

**Cultural Heritage Evaluation Report
Infrastructure Ontario
Juravinski Hospital
Project I16-HHSC
711 Concession Street,
Geographic Township of Barton,
City of Hamilton, Ontario**

Prepared for:

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Project No: 2023-128

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EXECUTIVE SUMMARY

The Ontario Infrastructure and Lands Corporation (Infrastructure Ontario - IO) has engaged TMHC Inc. (TMHC) to produce a Cultural Heritage Evaluation Report (CHER) for the municipally owned property 711 Concession Street in the City of Hamilton, Ontario (the “Subject Property”) (Project No. 116-HHSC). The purpose of this CHER is to provide research and analysis for the property as a basis for determining its potential cultural heritage value and interest (CHVI). An evaluation of the property’s heritage significance and subsequent recommendations are included in the accompanying Cultural Heritage Recommendations Report (CHERR).

This CHER, and the associated CHERR, have been triggered under a partnership arrangement between Hamilton Health Sciences and Infrastructure Ontario resulting in the application of the 2010 *Standards and Guidelines for Conservation of Provincial Heritage Properties* (SGCPHP) on a non-provincially owned property. This study represents the third known cultural heritage study or evaluation to be conducted for the Subject Property. In 2010, Chapple Heritage Services undertook a Cultural Heritage Assessment of the Nurses’ Residence (50 Wing) which has since been demolished. In 2020, the City of Hamilton’s Heritage Inventory and Research Working Group completed a built heritage inventory form including a preliminary evaluation of Section M (Former Mount Hamilton Hospital Maternity Wing).

The Subject Property consists of one parcel (711 Concession Street) covering approximately 5.6 hectares (13.8 acres) and includes 16 structures:

- Sections A, B, C – constructed 2008-2012;
- Section E (Former Henderson General Hospital; 90 Wing North/Core) – constructed 1963-1965;
- Section F (Former Henderson General Hospital; 90 Wing South/Core) – constructed 1963-1965;
- Section G (Former Henderson General Hospital; 60 Wing) – constructed 1963-1965;
- Section H (Henderson Research Centre; 15 Wing) – constructed 1992-1994;
- Section J (Juravinski Cancer Centre; 10 Wing & 20 Wing) – constructed 1992, expanded 2002-2004;
- Section K (25 Wing) – constructed 1995;
- Section L (30 Wing) – constructed 1985;
- Section M (Former Mount Hamilton Hospital Maternity Wing; M Wing; Section M; 40 Wing) – constructed 1932;
- Section N – constructed 2002-2004;
- Section O (05 Wing) – constructed 1995;
- Section R (Powerhouse; R Wing) – constructed 1932;
- Parking Garage – constructed between 1967 and 1978; and
- Tunnel – constructed 1932.

Originally known as the Mount Hamilton Hospital, what is now Juravinski Hospital first opened in 1917 to provide care for veterans of the First World War. Mount Hamilton Hospital Maternity Wing (the Maternity Wing), the Powerhouse, and the Tunnel were constructed in 1932. In 1954, the Nora Frances Henderson Convalescent Hospital was opened at the southeast corner of the property. In 1962, the Henderson and Mount Hamilton Hospitals joined together to create Henderson General Hospital. Sections E, F, and G were constructed between 1963 and 1965 and a Parking Garage was constructed c.1967-1968. Section L was built in 1985 and Section H was constructed c.1990-1999. The Juravinski Cancer Centre (Section J) was



constructed in 1992, and Sections K and O followed in 1995. Between 2002-2004, the Juravinski Cancer Centre was expanded and Section N was constructed. Between 2008-2012, the hospital underwent significant expansion, with the construction of Sections A, B and C. This phase also saw the hospital renamed after local benefactors Charles and Margaret Juravinski.

The Subject Property is not designated under Part IV or Part V of the *Ontario Heritage Act (OHA)* but is listed on the City of Hamilton's Register of Cultural Heritage Resources. The Subject Property is included on the City's list of candidates for Part IV designation as a high priority for designation.

As a result of IO's partnership with Hamilton Health Sciences, the assessment is being conducted in accordance with IO standards and the Ministry of Citizenship and Multiculturalism's (MCM's) *Standards and Guidelines for the Conservation of Provincial Heritage Properties*¹ including the Ministry of Infrastructure's 2016 Heritage Identification and Evaluation Process, the *Provincial Policy Statement (PPS)* and in accordance with Ontario Regulations 9/06 (as amended by O.Reg. 569/22) and 10/06, as well as the *Ontario Heritage Act (RSO 1990)*. This CHER provides the contextual basis for the accompanying CHERR. The CHERR contains the evaluation, recommendations, and conclusions for the Subject Property.

¹ Published under the Ministry of Tourism and Culture (MTC), formerly the Ministry of Heritage, Sport, Tourism, and Cultural Industries (MHSTCI) and, most recently, the Ministry of Tourism, Culture and Sport (MTCS).



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LIST OF ACRONYMS

AHCN	Academic Health Care Network
CEO	Chief Executive Officer
CHER	Cultural Heritage Evaluation Report
CHERR	Cultural Heritage Recommendations Report
CHVI	Cultural Heritage Value or Interest
CN	Canadian National
HATF	Health Action Task Force
HCH	Hamilton Civic Hospitals
HIA	Heritage Impact Assessment
HHS	Hamilton Health Sciences
HRCC	Hamilton Regional Cancer Centre
HSRC	Health Services Restructuring Commission
IO	Infrastructure Ontario
MCM	Ministry of Citizenship and Multiculturalism
MPP	Member of Provincial Parliament
NEC	Niagara Escarpment Commission
NEP	Niagara Escarpment Plan
OHA	<i>Ontario Heritage Act</i>
OMB	Ontario Municipal Board
SGCPHP	<i>Standards and Guidelines for Conservation of Provincial Heritage Properties</i>
UEL	United Empire Loyalist
UNESCO	United Nations Educational, Scientific and Cultural Organization



PROJECT PERSONNEL

Principal	Holly Martelle, PhD
Senior Reviewer	Josh Dent, PhD, CAHP
Project Manager	Joan Crosbie, MA, CAHP
Cultural Heritage Specialists	Hayden Bulbrook, MA, CAHP Intern Elisabeth Edwards, MA, CAHP Intern
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Project Administrators	Kellie Theaker, CHRP Sara Harvey
Health and Safety Coordinator	Wendi Jakob, CTech, CAPM
GIS Technicians	Andrew Turner, BA John Moody, PhD

ACKNOWLEDGEMENTS

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Hamilton Health Sciences	Tammy Hill Robert Hofmann
Haudenosaunee Development Institute	Sharann Martin
Health Sciences Library, McMaster University	Melissa Caza
Local History & Archives, Hamilton Public Library	Kelly Bucci
Mississaugas of the Credit First Nation	Mark LaForme Darin Wybenga
Ontario Heritage Trust	Samuel Bayefsky
Six Nations of the Grand River	Tanya Hill-Montour



TERRITORIAL ACKNOWLEDGEMENT

The Subject Property is located on the Traditional and Treaty Territories of the Mississaugas of the Credit First Nation, the Six Nations of the Grand River Elected Council, and the Haudenosaunee Confederacy Chiefs Council. The property is encompassed by the Between the Lakes Treaty No. 3, 1792. This land continues to be home to diverse Indigenous peoples (e.g., First Nations and Métis) who are contemporary stewards of the land.

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ABOUT TMHC

Established in 2003 with a head office in London, Ontario, TMHC Inc. (TMHC) provides a broad range of archaeological assessment, heritage planning and interpretation, cemetery, and community consultation services throughout the Province of Ontario. We specialize in providing heritage solutions that suit the past and present for a range of clients and intended audiences, while meeting the demands of the regulatory environment. Over the past two decades, TMHC has grown to become one of the largest privately-owned heritage consulting firms in Ontario and is today the largest predominately woman-owned Cultural Resource Management (CRM) business in Canada.

Since 2004, TMHC has held retainers with Infrastructure Ontario, Hydro One, the Ministry of Transportation, Metrolinx, the City of Hamilton, the City of Barrie, and Niagara Parks Commission. In 2013, TMHC earned the Ontario Archaeological Society's award for Excellence in CRM. Our seasoned expertise and practical approach have allowed us to manage a wide variety of large, complex, and highly sensitive projects to successful completion. Through this work, we have gained corporate experience in helping our clients work through difficult issues to achieve resolution.

TMHC is skilled at meeting established deadlines and budgets, maintaining a healthy and safe work environment, and carrying out quality heritage activities to ensure that all projects are completed diligently and safely. Additionally, we have developed long-standing relationships of trust with Indigenous and descendent communities across Ontario and a good understanding of community interests and concerns in heritage matters, which assists in successful project completion.

TMHC is a Living Wage certified employer with the [Ontario Living Wage Network](#) and a member of the [Canadian Federation for Independent Business](#).

KEY STAFF BIOS

Holly Martelle, PhD – Principal

Holly Martelle earned a PhD from the University of Toronto based on her research on Iroquoian populations in southern Ontario. In addition to 16 years of experience in the road building and aggregate industries, Dr. Martelle has worked as a Heritage Planner at the now MCM and has taught at several universities throughout the province. In 2003, she founded TMHC with Dr. Peter Timmins and in 2013 the firm was honored with the Ontario Archaeological Society's award for Excellence in Cultural Resource Management.

Holly is an experienced Project Manager and has demonstrated throughout her career the ability to manage complex projects, meeting project deliverables cost effectively and to the highest standard of quality. Under her leadership, TMHC has made a commitment to innovation, creating solutions that meet the project specific goals and also address the long-term needs of our clients.

Holly is a skilled relationship builder with longstanding relationships with the Indigenous communities throughout Ontario, and other Descendant communities and organizations including the Ontario Black History Society. Ongoing and sustained communication with communities has proven an effective means of ensuring participation from Descendant communities in meeting and exceeding consultation requirements. Through her work on several high level and sensitive provincial projects she has developed an understanding



of what works in the consultation process to ensure that it is effective in providing the client and the project with the information needed to be successful.

Holly is a Past-President of the Ontario Archaeological Society, and is also an active member of the Canadian Archaeological Association, the Society for Historic Archaeology, the Ontario Association for Impact Assessment, and the Council for Northeastern Historical Society.

Joshua Dent, PhD, CAHP – Manager – Community Engagement & Heritage Division

Joshua (Josh) has worked extensively on cultural heritage and archaeological assessments in Ontario and Western Canada. Josh's role at TMHC has involved background research, community consultation, report production, and project management. Josh specializes in multi-faceted heritage studies including large-scale inventories, environmental assessments, and complex institutional assessments. In his role at TMHC, he regularly communicates with Indigenous communities and a variety of heritage stakeholders. These efforts were recently recognized as part of the Oakville Harbour Cultural Heritage Landscape Strategy Implementation which received the Canadian Association of Heritage Professionals' 2021 Award of Merit for Documentation & Planning. He has volunteered extensively with the heritage community in London, Ontario, in both municipal and not-for-profit roles. Josh is professional member of the Canadian Association of Heritage Professionals (CAHP).

Joan Crosbie, MA, CAHP – Manager – Cultural Heritage

Joan has extensive cultural heritage management experience in both the private and public sectors with a strong background in preservation services, built and landscape heritage assessment, archival/historical research, and Museums services. She earned her MA in Architectural History from York University. In her role in Preservation Services with the Toronto Historical Board (City of Toronto), Joan was part of a small team of professionals who advised City Council on a broad range of heritage preservation and planning matters. Later, as Curator of Casa Loma, she gained extensive experience as part of the Senior Management team and honed her skills in cultural and community engagement and was a key staff liaison with the restoration architects and skilled trades as the Casa Loma Estate underwent a major exterior restoration program. More recently, as Manager of Culture and Community Services, Town of Whitchurch-Stouffville, Joan managed the Cultural Heritage and Museums services portfolios and has widened her experience in cultural planning to include the adaptive reuse of heritage buildings and historic main street revitalization.

She has published articles on architecture and architectural preservation for a wide range of organizations, including the Canadian Society for Industrial Heritage, the City of Toronto and the Society for the Study of Architecture in Canada. Joan is professional member of the Canadian Association of Heritage Professionals (CAHP).

Hayden Bulbrook, MA, CAHP Intern – Cultural Heritage Specialist

Hayden holds a BA in History and Political Science from the University of Ottawa and an MA in History from the University of Waterloo. Hayden has extensive experience analyzing archival documents, fire insurance plans, city directories, historic maps and photography, and other primary source material, and specializes in historic, building material, and architectural research. As part of the Cultural Heritage team at TMHC, Hayden is involved in drafting cultural heritage evaluation reports, heritage impact assessments, and other projects.



Prior to coming to TMHC in 2021, Hayden worked on a contract with the City of Ottawa to assess the architectural integrity of the built environment in the Byward Market and Lowertown West heritage conservation districts. With an interest in public engagement, education, and advocacy for heritage conservation, Hayden actively participates as an executive member for the Stratford-Perth branch of the Architectural Conservancy of Ontario. He works on digital history projects that showcase Ontario's architectural history as well as the history of the City of Stratford, with a focus on analyzing the architectural, economic, and environmental history of the city. Hayden actively publishes historical columns in the *Stratford Times* and the Stratford-Perth ACO publication *More Than Bricks & Mortar*. Hayden is a member of the International Committee for the Conservation of Industrial Heritage (TICCIH) and the Canadian Business History Association.

Elisabeth Edwards, MA, CAHP Intern – Cultural Heritage Specialist

Elisabeth Edwards received a BA in English Literature and Media & Information Studies from Western University in 2020 before completing her MA in Public History at Western University in 2021. Elisabeth's research and career centers around Indigenous history and community engagement with focuses on Indigenous perspectives of heritage and natural conservation. As an interpreter with Parks Canada, Elisabeth developed educational programming and facilitated in ongoing Indigenous cultural engagement initiatives to build stronger relationships with local First Nations and Métis communities.

In 2021, Elisabeth worked as a Historical Researcher with Ottawa-based historical consulting firm Know History Inc. where she conducted genealogical research and Traditional Knowledge and Land Use Studies for the Métis Nation of Ontario, as well as produced public-facing digital history projects. Elisabeth joined TMHC in 2023 as a Cultural Heritage Specialist and is involved in cultural heritage evaluation, impact assessments, and community engagement. Elisabeth is a volunteer with the London chapter of the Architectural Conservancy of Ontario where she creates built heritage reports for local homeowners and engages in local heritage policy. She also executive produces *The Digital Dust Podcast* which engages youth through topics in Public History and heritage.

Sheila Creighton – Community Engagement Lead

Sheila is strategic, collaborative, communications professional with 30 years of experience in the areas of heritage, culture and environment in Ontario. Her areas of expertise include community engagement, stakeholder relations, writing, digital and print production, photography and publishing.

Sheila received a Media Arts diploma from Sheridan College, where she also had the role of Station Manager at Radio Sheridan. She is a published author of several history books, many articles and a daily photoblog. Prior to joining TMHC, Sheila promoted heritage provincially, regionally and municipally including roles as Communications Director with the Ontario Historical Society, Communications Coordinator with Oakville Museum and Senior Corporate Communications Officer with the Town of Oakville. Most recently she worked in the environmental sector helping build ReForest London through marketing and partnership development. In her role with TMHC, Sheila works with the Cultural Heritage, Indigenous Engagement and Business Development teams.



STATEMENT OF QUALIFICATIONS AND LIMITATIONS

The attached Report (the “Report”) has been prepared by Timmins Martelle Heritage Consultants Inc. (TMHC) for the benefit of the Client (the “Client”) in accordance with the agreement between TMHC and the Client, including the scope of work detailed therein (the “Agreement”).

The information, data, recommendations and conclusions contained in the Report (collectively, the “Information”):

- is subject to the scope, schedule, and other constraints and limitations in the Agreement and the qualifications contained in the Report (the “Limitations”);
- represents TMHC’s professional judgment in light of the Limitation and industry standards for the preparation of similar reports;
- may be based on information provided to TMHC which has not been independently verified;
- has not been updated since the date of issuance of the Report and its accuracy is limited to the time period and circumstances in which it was collected, processed, made or issued;
- must be read as a whole and section thereof should not be read out of such context; and
- was prepared for the specific purposes described in the Report and the Agreement.

TMHC shall be entitled to rely upon the accuracy and completeness of information that was provided to it and has no obligation to update such information. TMHC accepts no responsibility for any events or circumstances that may have occurred since the date on which the Report was prepared and, in the case of subsurface, environmental or geotechnical conditions, is not responsible for any variability in such conditions, geographically or over time.

TMHC agrees that the Report represents its professional judgement as described above and that the Information has been prepared for the specific purpose and use described in the Report and the Agreement, but TMHC makes no other representations, or any guarantees or warranties whatsoever, whether express or implied, with respect to the Report, the Information or any part thereof.

Except (1) as agreed to in writing by TMHC and Client; (2) as required by-law; or (3) to the extent used by governmental reviewing agencies for the purpose of obtaining permits or approvals, the Report and the Information may be used and relied upon only by Client.

TMHC accepts no responsibility, and denies any liability whatsoever, to parties other than Client who may obtain access to the Report or the Information for any injury, loss or damage suffered by such parties arising from their use of, reliance upon, or decisions or actions based on the Report or any of the Information (“improper use of the Report”), except to the extent those parties have obtained the prior written consent of TMHC to use and rely upon the Report and the Information. Any injury, loss or damages arising from improper use of the Report shall be borne by the party making such use.

This Statement of Qualifications and Limitations is attached to and forms part of the Report and any use of the Report is subject to the terms hereof.



QUALITY INFORMATION

Report prepared by:

Hayden Bulbrook, MA, CAHP Intern
Cultural Heritage Specialist

Report reviewed by:

Joan Crosbie, MA, CAHP
Cultural Heritage Manager

Report reviewed by:

Joshua Dent, PhD, CAHP
Manager – Community Engagement & Heritage Division

Report reviewed by:

Holly Martelle, PhD
Principal

I INTRODUCTION

I.1 Report Scope and Purpose

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Mount Hamilton Hospitals joined together to create Henderson General Hospital. Sections E, F, and G were constructed between 1963 and 1965 and a Parking Garage was constructed c.1967-1968. Section L was built in 1985 and Section H was constructed c.1990-1999. The Juravinski Cancer Centre (Section J) was constructed in 1992, and Sections K and O followed in 1995. Between 2002-2004, the Juravinski Cancer Centre was expanded and Section N was constructed. Between 2008-2012, the hospital underwent significant expansion, with the construction of Sections A, B and C. This phase also saw the hospital renamed after local benefactors Charles and Margaret Juravinski.

1.2 Methodology

This CHER and the accompanying CHERR were prepared in accordance with the Ontario Heritage *Toolkit's Guide to Heritage Property Evaluation* and the MCM's *Standards & Guidelines for the Conservation of Provincial Heritage Properties* including the MOI 2016 Heritage Identification and Evaluation Process. The OHA's O.Reg. 9/06 (as amended by O.Reg. 569/22) and O.Reg. 10/06 were applied to the Subject Property in the accompanying CHERR.

For the purposes of preparing this report, Hayden Bulbrook and Elisabeth Edwards of TMHC visited the Subject Property from May 16 to May 17, 2023.

A full list of referenced sources is included in Section 11 of this CHER.

1.3 Client Contact Information

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2 SITE DESCRIPTION

2.1 Location and Physical Description

The Subject Property encompasses 5.6 ha (13.8 ac) of land at 711 Concession Street in the City of Hamilton (Map 1). Included within the Subject Property are four buildings (Sections) with separate municipal addresses:

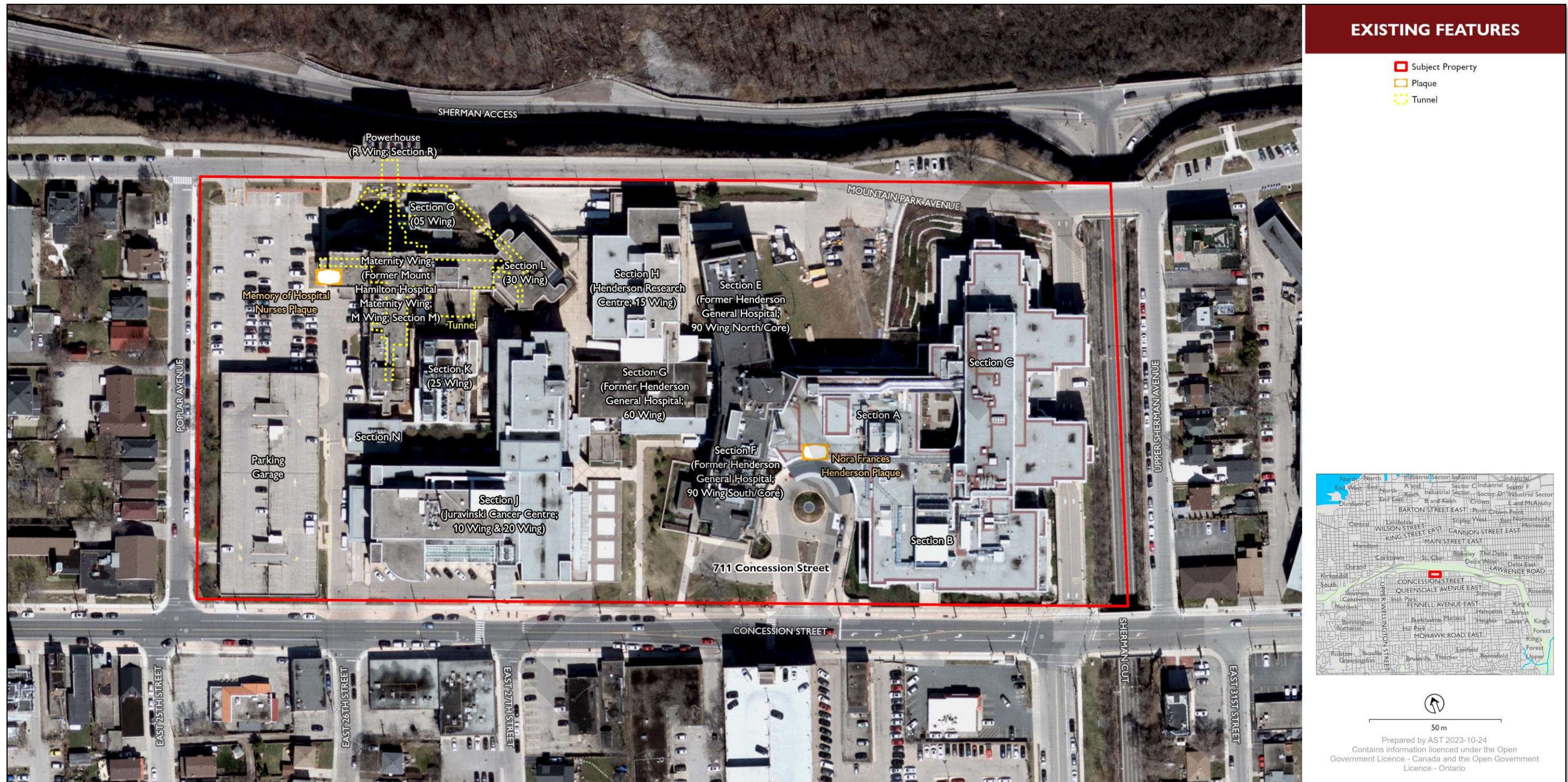
- Section M (Maternity Wing) and Section J are located at 699 Concession Street;
- Section O is located at 282 Mountain Park Avenue; and
- Section L is located at 328 Mountain Park Avenue.

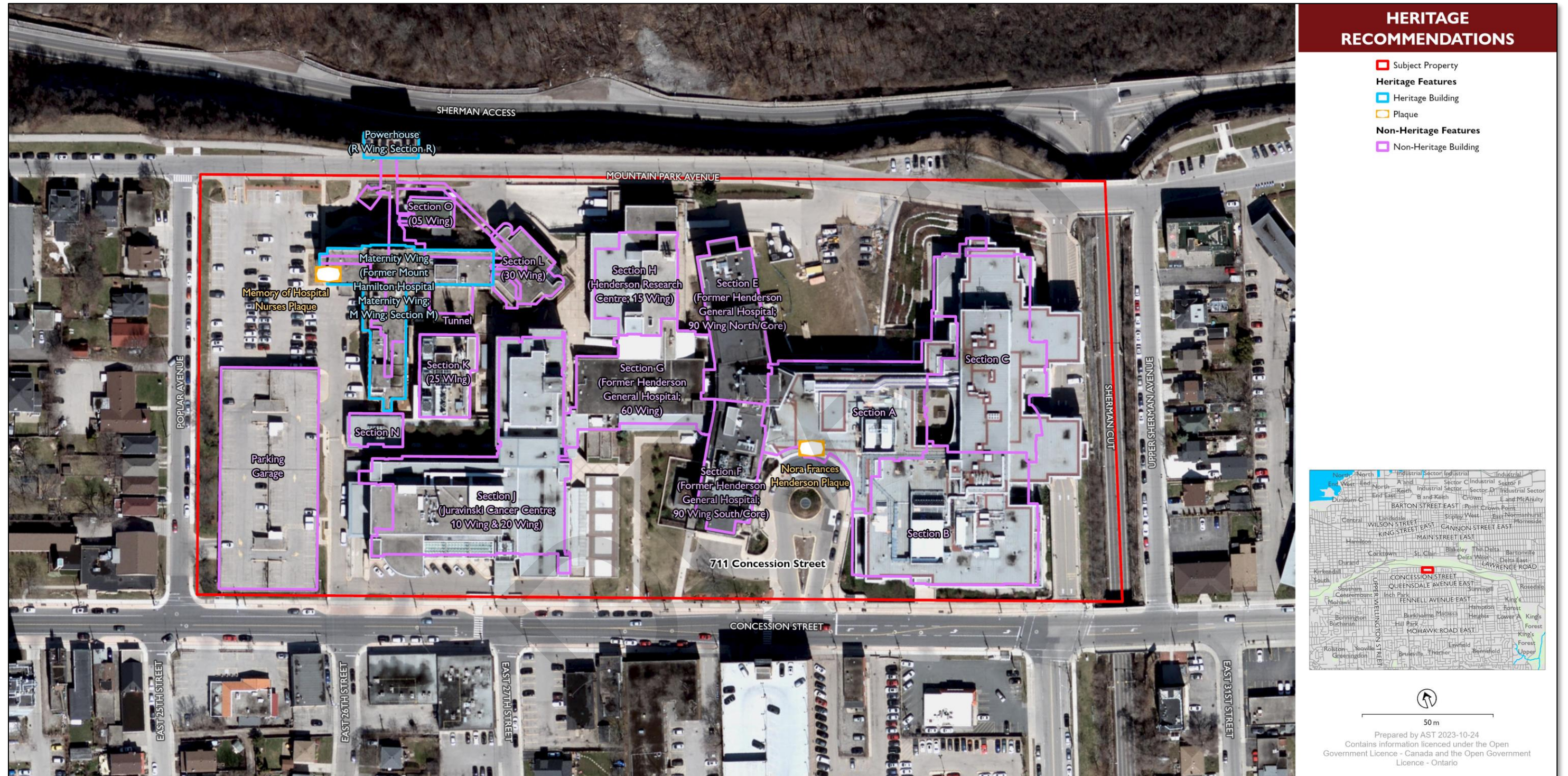
The property occupies the northern ridge of Hamilton Mountain, which is part of the Niagara Escarpment, between Sherman Access Road and Concession Street. The property is bounded to the west by Poplar Avenue, to the north by Mountain Park Avenue, and to the south of Concession Street.

The main entrance to the Juravinski Hospital was constructed between 2008 and 2012 as part of a redevelopment project that was necessary to meet a growing demand for healthcare access in the region. The contemporary, red-brick buildings share the Subject Property with earlier structures including the Maternity Wing (former Mount Hamilton Hospital Maternity Wing); Sections E and F, and G (former Henderson General Hospital); and Section J (Juravinski Cancer Centre) as well as the additional structures that comprise the hospital complex. Commercial buildings and the facility's six-storey parking garage are located on the south side of Concession Street. The original Powerhouse for the institution (R Wing) is built into the escarpment below the primary institution and outside of the Subject Property. This structure is, nevertheless, connected to the Subject Property by a tunnel and extensive underground spaces and has therefore been included as part of the evaluation.

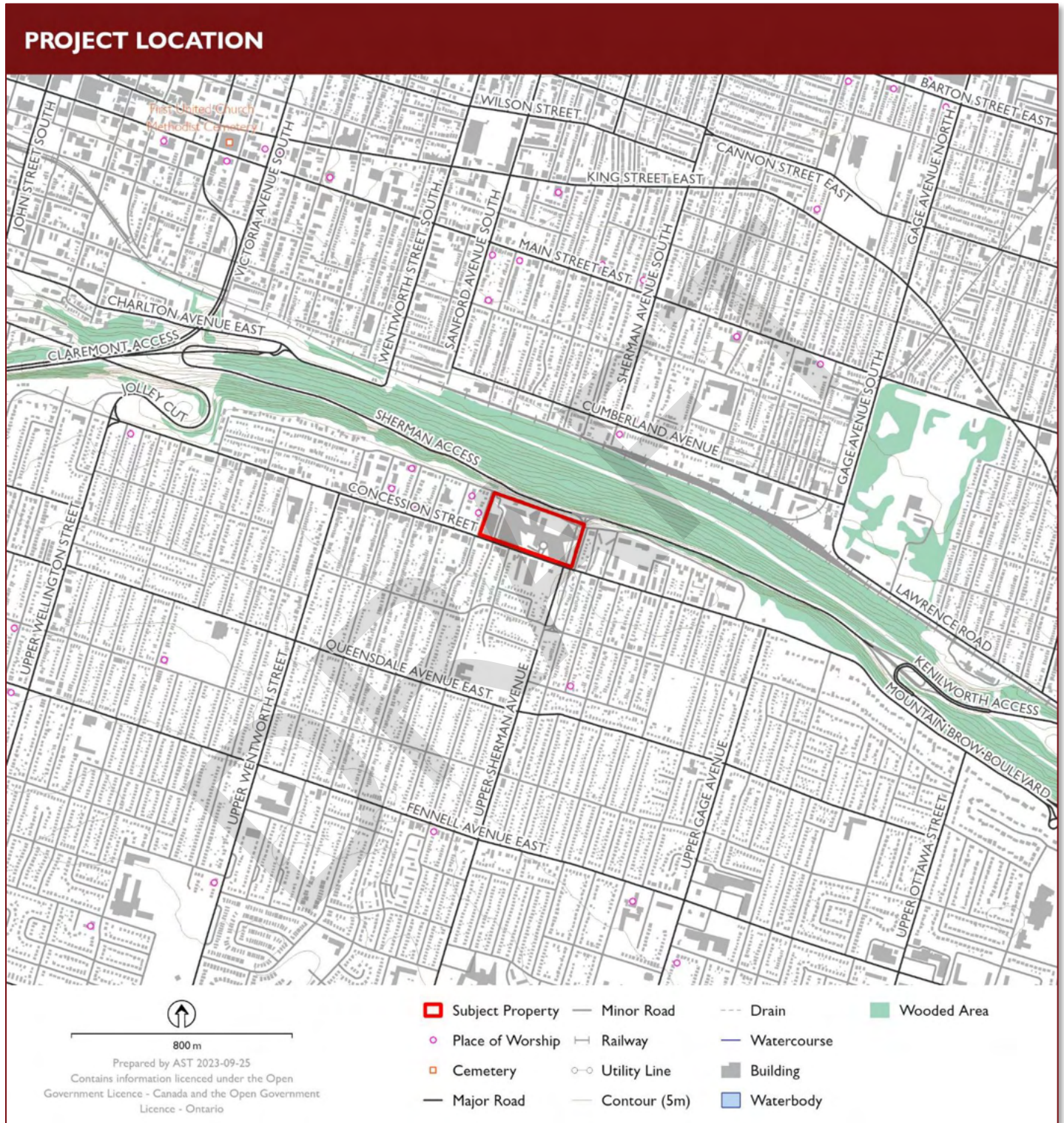
The lands surrounding the Subject Property feature a diversity of uses, including institutional, residential, and recreational. The Escarpment Rail Trail, a repurposed Canadian National (CN) rail line that was transformed into a walking trail in 1993, is situated north of Mountain Park Avenue.² The property is located approximately 5.4 kilometres (km) southeast of downtown Hamilton.

² Ontario Trails n.d.





Map 2: Existing Features of the Juravinski Hospital at 711 Concession Street, City of Hamilton



Map 3: Location of the Juravinski Hospital at 711 Concession Street, City of Hamilton



2.2 Heritage Status

The Subject Property is listed on the City of Hamilton's Register of Cultural Heritage Resources and has not been designated under Part IV or Part V of the *OHA*. However, the property, in particular the Maternity Wing (M Wing), has been included on the City of Hamilton's list of candidates for Part IV designation and as a high priority for consideration for designation. There are no National Historic Sites, Ontario Heritage Trust-owned properties, conservation easements, or Provincial Heritage Properties present on or adjacent to the Subject Property as verified by the Ontario Heritage Trust and the MCM.

A 2020 Built Heritage Inventory performed by the City of Hamilton identified Section M (the former Mount Hamilton Hospital Maternity Wing) constructed 1932 as a Significant Built Resource.

Two other historical buildings on the property were previously demolished:

- Nurses' Residence (50 Wing), 1917; and
- Mount Hamilton Ward, 1917.

The Classical entranceway of the 1931 addition to the Nurses' Residence, which once adorned the Poplar Street façade, was retained and installed on the west elevation of the Maternity Wing. It contains a commemorative plaque that recognizes the memory of hospital nurses that cared for patients on the site. The property also includes a City of Hamilton plaque (Asset ID# 2161) commemorating Nora Frances Henderson in front of Section F (Henderson Wing).³ The current heritage status of all current and significant former buildings is listed below (Table I).

³ City of Hamilton n.d.

Table 1: Status of Juravinski Hospital Buildings as Identified Heritage Structures

Section/Structure	Construction Date	Heritage Status
Mount Hamilton Hospital	1915	Not previously identified; Demolished.
Nora Frances Henderson Hospital	1954	Not previously identified; Demolished.
Nurses' Residence (50 Wing)	1915, 1931	Studied (Chapple Heritage Services 2010); Not identified; Demolished.
Parking Garage	c.1967-1978	Not previously identified.
Section A	2008-2012	Not previously identified.
Section B	2008-2012	Not previously identified.
Section C	2008-2012	Not previously identified.
Section E (Former Henderson General Hospital)	1963-1965	Not previously identified; Partially demolished.
Section F (Former Henderson General Hospital)	1963-1965	Not previously identified.
Section G (Former Henderson General Hospital)	1963-1965	Not previously identified.
Section H	c.1990-1999	Not previously identified.
Section J (Juravinski Cancer Centre)	1992, expanded 2002-2004	Not previously identified.
Section K	2002-2004	Not previously identified.
Section L	1985	Not previously identified.
Section M (Former Mount Hamilton Hospital Maternity Wing; M Wing)	1932	Identified (City of Hamilton 2021); Listed on the City of Hamilton's Municipal Heritage Register.
Section N	2002-2004	Not previously identified.
Section O	1995	Not previously identified.
Section R (Powerhouse (R Wing)	1932	Not previously identified.



