and fresh air. Service areas and offices were located on the north elevation or back of the building. A two-storey bay window projection was located in the centre of the front elevation while an entrance door was found at each end of the elevation. Stucco panels accentuated the bay projection. The Brow pavilions were similar in design and exterior detailing to those built by the Department at the Byron Sanatoria.

By the end of 1918 the Orchard and Brow sites were both connected to city water and sewage systems and the road to the sanatorium sites had been upgraded to a first class macadam roadway. The Dominion Government granted money towards the construction of a road between the Orchard and the Brow facilities in 1918. The last military patients at the Mountain Sanatorium were placed on a civilian list in 1923.

Built in haste, the military buildings at the Brow did not conform to the HHA's original design concept for a compact institution. As a result, after the war, the HHA's abandoned its plans for an extended, complete unit at the Brow in favour of expanding the Orchard site.

Intermediate Years:  
 1920-1960

During the 1920s the HHA expanded the Mountain Sanatorium facilities principally on the Orchard site. At the Brow, the HHA built only the Long and Bisby Nurses' Residence (1920), named for its benefactors, Mr. W. D. Long and Mrs. George H. Bisby, and a duplex doctors residence (1921). Hamilton architect W. H. Whitton designed the Long and Bisby Nurses' Residence while local contractor W. H. Cooper supervised the construction. Hamilton citizens, societies and commercial institutions donated its interior furnishings. The duplex was designed by architects Witton and Walsh and built by W. H. Cooper. It was not until 1937 when the Moreland Residence, a dormitory building for male employees, was built that the Brow site underwent any further changes.

The East Pavilion was renovated for a Rehabilitation Centre in 1952. In 1953 the Cross of Lorraine was erected on the brow. This illuminated double barred cross was built to serve as a constant reminder of the tuberculosis campaign and the hospital site. Residences 17, 18 and 19 were built to house married doctors in 1953. In 1958-59 the Brow Infirmary was converted by Frid Construction Co. Ltd., to a hospital for convalescent and chronically ill patients.

1960-Present

The Insurance Plan (1960) depicts the following buildings on the Brow site: Houses No. 17, 18 and 19 at the main site entrance, double houses No. 13 and 14 and double house No. 15 and 16 with garages, the Long-Bisby Residence, the Brow Infirmary (No. 1); the East pavilion (No. 2), the West Pavilion (No. 2), the Vimy Ridge Pavilion (No. 4), the Occupational Therapy Building (No. 5), the Dining Room (No. 6) and the Moreland

(15)

Residence (No. 11). The same year, the Pavilion was leased to the Institute of Physical Medicine and Rehabilitation. The Dining Room was converted to a staff cafeteria in 1960. The School of Medical Technology was moved into the West Pavilion in 1962. The Doctor's Residence/Nurses Residence/Business Managers Office at the Brow was demolished in 1964.

Renovations for a Substance Abuse Treatment and Education Centre were undertaken in 1978. The Long and Bisby Building housed the Cool School, an alternative high school from 1973-1983. From 1983 to present the Day Care Centre for Employee's Children has occupied the building.

The name of Mountain Sanatorium changed to Chedoke Hospitals in 1971. The Brow Infirmary name became the Chedoke Continuing Care Centre two years later. The Chedoke Hospitals amalgamated with McMaster University Medical Centre to become Chedoke Division of Chedoke-McMaster Hospitals in 1979.

Architects

The Brow Infirmary was designed and built by the Hamilton architectural firm of Stewart and Witton. Stewart and Witton, later Stewart and Walsh were responsible for the design of numerous buildings at the Brow and Orchard sites of the Mountain Sanatorium between 1914 and the 1920s.

