

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.⁴

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

⁴ 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"⁵ 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;

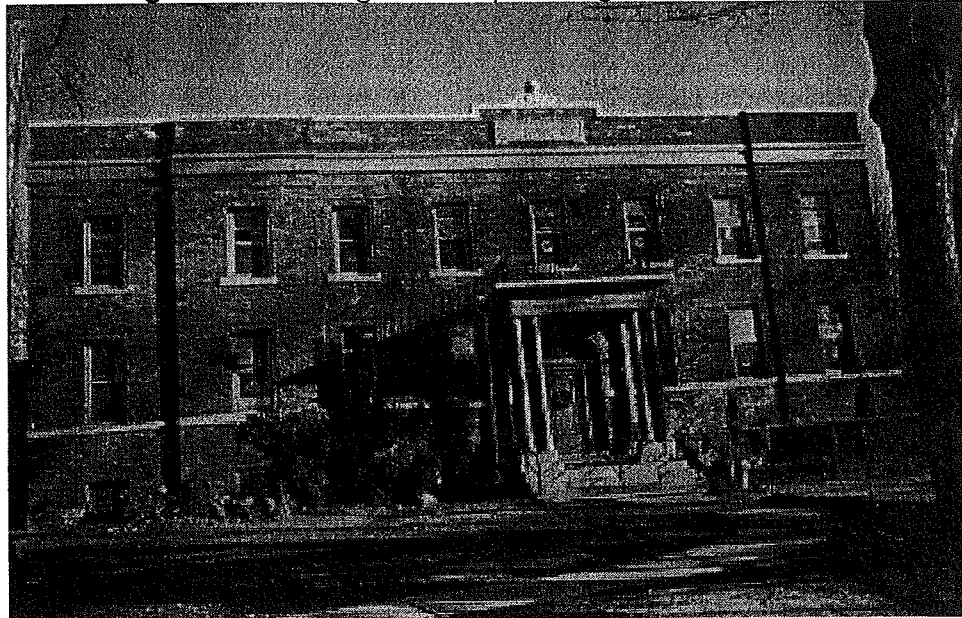
⁵ **Listed Building** - The City of Hamilton has created an Inventory of built heritage features. As of October 1996 it comprised approximately 3,000 buildings. The Inventory is a work in progress. This list of heritage properties including buildings and structures are considered of architectural or 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

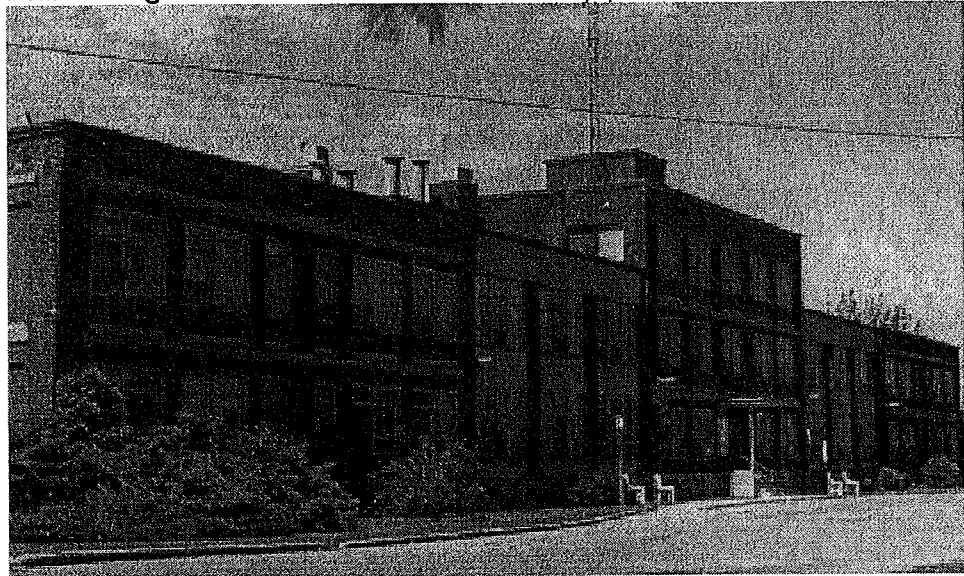
lobby.

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.

Continuing Care
Facility (Former Brow
Infirmary)

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

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 as mall 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.

Moreland Building

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

elevation. A decorative concrete surround accents the main entrance. The window opening directly above the entrance has a decorative hood.