2.3 Environmental Setting

The Subject Property falls entirely within the Niagara Escarpment physiographic region. The Niagara Escarpment physiographic region, as defined by Chapman and Putnam, extends from the Niagara River to the northern tip of the Bruce Peninsula and continues through the Manitoulin Islands.⁴ Its rock-hewn topography and steep-sided valleys outlined by dolostone stand in striking contrast to the surrounding landscapes. The Subject Property is situated on the northern edge of the escarpment in an area known as Hamilton Mountain for its dramatic rise above the lower portions of the city.⁵ The escarpment represents a highly significant landscape from time immemorial. Indigenous peoples heavily utilized the area around the escarpment. Since 1985, planning on and around the Niagara Escarpment has been guided by the provincially developed Niagara Escarpment Plan (NEP) and Niagara Escarpment Commission (NEC). In 1990, the escarpment was internationally designated a biosphere reserve by the United Nations Educational, Scientific and Cultural Organization (UNESCO). Both the Subject Property, with its extensive underground infrastructure, and the Sherman Cut to the east, represent significant alterations to this portion of the escarpment.

⁴ Chapman and Putnam 1984:114

⁵ Tourism Hamilton 2023

3 PREVIOUS STUDIES

3.1 Built Heritage and Planning Studies

Two previous studies have primarily focused on the architectural and design characteristics of individual sections of the Subject Property; it has not been evaluated in its entirety for cultural heritage value or interest (CHVI). The summary below provides a context for understanding the approximately 15 years of previous heritage planning for the site, including recommendations arising from those studies. There are no known archaeological sites on the Subject Property.

3.1.1 Cultural Heritage Assessment Nurses' Residence (50 Wing), Henderson Hospital, (Juravinski Hospital) – Chapple Heritage Services

In August 2010, Chapple Heritage Services drafted a cultural heritage assessment of the Nurses' Residence that was located on the northwest corner of the property. The study was triggered by Hamilton Health Sciences' (HHS) intention to demolish the building to make way for ground level parking. As the Nurses' Residence was listed on the City of Hamilton's Inventory of Buildings of Architectural and/or Historical Interest, a cultural heritage assessment was required.

The report listed the following mitigation measures for the demolition of the Nurses' Residence:⁶

- Provide soft landscaping, such as hedges, along the perimeters of the parking lot on Poplar Avenue and Mountain Park Avenue to lessen the impact of hard surface pavement and a parking lot on a residential street;
- Retain existing grass areas, benches, picnic tables and as many shade trees as possible (not just the public trees) on the area around the building footprint to provide a pleasant oasis for patients, visitors and neighbours;
- Dismantle, remove, re-use or re-sell the special interior features... wherever possible, including the two fireplaces, marble and wood flooring, marble window sills, glazed doors, and wood linen closet shelving;
- Dismantle the Poplar St. classical entranceway, keep intact, and store temporarily; explore the possibility of re-installing this outstanding classical feature somewhere on the site. It could commemorate the work of hospital nurses or the origins of Mount Hamilton Hospital or be used appropriately on or in new construction. (The Poplar St. classical entranceway includes the stairs, foundation, Tuscan columns and doubled pilasters, arch and entablature all constructed of stone, the glazed main doorway and fanlight, and the vaulted loggia.);
- Transfer photographic records of the building and the entire set of original architectural drawings at Henderson Hospital to the Medical Sciences Library archives at McMaster University; and
- Investigate the cultural heritage value of the Maternity Hospital building in order to determine its appropriate heritage status.

⁶ Chapple Heritage Services 2010:43-44



The report also made particular reference to Section M:⁷

The Maternity Hospital, which is not under threat of demolition, warrants further research into its cultural heritage value to assess whether or not it would merit listing on the City of Hamilton Register of Property of Cultural Heritage Value or Interest; and

The Maternity Hospital is a highly expressive work of architecture and a familiar landmark on the mountain brow. Historically, it is the best-known of the three buildings at Mount Hamilton Hospital and, with the loss of the Nurses' Residence, it will be the only survivor.

Chapple Heritage Services did not conduct a cultural heritage evaluation of the Maternity Wing building or any other buildings on the property.

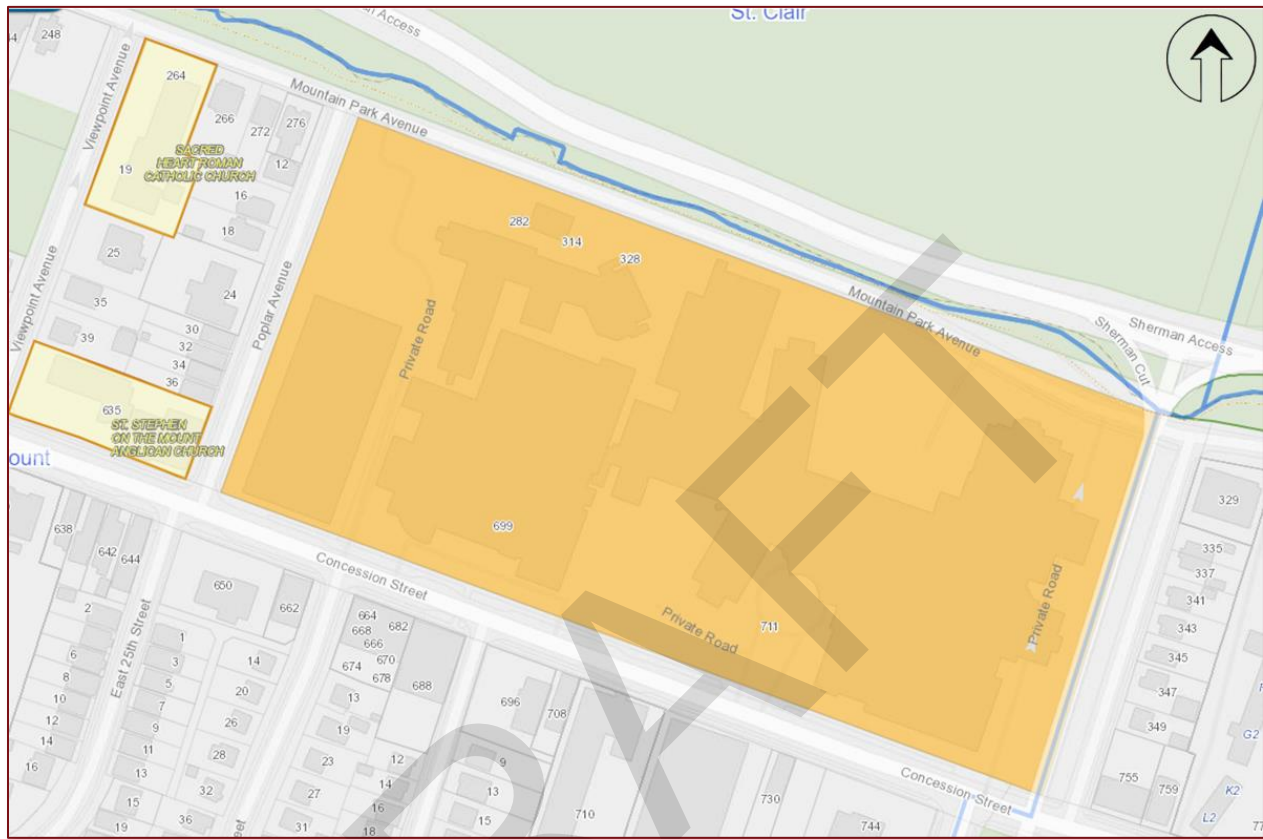
3.1.2 Former Mount Hamilton Hospital Maternity Wing – City of Hamilton

In February 2021, the City of Hamilton listed the property at 711 Concession Street on the Register of Cultural Heritage Resources. While the listing includes the entire hospital campus, bordered by Poplar Avenue to the west, Mountain Park Avenue to the north, the Sherman Cut to the east, and Concession Street to the south (Image 1), it only specifically references the former Mount Hamilton Hospital Maternity Wing (1932) also known today as M Wing.

⁷ Chapple Heritage Services 2010:43

Image 1: Listed Property of 711 Concession Street (Dark Yellow)

Source: The City of Hamilton



As part of this listing, the City of Hamilton's Inventory and Research Working Group provided preliminary assessments of the property's design, associative, and contextual value. The design elements were recognized as follows:⁸

The scale and expression of the Art Moderne style demonstrated in this building is unique in Hamilton. The property displays a high degree of craftsmanship and artistic merit. The remaining open balcony of the sixth floor is a unique feature not found elsewhere in Hamilton, including the oversized stone arches, vaulted plaster ceilings, stone sills and rear brick arches. The view from the balcony is quite stunning and was for the health benefit of the patients and babies of the wing.

The preliminary evaluation of the property's associative value concluded the following:

The maternity wing started construction in 1931 and was completed in 1932 by the City of Hamilton using local tax dollars as a much-needed expansion of capacity for the care of city's citizens. Due to budget constraints the building was not equipped or opened until 1938. Since that time the building has seen to the healthcare needs of many new mothers and children and later after the maternity section was closed as a general purpose hospital and lately as a rehabilitation ward.

⁸ City of Hamilton 2021



The evaluation also noted several facts about prominent Hamilton architect William Palmer Witton:

- Witton and his various firms also designed other prominent structures in the city and beyond.
- Some of these other structures have already obtained Designation and protection under the Ontario Heritage Act. 198 St. Clair Boulevard, 255 West Avenue, addition to the former West Avenue School and the Chancel addition to Christ's Church Cathedral.
- Other notable buildings on the registry include the South Drill Hall of the John Weir Foote Armoury, the Playhouse Theatre on Sherman Avenue north and the nurses' residence (Patterson Building) at 672 Sanatorium Road.

The preliminary evaluation of the property's contextual value concluded the following:

The property is a city landmark; with the large massing near the edge of the escarpment it can be seen from nearly the entire lower part of Hamilton.

The Subject Property has not been designated by the City of Hamilton based on the Inventory and Research Working Group's evaluation, however the Maternity Wing was added to the Register as a result of the research provided from the Inventory and Research Working Group. It was subsequently added to the City's list of high priority candidate properties for Part IV designation.

4 HISTORICAL RESEARCH & ANALYSIS

This section includes a historical overview for the Subject Property at 711 Concession Street, in the City of Hamilton. The property encompasses part of Lot 9, Concession 3 in the Former Geographic Township of Barton. The early historic context discussion refers to this previous jurisdiction. A discussion of Indigenous settlement and 19th century settlement and land use in the township is provided below for historical context.

4.1 Indigenous Settlement and Treaties

Previous archaeological research has indicated that the vicinity of the City of Hamilton were areas of extensive Indigenous settlement in the past. Despite the documentation of sites in the general area, our knowledge of Indigenous settlement in the study area is incomplete. Using existing data and regional syntheses, it is possible to propose a generalized model of Indigenous settlement in the Hamilton area. The general themes, time periods and cultural traditions of Indigenous settlement, based on archaeological evidence, are provided below (Table 2).

Table 2: Chronology of Indigenous Settlement in the Hamilton Area

Period	Time Range	Diagnostic Features	Archaeological Complexes
Early Paleo	9000-8400 BCE	fluted projectile points	Gainey, Barnes, Crowfield
Late Paleo	8400-8000 BCE	non-fluted and lanceolate points	Holcombe, Hi-Lo, Lanceolate
Early Archaic	8000-6000 BCE	serrated, notched, bifurcate base points	Nettling, Bifurcate Base Horizon
Middle Archaic	6000-2500 BCE	stemmed, side & corner notched points	Brewerton, Otter Creek, Stanly/Neville
Late Archaic	2000-1800 BCE	narrow points	Lamoka
Late Archaic	1800-1500 BCE	broad points	Genesee, Adder Orchard, Perkiomen
Late Archaic	1500-1100 BCE	small points	Crawford Knoll
Terminal Archaic	1100-950 BCE	first true cemeteries	Hind
Early Woodland	950-400 BCE	expanding stemmed points, Vinette pottery	Meadowood
Middle Woodland	400 BCE-500 CE	dentate, pseudo-scallop pottery	Saugeen
Transitional Woodland	500-900 CE	first corn, cord-wrapped stick pottery	Princess Point
Late Woodland	900-1300 CE	first villages, corn horticulture, longhouses	
Late Woodland	1300-1400 CE	large villages and houses	
Late Woodland	1400-1650 CE	tribal emergence, territoriality	Attawandaron
Contact Period - Indigenous	1650 CE-present	treaties, mixture of Indigenous & European items	Six Nations/Mississauga

Period	Time Range	Diagnostic Features	Archaeological Complexes
Contact Period - Settler	1796 CE-present	industrial goods, homesteads	pioneer life, municipal settlement, early Black settlement

4.1.1 Paleo Period

The first human populations to inhabit the region arrived between 12,000 and 10,000 years ago, coincident with the end of the last period of glaciation. Climate and environmental conditions were significantly different then they are today; local environs would not have been welcoming to anything but short-term settlement. Termed Paleoindians by archaeologists, Ontario's Indigenous peoples would have crossed the landscape in small groups (i.e., bands or family units) searching for food, particularly migratory game species. In this area, caribou may have provided the staple of the Paleo period diet, supplemented by wild plants, small game, birds and fish.

Given the low density of populations on the landscape at this time and their mobile nature, Paleo period sites are small and ephemeral. They are sometimes identified by the presence of fluted projectile points manufactured on a highly distinctive whitish-grey chert named "Fossil Hill" (after the formation) or "Collingwood." This material was acquired from sources near the edge of the escarpment on Blue Mountain. It was exploited by populations from as far south as the north shore of Lake Ontario, who would have traveled to the source as part of their seasonal round. There are known Paleo period sites in this region and these are often found in association with glacial lake shorelines.

4.1.2 Archaic Period

Settlement and subsistence patterns changed significantly during the Archaic period as both the landscape and ecosystem adjusted to the retreat of the glaciers. Building on earlier patterns, early Archaic period populations continued the mobile lifestyle of their predecessors. Through time and with the development of more resource rich local environments, these groups gradually reduced the size of the territories they exploited on a regular basis. A seasonal pattern of warm season riverine or lakeshore settlements and interior cold weather occupations has been documented in the archaeological record.

Since the large cold weather mammal species that formed the basis of the Paleo period subsistence pattern became extinct or moved northward with the onset of warmer climate conditions, Archaic period populations had a more varied diet, exploiting a range of plant, bird, mammal and fish species. Reliance on specific food resources like fish, deer and nuts becomes more pronounced through time and the presence of more hospitable environments and resource abundance led to the expansion of band and family sizes. In the archaeological record, this is evident in the presence of larger sites and aggregation camps, where several families or bands would come together in times of plenty. The change to more preferable environmental circumstances led to a rise in population density. As a result, Archaic sites are more plentiful than those from the earlier period. Artifacts typical of these occupations include a variety of stemmed and notched projectile points, chipped stone scrapers, ground stone tools (e.g., celts, adzes) and ornaments (e.g., bannerstones, gorgets), bifaces or tool blanks, animal bone (where and when preserved) and waste flakes, a by-product of the tool making process.

4.1.3 Early, Middle and Transitional Woodland Periods

Significant changes in cultural and environmental patterns are witnessed in the Woodland period (c.950 BCE-1700 CE). By this time, the coniferous forests of earlier times were replaced by stands of mixed and deciduous species. Occupations became increasingly more substantial in this period, culminating in major semi-permanent villages by 1,000 years ago. Archaeologically, the most significant changes by Woodland times are the appearance of artifacts manufactured from modeled clay and the construction of house structures. The Woodland period is often defined by the occurrence of pottery, storage facilities and residential areas similar to those that define the incipient agricultural or Neolithic period in Europe.

Early and Middle Woodland period peoples are also known for a well-developed burial complex and ground stone tool industry. Unique Early Woodland period ground stone items include pop-eyed birdstones and gorgets. In addition, there is evidence of the development of widespread trading with groups throughout the northeast. The recovery of marine shells from the Lake Superior area indicates that exchanges of exotic materials and finished items from distant places were commonplace.

4.1.4 Late Woodland Period

During the Late Woodland period, the archaeological record documents the emergence of more substantial, semi-permanent settlements and the adoption of corn horticulture. These developments are most often associated with Iroquoian-speaking populations, the ancestors of the Wendat (Huron), Tionontati (Petun) and Attawandaron (Neutral) nations who were known to have resided in the province at the time of the arrival of the first European explorers and missionaries. Iroquoian villages incorporated a number of longhouses, multi-family dwellings that contained several families related through the female line. Pre-contact sites may be identified by a predominance of well-made pottery decorated with various simple and geometric motifs, triangular projectile points, clay pipes and ground stone artifacts. Sites post-dating European contact are recognized through the appearance of various items of European manufacture. The latter include materials acquired by trade (e.g., glass beads, copper/brass kettles, iron axes, knives and other metal implements) in addition to the personal items of European visitors and Jesuit missionaries (e.g., finger rings, stoneware, rosaries, and glassware).

The areas south of Lake Ontario once housed numerous villages of the Attawandaron (or Attawandaronk), also referred to as the “Neutral,” for their seemingly neutral position in hostile relations between the Huron-Wendat in the north and the Five Nations of Iroquois in the south during the 17th century. As early as 1626, the French Recollet missionary La Roche Daillon visited the region that now encompasses Brant County and discovered 28 Attawandaron villages.⁹ At that time, it was reported that the hunting grounds of the Attawandaron extended from Genesee Falls to Sarnia and from Toronto to Goderich.¹⁰ By 1640, the Attawandaron numbered between twenty and thirty thousand people.¹¹ However, their populations would be significantly decimated by European-introduced epidemic disease and warfare with many remnant communities being directly absorbed and adopted into various Five Nations groups.

⁹ Waldie 1984:7

¹⁰ Reville 1920:15

¹¹ Reville 1920:17

Five Nations Iroquois had come to dominate the fur trade in the Northeast, in part due to their control of the Mohawk Valley, one of two important access routes for the transportation of furs to the west.¹² The other route was the St. Lawrence River and its source in Lake Ontario. Control of the lake forced other groups to take longer, more northerly routes to French trading posts.¹³ At the height of their dominance, the Five Nations Iroquois controlled an expanse of territory measuring 1,200 miles from north to south and 600 miles from east to west.¹⁴ In the late 17th century, a conflict known as the Beaver Wars, saw the French and Anishinaabe fight a series of pitched battles against the Haudenosaunee across multiple fronts. The Haudenosaunee were eventually forced to pull back from their northwesternmost outposts.

The Five Nations Iroquois had allied themselves with Britain, and when the latter went to war with France (1756-1763), the Iroquois fought alongside them.¹⁵ The same was true of subsequent hostilities, including the American Revolution and the War of 1812. For compensation of losses and recognition of their loyalty to the British Crown during the American War of Independence, the Six Nations (the Oneida, Onondaga, Seneca, Cayuga, Mohawk and newly allied Tuscarora) was granted a large tract of land along both banks of the Grand River, south of Hamilton.

4.1.5 18th Century Anishinaabeg

Beginning in the late 1600s and following the earlier exodus from the region by the Attawandaron and occupation by the Haudenosaunee in the mid-17th century, much of the land surrounding Lake Ontario was occupied by the Mississaugas (Anishinaabeg–Ojibway). The Mississaugas, together with their Three Fires Confederacy and French allies, had participated in far-reaching conflict with the Haudenosaunee known as the Beaver Wars. The conflict resulted in the Haudenosaunee pulling back from the former territories of the Wendat, Attawandaron and others. They were replaced with new, less sedentary Anishinaabe communities.

The Mississaugas were seasonally migrant converging on fishing grounds in the spring and fall. Water, in particular, was regarded as “a living spiritual being that flowed through all aspects of life” and “a vital part of a larger system whose components worked together harmoniously for the benefit of all.”^{16,17} By the 19th century, there was a substantial Mississauga settlement along the Grand River and further east along the Credit River.

4.1.6 Indigenous Landscapes

The Hamilton area, including its lakefront, escarpment, and valleys, has constituted an important Indigenous environment since time immemorial. Archaeologically, evidence of Indigenous presence in the area dates back at least 13,000 years.¹⁸ At this time, the lands were recovering from the last ice age and still populated with mammoth and mastodon alongside watersheds that little resembled anything seen today. The lower portions of Hamilton were covered by Glacial Lake Iroquois, a much larger version of Lake Ontario which drained to the southeast through the Mohawk and Hudson Rivers valleys. As the millennia passed, the landscape transformed from tundra into forests and meadows. The lakes, rivers, and creeks gradually stabilized as the icesheets melted and retreated. Indigenous inhabitants adapted alongside these changes, shifting from a reliance on big game hunting to utilizing the more diverse ecosystems of the developing forests and navigating

¹² Tooker 1978:418

¹³ Tooker 1978:418

¹⁴ Page & Smith 1875:59

¹⁵ Page & Smith 1875:59

¹⁶ Wybenga 2022

¹⁷ Bloomfield 2006:2

¹⁸ Storck 2004; Warrick 2012

stabilizing waters. This included hunting relatively smaller game animals, fishing, and gathering food, medicines, and materials from plants and trees. Over thousands of years, the systems and relationships between Indigenous inhabitants and the lands they depended on grew more refined and structured. Active land management such as varying intensities of agriculture and forest and meadow management also became more common.¹⁹

Since time immemorial, Indigenous peoples' use and management of land differed greatly from the much more recent era of colonial development. Instead of roads and highways cut through the landscape, Indigenous travel focused on waterways and the portages between them. The Hamilton area was particularly important for the presence of Hamilton Harbour (formerly Burlington Bay). Indigenous peoples have lived around and utilized the waterfront for over 10,000 years as demonstrated by archaeological excavations and sites in the Cootes Paradise Nature Sanctuary.²⁰ These locations included significant agricultural villages at Princess Point dating to 500-1,000 CE, on the south side of the harbour, west of what is now Highway 403. By the late 17th century, the area was part of the Mississaugas' domain who named the waterbody *Wequatetong*, simply meaning "a bay".²¹ The French referred to the area as "Le fond du lac" or "Head of the Lake". In the late 18th and early 19th centuries, the Head of the Lake became a significant transportation hub for Indigenous and colonial communities. Various trails and lakeshore routes traversed the region and in the 1790s, Governor Simcoe arranged for the first colonial corridor into the interior of Southwestern Ontario, Dundas Street, to start here. Significant Indigenous figures would reside in the area, including Mohawk leader Joseph Brant's family and the future chief of the Mississaugas of the Credit, Peter Jones (*Kahkewaquaonaby*).

Far from the pristine wilderness often characterized in popular culture, Indigenous landscapes included actively managed meadows (*Mishkodeh*) and forests (such as Black Oak Savannas) shaped and maintained by controlled burns and other interventions.²² This system of land management is often framed in terms of kinship between people and landscape, a mutual responsibility for each to promote and maintain the health of the other.

Traditional and emerging late 18th and 19th century Indigenous responsibility to and kinship with the land contrasted strongly with subsequent colonial treatment of these landscapes. Early colonial development typically looked to impose, rather than embed, itself on the landscape. As a result, colonial activities often displaced, interrupted, or destroyed Indigenous land management and subsistence activities. Waterways were dammed for mills or canalized with locks, blocking Indigenous highways and interrupting trade routes and fisheries. Meadows and fields maintained by Indigenous communities for generations were occupied by colonial settlements and farms. When these spaces were no longer sufficient or convenient, forests were cleared. The systems and relationships between Indigenous people and landscapes that had been refined over thousands of years were increasingly being broken during the height of colonization, often within a single generation.

Treaties isolated Indigenous communities to relatively small reserves and colonial land development including the privatization of property increasingly limited the accessibility of lands outside of these reserves for subsistence activities. Residential schools further damaged the traditional lifeways of all Indigenous communities by systematically preventing the transfer of Indigenous knowledge from one generation to the next. Despite all these challenges, contemporary Indigenous communities are increasing undertaking to

¹⁹ Miskokdeh Centre for Indigenous Knowledge n.d.

²⁰ Haines et al 2011

²¹ Jones 1796

²² Miskokdeh Centre for Indigenous Knowledge n.d.



revitalize their traditional histories and systems of land management including their relationships and responsibility to the landscape.²³

4.1.7 Indigenous Community-shared Histories

There is no single, monolithic version of Indigenous or Ontario history. In the past, the histories of Indigenous communities of Ontario, and of Canada, have been presented through a single colonial perspective with inherent biases. Although its focus is reconstructing the past through material remains, archaeology has inherited many of the cultural prejudices and perspectives of the colonial histories that have shaped current understanding of the origins, movements, and activities of contemporary Indigenous communities. The archaeological chronology and summary presented earlier in this report presents only one version of the past.

Indigenous communities have long contested elements of both colonial and archaeological histories. As a means to combat these colonial versions of their past, Indigenous communities have been sharing their own histories shaped by oral history, community memory, culturally-informed readings of historical events and documents, language, and tradition. These histories survive in traditional knowledge, stories, and the remembrances of elders; they persist despite the long-term effects of residential schools and government programs aimed to erase Indigenous culture.

Each Indigenous community maintains its own histories. These may represent not only the historical narratives of particular interest to a community (such as reserve histories and treaty negotiations), but also their unique perspectives on shared stories, events, places, and people (such as conflicts and migration stories). As such, different Indigenous community histories may approach the same subject in different, and sometimes contradicting, ways. Individual communities may not agree on the same series of events, the use of territories, or on various impetus for change, for example. Some draw on archaeological knowledge and some do not. These differences do not diminish the value of these histories. Instead, they emphasize the distinct languages, experiences, and priorities of different Indigenous communities and nations. Together, they offer a multitude of perspectives on Ontario's first peoples and offer important counterpoints to colonial stories.

4.1.7.1 A Brief History of the Mississaugas of the Credit First Nation (MCFN)

The Mississaugas of the Credit First Nation is a sub-group of the larger Anishinaabe (Ojibway) Nation.

During the latter part of the 17th century, Mississaugas of the Credit ancestors came to occupy, control and exercise stewardship over approximately four million acres of land at the western end of Lake Ontario that encompasses much of today's Golden Horseshoe Area. The Mississaugas had, and continue to have strong connections to water as they established their homes on the flats of rivers and creeks flowing into Lake Ontario, gained sustenance from aquatic flora and fauna, and utilized the rivers as a transportation network. Water was regarded as the lifeblood of "Mother Earth" and the people revered it for its life-giving properties and they used of its gifts with an ethos of thanksgiving. One river, in particular, the Missinnihe, was esteemed as a place for fishing, hunting and gathering activities, a place of healing and ceremony, and a location for trade. During the early 18th century, the French established a trading post in its vicinity and in their business transactions often extended credit to the Mississaugas – the Missinnihe became known as the Credit River and the people became known as the Mississaugas of the Credit.

²³ Mississaugas of the Credit First Nation 2018; Six Nations of the Grand River n.d.

The American Revolution (1775-1783) and its aftermath placed great pressure on the British Crown to acquire lands for the re-settlement of Loyalist refugees. Recognizing that Mississaugas of the Credit ancestors had lands desirable for that purpose, the Crown actively pursued the acquisition of their territory. Between 1781 and 1820, the Mississaugas of the Credit and the Crown entered into eight treaties that enabled settlement on much of the Mississaugas' territory. Treaty No. 3, the *Between the Lakes Treaty*, negotiated in 1787 and ratified in 1792, covered much of the territory of the Mississaugas of the Credit and included the lands on which the present-day City of Hamilton is located. Settlers soon flooded Mississauga territory, amongst them about 2,000 members of the Six Nations Confederacy who were granted the Haldimand Tract, on the Grand River, for their service to the Crown during the Revolutionary War. Entering into the treaties, the Mississaugas expected to be sustained by their lands as they had always been while they shared the land in a mutually beneficial way with the newcomers. The Crown and settlers however, believed the treaties were outright land purchases and depleted the resources of the land. Developments by the settlers hampered the movement of the Mississaugas throughout their territory and the harvest of their territory's resources. The resulting damage to their traditional economy, the depletion of their land base, and the advent of new diseases accompanying the settlers brought the First Nation to the brink of collapse.

Averting the disintegration of the Nation was accomplished by the Mississaugas transitioning from their traditional ways to an agrarian lifestyle. Converting to Methodism during the mid-1820s, the Mississaugas established a Christian mission village at the Credit River in 1826. During their time at the village, the Mississaugas were able to build successful farms and a village that included a school, hospital, chapel, mechanics' shops, and forty settler style homes. Learning about business as well, the Mississaugas were the major shareholders of the Credit River Harbour Company and the owners of their own schooner. Despite their successful adoption of a new world and life view, continued encroachment by settlers, diminishing resources, and the inability to gain title to their lands, eventually caused the Mississaugas to relocate their settlement. Leaving their mission village in 1847, the Mississaugas of the Credit moved to their present location on 6,000 acres of land in Brant and Haldimand Counties. Today, the Mississaugas of the Credit population has a population of 2,600 with roughly two-thirds of the membership living off reserve.

4.1.8 Treaty History

The Subject Property is encompassed by the *Between the Lakes Purchase* (Treaty No. 3) between the Mississaugas and the British Crown. The treaty encompasses a very large swath of land extending from the Niagara River in the east, to Mapleton Township in the northwest, to Elgin County in the southwest.²⁴ This agreement was first negotiated in 1784, then clarified in 1792, and provided the British with nearly three million acres of land between Lakes Ontario and Erie. The stated purpose of Treaty No. 3 was the Crown acquisition of land for the resettling of British allies from the American Revolutionary War, most notably allies from the Haudenosaunee Confederacy (Six Nations).²⁵ Of these groups, Joseph Brant and some 1,843 members of the Six Nations and their allies settled along the Grand River in what was to become known as the Haldimand Tract (Surtees 1984:25). The text of the treaty identifies that it was made by the Crown with "the Messisague Indian Nation." Today, the Mississaugas of the Credit First Nation (MCFN) consider themselves and are generally accepted to be the descendants of the signatories to this treaty.

²⁴ Surtees 1984

²⁵ Wybenga 2017; Surtees 1984

4.1.9 Truth and Reconciliation

In addition to treaties, colonial and later Canadian governments undertook other programs aimed at the dissolution and assimilation of Indigenous cultures and peoples. A growing judiciary and an evolving series of jails were one mechanism governments used to inflict systemic harm on Indigenous communities by prosecuting and imprisoning them for new crimes such as trespassing and vagrancy. Early healthcare facilities such as psychiatric hospitals and other government-run facilities such as tuberculosis sanatoriums were also places where Indigenous peoples encountered systemic harm and discrimination. In these facilities, cultural dislocation, inhumane treatment, and psychical and emotional traumas were perpetuated through colonial models of mental health care.

Another, and one of the most damaging of the assimilation programs, were the government sponsored and church run residential schools of the 1800s and 1900s. Indigenous children were taken from their families and forced to attend schools away from home. They were stripped of their traditional clothing, forced to cut their hair, and forbidden from speaking their language. Children were expected to learn English and be transformed into model English and Christian citizens. Residential schools had devastating impacts on Indigenous families, communities and cultural traditions.

In 2000, approximately 86,000 survivors of residential schools across the country launched a class action lawsuit against the government of Canada. One outcome of the settlement was the creation of the Truth and Reconciliation Commission of Canada (TRC) in 2008. The purpose of the TRC was to collect testimony of residential school survivors and make recommendations for enacting change that would help reconcile and heal the damage that had been done to Indigenous peoples. The 2015 final report of the TRC identified 94 Calls to Action including recommendations targeting the healthcare sector. These six healthcare and justice related Calls to Action were meant to address systemic discrimination in Canada's health care system and:²⁶

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal

²⁶ Truth and Reconciliation Commission of Canada 2015

patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

23. We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all healthcare professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

4.2 Early Municipal Settlement

4.2.1 Wentworth County

The townships in Wentworth County were surveyed beginning in the late 1700s.²⁷ Many of the earliest settlers were United Empire Loyalists (UELs) from various American colonies including New York, New Jersey, and Pennsylvania, arriving in the late 1780s.²⁸ Early on, settlement within the county was restricted to the more accessible locales, particularly along the lakeshore and streams below the escarpment due to a lack of easily passable transportation routes.²⁹

Wentworth County saw the Battle of Stoney Creek during the War of 1812. This decisive battle represented a turning point in the war and prevented Upper Canada from American invasion.³⁰ In the early hours of June 6, 1813, 700 British soldiers staged a successful surprise attack on 3,000 American forces. The British soldiers had come from Burlington Heights, a strategic defense position for British and Canadian forces.

4.2.2 Barton Township

Following the first late 18th century surveys, the eastern part of Ancaster Township was called the Gore of Ancaster. The most easterly part of the Gore of Ancaster was surveyed as a part of Barton Township. Crown patents were issued for lots in Barton Township as early as 1796, although many residents were already settled by 1791 when Augustus Jones completed the first survey of the township.³¹ Some of the first settlers in the Township of Barton included Jacob and William Rymal, William Terryberry, Cornelius and Samuel Ryckman, Lewis and Peter Horning, and the Markle family. The founding families were of English, Irish and Scottish descent, although up to 70 percent claimed Pennsylvania German ancestry.³²

²⁷ Town of Stoney Creek 1975:4

²⁸ Dundas Historical Society 1973; Town of Stoney Creek 1975:15

²⁹ Presant et. al. 1965:9

³⁰ Mika and Mika 1983:625

³¹ Burkholder and Woodhouse 1958

³² Burkholder 1956:11

The War of 1812 saw small-scale invasions of the American army into Upper Canada resulting in the fortification of Burlington Heights. The Baymouth bar (sand-bar) which originally separated Cootes Paradise marsh from Burlington Bay was a part of Burlington Heights beach ridge, an important line of defense against American attack.³³ The settlement at Hamilton came to be of military importance after the victory at Stoney Creek in 1813.

In 1815, the number of ratepayers in Barton Township was 102.³⁴ In 1823, construction of the Desjardins Canal provided better access for ships to pass through the Burlington sand-bar into Cootes Paradise marsh to the town of Dundas, located at the head of navigation of Lake Ontario.³⁵ When the canal opened in 1834, Hamilton became the head of navigation on Lake Ontario.³⁶

4.2.3 City of Hamilton

The first settler in the area that would become the City of Hamilton was Mr. Robert Land, who settled on 300 ac in 1778.³⁷ Settlement remained slow in the very late 18th century as the neighbouring towns of Ancaster, Stoney Creek and Barton attracted settlers with their more fertile agricultural land.³⁸

Hamilton was named after George Hamilton, who in 1815 purchased a house and 257 ac of land comprising part of a small village that was known as the Head of the Lake.³⁹ He laid out the town by delineating roadways and sold parcels of his estate to UELs and newcomers. Hamilton was designated as the administrative seat of the Gore District which was established in 1816, and was named after its founder.⁴⁰

The town of Hamilton developed as the centre of the County of Wentworth. The first Board of Police was established in 1833 and the Hamilton Water Works Company was incorporated in April 1836. By 1847 – the year after Hamilton was officially incorporated as a city – the Burlington Dry Dock and Ship-Building Company was established.⁴¹ The building of the Great Western Railway, which opened between Hamilton and Niagara Falls on November 1, 1853, increased the availability of produce and trade goods which helped to spark the development of the city.⁴² The City of Hamilton also became an educational centre, with schools having been rapidly constructed. By 1875, the Hamilton boasted the best schools and education system in the province.⁴³

Hamilton's rapid industrialization and expansion was turbulent. Two housing crises, a cholera epidemic, and debt accrued by the City Council, resulted in the periods of growth and prosperity being punctuated by periods of poverty and disease.⁴⁴ However, situated at the Head of the Lakes, Hamilton was a locus for trade, industry, and community development. As the city quickly developed, numerous portions of Ancaster, Barton, Glanford, and Saltfleet townships were annexed in between 1943 and 1960.⁴⁵ In 1973, an Act of the Legislative

³³ ASI 2008

³⁴ H.R. Page & Co. 1875:VIII

³⁵ Ontario Archaeological and Historic Sites Board n.d.

³⁶ Weaver 1982

³⁷ H.R. Page & Co. 1875

³⁸ H.R. Page & Co. 1875

³⁹ Weaver 1982

⁴⁰ Weaver 1982

⁴¹ H.R. Page & Co. 1875

⁴² H.R. Page & Co. 1875

⁴³ H.R. Page & Co. 1875:7

⁴⁴ H.R. Page & Co. 1875

⁴⁵ Weaver 1982:201

Assembly of Ontario created the Regional Municipality of Hamilton-Wentworth which took effect on January 1, 1974 and continued until 2001 when it was dissolved and absorbed by the single-tier City of Hamilton.