Walter Wilson Stewart, born in the United States, moved to Toronto in 1872 at one year of age. The family moved to Hamilton in 1885 where Walter took up his architectural studies. He joined his father's firm as part of Stewart and Stewart and then practiced in Cleveland, Ohio, in the early 1900s. He returned to Hamilton in 1904. William Palmer Witton was born in 1871 in Hamilton, Ontario. Educated and trained in Chicago he returned to Hamilton to practice architecture in 1895. Witton and Stewart formed an architectural practice in Hamilton in 1904. The firm built schools in Brantford, Paris, Galt and Dunnville under the name Stewart, Witton and Taylor in Brantford.

Stewart and Witton were responsible for designing and building many local Hamilton and district buildings apart from the Mountain Sanatorium facilities from 1904 to 1917. They included: collaboration on a new façade and addition for the James Street Armouries; the Galt Collegiate Institute, Wentworth Street School addition, additions to Picton Street School and Sophia Public School, King George School, Picton Street School addition and Earl Kitchener School; the Herkimer Baptist and St. Giles churches; and the I.O.O.F Temple, the Otis-Fensom (elevator) factory, the Orange Hall, and Merrick Street theatre, Mary Street Police Station, Home for the Incurables and Isolation Hospital.

Col. Stewart was killed in action during World War I. Witton joined in partnership with W. J. Walsh in 1920 and was responsible for the Bisby and Long Nurses Residence at the Sanatorium as well as a large addition to the Mount Hamilton Hospital in 1931. Witton retired in the mid 1930s and died in June 1947.

#### 4.3 Description of Existing Environment

The Scenic North lands contain a discrete group of buildings, physically and visually separate from the principal hospital site to the south. Residential subdivisions have been built up to its boundaries. The North Scenic Planning Area comprises a campus of institutional buildings and structures set within a cultural landscape of planned gardens, open space, an ephemeral watercourse, woodlots and connected by a curvilinear road network. Three 1950's residences sit at the entrance to the site (northwest corner of Sanatorium Road and Scenic Drive).

#### 4.4 LACAC

The City of Hamilton Local Architectural Conservation Advisory Committee (LACAC) is established by by-law with members appointed by council. LACACs' role is to assist and advise the municipality on all matters related to Part IV and Part V of the Ontario Heritage Act. Council may also consult LACAC to advise the municipality on local heritage matters related to planning and development issues. LACACs' other function involves the evaluation of heritage properties and contribution to the maintenance of the on-going development of an Inventory of heritage buildings and structures.

In the City of Hamilton LACAC with the support of staff will respond to a request for listing any built heritage property of potential architectural and historical interest located in the municipality. LACAC makes additions and deletions to the Inventory based on advice from the Research Sub-committee. A building, structure or property of heritage interest may be potentially of heritage significance due to perceived architectural and historical associations based on preliminary observations. It may warrant consideration for further detailed study and evaluation.

To be included in the Inventory an architectural-contextual evaluation is completed based on site visits and photographs of the exterior of the building. A set of criteria based on the Parks Canada publication titled The Evaluation of Historic Buildings by Dr. Harold Kalman published in 1979 is used to evaluate built heritage. For inclusion in the Inventory a property must attain a certain rating.

When a building is to be considered for designation, the Inventory will serve to inform LACAC of the merit of the application for designation under Part IV of the Ontario Heritage Act. Designation of heritage property entails a process, which includes drafting of the reasons for designation, publication of the Notice to Designate and the serving of the intention to designate notice to the property owner with a specified period for objections to be registered. If no objections are registered, the designation by-law is produced and municipal council can vote its adoption based on LACAC advice. A designated building cannot be demolished without a permit application for demolition. The permit will be reviewed by the City of Hamilton and advice sought from LACAC and municipal staff on the matter.

#### 4.5 Heritage Significance

**Heritage significance** is the meaning or value ascribed to a built heritage feature or cultural landscape. The meaning or value is based on criteria for heritage evaluation. It normally is derived from a combination of

- a) historical association
- b) architectural merit including integrity; and
- c) contextual value.

A property of *heritage significance* is a built heritage feature, which has been recognized as being of "historic or architectural value or interest" – for example, a designated property or a "listed"<sup>5</sup> building. The terminology defines the value of the built heritage feature not designated or listed in an inventory. A building may not have been included within an inventory simply because the area of its location is not surveyed or no development plans exist to initiate a review and assessment by a municipality.