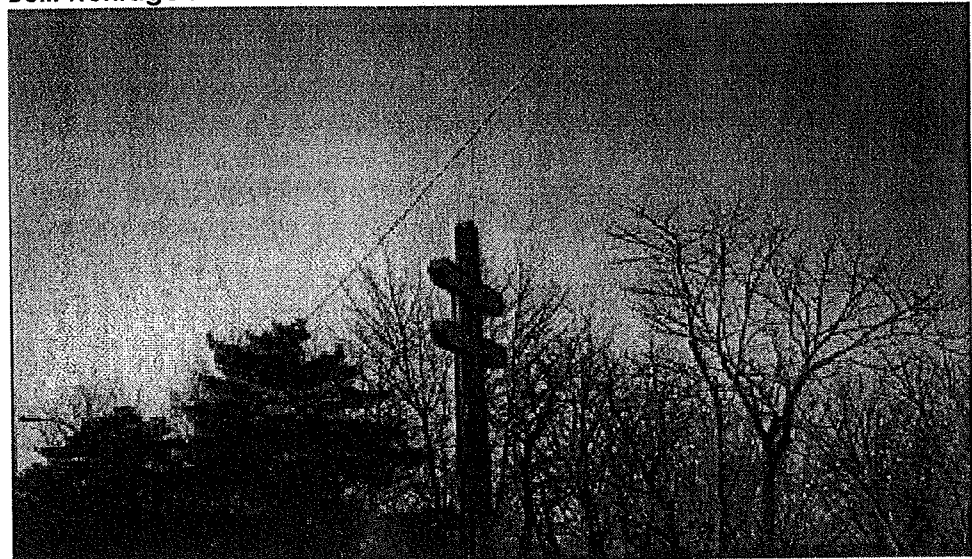
Historical Association: Built in 1937 the residence is associated with the intermediate years (1920-1960) of the site. It is the first building erected on the Brow site since the early 1920's. Named after former A.L. Moreland, former business manager of the sanatorium (1917-1939), it was constructed 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.

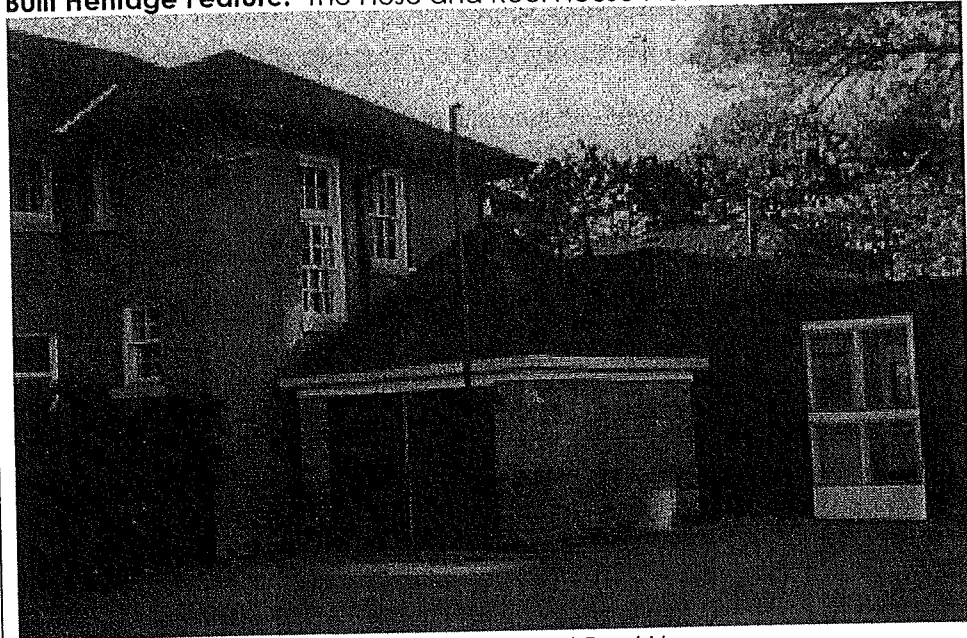
Historical Association: Built in November 1953 by the Hamilton Health Association as a constant reminder to the public of anti-tuberculosis campaign and the hospital site on the Brow. The double barred cross is a well known symbol of the campaign against lung disease. The Contractor was E.L. Ruddy Co.

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.