4.2.4 Concession Street

The Subject Property is situated along the north side of Concession Street, a significant historic roadway. While most of Hamilton was settled by UEL soldiers, the “brow” of Hamilton Mountain (also known as the Mountain Brow) was largely settled by people of African descent who arrived in Canada from free American states or who escaped enslavement through the Underground Railroad. William Bridge Green (1787-1867) was a key provider of land to the approximately seven Black families who settled along the Hamilton Mountain between Upper Wellington Street and Upper Sherman Street, an area which encompasses the Subject Property. No Black settlers are enumerated in land registry records as owning or mortgaging land on the Subject Property.⁴⁶ In 1854, Reverend Joseph P. Williams established the African Methodist Episcopal (AME) Church that had a congregation of 100 people.⁴⁷ The Hamilton Mountain settlement reached 200 inhabitants by 1865, with some locals referring to it as “Little Africa.”⁴⁸ A survey of Hamilton’s Black population conducted around this time placed approximately 275 Black individuals in the area.

American abolitionist Benjamin Drew travelled to Hamilton to record the narratives of several fugitive freedom seekers who had arrived in the area. His landmark book *The Refugee: Narratives of Fugitive Slaves in Canada* was published in 1856 and contained many stories of lived Black experiences in American and Canadian communities. Four Hamilton Mountain residents shared their stories with Drew, who described many of the inhabitants of the settlement as “well off... good mechanics, and good ‘subjects’”.⁴⁹

Reverend R. S. W. Sorrick, a preacher at the AME Church, recounted his upbringing in enslavement in Maryland and the circumstances which led to his freedom before arriving in Canada in 1845. After spending some time at the African Canadian settlement in Oro in Simcoe County, Sorrick settled in Hamilton where he found conflicting relationships between Black and white residents. “The main obstacle,” Sorrick explained, “is a prejudice between coloured and white.”⁵⁰ Drew also recorded the testimony of Williamson Pease, a fugitive freedom seeker from Tennessee who appeared to be a “white man with blue eyes.”⁵¹ Pease described his difficult upbringing working as a slave despite his appearance which allowed him to “pass for a white man when amongst strangers.”⁵² Pease laboured for years to earn enough money to free his mother from slavery at the expense of his own freedom, eventually ending up in Arkansas, shackled to a workstation in a blacksmiths shop. Pease made his escape soon after. “I am treated here as a man ought to be treated,” he told Drew, “I could not be pulled back into Arkansas – I would have my head pulled off first.”⁵³

Henry Williamson, who arrived in Canada after escaping enslavement with his wife and her family, recalled the struggle many new Black settlers faced in a foreign, strange place. “That is the way the principal part of our people come: poor, and destitute, and ignorant... I would rather be wholly poor and be free, than to have all I

⁴⁶ Shadd 2010:144

⁴⁷ Shadd 2010:146

⁴⁸ Shadd 2010:148

⁴⁹ Drew 1856:124

⁵⁰ Drew 1856:125

⁵¹ Drew 1856:127

⁵² Drew 1856:127

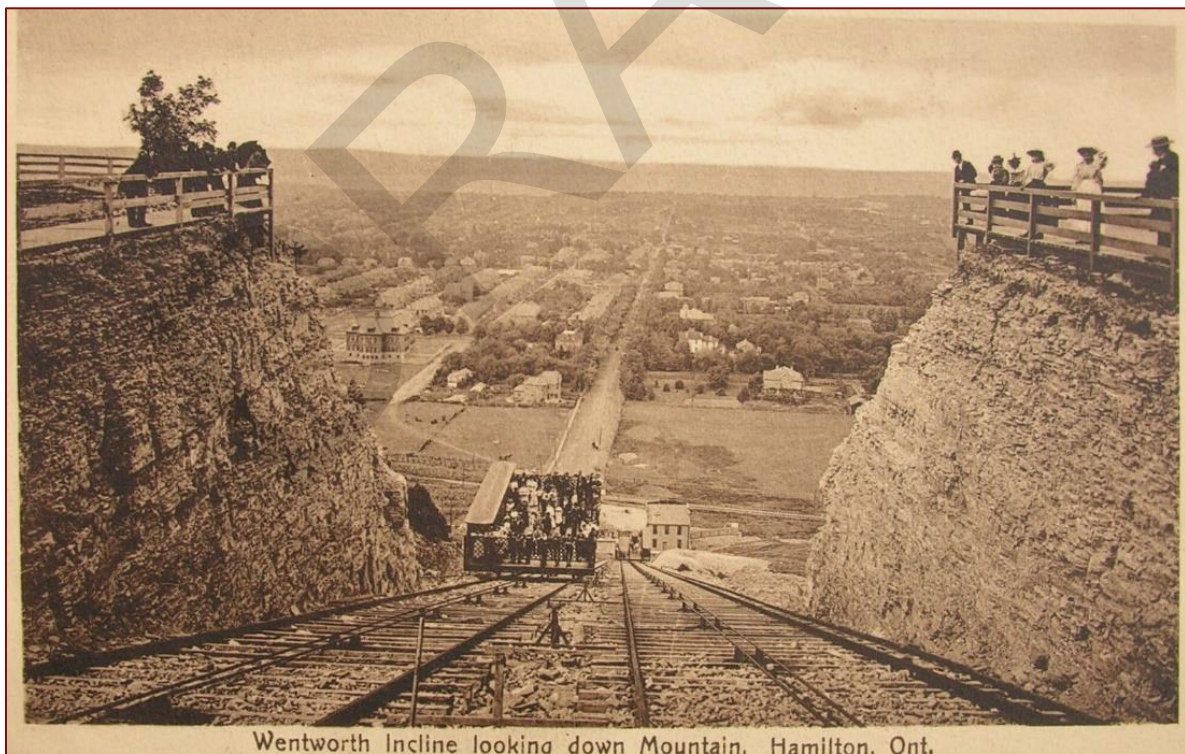
⁵³ Drew 1856:133

could wish and be a slave.”⁵⁴ Other influential Black residents along the Mountain Brow included Julia Washington Berry, a lifelong Hamilton resident who operated the Mount Hamilton Incline Railway tollgate at the top of the mountain on James Street.⁵⁵ The Incline consisted of two farm wagons to transport 35 passengers at a time, with each trip taking only 75 seconds.⁵⁶ Black barber and local advocate Josiah Cochrane also owned land on Concession Street. As time progressed, many of the original Black families left Concession Street for other parts of Hamilton below the mountain.

Another prominent Concession Street resident was James Jolley. Jolley arrived in Hamilton in the mid-19th century and soon built a stone house called Bellemont (demolished c.1964) on the brow of the Mountain, hoping that the fresh air and elevation would help his ailing wife, Sophia. In 1870, Jolley ultimately constructed a winding road up the mountain which was dubbed the “Jolley Cut.” This road connected lower Hamilton with the upper portion of the escarpment. This toll-free road saw tourists visiting to take in the scenic views, and families settling there in the early 1890s. Land value increased to \$10 a foot in 1910 and following the First World War, choice lots sold for \$500.⁵⁷ Sixty years after Jolley made his cut in the mountain, the population climbed to 6,800 and nearly doubled to 13,000 in 1946. In 1959, the numbers had quadrupled to 56,000. Today the Jolley Cut is still in use, as is the Sherman Cut – an additional pathway along the mountain on which the Subject Property is located.

Image 2: The Mount Hamilton Incline, 1895

Source: John Fensom, *Street Railway Review* 1895



⁵⁴ Drew 1856:136, 137

⁵⁵ Shadd 2010:147

⁵⁶ Concession Street BIA n.d.

⁵⁷ Lee 1959:8

Besides its residents, Mount Hamilton also included a vibrant entertainment scene. The Mountain Park Theatre opened at the top of the Wentworth Street Incline in 1902 and drew thousands of spectators to the outdoor venue each summer. The main attraction was George H. Summers, a director, producer, and actor who hosted his theatre company “George H. Summer Theatrical Enterprises” at Mountain Park. Soon, the Mountain Brow became a “theatre district” in its own right, with 73,000 patrons ascending the Incline Railway each summer to attend shows where the venue advertised there was “Always a Breeze.” The Mountain Park Theatre burned down in 1914.

The Great Depression of the 1930s led the establishment of an unemployment relief program to improve work conditions in the Concession Street area. The program was facilitated by the first female municipal controller in Canada, City Councillor Nora Frances Henderson. Henderson’s ties to the Subject Property were extensive and long lasting.

4.2.5 Nora Frances Henderson

Immigrating from England to Winona, Ontario with her family in 1913, Nora Frances Henderson settled in Hamilton in 1917 where she became Women’s Editor at the *Hamilton Herald* in 1932. Henderson was a local advocate for women’s involvement in community political affairs.⁵⁸

Described by authors Thomas Melville Bailey and Charles Ambrose Carter as “fiery, fearless and feminine,” Henderson became the first woman elected to municipal office in the history of the British Commonwealth when she was appointed to Hamilton’s Board of Control in 1934 (Image 3).⁵⁹ Henderson was an activist for women’s issues, sponsored a meeting which led to the creation of the Charter of Municipal Rights and championed several social welfare programs which provided essential aid to local citizens struggling in the midst of the Great Depression and Inter-War Period.

Image 3: Nora Frances Henderson, 1946

Source: Hamilton Public Library, *The Hamilton Spectator*



⁵⁸ Bailey and Carter 1972:57

⁵⁹ Bailey and Carter 1972:57

Henderson was elected to the Board of Control for 16 terms, and served as Acting Mayor in 1946 during a time of local turmoil when thousands of steel workers walked off their jobs at Stelco, protesting low wages and insufficient work hours.⁶⁰ *The Hamilton Review* perhaps summarized Henderson's legacy best: "*The Review* proposes to go on record as stating that Nora Frances has more guts than anyone we have seen at City Hall for a long time."⁶¹

Upon her retirement from politics in 1947, Henderson served as the Executive Secretary of the Association of Children's Aid Societies of Ontario. She passed in 1949 at the age of 52. Five years later, the Nora Francis Henderson Convalescent Hospital opened its doors to the public.

4.3 History of Juravinski Hospital

4.3.1 Sources of Information

The following sections on the history and evolution of the Juravinski Hospital Property have been prepared utilizing various sources. Records sourced from the Ontario Land Registry and Library and Archives Canada provide a basis for the pre-institutional history of the Subject Property.

Extensive newspaper coverage from *The Hamilton Spectator*, as well as *Mountain News* and *The Globe* (*The Globe & Mail* after 1936) provided useful insight into the history of the hospital from its early development into the 21st century. TMHC obtained many of these sources from the Hamilton Public Library and McMaster Health Sciences Museum. The McMaster Lloyd Reeds Map Collection provided useful mapping and aerial photography.

The *Royal Architectural Institute of Canada Journal* and documentation by W.R. Souter Associates provided useful primary source material on the planning and development of the Nora Frances Convalescent Hospital and the Henderson General Hospital addition. The former also provided valuable information into the characteristics of mid-20th century hospital architecture and development. Publications by IO and KPMG provided useful insight into the timeline and details of the Phase 1a and 1b redevelopment of Juravinski Hospital.

Secondary sources, including Mark Osbaldeston's *Unbuilt Hamilton*, illustrate the early development of the hospital property, as well as the evolution of its planning. Harold Kalman's 1994 publication *A History of Canadian Architecture* Volume 2, the Dictionary of Architects database, the Ontario Association of Architects, and other sources provided a basis for the architectural typology and information on the various architects responsible for the design components of the Juravinski Hospital property and buildings. Other secondary source material provided background information for the architectural typology section, including: Beverly Russell's *Architecture and Design, 1970-1990: New Ideas in America*, Bevis Hillier's *Art Deco of the 20s and 30s*, Charles Matlack's *The Practical Book of Architecture*, Charles Jencks's *The Language of Post-modern Architecture*, Kelly J. Crossman's *Architectural Ideals in Canada 1885-1914*, John J.G. Blumenson's *Identifying American Architecture: A Pictorial Guide to Styles and Terms, 1600-1945*, Marcus Whiffen's *American Architecture Since 1780*, Robert A.M. Stern's *Modern Classicism*, and Robert Venturi's *Learning from Las Vegas: The Forgotten Symbolism of Architectural Form*.

It is acknowledged that whereas prior cultural heritage assessment work has been oriented toward the building and architectural history of specific extant and demolished buildings on the property, provincial

⁶⁰ Dreschel 2009

⁶¹ *The Hamilton Review* quoted in Campbell 1966:253

approaches to heritage have significantly evolved over the last decade to give attention also to the social and operational history of these and similar municipal and provincial facilities.

A full list of referenced sources is included in Section 11.0 of this CHER.

4.3.2 Pre-Institutional History

The Subject Property is situated on the southernmost portion of Lot 9, Concession 3 Barton Township in Wentworth County. According to land registry records, the patent for the 100 ac parcel of land was first granted to George Stewart in 1797. In 1800, Stewart sold the entirety of Lot 9 to United Empire Loyalist (UEL) Peter Horning (1728-1822) in 1800. Horning arrived in Barton Township in 1788, escaping the growing tensions between British troops and American Revolutionaries in his hometown of Germantown, Pennsylvania. Horning received 400 acres of land upon his arrival in Upper Canada as part of the Loyalist land grants program. A 1791 petition for land places Horning in Barton Township as a farmer with “a wife and nine children.” A survey of Barton Township in 1791 states that Peter and his sons Isaac and Abraham owned 800 ac, even though the first patents in the area were not awarded until 1796.⁶²

Abraham Horning likely inherited the land on Lot 9 upon his father’s death in the 1820s, and eventually sold all 100 ac to Abell Land in 1828. Land sold 19 ac from the south half of the lot to Hugh Baker in 1848. The Bank of Montreal acquired the 19 ac in 1850, selling it to George Middlewood the following year. Middlewood’s son Joseph (1820-1870) purchased part of the land in 1858. Joseph Middlewood died in 1870. In 1871, George Middlewood – likely the son of Joseph – sold the 19 ac parcel to his brother Matthew Middlewood (b.1857).⁶³ Dr. John W. Rosebrugh (1828-1897) acquired the parcel from Matthew in 1872. The 1875 *Illustrated Historical Atlas of the County of Wentworth, Ont.* map of Barton Township places Rosebrugh on the south portions of Lots 9 and 10, Concession 3.⁶⁴ Rosebrugh, his wife Sarah, and their daughter Ida sold the southern parcel of Lot 9 to Cornelius Murphy in 1881.⁶⁵

The property would pass between Cornelius and Frederick Murphy several times from 1883 to 1885. In 1885, Frederick Murphy mortgaged the land to Edward Furlong, who is noted as a Trustee. Frederick’s wife Aurora Maud Mary Murphy also appears in the land registry records around this time.⁶⁶ The couple were likely undergoing legal or financial issues, highlighted by a “lis pendens” or “suit pending” entry in the registry records between John Reid, Frederick, Aurora, and trustee Edward Furlong. The “lis pendens” was dissolved in May 1886, and Aurora Murphy mortgaged the 19 ac parcel to a John J. Mason in the winter of 1887.

An additional legal spat appears in the land registry records in 1890 between James Lawrence Charles H. Little and Aurora Maud Mary and Frederick Murphy as a “final order” for the southern 19 ac parcel of Lot 9 which terminated any existing temporary orders in effect. Around the same time, Mary E. Rosebrugh (née Biggar), the wife of Dr. John Rosebrugh, was relinquished of any title on the 19 ac parcel to James Little through a “release of dower” agreement. Around the same time, power of attorney for Little was granted to Fred W. Kingston. A bargain and sale agreement for \$8,650 transferred ownership of the 19 ac parcel from Little to Eliza V. Smiley, who mortgaged the land back to Little for \$6,000.

⁶² UELAC n.d.

⁶³ Canada 1861

⁶⁴ H.R. Page & Co. 1875

⁶⁵ Find a Grave 2017

⁶⁶ Canada 1881



Smiley sold the parcel to the East Hamilton Improvement Co., who mortgaged a portion of the parcel to Stuart Strathy in 1896. Strathy assigned his mortgage to David Newton the following year. In September 1899, Newton along with Little and his attorney Fred Kingston, must have acquired the property because they transferred the 19-ac parcel to John Addison. Addison then lent the land to the Hamilton Mountain Park Co. Ltd. The company maintained ownership until the land was sold to the City of Hamilton in 1912. Five years later, it became the new site of the Mount Hamilton Hospital.

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HARDY GREGORY'S MAP OF THE COUNTY OF WENTWORTH

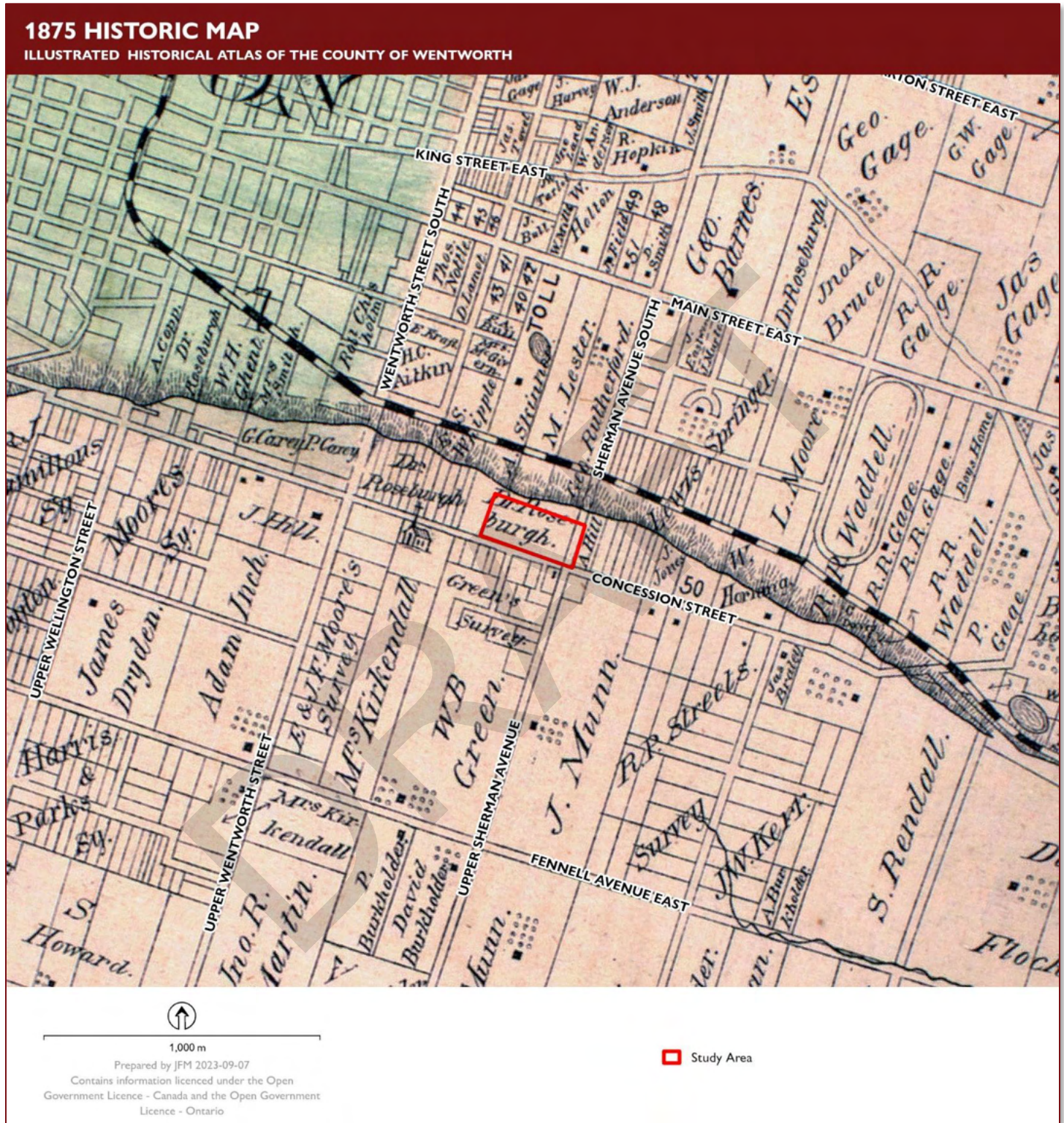


Prepared by AST 2023-09-08

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Map 4: 1859 Historical Map Showing the Subject Property



Map 5: 1875 Historical Map Showing the Subject Property

4.3.3 Mount Hamilton Hospital

Despite the difficulty accessing the Mount Hamilton in 1913, the City of Hamilton's board of governors, led by board chair, T.H. Pratt, proposed 18 ac of land between Concession Street and the brow of Niagara Escarpment be developed for a convalescent hospital in 1913. The site was selected to provide patients ample access to the fresh air breezes as had been the motivation for the earlier development of the Mountain Sanatorium (later known as Chedoke Hospital) in 1906 and which also attracted outdoor theatre goers to the area.

The City of Hamilton hired architects William Palmer Witton and Walter Wilson Stewart to design a new, state of the art facility in the innovative "mono-block" design which allowed for private rooms stacked in a tower-like configuration. Initially, 22 buildings were planned at a cost of \$2 million (Image 4). These buildings included the following:⁶⁷

Administration building, two surgical wards, two medical wards, semi-private ward, private ward, children's ward, pathological ward, neurological ward, obstetric ward, out-patients' ward, isolation ward, nurses' home, superintendent's residence, female help building, male help building, service building, laundry, power house and garage.

Following the onset of the First World War, it was decided that the new hospital should also have facilities to treat wounded veterans. Working in conjunction with medical superintendent of the Hamilton City Hospital, Dr. Walter F. Langrill, Stewart & Witton investigated American hospitals to determine the most appropriate and state-of-the-art designs. The Board of Hospital governors, as well as Dr. Goldwater of New York City's Mount Sinai Hospital, approved the plans drafted by Stewart & Witton. It was anticipated that buildings would be constructed in phases.

Lieutenant Governor and former Hamilton mayor, Sir John Hendrie, laid the cornerstone of the first building in 1915. Due to the economic stress of the First World War, the ambitious plans for the hospital were not fully realized. Instead, only the semi-private ward building and a portion of the nurses' residence had been constructed by 1917. The semi-private ward building consisted of four storeys with each floor containing "six wards of four rooms each; an isolation ward; day room; doctors' bed and sitting rooms; serving, store, linen, bath, toilet and sink rooms; two balconies; and, a solarium."⁶⁸

The first unit of the hospital was officially opened by the Duke of Devonshire on May 19, 1917.⁶⁹ The ceremony was attended by 2,000 people who were invited to walk through the halls of the new, state-of-the-art facility. In an article published by *The Hamilton Spectator*, one of the attendees recalled the "home-like atmosphere" of the hospital (Image 5):⁷⁰

Every ward is carpeted with a beautiful Wilton rug; large easy chairs are everywhere; pretty pictures adorn the walls; chintz and repp curtains decorate the windows; Ostermoor mattresses and large, wholesome pillows are part of every bed; and lastly, there are convalescent dining rooms on every floor.

⁶⁷ Construction 1917:196

⁶⁸ Construction 1917:197

⁶⁹ *The Hamilton Spectator* 1915:5

⁷⁰ *The Hamilton Spectator* 1917:2

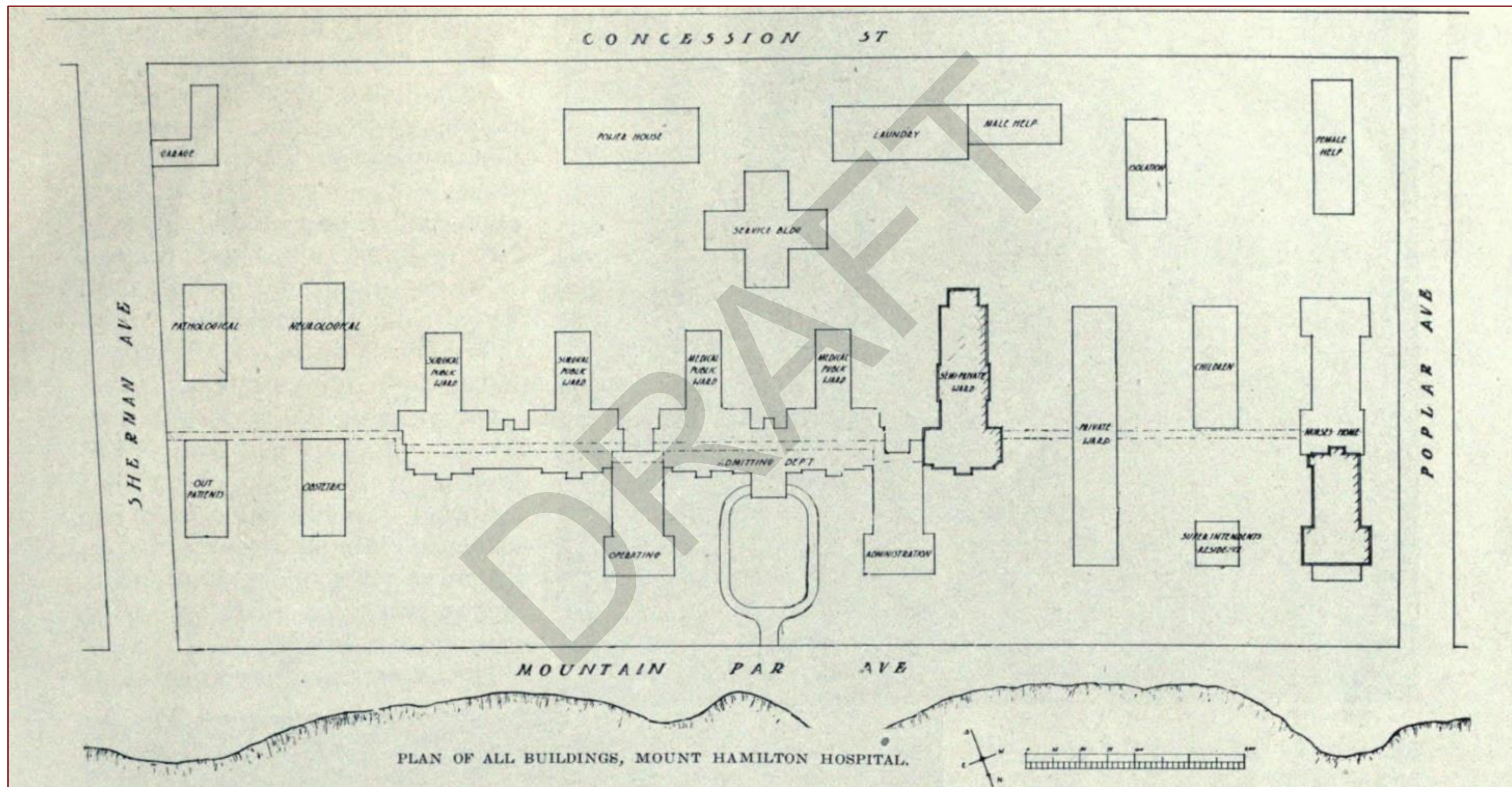


The building was constructed with reinforced concrete and clad with a buff-coloured brick façade and sandstone trim. Vitreous tile was applied to the kitchen, bath, sink and toilet room floors while terrazzo was used for the ward floors and quarry tile for the sunroom floors. The basement contained a kitchen that was lined with glazed brick. The use of wood was reserved only for the door and window frames, which represented a departure from traditional building methods towards newer, more sanitary and fireproof building materials like concrete, vitreous tile, and glazed brick. Both the local electric company and the Ontario Hydro-Electric Commission provided the building's electricity. A hot water tank was located in the basement and the forced circulation of hot water heated the building. Exhaust fans ventilated the service rooms and toilet facilities. Cold rooms and refrigerators received cold air from mechanical refrigerators. A central vacuum system installed in the basement connected piping to all rooms and corridors.

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Image 4: Unrealized Plan of Mount Hamilton Hospital

Source: Construction 1917



Reinforced concrete and the buff brick were used in the 1917 construction of the Nurses' Residence (also known as 50 Wing; Images 6-8). This four-storey building was designed to house 51 nurses in private rooms that featured a washroom and clothes closet. Each floor also contained a common sitting room, lavatory, two bathrooms, shower, and dressing room. A six-storey building intended to house 350 nurses as well as a gymnasium, pool, kitchen, store and dining rooms was also planned.

Image 5: A Four-Bed Ward in the Semi-Private Ward Building

Source: *Construction* 1917



Image 6: Construction of the Nurses' Residence (50 Wing)

Source: *Construction 1917*

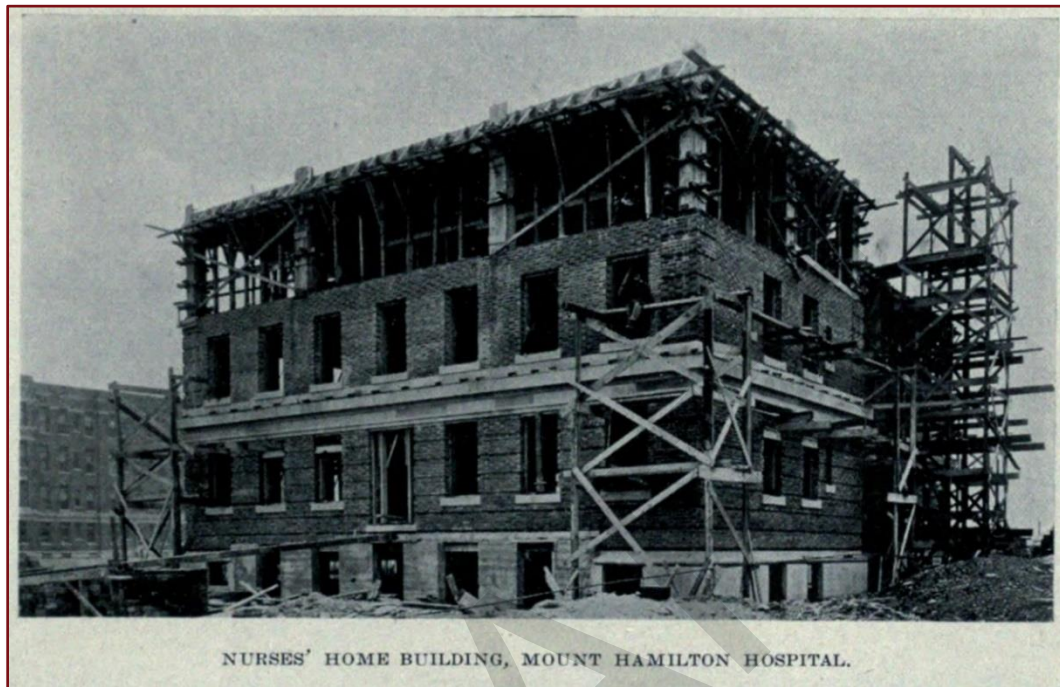


Image 7: First Floor Plan of the Nurses' Residence (50 Wing)

Source: *Construction 1917*

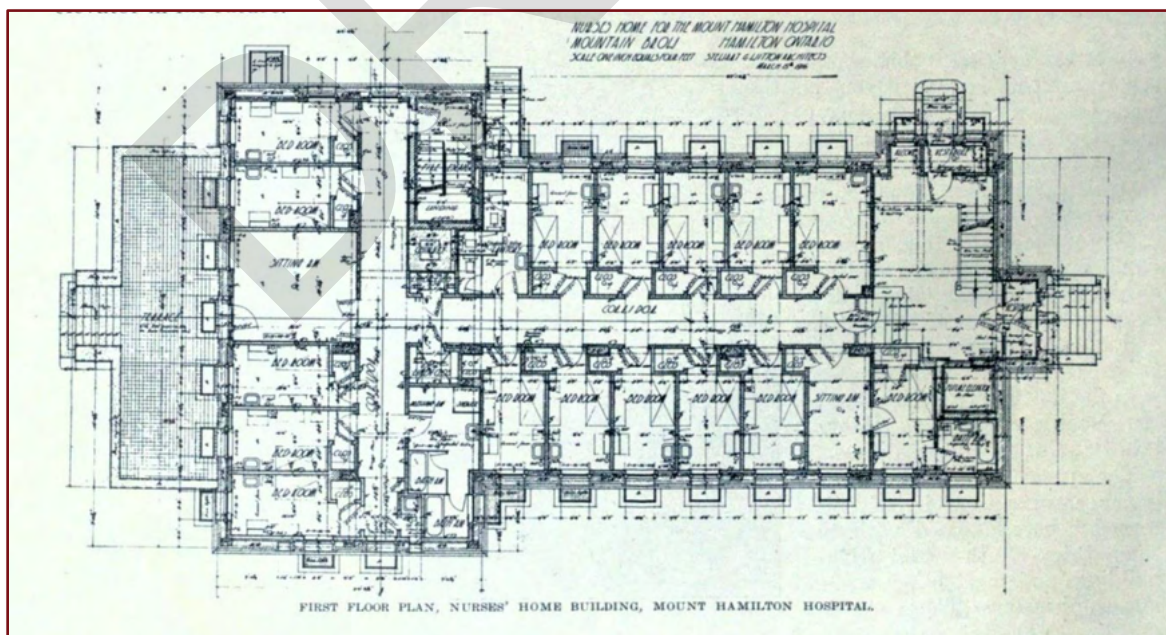


Image 8: Mount Hamilton Hospital in 1919

Source: Canadian Post Card Co. 1919



The ongoing First World War created the need for additional hospitals. In 1917, Health Commissioner of the State of New York, Dr. Herman Biggs, observed that there were half a million tuberculosis cases among soldiers overseas and virtually no French facilities to deal with them. The ever-present damp conditions in the trenches, coupled with soldiers' billeting in peasant houses while on leave posed additional health issues.⁷¹

Following the war, in 1920, a citizens' group proposed an even more ambitious plan than the original design of the Mount Hamilton Hospital (Image 9). This would include the addition of parallel colonnades that spanned the width of Mountain Park Avenue to form a central plaza that was to be known as the Court of Honour. The names of all the Hamiltonians who gave the ultimate sacrifice in the First World War would be commemorated on panels within the colonnades. The Allied contribution would be commemorated in sculpture. Mountain Park Avenue would be located northward to what is today the Sherman Access. Below the Court of Honour, a second, sunken plaza would sit and provide a monumental approach to the hospital. As Mark Osbaldeston writes in *Unbuilt Hamilton*, "the plan embodied a vision that [planner Noulán] Cauchon had shared in a 1917 planning report... in which the Mount Hamilton Hospital would appear to rise from the very escarpment like Alhambra in Granada, Mont-Saint-Michel in Normandy, or Josselin Castle in Brittany."⁷² However, this proposal was rejected during the municipal election of January 1, 1921. The citizens preferred a memorial hall which was also never built.⁷³

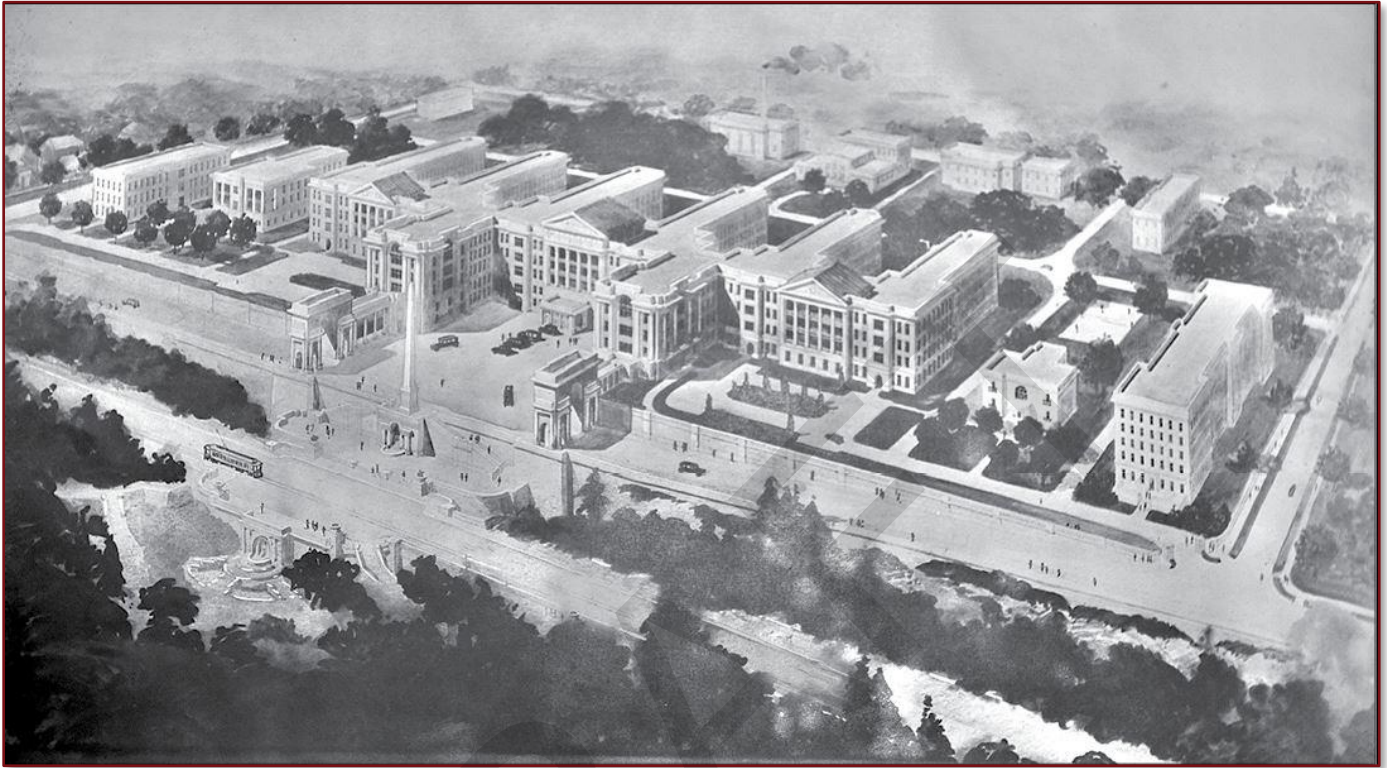
⁷¹ Construction 1917:215

⁷² Osbaldeston 2016:156

⁷³ Osbaldeston 2016:156

Image 9: The 1920 Mountain Memorial Plan

Source: Osbaldeston 2016



4.3.4 Mount Hamilton Hospital Maternity Ward (Section M)

As Hamilton's population boomed in the 1920s, so did demand for a new local maternity hospital. The Mount Hamilton Hospital Maternity Wing – Hamilton's second maternity hospital after Hamilton General Hospital which opened in 1892 – was designed by prominent local architect William Palmer Witton in 1932. The orientation of this monumental complex was toward the escarpment preserving Mountain Park Avenue. As with the earlier proposals in 1917 and 1920, Witton's design was quite elaborate (Images 10-11). He planned to flank the middle building with two lower, symmetrical pavilions that followed the east-west configuration of the escarpment. Each wing was to extend southward toward Concession Street. Symmetrical landscaping with walkways and drives would complement the buildings.