**Potential Heritage Significance** - Describes a built heritage feature that has been identified in a preliminary review to have historic and/or architectural value or interest and which merits further research and assessment to confirm its heritage significance.

**Heritage Impact Statement (HIS)** - The City of Hamilton has initiated the Heritage Impact Statement (HIS) process to measure the impact of proposed development plans on identified built cultural heritage features. The process is triggered when a proponent to the municipality submits a development plan. The nature and terms of the HIS are to be discussed and agreed to prior to undertaking the study with the municipality. Important factors in a HIS study may include detailed impact analysis and the creation of a mitigation plan.

In the case of the North Scenic Drive Planning Area no present development plan has been created to measure impacts to heritage features against. Features that could be considered for evaluation in a HIS documentation may include:

- the Continuing Care Facility (former Brow Infirmary);
- the East Pavilion;
- the Long and Bisby Building;
- the Moreland Residence;
- the Lorraine Cross; and,
- the hose and reel house.

#### 4.6 Built Heritage Features

The following built heritage features and structures located within the Scenic North Planning area are considered to be of heritage interest. They include:

- the Continuing Care Centre (former Brow Infirmary);
- the East Pavilion;
- the Long and Bisby Building;
- the Moreland Residence;

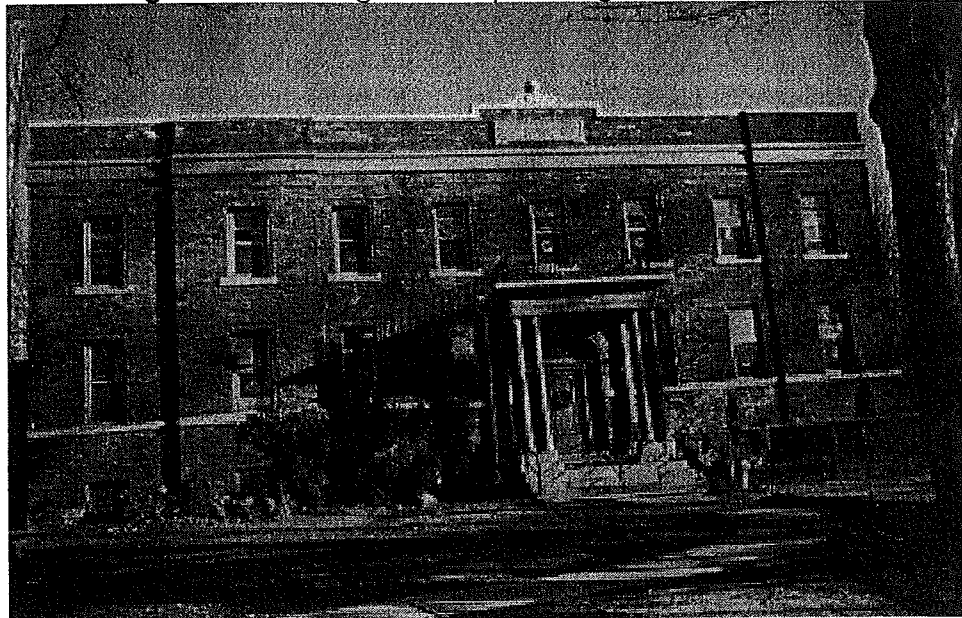
<sup>5</sup> **Listed Building** - The City of Hamilton has created an Inventory of built heritage features. As of October 1996 it comprised approximately 3,000 buildings. The Inventory is a work in progress. This list of heritage properties including buildings and structures are considered of architectural or historical interest. It is approved by the Local Architectural Conservation Advisory Committee (LACAC) and additions or deletions are made by this committee. The listing is based on an exterior appearance evaluation and readily available historical information. No legal restrictions are imposed on a building through its listing on the Inventory

- the Lorraine Cross; and,
- the hose and reel house.