The growing prevalence of the automobile in urban planning was evident in the intervening 12 years between the 1920 designs and a revised 1932 plan by Witton. The latter shows setbacks from the escarpment to accommodate the road and arguably, the most ambitious feature of Witton's plan: a vehicular entrance to the hospital bored into the north face of the escarpment along the Sherman Access (Image 13). However, as with the earlier plans, Witton's would not be fully realized.

Image 10: William Witton's 1932 Vision for Mount Hamilton Hospital

Source: Osbaldeston 2016

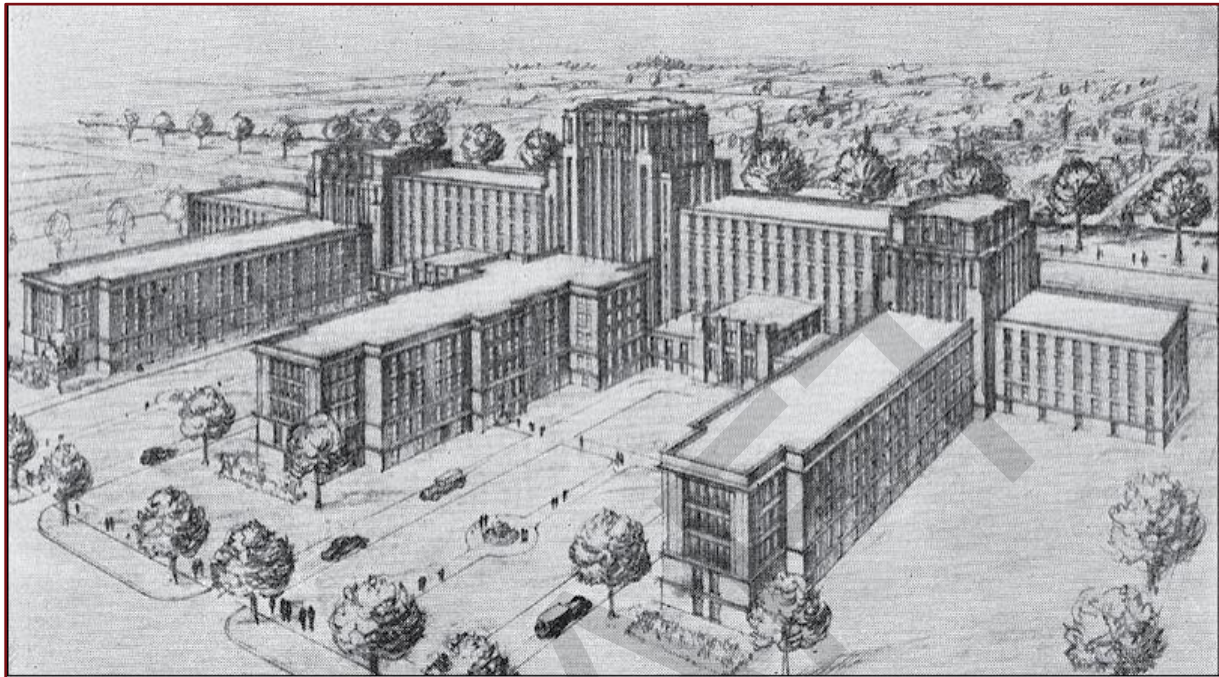
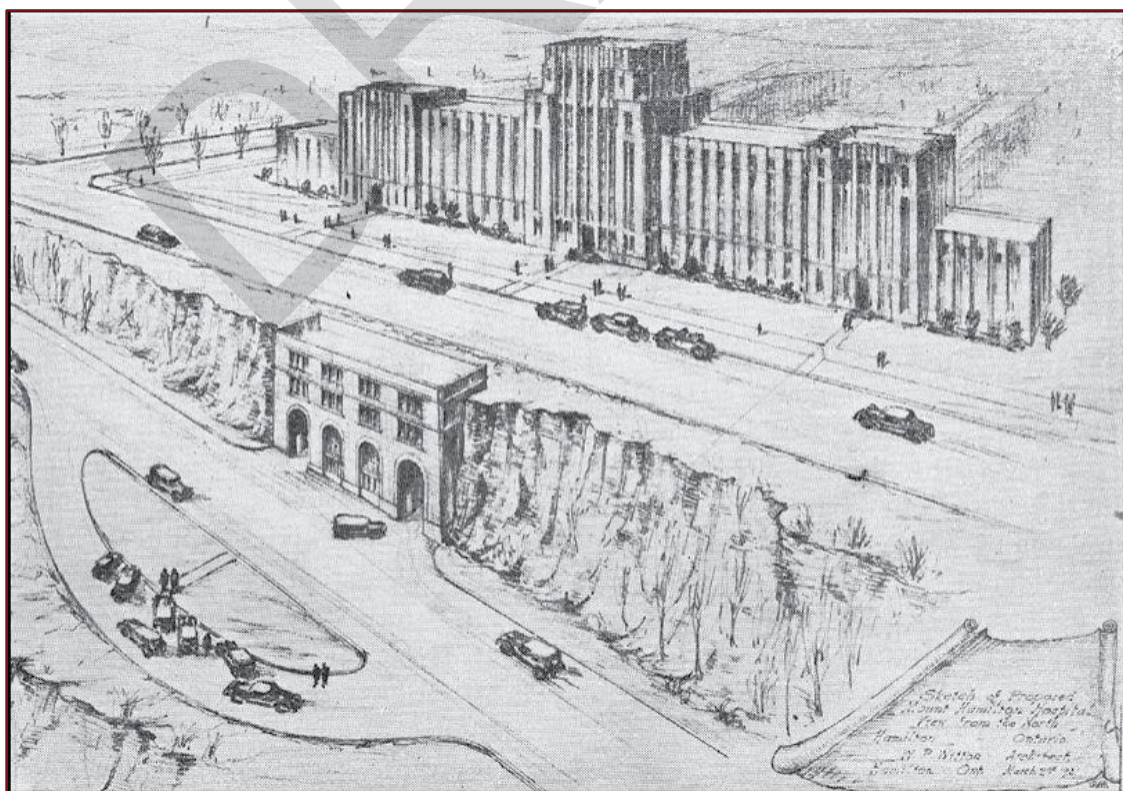


Image 11: Hospital Setback from Mountain Brow, 1932

Source: Osbaldeston 2016





The space in between the Nurses' Residence and the Mount Hamilton Hospital Ward was selected as the site of the Mount Hamilton Hospital Maternity Ward (later known as Section M). Construction for the six-storey Art Deco and Modern Classicist-inspired ward began in 1932 and was completed in 1934 (Image 12), however a lack of funds to "maintain and equip it" left the structure vacant for four years.⁷⁴ It was Nora Frances Henderson, along with George F. Webb, who objected to opening the new maternity wing citing "that the city could make no further capital expenditures at present."⁷⁵ However, chairperson of the hospital W.H. Cooper argued that of the \$134,000 annual cost of administration, \$119,000 could be accounted for through various means and that the remaining "\$15,000 a year required was a mere bagatelle."⁷⁶ The 105-bed maternity wing officially opened in 1938. Witton also designed a powerhouse (later known as Section R) to service the new hospital wing.⁷⁷ The powerhouse was constructed on the face of the Hamilton Escarpment, similarly designed with Art Deco and Modern Classicist influences to complement the maternity ward. The structure included a boiler system composed of three gas-operated boilers to heat the hospital buildings.

⁷⁴ *The Hamilton Spectator* 1938:7

⁷⁵ Webb quoted in *The Globe* 1935

⁷⁶ Cooper quoted in *The Globe* 1935:12

⁷⁷ *Dictionary of Canadian Architects* n.d.d.

Image 12: Maternity Ward, 1932

Source: Superior Engravers



Following the Second World War, the new Maternity Ward served the rapid growth Baby Boom era. In 1949 alone, 5,152 babies were born at the hospital – 1,000 more than any other Canadian hospital. A year later, it became the busiest maternity hospital in North America with a peak of 5,353 babies delivered in the ward.⁷⁸ A premature infant unit was added to the hospital in 1957.

Initially, men were prohibited from the ward in an effort to prevent infection. This changed in 1963, when the sundeck of the ward was converted into a lounge for expectant fathers. The ward was renovated in 1987.⁷⁹ Over the course of 59 years, 140,000 babies were born at the hospital. It remained open until 1997 when cost-saving decisions relocated the obstetrics and gynecology programs to McMaster University.

⁷⁸ Wilson 1997

⁷⁹ *The Hamilton Spectator* 1997

4.3.5 *Nora Frances Henderson Convalescent Hospital*

The Nora Frances Henderson Hospital for convalescent patients was opened adjacent to the Mountain Hospital buildings in 1954. The innovative facility was named after the aforementioned local politician and community advocate Nora Frances Henderson.

Costing \$3.15 million, the Nora Frances Henderson Convalescent Hospital was described by Godfrey Scott of *The Globe and Mail* as “Canada’s finest convalescent hospital” (Images 13-17).⁸⁰ The Modernist-inspired hospital was constructed according to the designs of Hamilton architect, J.D. Kyles, by the Tope Construction Company. The hospital featured a north-south orientation with both ends angled toward the east in an effort to “permit sunlight to shine in every room at some period during the day” (Image 18).⁸¹ Administration offices and a large auditorium were located to the west end of the building.

The hospital design sought to provide a panoramic view of the landscape.⁸² As such, the large rotunda between the two wings of the hospital featured floor-to-ceiling windows and cantilevered balconies and solariums, located on the north, south, and centre parts of the hospital, allowed access to sunshine and fresh air on each floor. Typical patients’ rooms were painted in calming pastel colours on three walls, and the fourth wall contained generous glazing. Nursing stations were designed to have required equipment within reach with medical supplies and drugs located in partitioned sections and sterilizing rooms adjoining the stations. A modern central kitchen in the basement equipped with stoves, mixers, and refrigeration units provided meals throughout the convalescent hospital.

⁸⁰ Scott 1954:17

⁸¹ Scott 1954:17

⁸² *The Globe and Mail* 1954:31

Image 13: Nora Frances Henderson Hospital, c.1950s

Source: Vintage Hamilton



Image 14: Sunrooms and Solariums of the Hospital

Source: Royal Architectural Institute of Canada 1954



Image 15: Main Entrance to the Convalescent Hospital

Source: Royal Architectural Institute of Canada 1954



Image 16: Nora Frances Henderson Hospital, 1954

Source: Vintage Hamilton



Image 17: Nora Frances Henderson Hospital, East 1954

Source: Vintage Hamilton



Source: Royal Architectural Institute of Canada 1954



The Nora Frances Henderson Convalescent Hospital opened the week of August 30, 1954 and began accommodating patients two weeks later. An official ceremony was held on October 14, 1954 in which the provincial Health Minister, Mackinnon “Mac” Phillips, attended along with 300 guests who paid tribute to Nora Frances Henderson. Mayor Lloyd Douglas Jackson noted “Hamiltonians can be proud of this hospital.”⁸³ Vice Chair of the Board of Governors, C.C. Lawson, remarked that in North America, this hospital was the finest of its kind. Speaking on behalf of federal Health Minister, Paul Martin Sr., Parliamentary Assistant, F.G. Robertson, stated that no other Canadian hospital could match this one.⁸⁴

Shortly thereafter, in 1955, hospital consultants Agnew, Craig and Peckham conducted a survey of hospital needs in Hamilton for the next decade. One key consideration was how to meet the medical needs of the rapidly growing population in the area. At this time, the Mount Hamilton hospital served as part of Hamilton General Hospital providing 117 beds in one wing, about the same number of bassinets in the maternity ward, and a further 104 beds designated for the chronically ill. The Nora Frances Henderson section provided an additional 322 bed for convalescent patients.⁸⁵ At this time, Hamilton General Hospital together with the institutions on the Subject Property, adopted an emergency preparedness plan to handle a large number of casualties – the first of its kind in Canada.⁸⁶ The plan was prepared by Dr. J. B. Neilson, Medical Superintendent, and outlined operation plans for the hospital and staffing duties while increasing capacity to handle up to 700 casualties.⁸⁷

In 1956, the Nora Frances Henderson Convalescent Hospital was partially converted to care for active medical patients, and within two years the rapid eastward growth of the city triggered plans for “full general hospital status, including surgery and emergency care,” at the facility.⁸⁸

4.3.6 Henderson General Hospital

Just four years after the construction of the Nora Frances Henderson Convalescent Hospital, the architectural firm of William. R. Souter and Associates was commissioned to draft plans for an addition to the hospital which would specialize in cancer care (Images 19-20). The Hamilton Cancer Clinic (the first cancer clinic in Hamilton) had opened in 1938 at the Hamilton General Hospital and its move to the Subject Property would see it expanded and modernized. Pigott Construction Company Limited of Hamilton was awarded the construction contract. It is unclear what the initial plans entailed; however, revised plans in 1960 show an additional 201,580 ft² in space at the Nora Frances Henderson Convalescent Hospital with increases of 7,399 ft² in the kitchen and morgue, 10,000 ft² in the penthouse for mechanical equipment, 7,503 ft² in the solarium, and 5,478 ft² to connect to old and new wings.

Plans for the hospital addition, which had been initiated by the Board of Control, had initially been approved by the Ontario Municipal Board (OMB) in April 1959 with the OMB stipulating that debentures shall not exceed \$4,750,000.⁸⁹ Anticipated government grants were \$2,000 per bed from both the federal and provincial governments for a total of \$1,360,000.⁹⁰ Although the original estimated cost for the project was \$6.7 million,

⁸³ Jackson quoted in *The Globe and Mail* 1954:31

⁸⁴ *The Globe and Mail* 1954:31

⁸⁵ Scott 1955:22

⁸⁶ Scott 1955:22

⁸⁷ Scott 1955:22

⁸⁸ Campbell 1966:273

⁸⁹ *The Hamilton Spectator* 1959

⁹⁰ W.R. Souter Associates 1960



the construction at Henderson General would end up costing the city \$9 million.⁹¹ On September 3, 1963, Rhys M. Sale, the Chairperson of the Ontario Cancer Treatment and Research Foundation, broke ground on the project.⁹²

The building was designed with heavy foundations so that should the cancer clinic become obsolete from evolving medical techniques, it could easily be converted to a normal hospital nursing unit. The top floor housed a physics laboratory, library, operating room, and lecture room. The main floor contained offices, a photographic department, outpatient departments, a dining room, admitting areas and central supply rooms. The basement held a cobalt unit, high energy X-ray machines, and a linear accelerator.⁹³ The architect took special care to minimize the clinical atmosphere of the cancer centre, adding calming colours to the walls and introducing a “domestic flavor” to its design.⁹⁴ By 1984, the new cancer centre would be designated the Hamilton Regional Cancer Centre (HRCC).

The official opening ceremonies for the addition were held in January 1965, although it would be mid-1965 until all new sections were in use. as part of the reopening, the Mountain Hospital and Nora Frances Henderson Convalescent Hospital were integrated into the newly christened Henderson General Hospital complex, providing 868 adult beds and access to some of the most cutting-edge medical technology of the time.⁹⁵

⁹¹ *The Globe and Mail* 1964:8; V.V.R. Souter Associates 1960

⁹² *The Hamilton Spectator* 1963a

⁹³ *The Hamilton Spectator* 1963b; *The Hamilton Spectator* 1964

⁹⁴ *The Hamilton Spectator* 1965

⁹⁵ Campbell 1966:273

Image 19: West Elevation of Nora Frances Henderson Hospital Addition

Source: W.R. Souter Associates, Hamilton Public Library



Image 20: South Elevation of Nora Frances Henderson Hospital Addition

Source: W.R Souter Associates, Hamilton Public Library



4.3.7 Lakeview Lodge

In August 1983, *Mountain News* reported that a residential lodge for cancer patients was to be constructed on the hospital property. The design of the building was awarded to the architectural firm of Trevor Garwood-Jones, and the construction contract was awarded to Frid Construction. On April 12, 1984, a ground-breaking ceremony was held for the \$2 million three-storey building, to be known as Lakeview Lodge. In that year, the modest four bed facility at 210 Victoria Avenue North, which was established when the Hamilton General Hospital operated the cancer clinic decades earlier, was closed.⁹⁶

The HRCC housed 20 guests in 10 rooms although a proposed fourth storey was not added. While undergoing treatment at the hospital, patients could receive free room and board at the lodge, with priority being given to Ontario patients who lived more than 40 km (or 25 miles) away. Dining, crafts, recreation, lounge area, beauty-barber parlour, and a tuck shop were housed in the building while meals were prepared at the Henderson General Hospital kitchen and transported to the lodge.

Through their annual fundraising campaign, the Canadian Cancer Society supported the lodge. The Ontario Cancer Treatment and Research Foundation, which was funded by the Ontario Health Ministry, operated the facility. By the fiscal year 1986-1987, the Ministry of Health assumed its \$200,000 operating cost.⁹⁷

Under the direction of Chief Executive Officer (CEO) Dr. William Hryniuk, the Hamilton Regional Cancer Centre “developed an integrated program of patient care, teaching, and research under the aegis of the Ontario Cancer Treatment and Research Foundation, in conjunction with McMaster University.”⁹⁸ Not only had Dr. Hryniuk spearheaded the development of Lakeview Lodge, but he would also lead the development of the Hamilton Regional Cancer Centre, which required the construction of a large \$41 million addition to the hospital campus beginning in 1988.

4.3.8 Hamilton Regional Cancer Centre and Hamilton Civic Hospitals Research Centre

By the late 1980s, the HRCC, shared significant hospital space with the other operations at Henderson General Hospital. This sharing of facilities contributed to the growing pressures of overcrowding, staff shortages and, negatively affected patient care. For example, between 1974 and 1986, patients treated at the cancer centre doubled. An 18-month study of cancer centres throughout Ontario also estimated that patient loads would double again in 15 years.⁹⁹ In 1988, the Head of Radiation Oncology, Dr. D.L. Hodson, noted that cancer clinic patients had to visit various locations on the property, including a clinic in the Henderson General Hospital basement, which “put the perception in patients’ minds that they have more disability than they have.”¹⁰⁰

As part of a \$250 million funding scheme to upgrade Hamilton, Toronto, London, and Sudbury’s cancer treatment centres in 1986, the Ontario government granted an additional \$14.3 million on top of an earlier \$10 million contribution to the cancer centre at Henderson General Hospital which amounted to two-thirds of the cost of the proposed \$36.3 million expansion to the cancer centre (Image 24).¹⁰¹ According to Dr.

⁹⁶ *The Hamilton Spectator* 1984

⁹⁷ *Mountain News* 1983

⁹⁸ Morrison 1991:B1

⁹⁹ Lee 1986

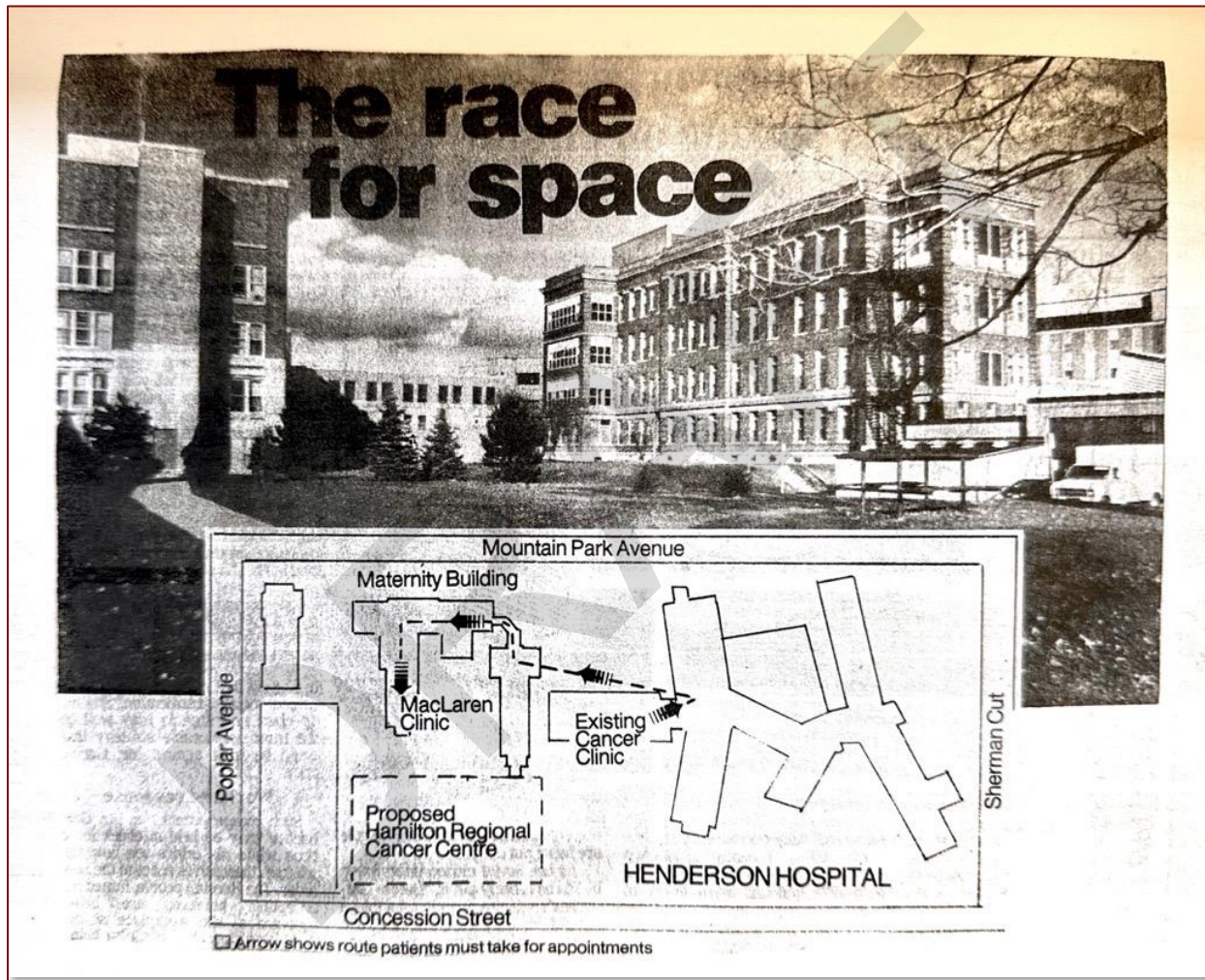
¹⁰⁰ Dr. Hodson quoted in Morrison 1987a

¹⁰¹ Davie 1986

Hryniuk, the construction in Hamilton (Image 21) would add 182,000 ft² of space representing “four times as much space, twice as many machines, four times as many patient consultation areas, and five times as much labor space, and it will provide improved patient-care facilities and expanded research and education programs.”¹⁰² The funding would also double the 150 physicians, nurses, technicians, and support personnel on staff.¹⁰³

Image 21: The Proposed Hamilton Regional Cancer Centre Location

Source: *The Hamilton Spectator* 1987



The new cancer centre building was designed by architect Fred Vermeulen of Trevor P. Garwood-Jones Architects Inc. of Hamilton (Image 22) and Ellis-Don was awarded the construction contract.¹⁰⁴ The architectural firm incorporated a handful of design features to reduce the clinical feeling of the space, including a massive skylight and translucent blues and greens described at the time as “the ‘90s color scheme.”¹⁰⁵ Other features, such as outdoor balconies connected to indoor waiting rooms and a fireplace in the central

¹⁰² Morrison 1987b

¹⁰³ Davie 1986

¹⁰⁴ *The Hamilton Spectator* 1990

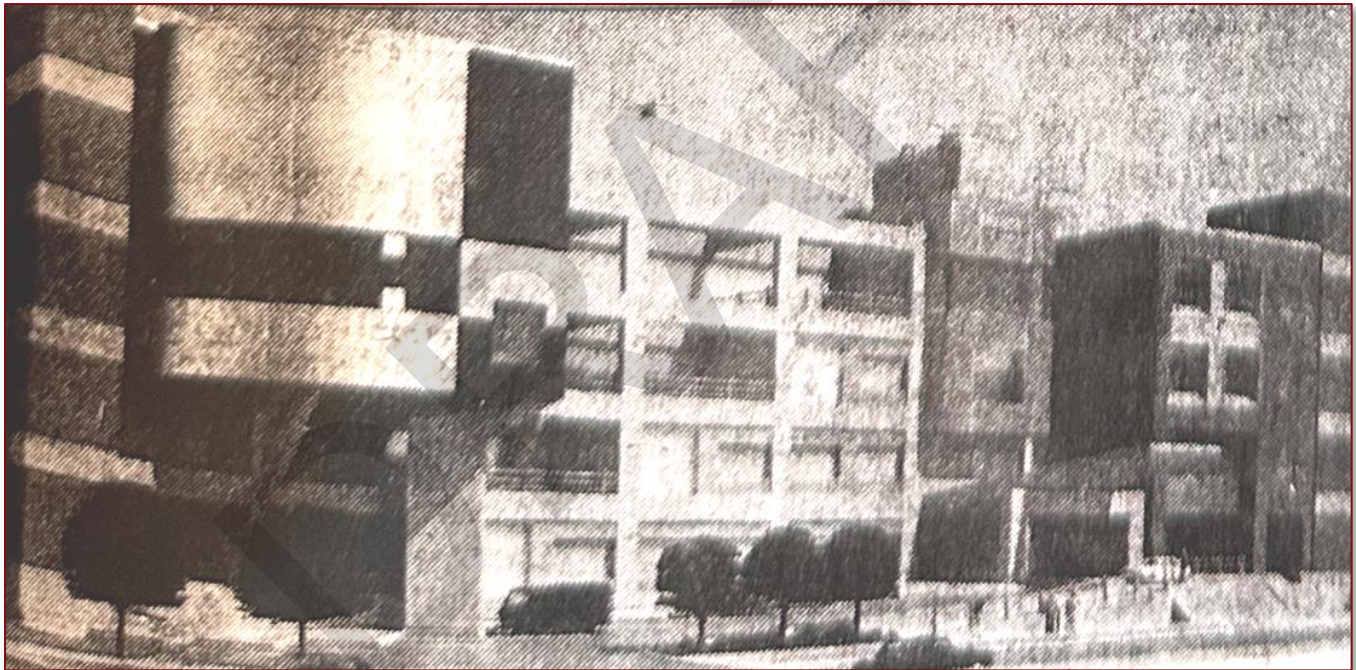
¹⁰⁵ Morrison 1992a

chemotherapy area were intended to make the space inviting while preserving a sense of dignity and professionalism.¹⁰⁶ The architects added subtle colour coding to handrails and bumper rails to help direct patients to their appointments.

Premier David Peterson broke ground for the centre on September 15, 1989 (Image 26).¹⁰⁷ The five-storey centre was to be located east of the Concession Street parking garage. As part of the project, a \$10.5 million research centre comprising 24,000 ft² was constructed in part of the cancer centre building.¹⁰⁸ Space on the main floor was allocated for materials management and stores while the upper two floors were designated research space with a focus on vascular disease – heart attacks and stroke. This area was to be overseen by the centre’s director, Dr. Jack Hirsch, who had been recognized as an expert in coagulation. In 1994, he would form Vascular Therapeutics Inc., Hamilton’s first biotechnology company, with California biochemist and businessperson, Dr. Jim Allen. In September 1994, the Hamilton Civic Hospitals Research Centre opened.¹⁰⁹

Image 22: Scale Model of the New Cancer Centre Designed by Trevor Garwood-Jones

Source: *The Hamilton Spectator* 1989



¹⁰⁶ Morrison 1992a:B1

¹⁰⁷ Morrison 1989b

¹⁰⁸ Katz 1989

¹⁰⁹ Morrison 1994

Image 23: Premier David Peterson Breaking Ground for the New Cancer Centre

Source: *The Hamilton Spectator* 1989



The centre cost \$41.6 million which the Ministry of Health augmented with \$13.8 million in operational funding.¹¹⁰ Upon its opening on May 4, 1992, the centre provided cancer services for 1.8 million residents in the Golden Horseshoe area with a capacity to treat 4,000 cancer patients annually.¹¹¹ The facility included nine radiation treatment machines (four more than the hospital previously held) as well as “five outpatient review areas, a day chemotherapy suite, a surgical procedures suite, a library, a lecture theatre and an enlarged pharmacy.”¹¹² This building made Hamilton the third largest cancer centre in Canada and one of the largest in North America.¹¹³

4.3.9 A Decade of Scrutiny and Insecurity

Despite its expansion and leading-edge diagnostic and treatment facilities, Henderson General Hospital faced a series of challenges in the 1990s.

4.3.9.1 The Death of Garnette Silversmith

On February 22, 1992, Garnette Silversmith of Six Nations died at Henderson General Hospital. Silversmith, a 70-year-old woman recovering from surgery for a fractured arm, was administered Tylenol despite being allergic to the drug. Speaking only broken English, “she wouldn’t have been able to tell nurses how she felt or may have felt too ashamed to say anything.”¹¹⁴ Silversmith died at the hospital. An inquest was launched to examine “the circumstances of her death, as well as the issue of alleged racism in the health care system.”¹¹⁵ Winnipeg physician, Dr. Marlyn Cox, testified that “I find the majority of [Indigenous] people are overwhelmed when they go into the health care system... One lady told me, when she went into the hospital, she was treated like a dog. If they’re treated that way, they’re not going to communicate very well.”¹¹⁶ Dr. Cox, who is Cree, noted that while there are sometimes instances of overt racism, subtle failings including cultural insensitivities and an absence of interpreter service “can hurt the most.”¹¹⁷

At the time of her death, Silversmith suffered from emphysema, bronchitis, and pneumonia and, according to the autopsy, she died of acute heart failure resulting from chronic obstructive lung disease. Director of the Adverse Reaction Clinic at Toronto’s Sunnybrook Health Science Centre, Dr. Neil Shear, testified in May 1994 that “There was no evidence to support that Tylenol contributed to her death and no overwhelming evidence to refute it. On balance, I feel it did not contribute to her death.”¹¹⁸ The family believed that the administration of Tylenol exacerbated her symptoms. Her family doctor, Dr. Walter Landers, had listed the drug as an allergy on her chart in 1991, but it was not a medical diagnosis.

Silversmith’s death led to broader criticism of the hospital’s treatment of Indigenous patients, specifically women. In May 1994, outside the courthouse where the inquest was held, Silversmith’s family organized a rally in which 40 people attended, including members of the Justice for Women Coalition and the Ontario Coalition of Visible Minority Women. One of Silversmith’s daughters, Doreen Silversmith, noted that at the

¹¹⁰ Morison 1990

¹¹¹ Buist 2000b

¹¹² Morrison 1992a

¹¹³ Davy 1991:D1

¹¹⁴ Davy 1994c:B1

¹¹⁵ Davy 1994d:B1; Davy 1994b:A1. The five-person jury that would decide a verdict and recommendation did not include Indigenous representation, about which Doreen Silversmith remarked, “We aren’t at all surprised. What can we expect from a white system.”

¹¹⁶ Davy 1994c:B1

¹¹⁷ Cox quoted in Davy 1994b:B1

¹¹⁸ Shear quoted in Davy 1994c:B1

inquest attending nurses had shown inappropriate and insensitive behaviour by laughing as they discussed the death of her mother.¹¹⁹ The family pursued a \$1.6 million lawsuit against the hospital.¹²⁰

The family's lawyer, Barry Swadron, presented 42 recommendations designed to break down barriers that Indigenous people face while in the healthcare system. This included more meticulous chart keeping to minimize human error. Other recommendations included:¹²¹

- interpreters for Indigenous patients;
- cultural sensitivity training for hospital staff;
- a non-denominational spiritual room to be provided at the hospital;
- that colleges and universities teach the special needs for Indigenous people to healthcare workers;
- the appointment of an Indigenous healthcare worker to advocate for Indigenous people in area hospitals;
- video cassettes in multiple languages to raise awareness of services developed for Indigenous people;
- the inclusion of Six Nations Reserve, support agencies, and surrounding hospitals in a committee to study language and cultural issues; and
- to raise awareness of issues faced by Indigenous people in the healthcare system.

Silversmith's family threatened to bring the issue not just to the Ontario Human Rights Commission but to the United Nations. Doreen Silversmith said they would act on this if, within one year, the Ontario health minister and attorney general failed to act on the recommendations.¹²²

Following investigation by the College of Nurses of Ontario, the hospital put written cautions on the personnel files of the hospital nurses who, on three occasions, had administered Tylenol to Silversmith. Silversmith's family appealed the decision to a three-member panel of the Health Professions Board as they believed that the penalties were not stiff enough. Additional information was published in *The Hamilton Spectator* alleging that Silversmith was "yelled at by nurses, made to wait long periods for medical care and treated roughly because she was "Native".¹²³

In November 1995, the Health Professions Board dismissed allegations that racism was a factor in Silversmith's death. The Board determined that Silversmith's lawyer, Barry Swadron, did not provide details proving systemic racism by the three nurses responsible for administering Tylenol to Silversmith. The Board did, however, "firm up the wording used in letters of caution placed in the files" of these nurses.¹²⁴ The Board's ruling, according to Doreen Silversmith, was a "slap on the wrist" to the nurses and she continued to pursue the \$1.8 million lawsuit against the hospital.¹²⁵

In January 1996, the Hamilton Civic Hospitals implemented changes that would help to break down the barriers faced by the Indigenous population when in the Region's hospital system. These changes included a pilot project "that offers referral, counselling, interpreting and advocacy services for [Indigenous] patients."¹²⁶ The project involved a partnership between the civic hospitals and health services from the Six Nations of the

¹¹⁹ Davy 1994e:B1

¹²⁰ Davy 1994b:A1

¹²¹ Davy 1994a:B1

¹²² Bongers 1994:B1

¹²³ *The Hamilton Spectator* 1995:B3

¹²⁴ Morrison 1995:B1

¹²⁵ Davy 1995:B3

¹²⁶ Herron 1996:C4

Grand River. Additional funding was not granted for the project, although office space, phones, and support were provided by the hospital and Six Nations provided staff. Part of the project involved introducing traditional medicine and healing practices into the modern hospital setting.

4.3.9.2 The Threat of Closure

Operating under the umbrella of the Hamilton Civic Hospitals, the board of directors of the Barton Street East Hamilton General Hospital and the Henderson General Hospital announced plans to lay off 99 employees and close 124 beds in March 1992. This was an effort to reduce a projected \$10-million deficit.¹²⁷ Eighty-one staff members were issued lay-off notices. In an effort to reduce the numbers being laid off, a further 200 employees were offered the option of early retirement.

The Hamilton-Wentworth District Health Council established the Health Action Task Force (HATF) in February 1995 with a budget of \$1.2 million and a purpose “to suggest how health care should be delivered in the face of unprecedented cuts in provincial funding.”¹²⁸ The task force initially had a two-year window for completion of the report. However, pressures from the Ministry of Health to complete the report recommendations before the following fiscal year began in April led to an earlier release.¹²⁹

Problems arose in late 1995 when Hamilton East Member of Provincial Parliament (MPP), Dominic Agostino penned an open letter to then Health Minister Jim Wilson, stating that “people within the ministry had advised” that Henderson General Hospital was slated to close.¹³⁰ Susan Goodman, the Executive Director of the Hamilton-Wentworth District Health Council responded, “There has been no discussion (about hospital closures) at the health council or the task force.”¹³¹ President and Chief Executive Officer of the civic hospitals, Dr. David McCutcheon also vehemently denied Agostino’s claims stating, “This rumor is absolutely false and we’ve had that confirmed by (regional representatives) at the ministry.”¹³²

The HATF released its report on March 4, 1996. Concerns about closure of the Henderson General Hospital followed after commentary from staff physician Dr. Mitchell Levine, a doctor who worked at both St. Joseph’s and McMaster hospitals. As part of the HATF, he stated that Henderson General Hospital, rather than St. Joseph’s Hospital, needed to close because the former was an older facility.¹³³ Among those in agreement with this reasoning was Trevor Garwood-Jones, from the architectural firm which had designed Lakeview Lodge and the Hamilton Regional Cancer Centre. Garwood-Jones argued:¹³⁴

1. That the Henderson General Hospital be downsized, the emergency department be updated, and the hospital be renovated to become the principal oncology centre for the region; and
2. That the old outdated buildings on the Henderson site be demolished and the portions of the hospital which are not required for essential programs be mothballed.

In support of the retention of Henderson General Hospital, Daniel Kollek of *The Hamilton Spectator*, wrote that the hospital hosted a new regional cancer centre, led the worldwide research of thrombosis and undertook ongoing research on the treatment of strokes, cancer, and heart disease. In short, activities that

¹²⁷ Morison 1992:C1

¹²⁸ Morrison and Peters 1996a

¹²⁹ Morrison and Peters 1996b

¹³⁰ Northrup 1995:A7

¹³¹ Goodman quoted in Nolan and Phillips 1995

¹³² McCutcheon quoted in Nolan and Phillips 1995

¹³³ Kollek 1996

¹³⁴ Garwood-Jones 1996

generate “millions of dollars in research activities, employs leading scientists, attracts investment in high technology research from around the world and holds more than a dozen patents on medicines and treatment process.”¹³⁵

The Academic Health Care Network (AHCN) proposed an alternative plan to that of the HATF’s.¹³⁶ Cancer care, major reconstructive joint surgery, and ambulatory care, including a 24-hour Urgent Care Service, were determined by the AHCN to be focus areas at Henderson General Hospital.¹³⁷ Key changes proposed by the AHCN included relocating obstetrics and gynecology to McMaster University Medical Centre, cardiology to the “system” but primarily to Hamilton General Hospital, and psychiatry to the Hamilton General Hospital and St. Joseph’s Hospital. Despite this rapid response by the AHCN, the proposal was met with criticism. Writing in *The Hamilton Spectator*, Dr. Serge Puksa noted that the proposed relocation of services to Henderson General Hospital were “minor and of little consequence.” Instead, he argued, “Of much greater significance is what has been taken away from the hospital – virtually all other medical services, excluding cancer.”¹³⁸ On May 17, 1996, chair of the Hamilton-Wentworth District Health Council, Terry Cooke, brokered a deal with the AHCN “to amend its health-care restructuring plan to include 60 more beds and a full emergency department at the Henderson.”¹³⁹ The report by the HATF and the responding proposal by the AHCN were both viewed as steps toward stimulating discussion about the fate of Henderson General Hospital and other hospitals in the city, rather than set plans.

In late June 1996, the Hamilton Health Sciences Corporation (HHSC), composed of Hamilton General Hospital, Henderson Hospital, McMaster University Medical Centre, and Chedoke Hospital, was formed after the boards of the Hamilton Civic Hospitals and Chedoke-McMaster Hospitals formally approved amalgamation resolutions.¹⁴⁰ With combined budgets of \$800 million, hospital officials believed that amalgamation would save 20 percent of costs across the hospitals.

Although seemingly resolved, the problem of restructuring Hamilton’s hospitals continued throughout the 1990s. In 1997, decisions based on cost-savings meant that McMaster University Medical Centre would receive Henderson General Hospital’s long-standing obstetrics and gynecology programs. On September 14, 1997, the facility closed.¹⁴¹ Henderson’s primary asset now was the new state-of-the-art regional cancer centre which the hospital “sits cheek-by-jowl with.”¹⁴² In the late 1990’s, the Health Services Restructuring Commission (HSRC) placed St. Peter’s Hospital, the Hamilton Psychiatric Hospital, and Chedoke Hospital at risk of closure instead of Henderson General Hospital. At the end of November 1997, the HSRC ordered the closure of these three hospitals within 30 months though these closures did not occur within the prescribed timeframe.¹⁴³

¹³⁵ Kollek 1996

¹³⁶ *The Hamilton Spectator* 1996. AHCN was composed of the Faculty of Health Sciences at McMaster University, Chedoke-McMaster Hospitals, Hamilton Civic Hospitals, St. Joseph’s Hospital, St. Peter’s Hospital, Hamilton Psychiatric Hospital, Hamilton Region Cancer Centre, and Victorian Order of Nurses.

¹³⁷ *The Hamilton Spectator* 1996

¹³⁸ Puksa 1996

¹³⁹ Peters 1996b

¹⁴⁰ Nolan 1996

¹⁴¹ Wilson 1997

¹⁴² Dreschel 1997

¹⁴³ Herron 1997

4.3.9.3 Operating Issues

As the 21st century began, HHS faced the largest annual operating deficit of any hospital system in Ontario at more than \$40 million.¹⁴⁴ The financial impacts spread to Henderson General Hospital's operations and led to the closure of its psychiatric outpatient clinic, impacting over 230 patients. It also placed a hold on the Hamilton Regional Cancer Centre's \$45 million expansion that was set to begin in the spring of 2000.¹⁴⁵ Simultaneously, speculation began to mount over whether the hospital would transition to a day-stay medical centre absent of an emergency room and acute-care services.

Questions about how to manage the "technically insolvent" HHS began to mount as its deficit ballooned to an expected \$90.5 million in March 2001.¹⁴⁶ In addition to the financial difficulties, there was a shortage of 87 doctors across the HHS with some on-call emergency room physicians logging 36 hour stretches.¹⁴⁷ These compounding issues led to a joint operational review by PricewaterhouseCoopers which published a scathing report that placed the blame "for one of the worst hospital deficits in Ontario history" on HHS leadership.¹⁴⁸

Henderson General Hospital managed to avoid crisis and closure when, in response to the PricewaterhouseCoopers report, the provincial Health Minister, Elizabeth Witmer, appointed Ron Mulchey, the president of Toronto East General Hospital, as supervisor and decision-making authority over the HHS. This appointment was of no small consequence. As Joanna Frketich of *The Hamilton Spectator* wrote, "This is only the fourth time in history that the province has stripped a hospital's board and senior management of all of its power."¹⁴⁹ Once Mulchey had been appointed, Health Minister Witmer erased the HHS deficit on May 10, 2000 by issuing a \$42.9 million cheque.¹⁵⁰ Later in the year, HHS received another \$42 million.¹⁵¹

Over the following seven to eight years, \$250 million was earmarked across the HHS hospitals for "state-of-the-art emergency departments, intensive care units, cardiac-care units and operating rooms" as well as "a badly needed pediatric intensive care unit, an adolescent mental health unit, and a rehabilitation complex built around the needs of patients on the path to recovery."¹⁵² Although Henderson General Hospital avoided closure and curtailment of most of its services, significant parts of the hospital were outdated by, having had no major renovations since 1965.

4.3.10 Juravinski Cancer Centre

In May 2000, Dr. George Browman, CEO of the HRCC, announced that the cancer centre would remain on the property and forge ahead with its construction of six additional radiation bunkers, and the purchase of new equipment including five radiation machines, two CT scanning machines and 24 patient examining rooms.¹⁵³ As part of the redevelopment, the Mount Hamilton Hospital Ward (1917) was demolished between May 2000 and 2002. The Ministry of Health initially provided \$33 million in funding for the expansion with the HRCC responsible for community fundraising through its "Hope Can't Wait" capital campaign. Industrial giant

¹⁴⁴ Wells 2000

¹⁴⁵ Wells 2000. As Steve Buist wrote in *The Hamilton Spectator* on March 2, 2000, construction was for six new radiation bunkers, five new radiation machines, and an additional 24 examining rooms.

¹⁴⁶ Frketich 2000c

¹⁴⁷ Dreschel 2000

¹⁴⁸ Frketich 2000d

¹⁴⁹ Frketich 2000d

¹⁵⁰ Frketich 2000e

¹⁵¹ Frketich 2000f

¹⁵² Mulchey 2000

¹⁵³ Frketich 2000a

Dofasco donated another \$1.5 million,¹⁵⁴ in December of that year, donors Charles and Margaret Juravinski provided an additional \$5 million. In all, the community raised \$16 million. In April 2002, the provincial government provided an additional \$7.8 million. When costs for the expansion increased from \$45 million to \$56 million, the province provided a further \$5.7 million.¹⁵⁵ As a result of their significant contribution, the cancer centre was renamed the Juravinski Cancer Centre.¹⁵⁶

The centre was completed in 2004 and saw the addition of a north wing on Section J and the construction of Section N.¹⁵⁷

4.3.11 Juravinski Hospital

Henderson General Hospital was severely outdated by this time the Juravinski Cancer Centre was completed, with Clinical Manager of the HHSC's joint oncology program, Patti-Ann Allen remarking in 2002 that conditions "must be better inside a prison."¹⁵⁸

In April 2005, *The Hamilton Spectator* reported on a \$137 million redevelopment project for Henderson General Hospital with plans for a 350,000 ft² building and updates to the "outdated hospital with 11-foot-high operating room ceilings, larger nursing stations, fully furnished waiting rooms, and conference rooms where patients too sick to leave the hospital will be able to take part in christenings or weddings."¹⁵⁹ The Henderson General Hospital redevelopment was made possible with a \$250 million funding campaign known as the Cornerstone of Care. The redevelopment costs for Hamilton's hospitals were estimated at approximately \$300 million with \$108 million for Hamilton General Hospital and \$45 million for McMaster Medical Centre.¹⁶⁰

To commemorate their 50th wedding anniversary, Charles and Margaret Juravinski donated \$15 million to HHS on top of an earlier \$28 million donation to healthcare in Hamilton.¹⁶¹ In recognition of their donation, HHS announced that it would rename the entire Henderson General Hospital the Juravinski Hospital and Cancer Centre following its completion. In preservation of the Henderson name, HHS would rename the 90 Wing the Henderson Wing.

4.3.11.1 Charlie and Margaret Juravinski

Orest Juravinski was the son of Nick and Irene Juravinski, Ukrainian immigrants who settled in the Blaine Lake area of Central Saskatchewan, and then later moved the family to Hamilton in 1941. After being teased for his Ukrainian name, he told a playground bully his name was "Charlie." The name stuck. Sharing a neighbourhood with immigrants from many countries, including Armenians, Poles, and Italians, Charles found ways to earn money by shining shoes at a Barton Street barber shop, taking a paper route (which he subcontracted to friends), and held hand-drying towels at the Royal Connaught. At 23, Charles operated an Esso gas station which was more profitable than other stations in the area.

¹⁵⁴ Frketich 2000b

¹⁵⁵ Cox 2003a; Puxley 2002b

¹⁵⁶ Cox 2003b

¹⁵⁷ Buist 2000a; Frketich 2004

¹⁵⁸ Puxley 2002a

¹⁵⁹ De Almeida 2005

¹⁶⁰ *The Hamilton Spectator* 2006

¹⁶¹ Hemsworth 2006

In 1958, with partner Bill McCann, he started Wilchar Construction and “he earned his reputation as a sharp-tongued tight-fisted businessman.”¹⁶² After operating this successful business for 13 years, McCann and Juravinski moved on from the construction business. Juravinski was enticed by local MPP, Ray Connell, to get into the horse racing business. Having purchased land in Greensville in 1958, he decided to build a horse track at a cost of \$5 million. Flamboro Downs opened in April 1975. The Juravinskis owned Flamboro Downs until Magna International billionaire, Frank Stronach, purchased it for \$72 million in June 2002.

Upon his death on February 15, 2022, the 92 year old Juravinski had increased his earlier donations to healthcare in the city from \$43 million to over \$60 million. Prior to his death, he had also funded the Juravinski Research Institute supported by a \$100 million legacy fund.¹⁶³

4.3.11.2 Recent Expansions and Updates

On November 3, 2006, IO sent out a request for qualifications for the Hamilton Health Sciences' Expansion.¹⁶⁴ HHS commissioned Zeidler Partnership Architects in association with Garwood-Jones & Hanham Architects (now known as Invizij Architects), as consultants for the redevelopment project. IO noted the following about the extensive hospital expansion:¹⁶⁵

The expansion will result in enhanced general hospital services, including a full-range of acute inpatient and ambulatory services supporting cancer care and patients from the Juravinski Cancer Centre. It will include additional oncology and critical care beds and more capacity in emergency services, surgery, diagnostic services, outpatient clinics and support areas.

The Ministry of Health and Long-Term Care approved \$259.2 million for the redevelopment project including “the hospital’s early works demolition project for 70 Wing South, the fixed construction contract with Ellis Don as well as other estimated costs related to the project such as furniture, equipment, permits, architectural and engineering fees and transaction and project management fees.”¹⁶⁶ Construction company Ellis Don led the building team and received financing of \$198.1 million for the project.¹⁶⁷ The project was undertaken as part of a \$30-billion-plus strategic infrastructure plan launched by the Ontario government and known as ReNew Ontario 2005-2010 which was an investment plan aimed to modernize, upgrade, and expand Ontario’s public infrastructure.¹⁶⁸

In July 2007, the project began with the demolition of 70 Wing South, part of the 1954 section of the hospital. Construction for the hospital redevelopment began on February 15, 2008 and proceeded in two phases.

As part of the second phase, the former Nurses’ Residence (50 Wing) at the northwest corner of the property was demolished in 2010. The stone portico was salvaged by Thorstone Construction of Ancaster prior to demolition and Site Lead for the Henderson Capital Development, Cathy Lovett, noted that the salvaged structure “will sit against another building in a beautiful garden for rehab patients.”¹⁶⁹ All structural material in the former building was recycled.

¹⁶² Wells 2009

¹⁶³ Wells 2022

¹⁶⁴ IO 2006

¹⁶⁵ IO 2007

¹⁶⁶ IO 2007

¹⁶⁷ IO 2007

¹⁶⁸ KPMG 2008:7

¹⁶⁹ Lovett quoted in Kenter 2011



The Juravinski Hospital is currently planning a second phase of redevelopment which will potentially replace Sections E, F, and M.

DRAFT

5 LANDSCAPE & ARCHITECTURAL TYPOLOGY

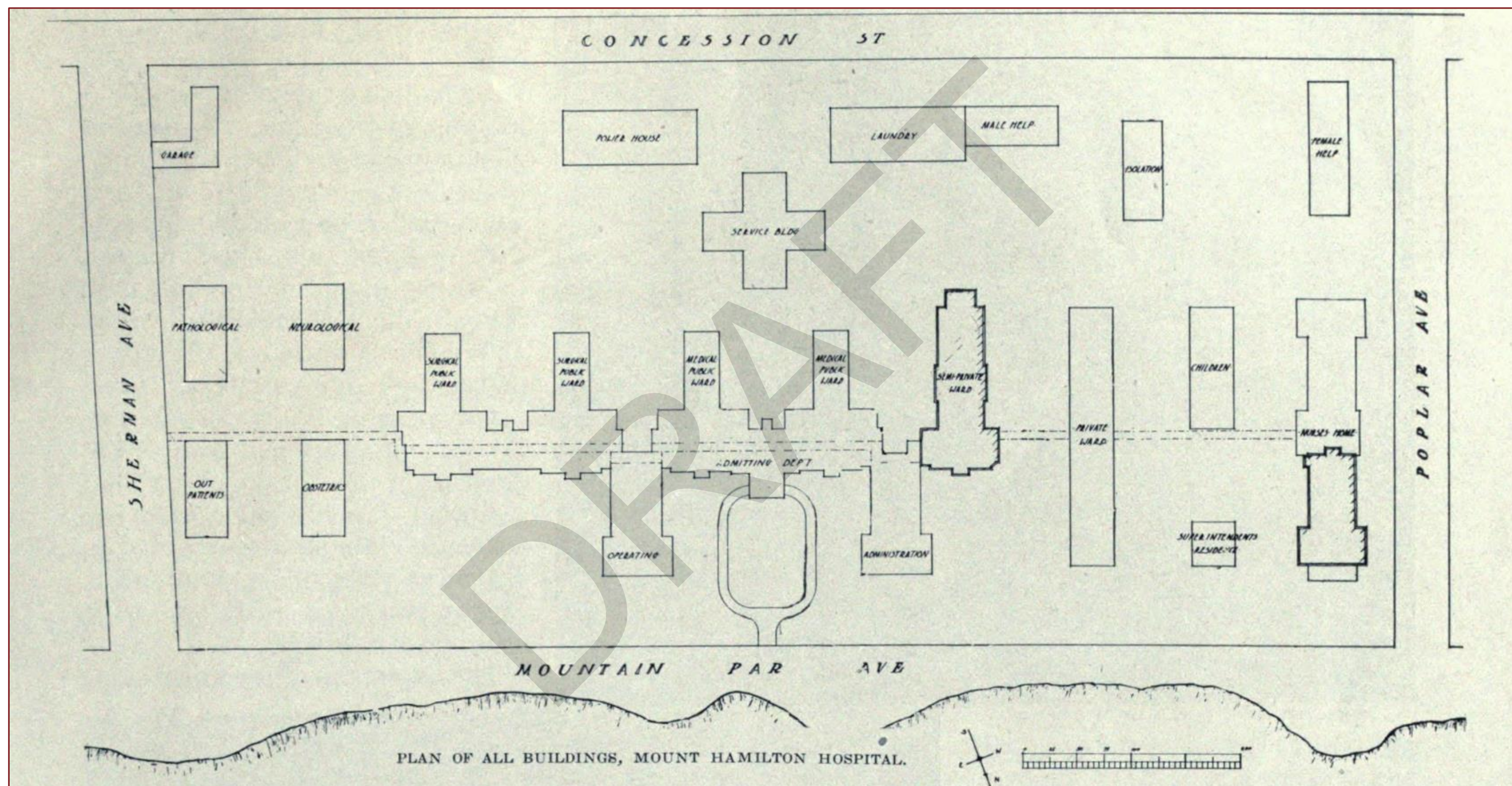
5.1 Landscape Typology and Physical Layout

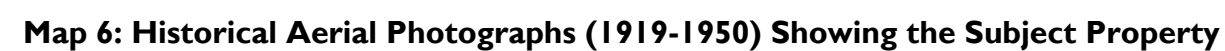
While the property itself does not feature noteworthy landscape design, its position atop the Niagara Escarpment overlooking the City of Hamilton is remarkable. The decision to locate the first hospital on this site stemmed in part for a desire for fresh air, sunlight, and abundant natural landscapes to aid in patient rehabilitation. Although the urban footprint on the escarpment has grown substantially in the last century, the Subject Property is still afforded noteworthy views from the northern edge of the escarpment.

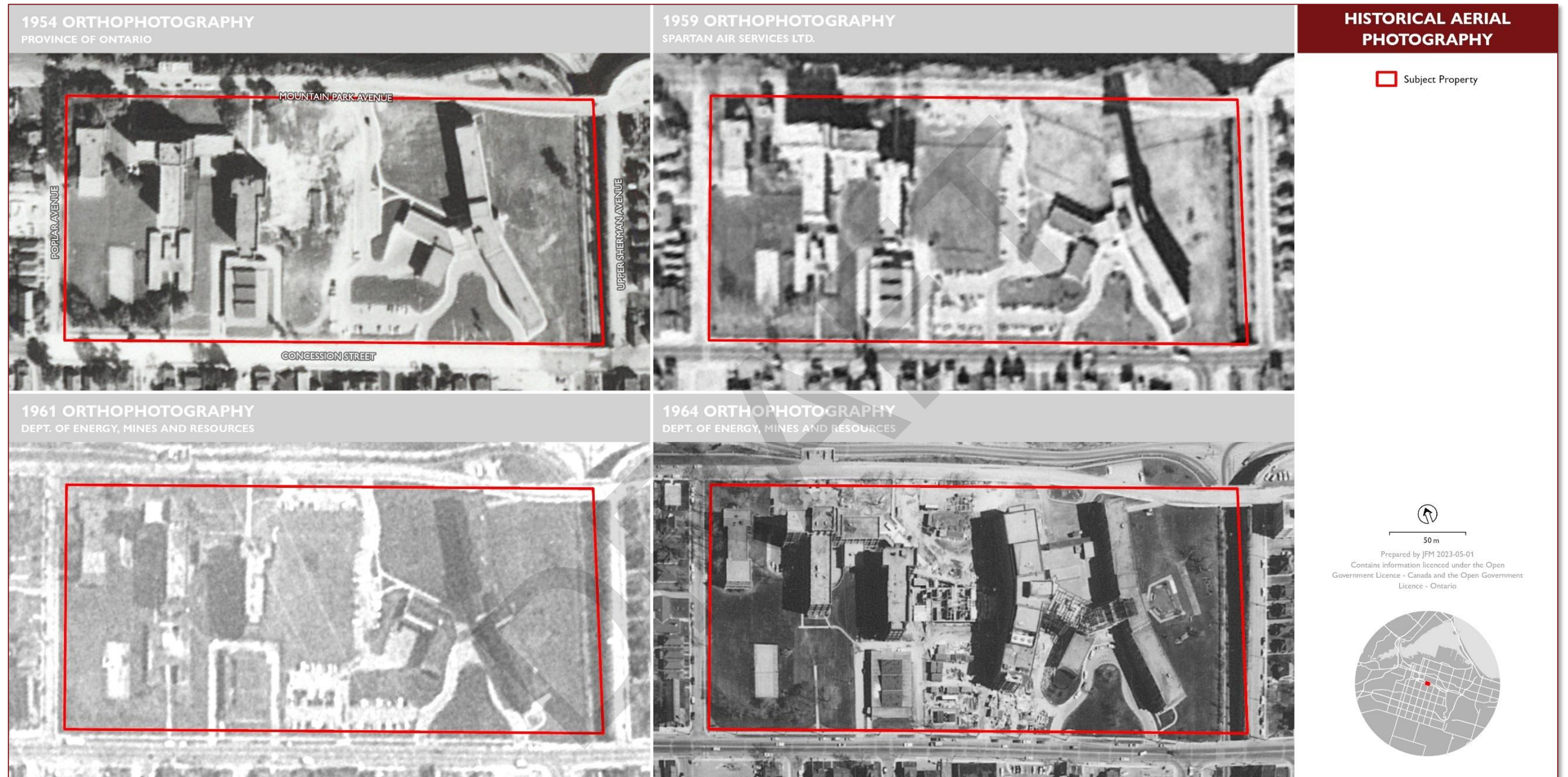
While the initial site plans for the hospital did not specify landscaping, structures were laid out in a logical manner with a central circular drive proposed for Mountain Park Avenue and the escarpment (Image 24). Although exact symmetry was not the goal, it was intended that hospital buildings would flank this central axis. This plan was never fully realized and only two of the planned buildings were constructed- the Nurses Residence (demolished in 2010) and the Mount Hamilton Hospital (demolished in 2000-2002).

Image 24: Proposed Mount Hamilton Plan Along the Niagara Escarpment

Source: Construction 1917



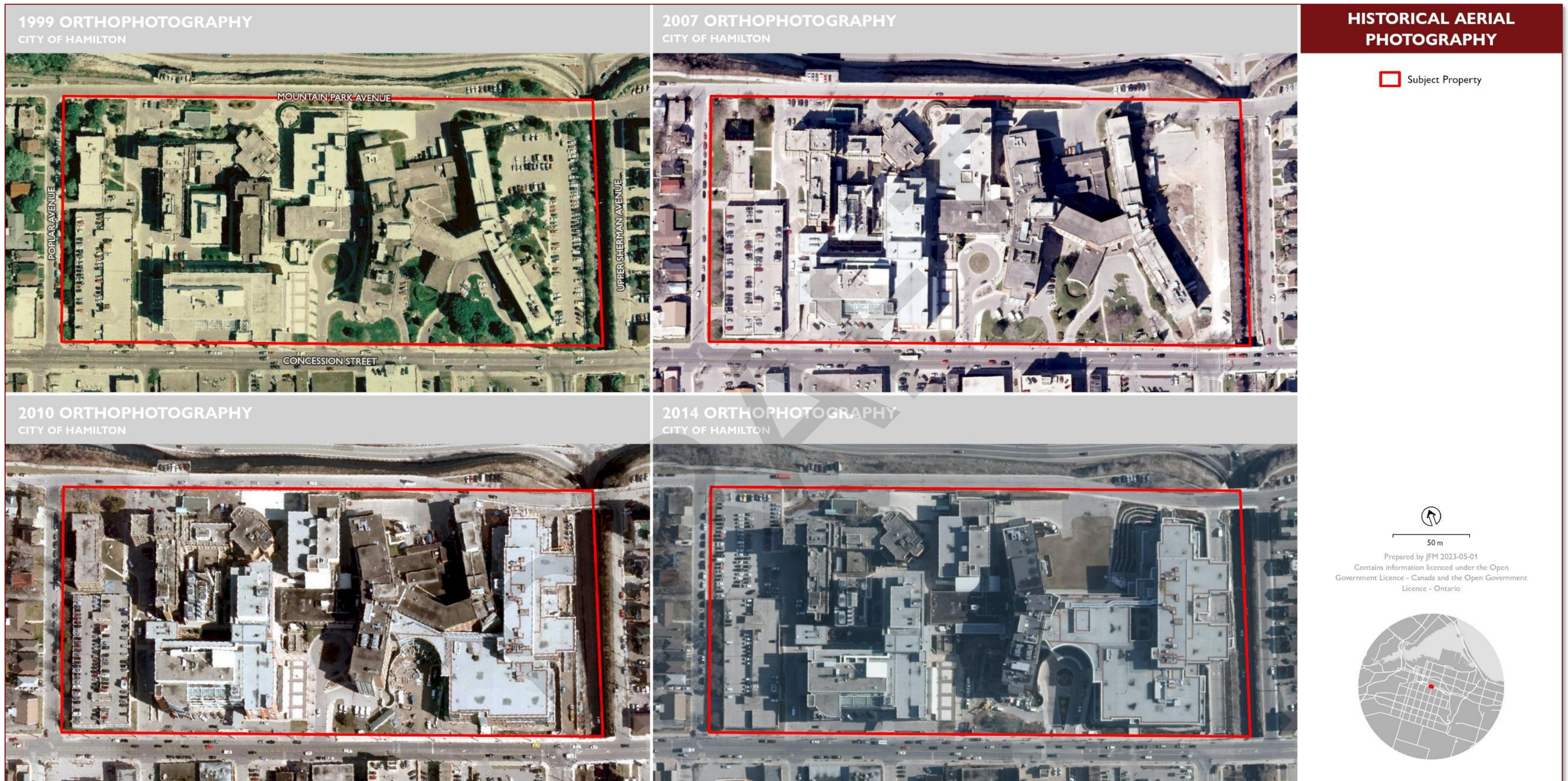




Map 7: Historical Aerial Photographs (1954-1964) Showing the Subject Property



Map 8: Historical Aerial Photographs (1967-1990) Showing the Subject Property



Map 9: Aerial Photographs (1999-2014) Showing the Subject Property

5.2 The Evolution of Medical Architecture in Hamilton

Mount Hamilton Hospital – the predecessor of Juravinski Hospital – was constructed at a time of drastic change in hospital design, science, and social relations (Image 25). Historically, the majority of hospitals in the Hamilton area began as charitable, subsidized treatment centers used to house “indigents” and those of lower social status who could not afford the luxury of at-home treatment. An article by Mark William Cortiula entitled *Houses of the Healers: The Changing Nature of General Hospital Architecture in Hamilton, 1850-1914* provides an essential perspective on the evolution of Hamilton’s hospitals throughout the 19th and early 20th centuries which is explored in this section.

Image 25: Ward M at Montreal General Hospital, 1911-1912

Source: Wm. Notman & Son



5.2.1 City Hospital

In response to a cholera outbreak amongst shiploads of arriving immigrants in 1832, Hamilton’s first hospital was located in barracks on Burlington Heights that had been used during the War of 1812. This hospital exclusively treated immigrants. A year later, the police board of a newly incorporated Town of Hamilton “erected a municipal warehouse on the northeast corner of Catharine and Guise streets, which was also used to treat cholera victims during outbreaks over the next 17 years.”¹⁷⁰ Following the incorporation of the City

¹⁷⁰ Manson 2008:63

of Hamilton in 1846, the city established its first board of health in 1848. The city appointed Henry John Williams as health officer. Williams selected a two-acre parcel owned by the city at the south side of Cherry Street (now Ferguson Avenue) near Aurora Street – which was at that time on the southern outskirts of Hamilton.¹⁷¹ A year later, the city erected a two-storey white frame building, which was officially known as the House of Industry although it was better known as the Aurora Street Hospital. It was situated amongst an orchard and served “as a municipal hospital and as a home for the destitute.”¹⁷² Located at the foot of a quarry, the location was determined to pose a health hazard, and the Board of Health sought a new hospital location.

The board selected Nathaniel Hughson’s “imposing hotel” that had been erected in c.1830 at the southeast corner of John and Guise streets and overlooked Burlington Bay in anticipation of the railway’s arrival in Hamilton. The Great Western Railway would not arrive until the 1850s and the hotel had been converted to billets for soldiers during the Rebellion of 1837. Hughson’s brick and cut-stone hotel building was purchased by the city. It opened in 1853 and was known as City Hospital. With a 70-bed capacity, the hospital was based on the “Pavilion Plan” style of hospital which was inspired by the work of Florence Nightingale. Nightingale advocated for pavilion-style buildings as it provided plenty of space, windows, and ventilation to promote healing through fresh air. With these new approaches to building design, hospital design progressed from simple shelters to house the ill to the “rational planning of a suitable healing environment.”¹⁷³

Despite two additions to the building, City Hospital’s population quickly exceeded occupancy, ballooning to over 33,000 patients less than 20 years after the hospital first opened. In 1878, an inspection of the hospital by Provincial Inspector for Public Charities, J. W. Langmuir, found it to be in a dissatisfactory state. The poor state of the hospital saw City Council fund the construction of a new hospital, situated at the corner of Barton Street East and Victoria Avenue. It opened its doors in 1882.¹⁷⁴ The main administrative building was built in the Second Empire style with an exterior entrance with a wrought-iron palisade that “delivered an intimidating impression to those entering the hospital doors (Image 26).”¹⁷⁵ The rich interior of the administration building reflected the wealth, power, and progress of the modern medical system. Two wings flanked the main building, each with two storeys and a basement. Inside, the wings were organized according to gender. The majority of beds were arranged in large, open wards (also known as “Nightingale Wards”) where windows were plentiful to allow for fresh air to prevent the spread of “miasmas” which were thought to cause disease. Even with its modern, extravagant features the new and improved City Hospital was still regarded as a medical safe haven for the poor. In 1915, City Hospital was renamed Hamilton General Hospital.¹⁷⁶ Today, Hamilton General Hospital stands on the former site of the City Hospital.

5.2.2 St. Peter’s Infirmary and St. Joseph’s Hospital

Two other hospitals served the Hamilton community around this time: St. Peter’s Infirmary and St. Joseph’s Hospital. These hospitals were charitable organizations which focused on the treatment of the poor. Both

¹⁷¹ Manson 2008:63

¹⁷² Manson 2008:63

¹⁷³ Cortiula 1995:31

¹⁷⁴ The first City Hospital at John and Guise streets was converted to the House of Refuge for Aged Indigent Women and later the House of Refuge before it was demolished in 1895 for a new House of Refuge just east of the original structure.

¹⁷⁵ Cortiula 1995:33

¹⁷⁶ Roulston 2017

facilities were constructed based on the “derived-plan” of hospital design – occupying buildings originally used for non-medical purposes.

St. Peter’s Infirmary was opened in 1890 by the Anglican Church. Situated within the “Springer Homestead,” a three-storey Italianate-style building which was repurposed for use as a hospital facility. It originally housed only 24 patients. Although it featured plenty of windows, the rooms were described as dark and “gloomy” and were “not furnished as a charitable institution receiving government aid should be.”¹⁷⁷ St. Peter’s Infirmary, known today as St. Peter’s Hospital, is still in operation.