The following provides an overview of each of these heritage features; a detailed description of the building or feature, the historical association, the integrity of the building/structure and its historical significance:

*Long and Bisby Building*

**Built Heritage Feature:** Long and Bisby Building



*View of north (front) elevation of the Long Bisby Building*

**Description:** Built in 1920, this two storey, buff brick building has a flat roof, an asymmetrical front (north) elevation with four distinct divisions, slightly off-centre main entrance and a high, full basement. A slightly forward projecting bay is located on the east end and set one bay in from the west end. A Neo-classical portico with paired Corinthian columns, engaged half columns, dentils and mutules detailing and an entablature frames the entrance. A balcony with a metal railing is located above the portico. The main entranceway has an elliptical transom and sidelights with decorative motifs. The flat roof has a brick parapet wall accentuated by contrasting coping stone. On the front elevation a small sculptural element atop a stone tablet is located above the main entrance. A single wooden cornice is located above the second floor windows on all elevations. A stone band that runs beneath the ground floor window openings forms a continuous window sill. The second floor openings have tooled stone sills. All openings have voussoirs and side trim of brick headers.

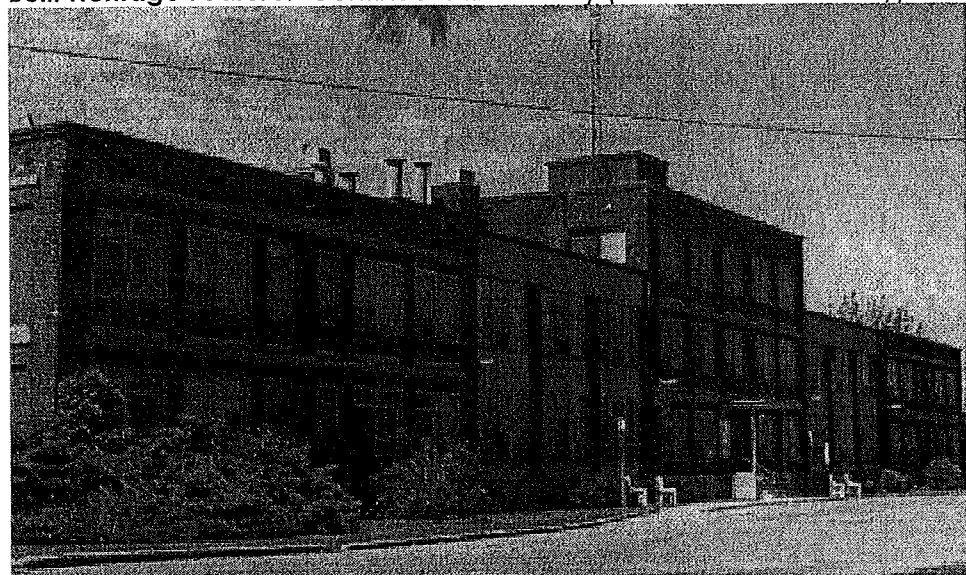
**Historical Association:** Associated with the post WWI development of the Hamilton Mountain Sanitarium and constructed as a nurse's residence in 1920. Named after W.D. Long and Mrs. George H. Bisby who donated the building costs. Previously George Long and W.D. Bisby had the building and the general contractor was W.H. Cooper, Hamilton. A commemorative plaque, "The Nurses' Home" is located in the front

lobby.

**Integrity:** Altered. The cornice has been altered and a chimney removed. Two one-storey additions have been built on the rear elevation.

**Significance:** The Long and Bisby building is listed in the City of Hamilton LACAC Inventory of Buildings of Architectural and Historical Interest. This structure is considered an important local architectural feature and merits appropriate preservation treatment and consideration for reuse.

**Built Heritage Feature:** Continue Care Facility (Former Brow Infirmary)



View of the south (front) elevation of the Continuing Care Facility, formerly the Brow Infirmary

**Description:** This building is divided into a three storey centre block and two, two storey wings to the east and west. It has full basement and reinforced concrete foundation, external walls of reinforced concrete and hollow tile faced with buff tapestry brick (Don Valley Brick Works, Toronto) and a flat roof.