St. Joseph’s Hospital is a Catholic institution established in 1890. The three-storey brick building was originally a house that was transformed into several open wards as well as 25 private and semi-private rooms. The St. Ann’s Wing addition was constructed in 1894, increasing the number of beds for private paying patients – some of which cost up to \$10 a week (roughly \$350 today). The money brought in by paying patients was used to offset the cost of caring for the charitable operations of the hospital. This hospital continues to operate today as St. Joseph’s Healthcare Hamilton.¹⁷⁸

Towards the end of the 19th century, advances in medical science brought about change in the public perception of hospitals, and this impacted hospital design. Increasingly, more middle and upper-class citizens chose to seek medical care in hospitals instead of at home owing to the lure of state-of-the-art facilities and experienced doctors. The professionalization of nursing allowed facilities to provide patients with around-the-clock care, while luxurious furniture, fixtures, and even meals served on fine china made hospital stays seem more like home – all at a cost. The changing social landscape of Hamilton’s hospitals created a widening gap between the care of “indigents” who received free care and well-off patients who could afford the best treatment. This disparity was driven further by the “increasingly bleak economic situation” stemming from increases in per diem costs coupled with a decreasing proportion of government revenue to support hospitals which “forced hospitals to devise new strategies for raising funds.”¹⁷⁹

Hospital design changed again with the widespread acceptance of germ theory. Hospital planners and medical experts began to criticize the effectiveness of the pavilion plan and as a result, new designs began to take shape. The closed-ward or mono-block construction became the most widespread solution to the outdated open-ward configurations. City Hospital was the first local hospital to incorporate a mono-block configuration through an 1897 addition. The two-storey Queen Victoria Jubilee Wing added more private and semi-private rooms and an operating theatre with a sky light. The number of patients treated each year tripled between 1880 and 1910 and an additional wing was added to City Hospital in 1907 for patients willing to pay \$20 per week – roughly \$635 today – for treatment. The large influx of immigrants arriving in Hamilton also led to overcrowding in local hospitals. Between 1911 and 1914, 14,500 immigrants arrived in the city seeking job opportunities in the city’s extensive industrial sector.¹⁸⁰

¹⁷⁷ Cortiula 1995:37

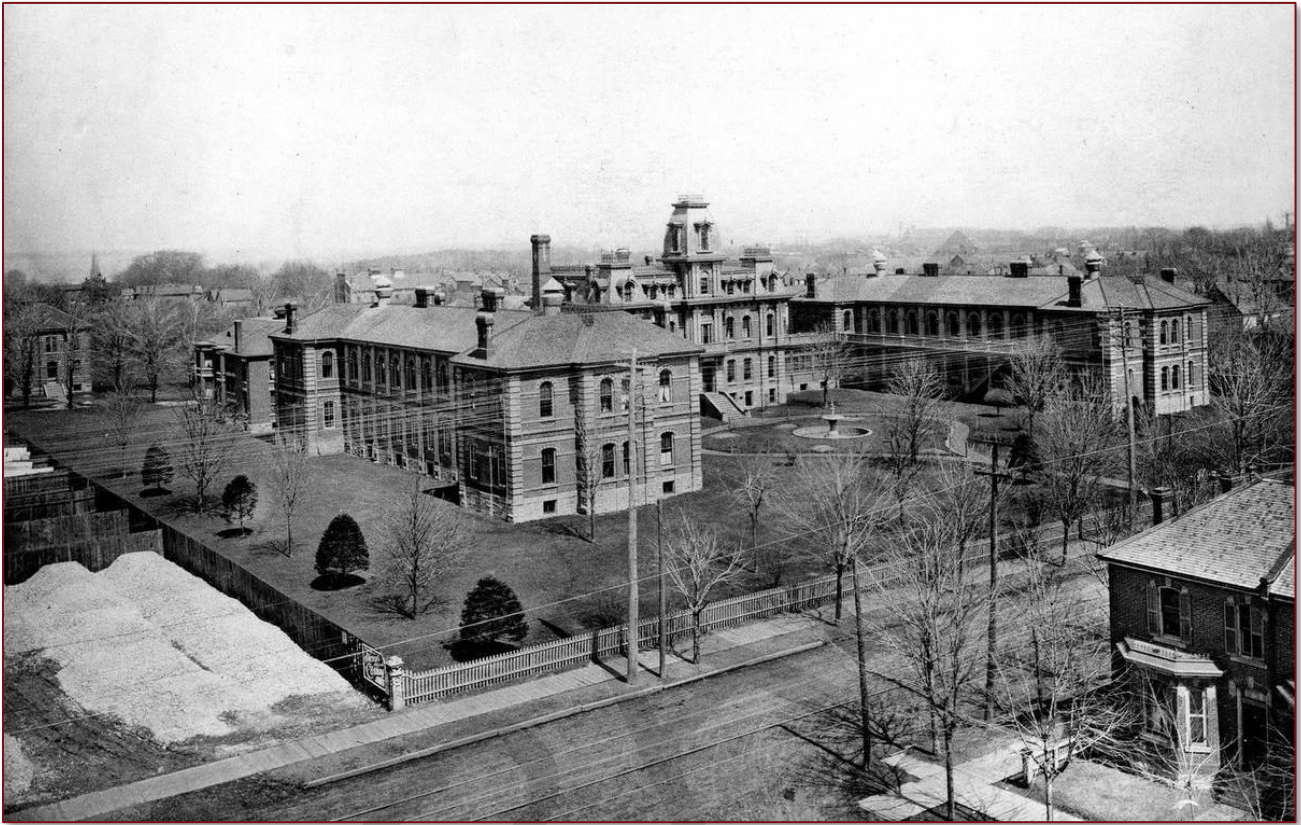
¹⁷⁸ HHS 2023c

¹⁷⁹ Cortiula 1995:39

¹⁸⁰ Cortiula 1995:43

Image 26: City Hospital, 1890

Source: Hamilton Public Library, Local History and Archives



5.2.3 Mount Hamilton Hospital

The increasing stress on Hamilton's hospitals led to the founding of Mount Hamilton Hospital in 1917. Adopting the multi-storey layout popularized by mono-block design, the hospital was deliberately placed outside the overcrowded and polluted industrial area. Local architects Stewart and Witton were hired to design the facility, originally composed of 22 buildings.¹⁸¹ The onset of the First World War ultimately halted their project, leaving only the Nurses' Residence (50 Wing) and Mount Hamilton Hospital complete. The state-of-the-art hospital was constructed with reinforced concrete with sandstone accents. The comfortable rooms had rugs, curtains, and marble fixtures, and were connected to the nurses' station through a call system.¹⁸² The resulting building was tranquil compared to the overcrowded conditions at other hospitals (Image 27). One early patient remarked that the hospital was so quiet, she could not even sleep.¹⁸³

The opening of Mount Hamilton signaled the end of the charitable wards which serviced the majority of Hamilton. Instead, its administration made "decisions designed to reduce expenditure and generate capital."¹⁸⁴ This resulted in a widening class divide whereby only the rich could access proper care while the poor were relegated to overcrowded, outdated, and dismal facilities. "By providing affluent patients with a sense of place,"

¹⁸¹ *Construction 1917:196*

¹⁸² *Cortiula 1995:45*

¹⁸³ *Hamilton Herald 1917*

¹⁸⁴ *Cortiula 1995:46*

Cortiula explains, “hospitals began to mirror the social relationships that existed within this stratified local society.”¹⁸⁵

5.2.4 *Nora Frances Henderson Convalescent Hospital*

When the Nora Frances Henderson Convalescent Hospital was opened on the Mount Hamilton Hospital grounds in 1954, it ushered in a new era for Hamilton’s healthcare system and saw the abandonment of therapeutic hospital design altogether. Windows fell out of favour of smaller wings connected by a long hallway. This arrangement created a series of rooms stacked together which allowed for more beds in smaller floorplans, and aesthetics were abandoned in favour of efficiency.¹⁸⁶

This shift in design was largely due to the advent of antibiotics and other practices that mitigated the spread of disease. The health of the patient to now be maintained regardless of room design. Modern advances in air conditioning, central heating, and electric lighting also allowed for better environmental control. Henderson Hospital’s design reflected this major shift in healthcare during the 20th century, in which the “efficient, inhuman, and monotonous buildings... bear witness to the extent to which hospital design became a tool to facilitate medicine rather than a therapy in itself.”¹⁸⁷ These sterile, utilitarian facilities greatly improved mortality rates, but they have also transformed a hospital stay into something to be “endured, not enjoyed.”¹⁸⁸

Image 27: Mount Hamilton Hospital Room (1917), Juravinski Hospital Room (2020)

Source: *Construction*; Parkin Architects Ltd.



The changes in hospital design throughout the 20th century can be seen in the buildings on Juravinski Hospital grounds. The Mount Hamilton Hospital building (c.1917) reflected elements of the mono-block design which emerged at the turn of the 20th century. Henderson Hospital (c.1954) represents the changing approaches to healthcare that arrived with modern medicine which favoured efficiency and cleanliness over comfort.

¹⁸⁵ Cortiula 1995:48

¹⁸⁶ Kisacky 2017

¹⁸⁷ Kisacky 2017

¹⁸⁸ Kisacky 2017

Multiple studies have demonstrated the impact of hospital design on patient wellbeing. In 2014, Dr. Neel Shah and non-profit architecture firm MASS Design Group conducted a study that examined the correlation between hospital design and the number of caesarean deliveries in maternity wards. They found that hospitals with more operating rooms and fewer labour rooms tended to do more surgery.¹⁸⁹ Another study conducted by the Environmental Design Research Association placed posters of realistic nature scenes in the lounge of an acute psychiatric unit. This correlated with a 70 percent decline in the administration of injections required to manage aggressive behaviour in patients than when the walls were blank.¹⁹⁰

5.3 Architectural Typology and Architects

The structures on the Subject Property have been constructed in multiple phases beginning in 1915 and continuing into the 21st century. As a number of architectural firms have been involved (see Table 2), the Subject Property contains a diverse array of architectural styles. The Maternity Wing (the former Mount Hamilton Hospital Maternity Wing) and the Powerhouse are the oldest extant structures on the property and features hybrid of early 20th century styles, including Art Deco, Edwardian Classicism and Modern Classicism.

The Nora Frances Henderson Convalescent Hospital (1954) has been almost entirely demolished. Sections E, F, and G (1963-1965) of the Henderson General Hospital era demonstrate the influences of Modernism, in particular the rectangular form of the Bauhaus and mid-20th century ideals in hospital design that represented a marked shift from the hospital designs of the late 19th and early 20th century in Canada.

Section H (c.1990-1999), Section J (the Juravinski Cancer Centre) (1992 and 2002), Section L (1985), and Section O (1995) display elements of Postmodern design that emerged as a response to Modernism and, as such, exemplify sculptural forms, colour, a variety of materials and a degree of playfulness that make them visually engaging.

Sections A, B, C (2008-2012) and Sections K and N (2002-2005) are a continuation of the Postmodern theme in a contemporary and updated fashion.

¹⁸⁹ Heller 2018

¹⁹⁰ CMBA Architects 2021

Table 3: Architects and Architectural Styles of Juravinski Hospital Properties

Section/Structure	Construction Date	Architect(s)	Style(s)/Influence(s)	Status
Mount Hamilton Hospital	1915	William Palmer Witton & Walter Wilson Stewart	Edwardian Classicism	Demolished c. 2000-2002
Nora Frances Henderson Hospital	1954	J.D. Kyles	Modern	Demolished 2006
Nurses' Residence (50 Wing)	1915, 1931	William Palmer Witton & Walter Wilson Stewart	Edwardian Classicism	Demolished 2010
Parking Garage	c.1967-1978	Unknown	Vernacular	Extant
Section A	2008-2012	Zeidler Architecture Inc.	Postmodern/ Contemporary	Extant
Section B	2008-2012	Zeidler Architecture Inc.	Postmodern/ Contemporary	Extant
Section C	2008-2012	Zeidler Architecture Inc.	Postmodern/ Contemporary	Extant
Sections E (Former Henderson General Hospital)	1963-1965	W.R. Souter	Modern	Extant
Section F (Former Henderson General Hospital)	1963-1965	W.R. Souter	Modern	Extant
Section G	1963-1965	W.R. Souter	Modern	Extant
Section H	1992-1994	Trevor Garwood-Jones	Postmodern	Extant
Section J (Juravinski Cancer Centre)	1992, 2002	Trevor Garwood-Jones	Postmodern	Extant
Section K	2002-2005	Unknown	Postmodern	Extant
Section L	1985	Trevor Garwood- Jones	Postmodern	Extant
Maternity Wing (Former Mount Hamilton Hospital Maternity Wing; M Wing; Section M)	1932	William Palmer Witton	Art Deco/Edwardian Classicism/Modern Classicism	Extant
Section N	2002-2005	Unknown	Postmodern	Extant
Section O	1995	Unknown	Postmodern	Extant
Powerhouse (R Wing; Section R)	1932	William Palmer Witton	Modern Classicism	Extant

5.2.1 Edwardian Classicism 1900-1930

The turn of the 20th century saw architectural styles move away from the highly ornamented and often complex forms of the previous century towards a simplicity of style. Edwardian Classicism, associated with the reign of King Edward VII (1901-1910), introduced pared down Classical elements including balanced facades and simplified massing, monochromatic finishes, generous fenestration, contrasting trim around doorways and window openings, subdued pilasters, and round arches and arcades. This popular style, displayed by E. J. Lennox's King Edward Hotel, was used in residential, commercial and institutional buildings well into the first three decades of the 20th century (Image 28).

Edwardian Classicism was a transitional style between 19th century eclecticism and 20th century Beaux-Arts Classicism,¹⁹¹ the latter often presented a lavish and costly display of classical architectural elements. While the original designs of the Mount Hamilton Hospital – especially the 1920 Mountain Memorial Plan - displayed elements of Beaux-Arts Classicism, they were not realized. Instead, Section M presents a pared down, cost effective version of the original designs with design elements more typical of Edwardian Classicism.

Image 28: Edward J. Lennox's King Edward Hotel, Toronto (1903)

Source: Sally Gibson, n.d.



5.3.1 Modern Classicism in Canada (1925-1960)

By the 1920s, forward thinking Canadian architects sought to break from the historicism of earlier periods and began to experiment with the contemporary styles of architecture coming out of Europe and the United States. This movement was spearheaded by renowned architect John Lyle whose Bank of Nova Scotia in

¹⁹¹ Blumenson 1990:166

Calgary, constructed in 1929-30, is regarded as “a seminal example of an emerging style that we call Modern Classicism.”¹⁹² Sculpture was in bas-relief and “Columns had become pilasters, cornices projected inches rather than feet, and the niches had gone.”¹⁹³ While parts of Lyle’s Bank of Nova Scotia featured streamlined elements, an important characteristic of later modernism, the building was still firmly grounded in western Canadian designs, with themes that referenced the history and landscape of Alberta. John M. Lyle’s Bank of Nova Scotia Building in Toronto, which he had designed in 1928-29 but was not constructed until 1951, provides another prime example of Modern Classicism in Canada (Image 29). By the early 1930s, the transition to Modern Classicism was well underway, with buildings characterized by the use of decorative vocabulary derived from classical antiquity, the apparent thinness of the wall expressing volume rather than mass and the reduction of form to its bare essentials, driven in part by the cost-cutting measures of the Depression.¹⁹⁴

While characterized more as a transitional example toward Art Deco influences rather than a pure example of Modern Classicism, the Maternity Wing nonetheless displays a restrained use of Classical elements, namely fluted pilasters and modest dentils. Rather than sculpture in bas-relief, sculptural elements are entirely absent.

Image 29: John M. Lyle’s Bank of Nova Scotia Building (1928-29, 1951), Toronto

Source: TMHC Inc., 2023



¹⁹² Kalman 1994:756

¹⁹³ Kalman 1994:756

¹⁹⁴ Kalman 1994:757

5.3.2 Art Deco (1925-1940)

The Art Deco style took its name from the Exposition Internationale des Arts Décoratifs et Industriels Modernes (abbreviated to Arts Deco) held in Paris in 1925.¹⁹⁵ This highly decorative and abstract style reached its zenith shortly after the Exposition, and it was applied not only to architectural design, but to all of the decorative arts, including jewelry and furniture design.¹⁹⁶ Art Deco motifs were inspired by ancient Egyptian artifacts, Pre-Colombian Indigenous designs and other cultural sources, including the Cubist and Fauvist painters. While rejecting historicism like the earlier Art Nouveau movement, Art Deco embraced a relationship between art and industrialization.¹⁹⁷ With the Great Depression came an end to the age of extravagance which, in turn, curtailed or minimized Art Deco influences in the 1930s.

In Ontario, Art Deco was primarily used in an ornamental manner on early skyscrapers, apartment buildings and office buildings. Decorative motifs are primarily flattened and stylized in appearance and include: abstracted capitals and pilasters; geometric zigzags; floral, water and fountain designs; sunbursts and chevrons. Buildings were characterized by a vertical emphasis, brick or stone banding, decorative spandrels, flat-headed window openings and flat roofs. During the 1930s, contemporary industrial design began to exert an influence on the Art Deco style. With the introduction of the skyscraper, zoning bylaws to allow light to reach city streets, first in New York City in 1916 and then in Montreal in 1924, ushered in building designs with stepped setbacks atop a podium (Image 30).

Image 30: Setbacks of Vancouver's Marine Building (1929-30) and Royal Bank Building (1929-31)

Source: Importex Company & Leonard Frank



¹⁹⁵ Kalman 1994:761. The style was referred to under many names until Bevis Hillier's 1968 publication *Art Deco of the 20s and 30s* cemented the term "Art Deco."

¹⁹⁶ Whiffen 1992:235

¹⁹⁷ Hillier 1985:17

Architect W. Witton's design of the Maternity Wing demonstrates the influence of Art Deco design in a restrained and institutional format. The main (south) elevation of the six-storey building features a symmetrical massing and a raised two-storey podium clad in limestone. Above, a stepped back façade clad in rich brown and black rug brick demonstrates a level of restraint complementary to the building's institutional function. Full height brick pilasters continue to the cornice level, providing a vertical emphasis. Limestone detailing is found along the low parapet walls of the balcony, along the parapet walls of the upper levels of the building and around the window openings.

Although diminished from its context with the demolition of the Nurses' Residence (50 Wing) and the semi-private Mount Hamilton Ward, Witton's material choice for the Maternity Wing reflected a desire to complement these earlier buildings.

5.3.3 Modernism (1950-1972)

The Bauhaus, an arts and crafts school in Germany that formed under the leadership of architect Walter Gropius (1883-1969), played a significant role in shaping the Modernist style of architecture. Gropius in particular, shaped the now-common characteristics of the International Style, a subset of Modernism that is characterized by rectangular building forms of structural steel that are devoid of ornamentation and instead feature all-glass or nearly all glass facades, flat roofs, and glass-buttressed corner windows (Image 31). Another influential Bauhaus architect was Mies van der Rohe whose works emphasized vertical and horizontal lines converging at 90-degree angles (Image 32). Both Gropius and van der Rohe emigrated to the United States in 1937 and their influences became enmeshed in the North American landscape following the Second World War.

Image 31: Walter Gropius' Fagus Factory, 1910, Lower Saxony, Germany

Source: Denis Esakov (CC BY-NC-SA 2.0)



Image 32: Rectilinear Design of Mies van der Rohe's TD Centre, Toronto

Source: TMHC Inc., 2023



The rectangular and low-slung form of sections E and F reflects the influence of the Bauhaus school and, in particular the work of Walter Gropius and Mies van der Rohe. However, sections E and F are a common building typology for the era of construction and are not particularly noteworthy examples of the International Style.

5.3.4 Modernism in Hospital Design

Hospital construction expanded rapidly following the Second World War and design often reflected Modernist architecture, in particular the International Style. In 1951, the *Royal Architectural Institute of Canada Journal* remarked on the profound shift in hospital architecture stating:

OF ALL THE buildings known to our grandparents, none has changed so radically as the general hospital. Technological progress, particularly in the electrical field, has wrought great changes in many buildings including the modern house, but, in the hospital, technological advances have combined with medical science to produce a building unrecognizable to even this generation. The multi-storey hospital becomes, whenever possible, a one or two storey building; the monumental proportions of the hospital dedicated to civic pride has given way to one of human scale; wards have become smaller; ceilings lower, and drabness inherited from the workhouse has given way to colour and hope.¹⁹⁸

Hospital architecture in the post-Second World War period responded to growing trends at the time that necessitated larger hospitals such as the ease of transportation from smaller centres to more populated areas, specialization and, related, the presence of specialists in larger centres.

¹⁹⁸ Arthur 1951:82

In particular, hospital design in Canada became increasingly focused on maximizing efficiency. Efficiency is clearly articulated in 1948 by Nathaniel A. Owings, of Chicago architecture and engineering firm Skidmore, Owings & Merrill, who summarized goals to integrate into hospital design:¹⁹⁹

1. Reduce the steps.
2. Achieve better lighting and ventilation.
3. Group services according to use.
4. Group elements and departments for the removal of odors, noise and traffic, and all opportunities for contamination.

Unlike hospitals of the late 19th and early 20th century which resorted to “a pleasing and often extravagant exterior to the detriment of internal requirements,” design in the mid-20th century focused on function over form. The plans were centred on “determining the unit requirements of patient accommodation, and the proper integration of all the various units, that comprise the modern hospital.”²⁰⁰ Simultaneously, architects factored in the orientation and the contours of the hospital site, as well as considerations for possible future expansions. The adoption of high-speed elevators, the practicality of vertically integrated plumbing, heating, and ventilating systems, and considerations for improved views and air quality factored into decisions to build taller hospitals; typically, in the four to six storey range. In short, as H.G. Hughes summarized, “more and more we are thinking of our hospitals as centres for the health of the community.”²⁰¹

5.3.5 Postmodernism (1966-1990s)

Robert Venturi, a student of Walter Gropius, argued that “when Modern architects righteously abandoned ornament on buildings, they unconsciously designed buildings that were ornament.”²⁰² To make his point, Venturi quoted 19th century English architect Augustus W. N. Pugin, stating “It is alright to decorate construction but never construct decoration.”²⁰³ Although the Modern architect removed traditional ornamentation, the buildings themselves became ornaments. To this, he critiqued van der Rohe when he argued, “Less may have been more, but the I-section of Mies van der Rohe’s fire-resistant columns, for instance, is as complexly ornamental as the applied pilaster on the Renaissance pier or the incised shaft in the Gothic pier.”²⁰⁴

Like Venturi, Robert A.M. Stern, who was an architect and professor of architecture at Columbia University, came to embrace a romantic tradition that reintegrated the application to buildings of art, ornament, and classical symmetry.²⁰⁵ This architecture became known as Postmodernism (or what Stern termed “current classicism”). As architectural historian, Beverly Russell wrote it “was the kind of language people understood – ornamentalism that allowed the viewer to see a building as a building, without the overlay of intellectual or political connotations that had been the burden of Modernism.”²⁰⁶ Key tenets of Postmodern architecture are succinctly noted by the Ontario Association of Architects:²⁰⁷

¹⁹⁹ Owings 1948:299

²⁰⁰ Hughes 1951:83

²⁰¹ Hughes 1951:83

²⁰² Venturi 1977:163

²⁰³ Pugin quoted in Venturi 1977:163

²⁰⁴ Venturi 1977:114

²⁰⁵ Russell 1989:27

²⁰⁶ Russell 1989:27

²⁰⁷ OAA 2016

Postmodernism proposes architecture that is funny, warm and engaging. Formally, it is characterized by sculptural forms, historical references, the use of ornamentation, and sensitivity to context. Many postmodernist buildings are also quite playful in nature, embedding humorous elements and historical allegories aimed to engage and amuse its users.

As with Modernism, Postmodernism reshaped Canadian cities. This occurred with varying results. Philip H. Carter's Lillian H. Smith Library (1995) and Edward I. Richmond's McMurtry-Scott Building (1989), both in Toronto, are noteworthy examples that, when contrasted, capture the diversity of the style (Images 33-34).

Much of the built fabric of the Subject Property can be summed by Venturi's deviance from Modern architecture in his 1962 essay "A Gentle Manifesto" in which he stated:²⁰⁸

I like elements which are hybrid rather than "pure," compromising rather than "clean," distorted rather than "straightforward," ambiguous rather than "articulated," perverse as well as impersonal, boring as well as "interesting," conventional rather than "designed," accommodating rather than excluding, redundant rather than simple. Vestigial as well as innovating, inconsistent and equivocal rather than direct and clear.

Image 33: Philip H. Carter's Lillian H. Smith Library, 1995, Toronto

Source: TMHC Inc., 2023



²⁰⁸ Venturi 1966:22

Image 34: Edward I. Richmond's McMurtry-Scott Building, 1989, Toronto

Source: TMHC Inc., 2022



5.3.6 William Palmer Witton, Architect

William Palmer Witton (1871-1947) was the youngest son of prominent Hamilton local and Member of Parliament Henry B. Witton (Image 35). After graduating from the Hamilton Art School, Witton trained at the influential Chicago architectural firm of Adler & Sullivan. He returned to Hamilton in 1895 and opened his own office, which became successful in only a few months following his first commission to transform the old Royal Hotel, which he designed in the Beaux-Arts style.

In 1904, Witton and architect Walter Stewart opened the office of Witton & Stewart. The pair were very successful, especially in industrial and commercial architecture, completing over 50 projects in their first ten years of their partnership. Notable projects include the Mount Hamilton Hospital, the Orange Hall on James Street (1904), the Mountain Sanitorium (1914), major additions to the James Street Armoury (1906), and several factories and schools.²⁰⁹ After Stewart was killed in 1917 during the First World War, Witton continued to work alone until he formed a business partnership with William J. Walsh in 1920. Walsh and Witton worked together for seven years before parting ways. In 1932, Witton founded another firm with William H. Holcombe. Upon his retirement in 1937, he sold his share of the business to Holcombe.

In addition to his contribution to the design of Mount Hamilton Hospital, Witton's notable projects include a "building for outdoor patients" of Hamilton General Hospital (1900), the Spectator Building (1897) an office

²⁰⁹ *Dictionary of Architects* n.d.d

for *The Hamilton Spectator*, the Long and Bisby Building, nurse's residences at Mountain Sanatorium (1921-1932) – also known as Chedoke Hospital – as well as many local schools.²¹⁰

Image 35: A Young William Palmer Witton

Source: Hamilton Public Library



²¹⁰ *Dictionary of Architects* n.d.e

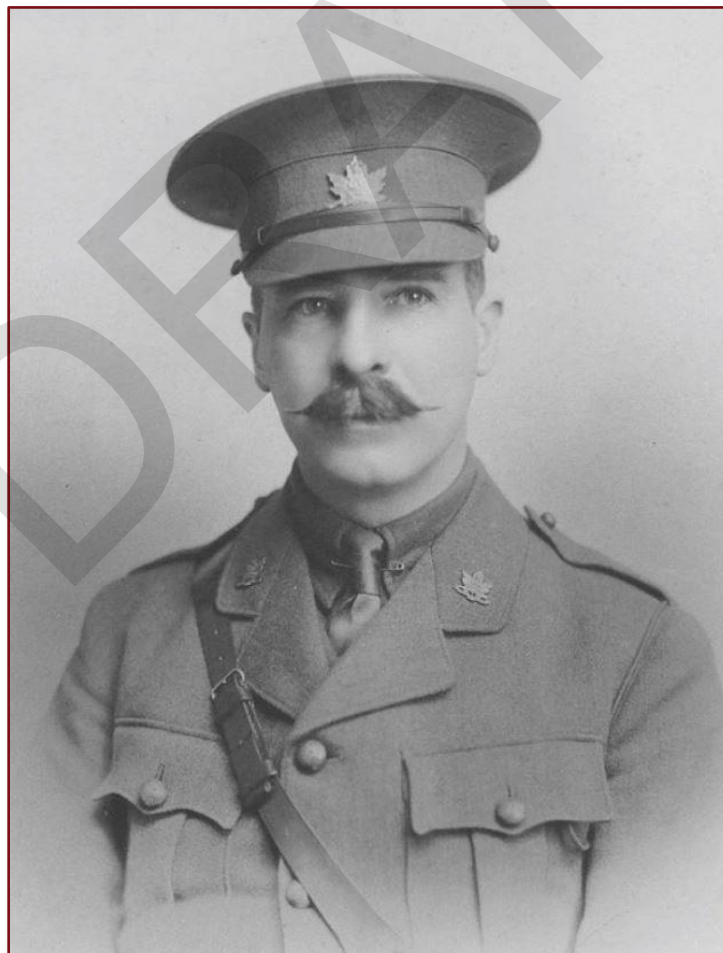
5.3.7 **Walter Wilson Stewart, Architect**

Walter Wilson Stewart was born in Covington, Kentucky in 1871 (Image 36). He was brought to Toronto as an infant before the family settled in Hamilton in 1885 where his father William Stewart was an influential local architect. Stewart served an apprenticeship under his father, eventually forming a partnership with him in 1893. Stewart's early work was largely influenced by the high-Victorian style favoured by his father, but the turn of the century introduced the young architect to modern designs.

Upon his father's retirement in 1904, Stewart joined forces with William Palmer Witton. The pair were very successful, especially in industrial and commercial architecture, completing over 50 projects in their first ten years as partners. In 1915, Stewart left the business to serve in the military during the First World War. He attained the rank of Lieutenant Colonel of the 86th Gun Battalion, but his life was cut short when he was killed in action in France in 1917. Stewart & Witton accomplished many influential works throughout Hamilton, most notably the Mount Hamilton Hospital as well as the Orange Hall on James Street (1904), the Mountain Sanatorium (1914), major additions to the James Street Armoury (1906), and several factories and schools.²¹¹

Image 36: Lt. Col. Walter Wilson Stewart, c.1917

Source: Stewart and Witton 150



²¹¹ *Dictionary of Architects* n.d.d

5.3.8 J. D. Kyles, Architect

Architect John Douglas Kyles and his son, Lloyd Douglas Kyles, designed the Nora Frances Henderson Convalescent Hospital. Lloyd Douglas Kyles, who was born in Hamilton, attended the Central Collegiate Institute. Between 1942 and 1944, he served in the Eighth Field Regiment for Artillery Training in which he trained soldiers in Niagara. An injury during manoeuvres put him out of service for the remainder of the Second World War. In 1951, he graduated from the University of Toronto's School of Architecture and joined his father's architect firm that same year.

Their firm, known as Kyles and Kyles, completed over 300 school designs. They also worked on 90 percent of International Harvester projects in Canada and had commissions for the National Paper Goods, the Bank of Montreal, the Canadian Imperial Bank of Commerce, and Blachford and Wray Funeral Homes.²¹² Of particular note was John Douglas Kyles' award for innovative structural design as demonstrated in the Parkside High School (demolished 2017). J.D. Kyles was inducted in the Hamilton-Halton Construction Hall of Fame. As Trevor Garwood-Jones, who designed the 1992 Juravinski Cancer Centre (Section J), remarked "[Kyles] was one of the principal architects of Hamilton."²¹³ Kyles would go on to practice architecture until 1991, passing on December 17, 2011.²¹⁴

5.3.9 William. R. Souter, Architect

William Russell Souter was born in Hamilton on June 11, 1894. He became a junior assistant in the office of Mills & Hutton in 1910 and articulated there until 1914 whereupon he moved to Philadelphia to study architecture at the University of Pennsylvania. Upon graduation in 1917, he moved to England and served in the Royal Air Force during the First World War. Following the war, he returned to Canada and set up a partnership with Gordon J. Hutton, concentrating on commercial, industrial, and ecclesiastical works. The Christ the King Roman Catholic Basilica (1931-1933) in Hamilton is considered their best known work and earned Souter the Bemerenti Medal from Pope Pius XI in 1933. Hutton died unexpectedly in 1942 and Souter continued on his own. By this time, the firm was integrating Modernist principles into its designs. In 1947, Souter renamed the office William R. Souter & Associates. He would practice until his death on November 17, 1971. Souter's son, William C. Souter, practiced under him and inherited the business.

5.3.10 Trevor Garwood Jones, Architect

Trevor Garwood-Jones was born in Chatham, England and arrived in Canada in 1959 (Image 37). He studied architecture at the University of London after the Second World War, receiving his degree in 1953. He trained at the prominent firm The Architects Co-operative Partnership that had been founded in 1939. He arrived in Hamilton in 1958 where he worked at Husband & Wallace, a well-known local firm, before opening his own office in 1969. Among some of Garwood Jones' notable works are the Hamilton Place Performing Arts Centre (1972-74), the Hamilton Art Gallery (1976-78), the Hamilton Trade and Convention Centre (1980-81), and the St. Peter's Geriatric Centre (1974-1975). Garwood-Jones also received a commission as part of the \$72 million renovation and restoration of the Hamilton City Hall, which is

²¹² Nolan 2011:A2

²¹³ Garwood-Jones quoted in Nolan 2011:A2

²¹⁴ Shannon Kyles quoted in LeBlanc 2007

considered one of the best known examples of the International Style in Canada. By 1985, his firm was the largest in Hamilton with a staff of 14. He died in Hamilton at the age of 83 in March 2011.²¹⁵

Image 37: Trevor Garwood-Jones

Source: *The Hamilton Spectator* 2020



²¹⁵ Ontario Association of Architects n.d.

6 19TH-21ST CENTURY SITE CHRONOLOGY

- **1847**
 - Hamilton is incorporated as a city.
- **1849**
 - Hamilton's first hospital opened. Known formally as the House of Industry and informally as the Aurora Street Hospital, it is located in a two-storey frame building at the south end of Cherry Street (now Ferguson Avenue) near Aurora Street.
- **1853**
 - Hamilton's first municipal hospital is relocated to Nathaniel Hughson's former hotel at the southeast corner of John and Guise streets. This hospital, known as City Hospital, had a 70-bed capacity and overlooked Burlington Bay.
- **1854**
 - Reverend Joseph P. Williams established the African Methodist Episcopal (AME) Church on the Hamilton Mountain with a congregation of 100 people.
- **1864**
 - James Jolley purchased the land on which the AME stood and constructed his mountain estate, Bellemont.
 - A survey of Hamilton's Black population conducted around this time places approximately 275 Black community members in the area. A year later, the Hamilton Mountain settlement, specifically, reached 200 inhabitants by 1865, with some locals referring to it as "Little Africa."
- **1870**
 - James Jolley constructed a winding road up the mountain connecting lower Hamilton with the upper portion of the escarpment. It is dubbed the "Jolley Cut."
- **1882**
 - City Hospital is again relocated to a plot of farmland at Barton Street East and Victoria Avenue.
- **1890**
 - Hamilton families begin settling in greater numbers on the Mountain.
 - The pastor of St. Peter's Anglican Church, Reverend Thomas Geoghegan, founds St. Peter's Hospital.
- **1906**
 - The Mountain Sanatorium (later Chedoke Hospital) is established on donated land and becomes Canada's fourth tuberculosis sanatorium.



- **1913**

- The City of Hamilton's board of governors, led by board chair, T.H. Prat, proposes 18 acres of land between Concession Street and the Mountain Brow for a convalescent hospital. As the First World War breaks out, the City of Hamilton hires architects William Palmer Witton and Walter Wilson Stewart to design a new, state of the art facility. Initially, 22 buildings designed by Witton and Stewart are planned at a cost of \$2 million.

- **1915**

- Lieutenant Governor and former Hamilton mayor, Sir John Hendrie, laid the cornerstone of the first building.

- **1917**

- The first unit of the hospital is officially opened by the Duke of Devonshire on May 19, 1917, and provides a 100-bed hospital for veterans.
- The Nurses' Residence opens shortly afterwards.
- City Hospital becomes Hamilton General Hospital.
- Lt. Col. Walter Wilson Stewart is killed in action in France during the First World War.

- **1920**

- A citizens' group proposes an ambitious hospital plan that added monumentality to Witton and Stewart's original design. A central plaza that was to be known as the Court of Honour for Hamilton's war dead is included as part of the plans.

- **1921**

- On the evening of the municipal election on January 1, 1921, Hamilton's citizens reject the citizens group's proposal.