The original building design used decorative elements of the Spanish Colonial Period Revival including shaped and curvilinear parapets and sloped, tiled roof sections on the front and side elevations. Other distinctive features were the balconies with double hung window sash, sliding shutters and wire screens that could be lowered below the sill.

The former patient's dining room and vocational building (1917) behind the Continuing Care Facility has been severely compromised by additions and alterations.

The studio and Main building are clad with brick veneer. The Annex has a stucco and metal siding for exterior finishes. Interior floor finishes consist of vinyl tile, carpet, sheet vinyl, ceramic tile and exposed or painted concrete. Wall finishes consist of painted plaster or gypsum board with

Continuing Care  
Facility (Former Brow  
Infirmary)



some glazed tile., Ceilings are painted plaster or concrete with large areas of acoustic tile.

**Historical Association:** Constructed in 1915-16 for the Hamilton Health Association (HHA) it is associated with the initial development phase of the Hamilton Mountain Sanatorium. Witton and Steward, Architects, designed the building while W. H. Cooper of Hamilton was the masonry contractor. The HHA, formed in 1905, was the first purely local anti-tuberculosis association in Ontario. The City of Hamilton provided a sizeable grant to the HHA in 1913 to build the Brow Infirmary. The Military Hospital Commission ran the infirmary as a care facility for returned tubercular soldiers during WWI.

**Integrity:** Considerably altered from its original character. The distinctive tiled roof overhand, the curvilinear parapets across the front and on each end, parapet walls, some of the corner chimneys and the original entrance portico roof have been removed. The original double hung window sash, sliding shutters and screens have also been removed and the original window openings shorted.

**Significance:** The Infirmary building is the oldest building on the former Mountain Sanatorium site and is closely associated with the initial phase of development at the Mountain Sanatorium by the HHA.

East Pavilion

**Built Heritage Feature:** East Pavilion



View of east (front) elevation of the East Pavilion.

**Description:** This two storey red brick building was designed with a central core consisting of a two storey bay projection and north and south wings. Evenly spaced low flat dormers used for ventilation punctuate the hip roof. On the east (front) elevation the centre bay, the parapet wall with a double barred cross emblem has been removed exposing the flat roof. The central bay is accented with concrete panels above and below the ground and second floor window openings. The wings are decorated with an engaged brick pilasters dividing each wing into six bays and soldier brick voussoirs. Each window opening has

a contrasting concrete sill. The end bays have entrance doors covered with a small bracketed entrance roof. The northeast corner still has the original gable parapet while the southeast one has been removed. The west elevation (rear) has two, two-storey projecting wings with hip roofs.

**Historical Association:** Building is associated with the second development phase of the Hamilton Mountain Sanitarium during World War I. It was built to a standard design and plan for the Department of Soldiers Civil Re-establishment of the Military Hospitals Commission by the federal government Chief Architect's Branch. Completed in 1917 it was one of two identical pavilions on the site (West Pavilion).

**Integrity:** Altered. Eave brackets, chimney, decorative roof pediment with double cross emblem on east bay projection removed. The south brick gable parapet over the end entrance door of the east elevation has been removed, the west gable parapet altered. Window sash has been replaced. Louvers removed from flat dormers. The parapet on the bay projection with the double barred cross emblem has been removed.

**Significance:** Built as part of a federal government program during World War I to build its own permanent tuberculosis facilities across Canada to serve returning soldiers. It was one of the first permanent facilities built by the federal government in Canada.

**Built Heritage Feature:** Moreland Residence



*View of the west elevation of the Moreland Building*

**Description:** This three storey building has a reinforced concrete foundation and exterior walls of brick over reinforced concrete and structural steel frame. A smooth stone-like concrete sill and voussoir accent each rectangular window and door openings on all elevations. The west (front elevation) is divided into eight bays. There are three bays to the south of the main entrance and four to the north. Two, triple sash, ground floor window openings are located on the southwest corner of the front elevation. Two similar window openings are found on the south

*Moreland Building*

elevation. A decorative concrete surround accents the main entrance. The window opening directly above the entrance has a decorative hood.

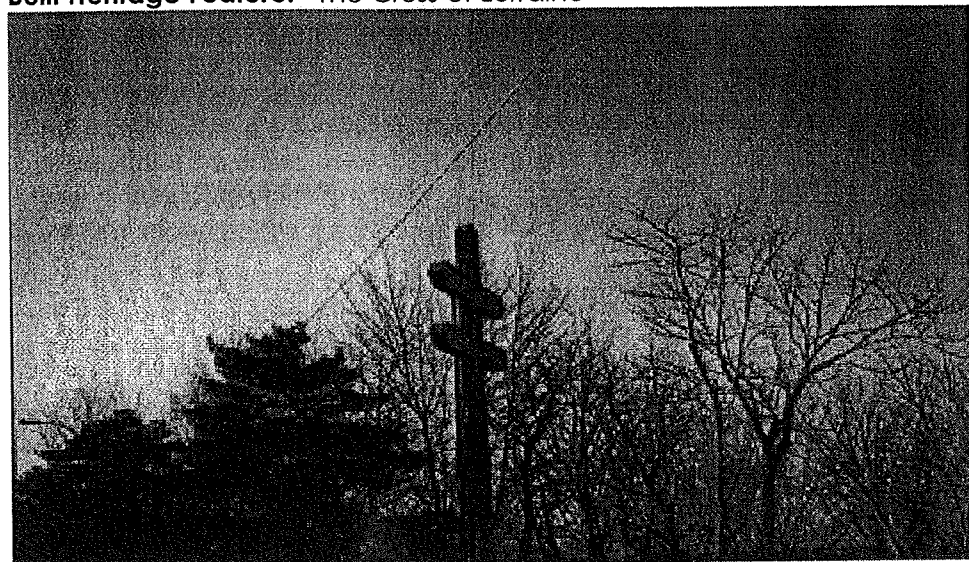
**Historical Association:** Built in 1937 the residence is associated with the intermediate years (1920-1960) of the site. It is the first building erected on the Brow site since the early 1920's. Named after former A.L. Moreland, former business manager of the sanatorium (1917-1939), it was constructed as a dormitory building for male employees.

**Integrity:** Altered. Window sash has been replaced.

**Significance:** This is the only building to be erected on the Brow Site between early 1920s and 1937.

*The Cross of Lorraine*

**Built Heritage Feature:** The Cross of Lorraine



View of the Lorraine Cross located on the brow of Hamilton Mountain

**Description:** A 25-foot high, illuminated, metal cross with a double bar.

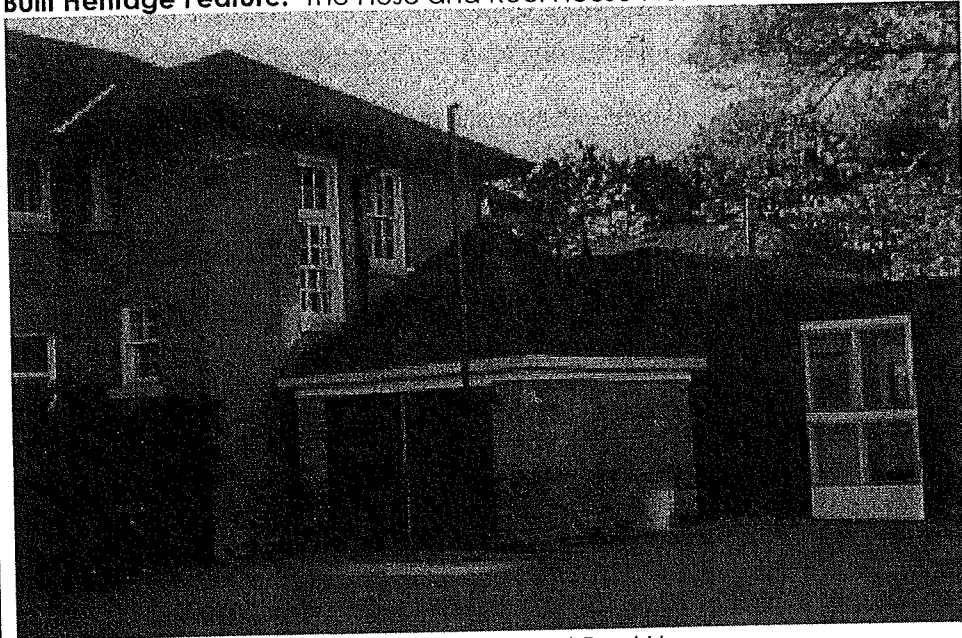
**Historical Association:** Built in November 1053 by the Hamilton Health Association as a constant reminder to the public of anti-tuberculosis campaign and the hospital site on the Brow. The double barred cross is a well known symbol of the campaign against lung disease. The Contractor was E.L. Ruddy Co.