- **1931**

- An addition is constructed on the Nurses' Residence (50 Wing; demolished in 2010).
- Nora Frances Henderson is elected to the Hamilton Board of Control, the first woman in Canada elected to a city Board of Control.

- **1932**

- A maternity hospital (later known as Section M) is constructed on the property. Due to the Great Depression, the hospital is not furnished and does not open for service until 1938.

- **1934**

- Nora Frances Henderson is appointed to Hamilton's Board of Control. She is the first woman ever elected to municipal office in the history of the British Commonwealth.

- **1938**



- The Mount Hamilton Maternity Ward opens.
- The first cancer clinic in Hamilton is established at Hamilton General Hospital.
- **1946**
 - The population on the Hamilton Mountain climbs to nearly 13,000.
 - Nora Frances Henderson serves as Acting Mayor for the City of Hamilton.
- **1949**
 - Nora Frances Henderson dies at the age of 52.
- **1954**
 - Adjacent to the Mount Hamilton Hospital, the 322 bed Nora Frances Henderson Convalescent Hospital – is opened. It is designed by Hamilton architect, J.D. Kyles, and constructed by the Tope Construction Co.
- **1956**
 - The Nora Frances Henderson Convalescent Hospital is partially converted to care for active medical patients.
- **1957**
 - Mount Hamilton Hospital opens a premature infant nursery which is considered the “most modern in Canada” at that time.
- **1958**
 - W.R. Souter and Associates is commissioned to draft plans for an addition to the Nora Frances Henderson Convalescent Hospital.
- **1959**
 - The population on the Hamilton Mountain balloons to 56,000.
- **1960s**
 - The Hamilton Cancer Clinic is relocated to Henderson General Hospital from Hamilton General Hospital. Radiation treatments are administered from a \$500,000 6MV linear accelerator – a first of its kind in Canada.
- **1960**
 - W.R. Souter and Associates provides revised plans for the hospital addition showing an additional 201,580 ft² of space.
 - Chedoke Hospital becomes a general hospital after evolving tuberculosis treatment no longer requires long-term bed rest.



- **1962**
 - The Hamilton Civic Hospitals are formed out of the amalgamation of Hamilton General Hospital with Nora Frances Henderson Convalescent Hospital and Mount Hamilton Hospital.
- **1963**
 - Chairperson of the Ontario Cancer Treatment and Research Foundation, Rhys M. Sale, turns the sod to break ground for the cancer clinic associated with the hospital addition on September 3, 1963. This ceremony marks the project's official start.
 - Pigott Construction Company Limited of Hamilton is awarded the contract for the hospital addition.
- **1964**
 - The new 10-room operating suite accommodates the first patient on December 7, 1964. All surgeries except for brain and heart surgery are performed here. Aside from Caesareans, the operating suite spurs the first surgeries to occur at the hospital.
- **1965**
 - The official opening ceremonies for the hospital addition are held in January 1965. By mid-1965 until all new sections are in use.
 - The Nora Frances Henderson Convalescent Hospital and Mount Hamilton Hospital are physically linked and renamed Henderson General Hospital.
- **1984**
 - On April 12, 1984, a ground-breaking ceremony is held for the \$2 million three-storey building, known as Lakeview Lodge. It is designed by Trevor Garwood-Jones. The development is spearheaded by CEO of the HRCC Dr. William Hryniuk.
 - The existing cancer facility located at Henderson General Hospital becomes known as the Hamilton Regional Cancer Centre.
- **1989**
 - Premier David Peterson breaks ground for the construction of the \$41.6 million HRCC expansion on September 15, 1989. Fred Vermeulen of Trevor P. Garwood-Jones Architects Inc. designs the HRCC expansion.
- **1992**
 - A 164,000 ft² cancer centre designed by Trevor P. Garwood-Jones Architects Inc. is completed in May 1992 and provides cancer services for 1.8 million residents in the Golden Horseshoe.
 - Construction begins for Section H.
 - Garnette Silversmith, an elderly Indigenous woman from Six Nations, dies at Henderson General Hospital on February 22, 1992 prompting an investigation into the causes and alleged

systemic racism by hospital staff, and ultimately leads to reform in the treatment of Indigenous people at the hospital.

- In March 1992, board of directors of Hamilton Civic Hospitals announce plans to lay off 99 employees and close 124 beds to lower a projected \$10-million deficit.

• 1994

- In May 1994, outside the courthouse where the inquest is held, Silversmith's family organizes a rally in which 40 people attend, including members of the Justice for Women Coalition and the Ontario Coalition of Visible Minority Women. The family pursues a \$1.6 million lawsuit against the hospital.
- In an effort to fight systemic racism and raise awareness of issues faced by Indigenous people in the healthcare system, Silversmith's family threatens to bring the issue not just to the Ontario Human Rights Commission but the United Nations.

• 1995

- Hamilton East MPP, Dominic Agostino, publicly states that the "people within the [Ministry of Health] had advised" that Henderson Hospital was slated to close. Initial announcements of hospital closures appear to be rumours.
- In February 1995, Hamilton-Wentworth District Health Council establishes the HATF with a purpose "to suggest how health care should be delivered in the face of unprecedented cuts in provincial funding."²¹⁶

• 1996

- In January 1996, Hamilton Civic Hospitals finally implements changes toward fighting systemic racism in its hospital system. Changes include a pilot project "that offers referral, counselling, interpreting and advocacy services for Native patients."²¹⁷
- The project involves a partnership between the civic hospitals and health services from the Six Nations of the Grand River.
- HATF's report is released on March 4, 1996 and is immediately met with controversy from the Hamilton and area community.
- ACHN produces a counterproposal to HATF's. It is also met with controversy.
- In late June 1996, HHSC forms. It is composed of Hamilton General Hospital, Henderson Hospital, McMaster University Medical Centre, and Chedoke Hospital.

• 1997

- The Henderson Hospital Maternity Ward closes on September 14, 1997.

²¹⁶ Morrison and Peters 1996a

²¹⁷ Herron 1996:C4



- **2000**

- HRCC's planned \$45 million expansion is put on hold as the HHS faces the largest operating deficit of any hospital in Ontario up to that point, at more than \$40 million.
- PricewaterhouseCoopers publishes a scathing report placing blame for the deficit on HHS leadership.
- Provincial Health Minister, Elizabeth Witmer, appoints president of Toronto East General Hospital, Ron Mulchey, as supervisor and decision-making authority over the HHS.
- On May 10, 2000, Health Minister Witmer erases the HHS deficit by personally issuing a \$42.9 million cheque.
- Despite delays, the HRCC's planned expansion forges ahead. The Mount Hamilton Hospital Ward building, constructed in 1915, is demolished for the expansion.

- **2002**

- Charles and Margaret Juravinski provide \$5 million to the HRCC Foundation's "Hope Can't Wait" capital campaign that is geared toward funding the centre's expansion. The HRCC is renamed Juravinski Cancer Centre.

- **2003**

- The Juravinski Cancer Centre is expected to open the spring of 2003. The cost of the expansion ends up costing \$56 million, \$11 million more than initial estimates.
- Hamilton Mountain MPP, Marie Bountrogianni is appointed a seat in the Ontario cabinet. Having fought to save Henderson from closure she pushes for \$93 million in provincial funds for a \$134 redevelopment project of Henderson Hospital.

- **2005**

- In April 2005, *The Hamilton Spectator* reports on a \$137 million redevelopment project for Henderson General Hospital with plans for a 350,000 ft² building and updates to existing space.

- **2006**

- To commemorate their 50th wedding anniversary, Charles and Margaret Juravinski donate \$15 million to HHS. In recognition of their contribution, HHSC announces that it will rename Henderson General Hospital to Juravinski Hospital and Cancer Centre once the expansion is completed.
- On November 3, 2006, IO sends out a request for qualifications for the HHS's expansion.
- HHS commissions Zeidler Partnership Architects in association with Garwood-Jones & Hanham Architects, as consultants for the redevelopment project.
- Ellis Don leads the construction team.



- **2007**
 - Demolition of what is referred to as 70 Wing South, a part of the 1954 section of the hospital occurs to clear space for the 400,000 ft² addition.
- **2008**
 - Construction for the hospital redevelopment (the construction of Sections A, B, and C) officially begins on February 15, 2008 when HHS board members, staff, doctors, and volunteers met with Minister of Public Infrastructure Renewal, David Caplan; Minister of Government and Consumer Services and MPP for Ancaster-Dundas-Flamborough-Westdale, Ted McMeekin; and MPP Hamilton Mountain, Sophia Aggelonitis.
- **2010**
 - As part of Phase 1B of construction, the Nurses' Residence (50 Wing) is demolished for additional parking on the property.
 - Phase 1A of construction is completed in the summer of 2010 and on August 1, patients and staff are moved into the new facility.
- **2012**
 - Phase 1B of construction is completed and an opening ceremony for Juravinski Hospital is held in May.
 - Almost immediately following construction, there is discussion of Phase 2.
- **2020**
 - IO earmarks \$1 billion as part of Phase 2 of updates and expansion to Juravinski Hospital.
- **2021**
 - The City of Hamilton lists the property on its heritage register, in particular for the potential cultural heritage value of the Maternity Wing (M Wing).
- **2022**
 - Charles Juravinski dies on February 15, 2022 at the age of 92. Donations by him and Margaret Juravinski had reached \$60 million or 83 percent of the sale price of Charles' Flamboro Downs horse racing track.

7 EXISTING CONDITIONS

A site visit to the Subject Property was undertaken by Hayden Bulbrook and Elisabeth Edwards of TMHC on May 16 and 17, 2023. This section details current conditions. A high-level condition assessment is included in this CHER review using the following definitions:

- **Good condition:** The building or landscape feature appears intact with superficial or no visible damage, wear, or erosion ranging from not present to superficial. Building envelopes appear intact and building facilities such as HVAC and electricity are functioning to maintain the structure.
- **Fair condition:** The building or landscape feature appears structurally intact with moderate visible damage, wear, or erosion. Building envelopes may have limited loss of integrity resulting in some damage to the interior. HVAC and electricity may or may not be functioning.
- **Poor condition:** The integrity of the building or landscape feature appears compromised or in danger of being compromised. Building envelopes are breached in multiple locations resulting in significant damage to the interior.

These conditions help inform consideration of the integrity of structures and landscapes on the Subject Property. Integrity refers to the legibility of historical attributes and their relationships to one another. High integrity means these attributes remain discernable and their relationships have not been diminished or irreversibly altered. Low integrity means these attributes and relationships are no longer present or they are no longer recognizable as such. For example, a historic structure may have high integrity if it retains key stylistic architecture features such as a hipped roof with projecting eaves and corbels on an Italianate house. If these or other features are missing, the integrity of the building is diminished. It should be noted that condition is not synonymous with integrity although poor conditions can contribute to a loss of integrity over time.

7.1 711 Concession Street

The Juravinski Hospital property at 711 Concession Street is composed of multiple structures that have been added throughout its century-long history as a healthcare institution. Oriented on an east-west axis, the hospital faces Concession Street to the south (Image 38). Owing to multiple additions on the property throughout its history, there is a lack of symmetry and instead an eclectic mixture of architectural styles, which is not altogether uncommon for hospital architecture in Ontario. Most of the structures are connected to one another by above and below ground passageways. Generally, the form of the property's architecture is of low massing with the Maternity Wing (capping the height of the complex at about six stories. Various treatments and fenestration are also present, such as the reddish-brown brick juxtaposed against pale green glazing and spandrels comprising Sections E and F (the 1963-65 portions of the former Henderson General Hospital). The pale green colouring, which was a signature of architect J.D. Kyles, contrasts with the darker green of the fenestration applied to Section A. Pale green and blues are also applied to Section J which further signifies cohesion across the complex. The concrete banding of Section J complements that of the Maternity Wing; however, the red brick contrasts sharply with the brown and tan rug brick of the latter.

Sections and components such as Section G (1963-1965), Section K (1995), and the Tunnel (1932) are barely visible or not visible at all from street-level elevations.

The most recently constructed sections are Sections A, B, C which are located at the eastern end of the property closest to the Sherman Access. The main, south-facing entrance connects to Section A from Concession Street (Image 39). It has a concave entryway with a cantilevered portico. The building's façade is entirely covered in windows with aluminum mullions (Image 41). The structure is connected to two adjoining wings: Section B and Section C to the east and Section F to the west. The rear (north) elevation of Section A contains large, trapezoid-shaped windows, corrugated metal siding, and stepped massing. Section A is in good condition.

The main (south) elevation of Section B incorporates various geometric forms and materials and presents an undulating façade with projecting bays that create additional depth (Images 40-41). The building is clad in red Roman brick and contains a variety of windows and glass elements. The dark windows are emphasized by contrasting aluminum mullions and metal paneling. The lower level of Section B is positioned below street level and is supported by concrete pilotis. Section B is in good condition.

Section C is located at the northeast end of the property (Image 42). Its main component is the east-facing ambulatory entrance to the emergency department that connects to Concession Street. The east elevation follows a modular design that blends seamlessly with Section B in terms of materials and design. A two-storey block extends over the emergency department passageway on pilotis and features window bays containing tinted glass and charcoal-coloured spandrels. Although centred on the east elevation, a stairwell with vertically oriented breaks the relative symmetry of this façade. The building is connected to Section A to the west and Section B to the south. Section C is in good condition.

Sections E, F, and G, which comprise the remaining parts of the former Henderson General Hospital are in good condition (Images 43-45). Though integrated into the 2008-2012 redevelopment at the east end of the property, Sections E and F still retain their form, material composition of reddish-brown brick, light green spandrels, and geometric fenestration. While constructed with Modernist principles in mind, the execution of these sections are unremarkable and utilitarian.

Section H, which faces Mountain Park Avenue, is in good condition (Image 46). Connected to Section G, located to the south, it is composed of a reddish-brown brick atop a podium of ribbed cast-in-place concrete. Angled aluminum-plated sections project from the upper level of the north and west elevations and feature recessed bays of fixed windows with aluminum mullions and sashes. A loading bay accessible from Mountain Park Avenue descends below ground to the basement level.

Section J is located at the south end of the property (Images 47-48). It is a four-storey building composed of red brick and concrete and has Postmodern architectural influences. The main (south) elevation contains the main entrance which is emphasized by a projecting canopy supported on concrete columns. A selection of materials and modular massing create an eclectic design which is dominated by its fenestration. The central portion of the building contains glass windows and metal sheeting which are bisected by a grid-like concrete substructure. Several square structures made from glass block are also set into the façade. A series of balconies and enclosed spaces, covered by a canopy of triangular, turquoise glass and metal trusses, create a stepped design. The east wing of Section J terminates in a pair of towers featuring dichromatic brickwork and concrete detailing around the windows of the upper floor windows. Containing stairwells, the towers include narrow full height insets of glass block. A rectangular red brick addition, constructed c.2002, extends north from the east wing. At the southwest corner, a large 90-degree bay projects from the third and fourth storeys of building. Clad in curving cast concrete panels, the bay is supported by several concrete columns, two-storeys in height. This building is in good condition.

Section K is an interior industrial building on the property that acts as a cogeneration facility that supplies a stable and uninterrupted power supply to the hospital complex (Image 49). This utilitarian structure is clad in yellow brick contains three large cooling towers and a chimney that exceeds the height of all the structure on the property. This structure was not directly documented during the site visit.

Section L is a rectangular building bookended by rounded towers which contain the structure's stairwells (Image 50). The main (northeast) elevation of Section L is characterized by a series of recessed windows arranged in a linear, symmetrical fashion save for a glass solarium on the upper southeast corner. A L-shaped cylindrical tower with a largely glass façade extends from this elevation. A small balcony connects the tower to a south-facing wing. The southwest elevation also has an upper floor balcony. The west elevation was constructed against the easternmost wing of the former Mount Hamilton Hospital Maternity Wing to provide access between the two buildings. A second, identical tower extends from the northwest-facing wall. The building utilizes common material choices including brown brick, fenestration, including recessed windows, and irregular shapes which are most notably captured in the solarium and rounded stairwells. It is in good condition.

The Maternity Wing is the most architecturally remarkable building on the property and demonstrates influences from the Art Deco, Edwardian Classicism and the Modern Classicist styles which were widely adopted throughout the 1920s and 1930s (Images 51 -52). The building's stepped façade with low parapet walls and a flat roof are characteristic of Art Deco design. Simple brick pilasters provide dimension which is contrasted by the limestone façade used on the first and second stories of the structure. Section M features an arcade of three arches and a balcony on the upper floors which provided patients with direct access to fresh mountain air views of the city below the escarpment. Additional open-air balconies on the third, fourth and fifth floors have since been enclosed as evidenced by the light brick applied to these sections.

The first and second storeys of the Maternity Wing are clad in limestone that demonstrate the application of a restrained Modern Classicism with details including dentils and fluted pilasters. The original entryway has been replaced by a modern glass and concrete vestibule to provide accessible entry to the building. The west elevation of the Maternity Wing building features a small brick addition which was added at a later date. A Neoclassical stone portico was retained from the c.1918 Nurses' Residence when it was demolished in 2010, and was mounted on this elevation. The south elevation of the Maternity Wing building extends into a narrow wing, creating a T-shaped footprint. Art Deco motifs continue around the exterior of the building; however, several windows have since been covered with brick. The large arched balconies on the upper floors have also been enclosed with brick at the south elevation. The east elevation extends into a three-storey wing which connects to Section L. This building is in fair condition, and retains significant integrity even with the additions and changes that it has experienced over the last century.

Section N is an unremarkable low-slung building constructed between 2002 and 2005 as part of the Juravinski Cancer Centre expansion (Image 53). As such, it features many of the same treatments as Section K including horizontal glazed bands with aluminum mullions and red brick cladding atop a concrete foundation. The roof of this structure is flat. It is one of the few buildings on the property that has an exterior that is detached from other sections. The building is in good condition.

Section O is a free-standing structure located north of the Maternity Wing (Image 54). The small, single-storey structure reflects Postmodern influences in its design. The rectangular structure has a gabled part that extends from the west elevation. The west elevation of this part is mostly glazed with glass block arranged in a typical grid pattern and presumably contains a staircase leading to the underground level of the building. Two

entranceways are located on the recessed part of the west elevation as is a ventilation shaft that is partially covered in rolled steel cladding. The exterior of the building is clad in ashlar faced concrete blocks that transitions to smooth-faced concrete blocks along the frieze. The north elevation features four glass block windows arranged in a symmetrical fashion. The flat roof and triangular gable are clad in a blue-green patina coloured aluminum intended to resemble weathered copper. The southern elevation has several smaller glass block windows and a shed-style addition extending from the southeast corner. The east elevation has two other ventilation shafts. The structure's massing is relatively small in comparison to surrounding structures such as the former Maternity Ward and Section L (Lakeview Lodge). To the northwest of Section O, a series of pipes and a vent rise from the below-ground below. Access to the interior of the building was not obtained during the site visit undertaken by TMHC staff. The exterior is in good condition.

Section R is an Art Deco influenced structure that was built contemporaneously to the c.1932 Maternity Wing. It has a north-facing stone façade that is dominated by three large rectangular windows which would have once provided a look out to the Sherman Access Road but have since been covered by corrugated metal sheets (Image 55). The inset windows are surrounded by simple pilasters which are characteristic of Art Deco structures and lend a sense of verticality which help the building to blend into the face of the escarpment. Additional Art Deco influences include the denticulated cornice along the roofline. Two access doors are located at the bottom of the building. The exterior walls in this area have been vandalized with graffiti. The roofline is parallel with Mountain Park Avenue and is currently used for parking. The building is in fair condition and retains significant integrity, particularly with respect to its exterior.

Though most sections are connected, a distinct underground tunnel is situated at the northwest end of the property and connects Section L, the Maternity Wing, and the Powerhouse. Tunnel access is located in the basements of Section L and the Maternity Wing (Image 56). Only the north-south connection between the Maternity Wing and the Powerhouse was observed by TMHC staff, but the tunnel was observed to be in good condition.

The Parking Garage is the easternmost structure on the property (Image 57). It is composed of cast-in-place concrete that is highly utilitarian in design, though features panelling to break up some of the massing. It has an open-air design that is staggered to provide six levels of parking in a manner that lowers its massing to a long, low horizontal structure that extends north-south approximately halfway across the block on the east side of Poplar Avenue. The structure is in good condition.

Image 38: Juravinski Hospital Main Entrance (Section A)

Looking Northeast



Image 39: Driveway to Main Entrance of Section A

Looking North



Image 40: Section B Along Concession Street

Looking Northeast

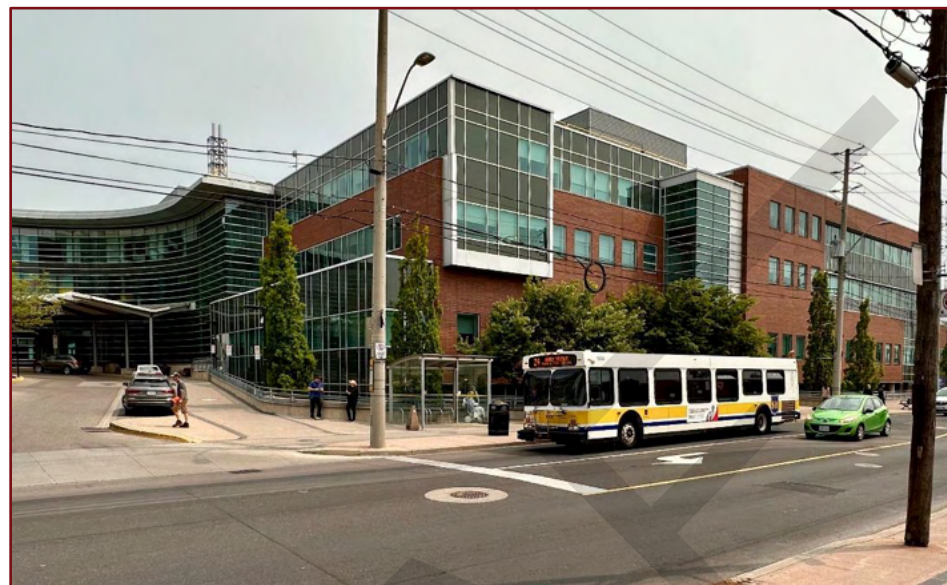


Image 41: South Elevation of Section B Along Concession Street

Looking North

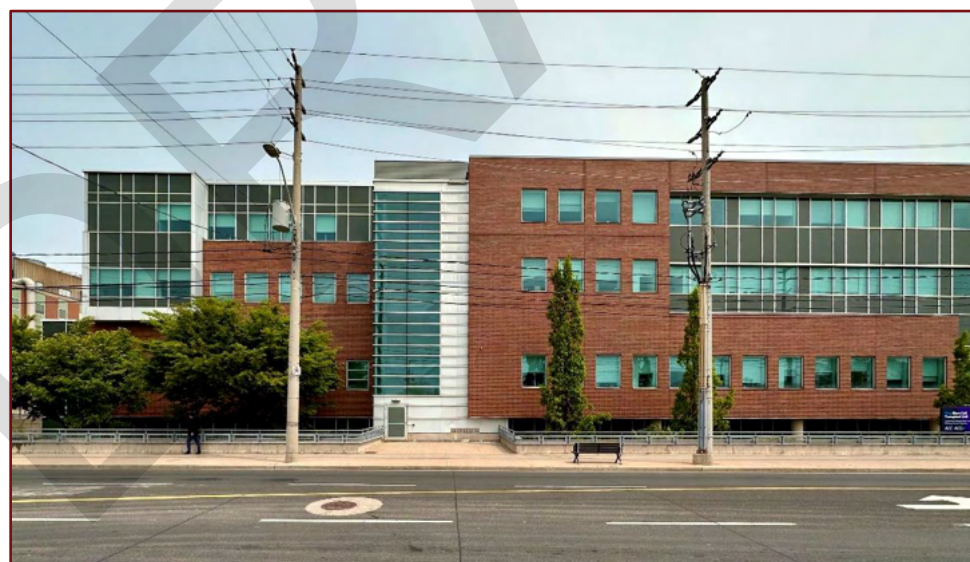


Image 42: North and East Elevations of Section C

Looking West

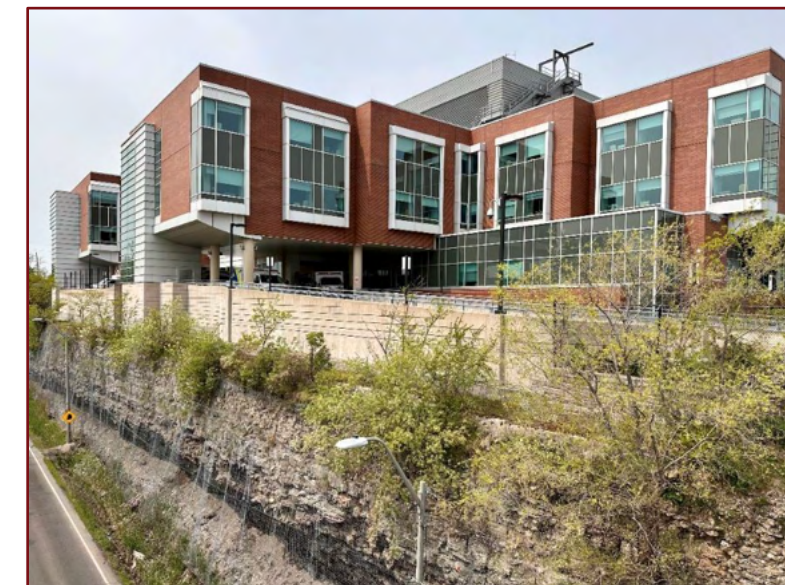


Image 43: West and North Elevations of Section E

Looking Southwest



Image 44: Massing of the Section F

Looking Northwest



Image 46: North and West Elevations of Section H

Looking Southeast



Image 48: South Elevation of the Juravinski Cancer Centre

Looking Northwest



Image 45: Glazed South Elevation of Section G

Looking North



Image 47: Massing of the Juravinski Cancer Centre (Section J)

Looking Northwest



Image 49: 3D Satellite Imagery of Section K

Source: Google Earth



Image 50: Northeast Elevation of Section L

Looking Southwest



Image 52: West Elevation of the Maternity Wing

Looking South



Image 54: West and North Elevations of Section O

Looking Southeast

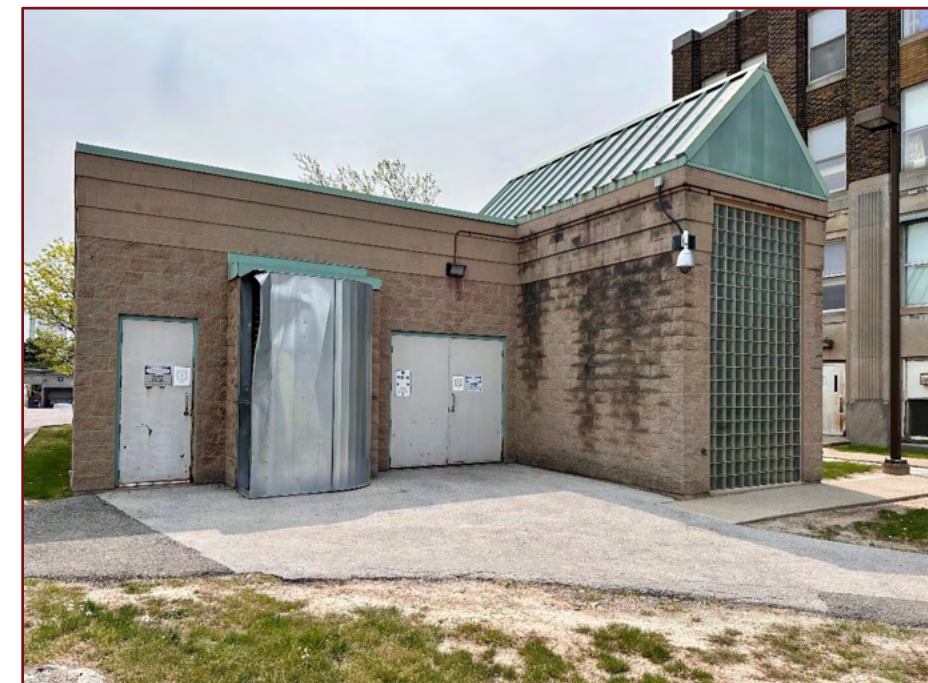


Image 51: North Elevation of the Maternity Wing

Looking South



Image 53: West and South Elevations of Section N

Looking North



Image 55: North Elevation of the Powerhouse

Looking Southeast

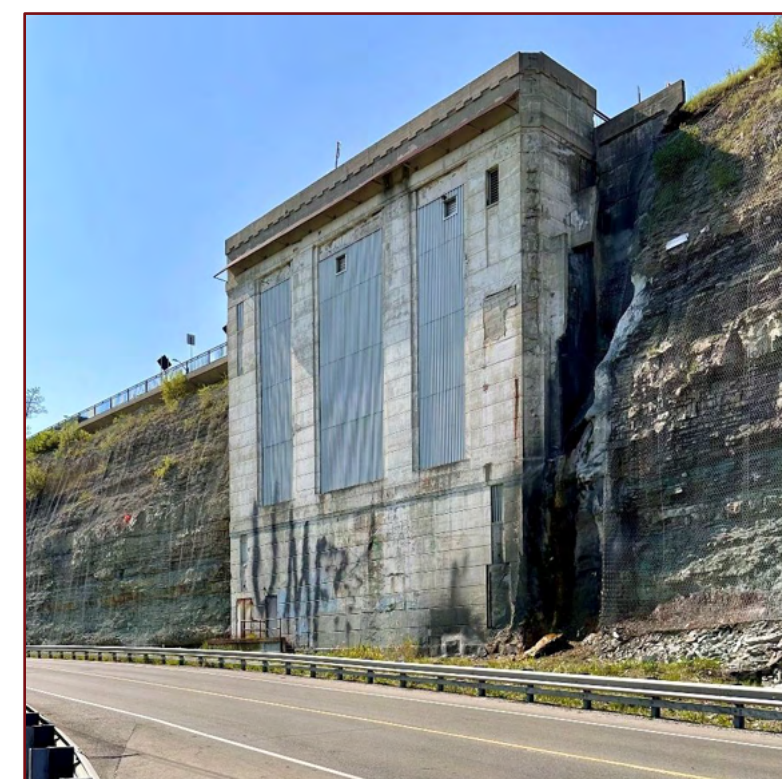


Image 56: North-South Passageway of Tunnel

Looking North

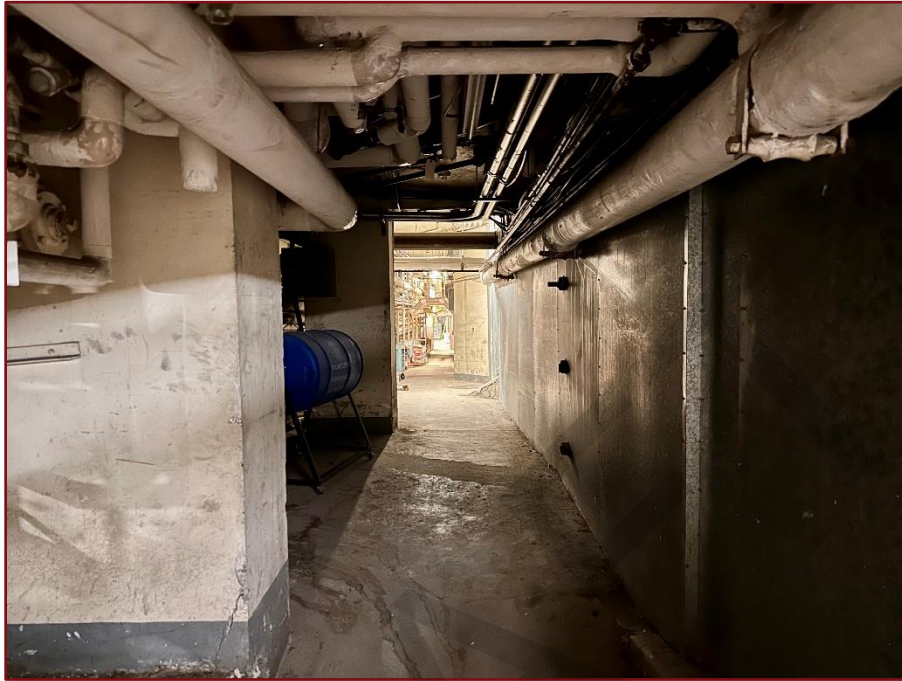


Image 57: Parking Garage

Looking Southeast



7.2 Contextual Environment

The Subject Property encompasses 5.6 ha (13.8 ac) of land at 711 Concession Street in the City of Hamilton (Map 1). The property occupies the northern ridge of the Hamilton Mountain, which is part of the Niagara Escarpment, between Sherman Access Road and Concession Street. The property is bounded to the west by Poplar Avenue, to the north by Mountain Park Avenue, and to the south of Concession Street. This area is mostly treed and slopes downward toward the lower part of Hamilton (Images 58-59). The hospital's location along the brow affords visitors and patients alike with views of Hamilton, Burlington Bay, and the Burlington Bay James N. Allan Skyway Bridge (Image 60).

The Sherman Cut which provides mountain access via the Sherman Access is located immediately to the east of the property (Images 61-62). This two-lane paved roadway is flanked by the escarpment which it is cut into. It carries traffic in a north-south direction beneath Mountain Park Avenue and Concession Street to Crockett Street just east of Upper Sherman Avenue. Further east and southeast of the Sherman Cut are apartment blocks and residential streets.

To the south, the property is bounded by Concession Street. The street commences at Belvidere Avenue to the west and terminates at Mountain Brow Boulevard near East 43rd Street to the east. Concession Street is mainly commercial in nature between Upper Wellington Street and Upper Sherman Avenue (Images 63-64). A six-storey parking garage and at-grade parking is located immediately south of the hospital as is a convenience store, a mid-20th century apartment block and a small handful of business blocks.

A residential block bounded by Concession Street to the south, Poplar Avenue to the east, Mountain Park Avenue to the north, and Viewpoint Avenue to the west is located west of the Subject Property. It is composed mainly of early-to-mid-20th century houses including modest bungalows on Poplar Street that face the hospital (Image 65). Of note, are two churches within this block, the Sacred Heart Roman Catholic Church at 264 Mountain Park Avenue and the St. Stephen on the Mount Anglican Church, at 625 Concession Street. Both are included on the City of Hamilton's Inventory of Places of Worship in Hamilton and the city's interactive cultural heritage resource mapping (Images 66-67).

The lands surrounding the Subject Property feature a diversity of uses, including institutional, residential, and recreational. The Escarpment Rail Trail, a repurposed CN rail line that was transformed into a walking trail in 1993, is situated north of Mountain Park Avenue.²¹⁸ The property is located approximately 5.4 km southeast of downtown Hamilton.

²¹⁸ Ontario Trails n.d.