**Integrity:** Little altered.

**Significance:** The Cross is a local and regional landmark and when lit is clearly visible from below the mountain across most of the City of Hamilton and the Bay.

Hose and Reel House

**Built Heritage Feature:** The Hose and Reel House No. 7



*View of the east elevation of the Hose and Reel House*

**Description:** A one-storey red brick building with a steep pavilion style roof. The east elevation has double wooden doors.

**Historical Association:** Built as part of the on-site fire protection system.

**Integrity:** Little altered.

**Significance:** It contributes to the historical character and context of the Brow site.

**4.7 Cultural Landscapes**

The Scenic North site, originally the Brow Infirmary site of the Mountain Sanatorium, forms a discrete cultural landscape unit within the larger hospital site. It is physically separated from the larger Chedoke-McMaster hospital site by Scenic Drive, which bounds the study area on three sides. The north boundary is the distinctive Brow edge. Features of heritage interest within the cultural landscape unit include:

- remnants of the designed garden complete with a pedestrian bridge and pathways southeast of the East Pavilion;
- remnants of a stone retaining wall along the side of the Sanatorium Road and the brow edge between the Long & Bisby and Continuing Care buildings;
- the traditional walkways between the Brow buildings and around the site; and,
- the original road network.

**4.8 Summary**

The former Brow Site of the Hamilton Mountain Sanatorium is a campus of twentieth century heritage buildings and landscape elements dating from 1914 to 1937. It includes the continuing Care Building (former Brow Infirmary, built 1915-1916), the Long and Bisby Building (1920) and East

(and former West) Pavilion (1917), and the Moreland Building (1937) and the Hose and Reel House (c.1920's). The history of the site, its design and the landscape context are of heritage interest or merit.

The buildings and landscape of the Brow Site have evolved since their construction through changes in use and alterations to their original design and character. The Continuing Care Building (former Brow Infirmary) and the West Pavilion have undergone the more significant changes to their original design and character. The East Pavilion has been altered from its original design intent, but retains much of the original form. The House and Reel House, Moreland Building and Long and Bisby Building are the least altered. Although the landscape setting has been altered, many elements of the original design remain and may be conserved.

**It is the opinion of Unterman McPhail Associates that if change is to occur to the Brow Site that:**

- **both the Moreland building and the Long and Bisby Building should be considered as priorities for preservation due to the integrity of their original design intent and form;**
- **the site landscape, including the preservation of the Lorraine Cross and sections of stone fencing, should be restored for the same reasons;**
- **the East Pavilion, while altered, merits consideration for retention;**
- **the Continuing Care Building is considered to be of historical significant and a landmark structure on the site; however, it has been considerably altered from its original design intent and character. Consideration should be given to its adaptive reuse. The restoration of its exterior elevations to the original design is not considered to be a priority if not financially feasible; and**
- **the Hose and Reel House is considered a candidate for retention if a use can be found.**