Image 58: Rock Edge of Mountain Brow North of Juravinski

Looking Southeast

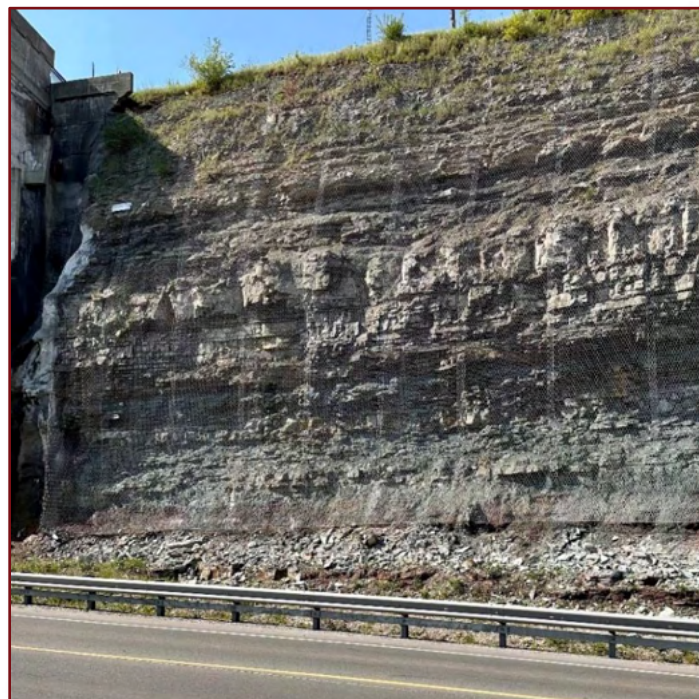


Image 60: Lower Hamilton from a Maternity Wing Balcony

Looking North

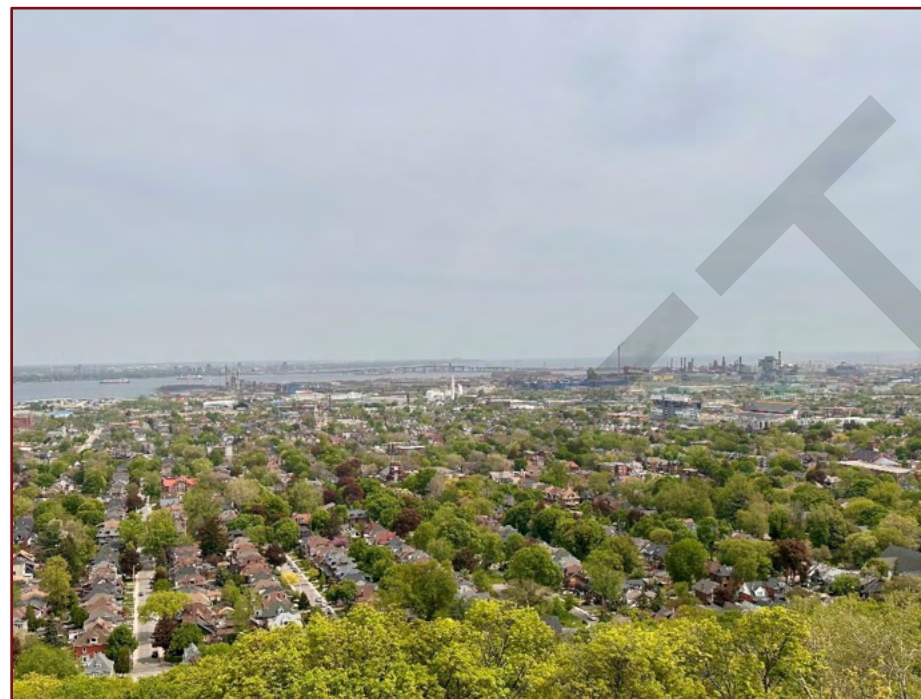


Image 62: The Sherman Cut East of Juravinski Hospital

Looking South

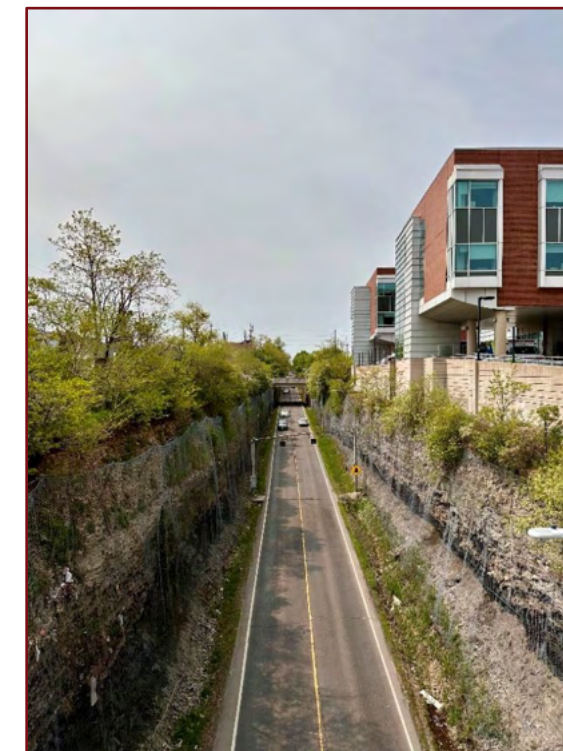


Image 59: The Mountain Brow North of Juravinski Hospital

Looking West

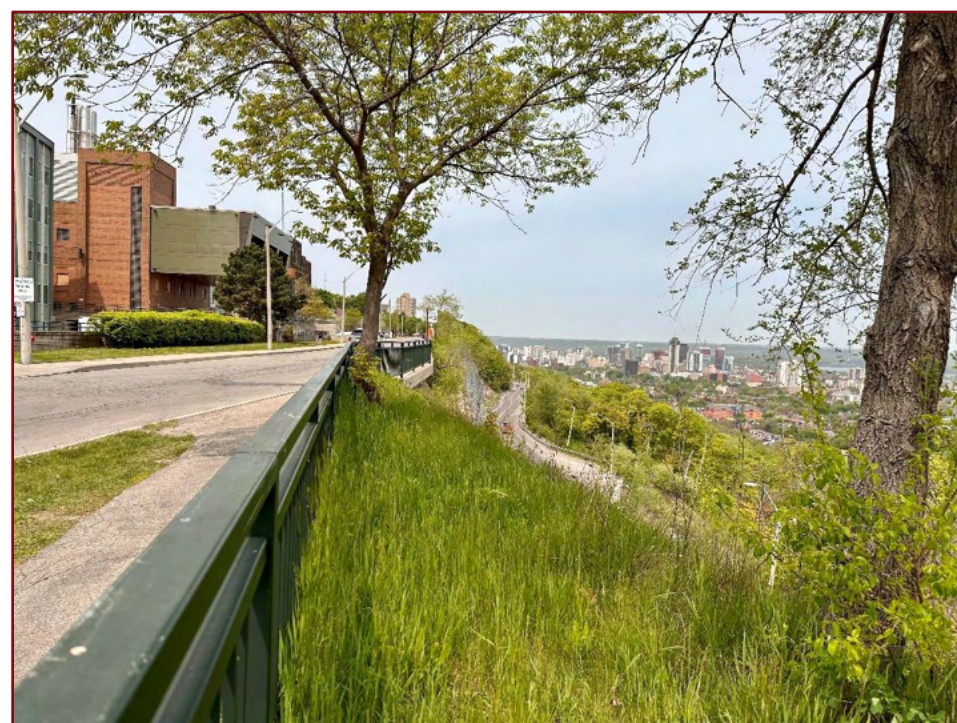


Image 61: Intersection of Sherman Access and Sherman Cut

Looking Northwest

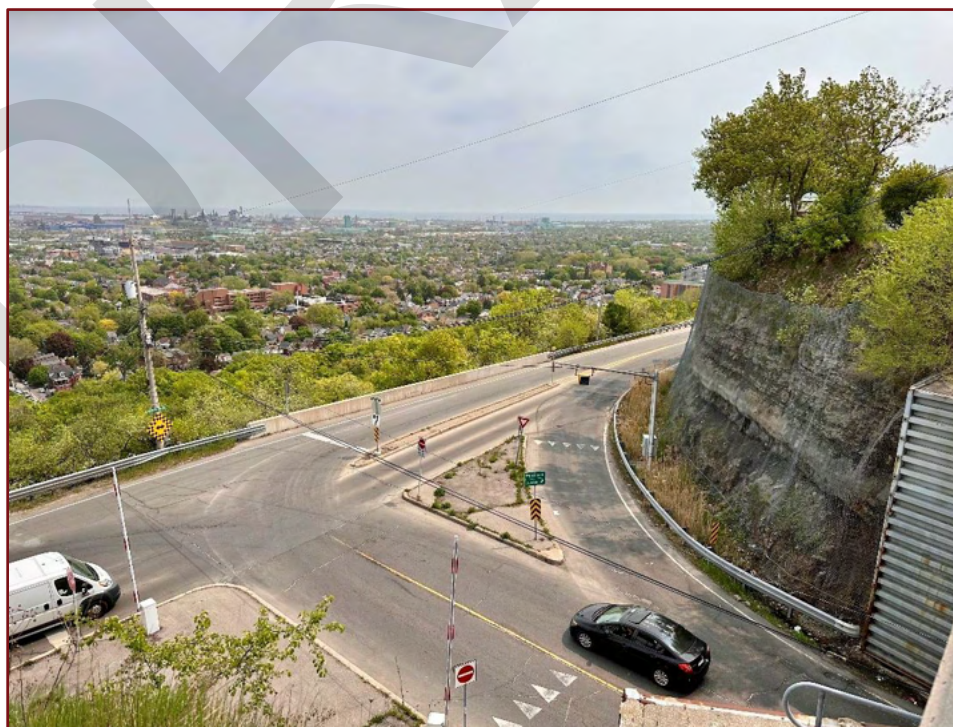


Image 63: Concession Street Streetscape

Looking West



Image 64: Commercial Character of Concession Street

Looking East



Image 65: Small Bungalows Along Poplar Avenue

Looking Southwest



Image 66: St. Stephen on-the-Mount Anglican Church

Looking Northeast

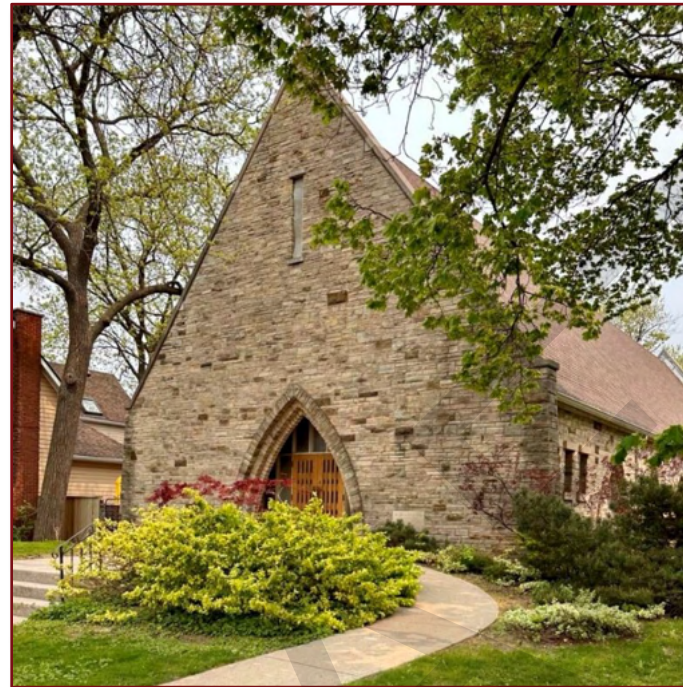
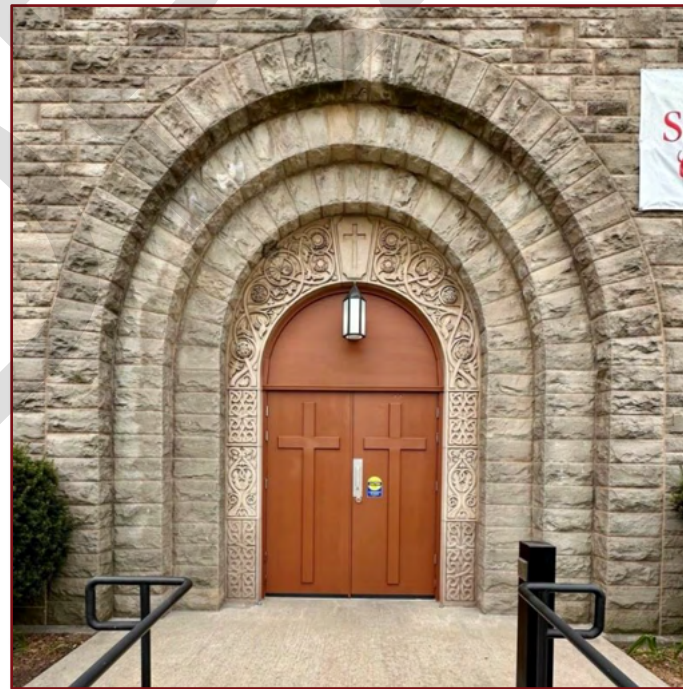


Image 67: Ornate Entry of Sacred Heart Parish

Looking South



8 POLICY CONTEXT

8.1 City of Hamilton Urban Hamilton Official Plan (2009)

The Urban Hamilton Official Plan was adopted by Council in 2009. Section 3.4 of the Official Plan relates to cultural heritage resources and includes a broad objective to “Protect and conserve the tangible cultural heritage resources of the City, including archaeological resources, built heritage resources, and cultural heritage landscapes for present and future generations.” Closely related, Section 3.4.1.5 states to “Encourage the rehabilitation, renovation, and restoration of built heritage resources in order that they remain in active use Heritage Designation.”

Section 3.4.2.1 of the Official Plan provides General Cultural Heritage Policies and states the following relevant objectives:

- e) Encourage the ongoing care of individual cultural heritage resources and the properties on which they are situated together with associated features and structures by property owners, and provide guidance on sound conservation practices.
- f) Support the continuing use, reuse, care, and conservation of cultural heritage resources and properties by encouraging property owners to seek out and apply for funding sources available for conservation and restoration work.
- h) Conserve the character of areas of cultural heritage significance, including designated heritage conservation districts and cultural heritage landscapes, by encouraging those land uses, development and site alteration activities that protect, maintain and enhance these areas within the City.’
- i) Use all relevant provincial legislation, particularly the provisions of the Ontario Heritage Act, the Planning Act, R.S.O., 1990 c. P.13, the Environmental Assessment Act, the Municipal Act, the Niagara Escarpment Planning and Development Act, the Cemeteries Act, the Greenbelt Act, the Places to Grow Act, and all related plans and strategies in order to appropriately manage, conserve and protect Hamilton’s cultural heritage resources.

The following framework under Section 3.4.2 provides further policies regarding the conservation of built resources and designation stating that:

3.4.5.2 The City shall encourage the retention and conservation of built heritage resources in their original locations. In considering planning applications under the Planning Act, R.S.O., 1990 c. P.13 and heritage permit applications under the Ontario Heritage Act, there shall be a presumption in favour of retaining the built heritage resource in its original location. (OPA 167)

3.4.2.3 The City may by by-law designate individual and groups of properties of cultural heritage value under Parts IV and V respectively of the Ontario Heritage Act, including buildings, properties, cultural heritage landscapes, heritage conservation districts, and heritage roads or road allowances.

Section 2.4.2.11 outlines policies regarding cultural heritage impact assessments stating that a *cultural heritage impact assessment* (OPA 57 and OPA 64)

- a) shall be required by the City and submitted prior to or at the time of any application submission pursuant to the Planning Act, R.S.O., 1990 c. P.13 where the proposed development, site alteration, or

redevelopment of lands (both public and private) has the potential to adversely affect the following cultural heritage resources through displacement or disruption:

- i. Properties designated under any part of the Ontario Heritage Act or adjacent to properties designated under any part of the Ontario Heritage Act;
 - ii. Properties that are included in the City's Register of Property of Cultural Heritage Value or Interest or adjacent to properties included in the City's Register of Property of Cultural Heritage Value or Interest;
 - iii. A registered or known archaeological site or areas of archaeological potential;
 - iv. Any area for which a cultural heritage conservation plan statement has been prepared; or,
 - v. Properties that comprise or are contained within cultural heritage landscapes that are included in the Register of Property of Cultural Heritage Value or Interest.
- b) may be required by the City and submitted prior to or at the time of any application submission pursuant to the Planning Act, R.S.O., 1990 c. P.13 where the proposed development, site alteration, or redevelopment of lands (both public and private) has the potential to adversely affect cultural heritage resources included in the City's Inventory of Buildings of Architectural or Historical Interest through displacement or disruption.

8.2 Niagara Escarpment Plan (2017)

The Niagara Escarpment Plan was approved by the Lieutenant Governor in Council and placed in effect on June 1, 2017 and last consolidated on April 5, 2021. Section 1.3 outlines the Escarpment Natural Area and policies aimed to protect and enhance these natural areas including the objective "To conserve cultural heritage resources, including features and areas of interest to First Nations and Métis communities."²¹⁹

Similarly, Section 1.7 which relates to Urban Area, notes that "Growth and development in Urban Areas shall be compatible with and provide for... the conservation of cultural heritage resources, including features of interest to First Nation and Métis communities."²²⁰

Section 2.10 relates to cultural heritage and states the following objective and relevant policies:

The objective is to conserve the Escarpment's cultural heritage resources, including significant built heritage resources, cultural heritage landscapes, and archaeological resources.

1. Development shall not be permitted on lands containing archaeological resources or areas of archaeological potential unless significant archaeological resources are conserved;
2. Where proposed development is likely to impact cultural heritage resources or areas of archaeological potential, the proponent shall undertake a heritage impact assessment and/or archaeological assessment. The proponent must demonstrate that heritage attributes will be conserved through implementation of proposed mitigative measures and/or alternative development approaches.

8.3 Planning Act (1990)

The *Planning Act* is a piece of provincial legislation that provides stipulations for the land use planning process in Ontario, such as the identification of provincial interests and tools for the responsible management of resources including cultural heritage and archaeological resources.

²¹⁹ Government of Ontario 2021:14

²²⁰ Government of Ontario 2021:36



2. The minister, the council of a municipality, a local board, a planning board and the Tribunal, in carrying out their responsibilities under this Act, shall have regard to, among other matters, matters of provincial interest such as:

(d) the conservation of features of significant architectural, cultural, historical, archaeological or scientific interest.

Section 3 of the *Planning Act* indicates that all decisions affecting land use planning matters “shall be consistent with” the Provincial Policy Statement (PPS), a document that identifies matters of provincial interest to be considered during land use planning.

8.4 Provincial Policy Statement 2020 (PPS 2020)

The following sections of the PPS 2020 are relevant to the Subject Property.

Section 2.6 identifies the following relevant policies related to cultural heritage and archaeology.

- 2.6.1 Significant built heritage resources and significant cultural heritage landscapes shall be conserved;
- 2.6.2 Development and site alteration shall not be permitted on lands containing archaeological resources or areas of archaeological potential unless significant archaeological resources have been conserved;
- 2.5.3 Planning authorities shall not permit development and site alteration on adjacent lands to protected heritage property except where the proposed development and site alteration has been evaluated and it has been demonstrated that the heritage attributes of the protected heritage property will be conserved;
- 2.6.4 Planning authorities should consider and promote archaeological management plans and cultural plans in conserving cultural heritage and archaeological resources; and
- 2.6.5 Planning authorities shall engage with Indigenous communities and consider their interests when identifying, protecting and managing cultural heritage and archaeological resources.

Section 6.0 provides the following definitions relevant to the Subject Property.

- **Built heritage resource:** means a building, structure, monument, installation or any manufactured or constructed part or remnant that contributes to a property’s cultural heritage value or interest as identified by a community, including an Indigenous community. Built heritage resources are located on property that may be designated under Parts IV or V of the *Ontario Heritage Act*, or that may be included on local, provincial, federal and/or international registers.
- **Heritage attributes:** means the principal features or elements that contribute to a protected heritage property’s cultural heritage value or interest, and may include the property’s built, constructed, or manufactured elements, as well as natural landforms, vegetation, water features, and its visual setting (e.g., significant views or vistas to or from a protected heritage property).
- **Conserved:** means the identification, protection, management and use of the built heritage resources, cultural heritage landscapes and archaeological resources in a manner that ensures their cultural heritage value or interest is retained. This may be achieved by the implementation of recommendations set out in a conservation plan, archaeological assessment, and/or heritage impact assessment that has



been approved, accepted or adopted by the relevant planning authority and/or decision-maker. Mitigative measures and/or alternative development approaches can be included in these plans and assessments.

8.5 Ontario Heritage Act (OHA 2005)

The *OHA* provides a framework for municipalities in Ontario to ensure the conservation of properties with cultural heritage value or interest, including the capacity to designate heritage properties.

29 (1) The council of a municipality may, by by-law, designate a property within the municipality to be of cultural heritage value or interest if:

- (a) where criteria for determining whether property is of cultural heritage value or interest have been prescribed, the property meets the prescribed criteria; and
- (b) the designation is made in accordance with the process set out in this section.

Under the *OHA*, O.Reg. 9/06 (as amended by O.Reg. 569/22) provides the criteria for determining a property's cultural heritage value or interest:

(3) In respect of a property for which a notice of intention to designate it is given under subsection 29 (1.1) of the Act on or after the day subsection 3 (2) of Schedule 6 to the *More Homes Built Faster Act, 2022* comes into force, the property may be designated under section 29 of the Act if it meets two or more of the criteria for determining whether it is of cultural heritage value or interest set out in paragraphs 1 to 9 of subsection 1 (2).

Designated properties appear on a municipality's register of heritage properties:

27 (1) The clerk of a municipality shall keep a register of property situated in the municipality that is of cultural heritage value or interest.

This register also may include so-called listed properties:

27(3) In addition to the property listed in the register under subsection (2) [designated properties], the register may include property that has not been designated under this Part if,

- (a) the council of the municipality believes the property to be of cultural heritage value or interest; and
- (b) where criteria for determining whether property is of cultural heritage value or interest have been prescribed for the purposes of this subsection, the property meets the prescribed criteria.

The criteria for both listing and designation are as follows according to s.1(2) of O. Reg. 9/06 (as amended by O.Reg. 569/22):

1. The property has design value or physical value because it is a rare, unique, representative or early example of a style, type, expression, material or construction method.
2. The property has design value or physical value because it displays a high degree of craftsmanship or artistic merit.

3. The property has design value or physical value because it demonstrates a high degree of technical or scientific achievement.
4. The property has historical value or associative value because it has direct associations with a theme, event, belief, person, activity, organization or institution that is significant to a community.
5. The property has historical value or associative value because it yields, or has the potential to yield, information that contributes to an understanding of a community or culture.
6. The property has historical value or associative value because it demonstrates or reflects the work or ideas of an architect, artist, builder, designer or theorist who is significant to a community.
7. The property has contextual value because it is important in defining, maintaining or supporting the character of an area.
8. The property has contextual value because it is physically, functionally, visually or historically linked to its surroundings.
9. The property has contextual value because it is a landmark.

The O.Reg. 9/06 (as amended by O.Reg. 569/22) and 10/06 criteria are listed and applied to the Subject Property in an accompanying CHERR.

8.6 Standards and Guidelines for the Conservation of Provincial Heritage Properties (2010)

The *Standards and Guidelines for the Conservation of Provincial Heritage Properties* were issued by the government of Ontario in 2010 under the authority of Part III.1 of Section 25.2 of the *Ontario Heritage Act*. These standards and guidelines apply to properties owned or controlled by the Government of Ontario or a prescribed public body and provide a comparable standard of identification, evaluation, and protection as already exists for private property through designation. The general provisions of the standards and guidelines applicable to the Subject Property are:

- Ministries and prescribed public bodies shall:
 - A.1. Recognize, manage, and use provincial heritage properties as assets that can support ministry or public body mandates and contribute to the social and economic well-being of Ontario's communities;
 - A.2. Be accountable for all decisions affecting the cultural heritage value of property in their care and shall integrate provisions for conserving provincial heritage properties into decision-making processes in property planning and asset management;
 - A.3. Base decisions affecting a provincial heritage property on appropriate studies and research (including analysis of physical, documentary, and oral evidence), aimed at understanding the property's cultural heritage value, including its level of significance (e.g., local, provincial, etc.), the impact of proposed activities on its cultural heritage value and heritage attributes, and measures to mitigate these impacts;



A.4. Engage groups and individuals with associations to a provincial heritage property by providing them with opportunities to participate in understanding and articulating the property's cultural heritage value and in making decisions about its future;

A.5. Establish and maintain a cultural heritage conservation policy and procedure(s) for identifying and managing provincial heritage properties, including objectives and targets and a commitment to continual improvement. The policy and procedure(s) should be available for review by the public; and

A.6 Follow their cultural heritage policy and procedure(s) in complying with these Standards and Guidelines.

This report fulfills the mandatory requirements of the standards and guidelines document to produce a Cultural Heritage Evaluation Report (CHER) and follows the prescribed evaluation methodology for identification and evaluation outlined in section B.2., requiring consultants to:

- 1) Prepare a description of the property;
- 2) Gather and record information about the property sufficient to understand and substantiate its heritage value;
- 3) Determine cultural heritage value or interest (CHVI), including potential provincial significance, based on the advice of qualified persons and with appropriate community input. If the property meets the criteria in Ontario Regulation 9/06 (as amended by O.Reg.569/22), it is a provincial heritage property. If the property meets the criteria in Ontario Regulation 10/06, it is a provincial heritage property of provincial significance;
- 4) Document the identification process with a written account of the research and the evaluation; and
- 5) For each provincial heritage property, prepare a Statement of Cultural Heritage Value (SCHV) and a description of its heritage attributes.

9 COMMUNITY INTEREST AND ENGAGEMENT

9.1 Previous Community Engagement

There has only been one known previous study of the Subject Property, which was undertaken by the City of Hamilton as part of the addition of 711 Concession Street as a listed property in the City's Municipal Heritage Register. This study did not engage in community engagement.

9.2 Project Specific Community Engagement

This CHER and the subsequent CHERR involve two phases of community engagement.

Engagement Phase I involved the development of a study-specific engagement strategy and the identification and notification of stakeholders and Indigenous communities.

Based on direction from IO, TMHC identified the following stakeholders and Indigenous communities and organizations and other stakeholder groups:

- Former and current user groups
 - Hamilton Health Sciences (through coordination with IO);
- Indigenous communities and organizations:
 - Haudenosaunee Confederacy Chiefs Council (via the Haudenosaunee Development Institute);
 - Huron-Wendat Nation;
 - Mississaugas of the Credit First Nation; and
 - Six Nations of the Grand River;
- Municipal entities:
 - City of Hamilton Cultural Heritage Planning; and
 - Hamilton Municipal Heritage Committee;
- Local heritage advocates:
 - Architectural Conservancy of Ontario – Hamilton Branch;
 - Concession Street Business Improvement Area (BIA);
 - Hamilton Civic Museums;
 - Hamilton Mountain Heritage Society;
 - Heritage Hamilton Foundation; and
 - Ontario Heritage Trust;
- History Research Resources:
 - Hamilton Public Library; and
 - Health Sciences Archive, McMaster University.

Engagement Phase I began with a notification email including a description of the project and an invitation to provide comments and share information provided to identified Indigenous groups and stakeholders at the outset of consultation.



9.3 Indigenous Communities and Organizations

In early August, 2023, TMHC sent notification emails, including a description of the project and an invitation to provide comments and share information to Indigenous communities and organizations. The specific responses are outlined below.

9.3.1 *Haudenosaunee Confederacy Chiefs Council*

TMHC had a meeting with Sharann Martin of the Haudenosaunee Development Institute on September 5, 2023 to discuss the project scope and the potential for community input. On September 11, 2023, example CHER reports were sent to her, for information only.

9.3.2 *Mississaugas of the Credit First Nation*

On September 1, 2023, Mark LaForme of Mississaugas of the Credit First Nation responded to David Addington of IO noting that Darin Wybenga of MCFN is prepared to work with TMHC and IO on a history summary of the MCFN for inclusion in the CHER. Via Addington, Wybenga provided TMHC with a history of MCFN on September 11, 2023.

9.3.3 *Six Nations of the Grand River*

Tanya Hill-Montour of Six Nations of the Grand River responded to David Addington of IO in an email dated August 3, 2023, inquiring if there is archaeological potential for the Subject Property. She was in agreement with the Hamilton Archaeological Management Plan which showed the property to have low archaeological potential.

9.4 Municipal Entities

In early August, 2023, TMHC sent a notification email including a description of the project and an invitation to provide comments and share information to the City of Hamilton.

9.4.1 *City of Hamilton Cultural Heritage Planning*

On August 10, 2023, Alissa Golden, Program Lead, City of Hamilton Cultural Heritage, confirmed that the former Mount Hamilton Hospital building is listed on the Municipal Heritage Register and is a high priority property on the City's list of candidates for designation under Part IV of the *Ontario Heritage Act*. She further noted that Council directed staff to list the property and review it for designation on February 10, 2021 as part of Hamilton Municipal Heritage Committee Report 21-001, stemming from recommendations of the HMHC's Inventory and Research Working Group Meeting Notes from December 7, 2020.

9.4.2 *Hamilton Municipal Heritage Committee*

On August 8, 2023, Alissa Denham-Robinson, Chair of the Heritage Committee responded and advised that she would forward out email to Alissa Golden, City of Hamilton.

9.5 Local Heritage Advocates

9.5.1 *Hamilton Civic Museums*

An automated reply was received on August 8, 2023. There has been no additional correspondence.



9.5.2 Ontario Heritage Trust

The Ontario Heritage Trust (OHT) responded to the initial outreach email and confirmed that there are no plaques, OHT-owned properties, conservation easements, or Provincial Heritage Properties present on or adjacent to the Subject Property.

9.6 History Research Sources

9.6.1 Hamilton Public Library

Kelly Bucci of the Hamilton Public Library's Local History & Archives responded to TMHC on August 11, 2023 and provided scrapbook and microfilm newspaper articles regarding the construction of the hospital, its features, its surroundings, as well as the need for the hospital in the community.

9.6.2 Health Sciences Archive, McMaster University

Melissa Caza of McMaster University Health Sciences Archives responded to TMHC on August 8, 2023 stating that she was unable to provide information on the history of Juravinski Hospital.

Engagement Phase 2 will focus on the distribution of the draft CHER and summary of the CHERR conclusions to the Indigenous communities and stakeholders for their comments. Following the conclusion of active engagement and the incorporation of changes resulting from Engagement Phase 2, TMHC will prepare an updated engagement summary in this section documenting which stakeholders participated, how they were contacted, a general summary or list of substantive feedback received during both Engagement Phases 1 and 2, and a summary of how this feedback was reflected in the final CHER/CHERR.

10 COMPARATIVE SUMMARY

The buildings comprising the Juravinski Hospital were constructed throughout the 20th and early 21st centuries and represent a continuum of progress in the design and construction of public healthcare buildings in Ontario. The mono-block design and rural location of Mount Hamilton Hospital, constructed in 1919, represented a new era in Hamilton's healthcare system which focused on therapeutic architecture and fixtures to attract wealthy patients. The Nora Frances Henderson Convalescent Hospital, constructed in 1954, represented the abandonment of therapeutic design during the advent of antibiotics and treatments which helped patients regardless of their environment. Modern additions to the hospital in 1963-1965, 1985, 1992, 1995, 2002, and 2008-2012 demonstrate the evolving role of architecture and design in patient care.

This section briefly summarizes the origins and current states (when applicable) of Hamilton's earlier institutions, as well as several similar institutions constructed contemporaneously with the Subject Property in order to understand the context of Juravinski Hospital. The institutional history of Juravinski Hospital, especially following the Second World War, represents a marked architectural and philosophical departure from Hamilton's earlier hospital history.

10.1 Hamilton General Hospital

Image 68: Hamilton City Hospital, 1910

Source: Toronto Public Library



Hamilton General Hospital was originally known as City Hospital. One of Hamilton's earliest medical institutions, City Hospital, was located in a former hotel that had been converted to a charitable institution in 1853 to provide local "indigent" patients with medical care.²²¹ Despite two additions, the hospital became overcrowded, prompting the purchase of a large plot of land at Barton Street East and Victoria Avenue. The

²²¹ Cortiula 1995:32

new hospital was opened in 1882 based on the designs of architect Lucien Hills, who drew inspiration from the pavilion plan of hospital design (Image 68).²²²

The pavilion plan was inspired by the work of Florence Nightingale and other experts in miasma theory, who understood diseases to be spread through “bad air.” Buildings that allowed the circulation of fresh air and sunshine were thought to be health-giving. The new City Hospital was constructed in the Second Empire style and comprised a large administration building flanked by symmetrical wings. Both wings, separated by gender inside, featured large, open corridors with numerous windows to provide a constant supply of fresh air. The administration building featured a mansard roof with wrought-iron palisade combined with red and white patterned brickwork. As summarized by Cortiula, “The Lavish exterior reflected civic pride, the power of the medical establishment, and a desire to showcase the modern medical services that all progressive urban centres were to possess.”²²³ The hospital’s interior “delivered an intimidating impression to those entering the hospital doors”.²²⁴ These characteristics of hospital design persisted more generally into the early 20th century.

The Hamilton General Training School of Nursing was established at City Hospital in 1890, and a maternity hospital was added in 1892, followed by an operating theatre in 1893. In 1914, a separate children’s ward was established. City Hospital became Hamilton General Hospital in 1917. The city’s first cancer clinic – a precursor to the Juravinski Cancer Centre – was established at the General Hospital in 1938.²²⁵

The Subject Property shared similarities in both its early design and function with Hamilton General Hospital, most notably, through the prioritization of clean air in its design and its commanding massing and layout. However, although the pre-Second World War buildings comprising what was Mount Hamilton Hospital were grandiose, the zeitgeist of the early 20th century had begun a clear shift away from design manifestations of civic pride and accomplishment toward more pragmatic functions. External factors like war and economic depression as well as continued scientific development influenced hospital design and execution. These factors are evident in the Mount Hamilton period when the limited resources during the First World War; fiscal prudence following the war; and the Great Depression minimized the initial ambitious designs for a cohesive hospital campus.

The contemporary design of the Juravinski Hospital now contradicts the early ideals of the pavilion plan. As a scientific understanding of how illness is spread, the pavilion plan was abolished in favour mono-block designs which consisted of tall buildings with multiple floors rather than large wings which accelerated the spread of disease amongst patients. Similar to the Subject Property, much of the original Hamilton General Hospital is gone or has been integrated into other later buildings on the property. As developments in science and healthcare have evolved since the post-Second World War period, hospitals have consistently been redeveloped to meet contemporary needs. Accordingly, hospital campuses in Hamilton have seldom retained early 20th century structures where these had existed in the past. Despite the demolition of the Mount Hamilton Hospital in c.2000-2002 and the Nurses’ Residence (50 Wing) in 2010, the presence of the Maternity Wing on the Subject Property is a rare phenomenon.

²²² Cortiula 1995:33

²²³ Cortiula 1995:33

²²⁴ Cortiula 1995:33

²²⁵ HHS 2023b

10.2 St. Joseph's Hospital

Image 69: St. Joseph's Hospital, 1910

Source: Toronto Public Library



St. Joseph's Hospital was opened by the Sisters of St. Joseph of Hamilton in 1890. The Sisters arrived in Hamilton in 1852, treating the sick and the poor in makeshift hospitals and sheds along the Hamilton harbour.²²⁶ The Sisters moved into their first three-storey hospital building on John Street in 1890 which featured a balcony, reception rooms, and a chapel "elegantly furnished with crystal chandeliers."²²⁷ A surgical wing was added to the building in 1894. Undergoing numerous additions to the property throughout the 20th century, the 1890 building was demolished in 1966.²²⁸

From its inception, St. Joseph's Hospital hoped to attract well-to-do patients as the facility received no municipal support. It shares a similar history with St. Peter's Infirmary and is representative of the focus many Hamilton medical institutions had on attracting wealthy patients throughout the late 19th and early 20th centuries and demonstrates the influence that mandate had on the overall architecture and design of the facility (Image 69). St. Joseph's continues to operate in Hamilton as St. Joseph's Healthcare, expanding to two hospitals and one urgent care centre. It's main campus on Charlton Avenue is the largest acute-care hospital and the only academic and research hospital within the St. Joseph's Health System which is composed of six organizations across Ontario.²²⁹ The hospital shares a unique connection with the Subject Property as both organizations are affiliated with Margaret and Charles Juravinski who donated several million dollars to St. Joseph's. In return, the hospital named it's Centre for Integrated Healthcare at it's West 5th Campus after the

²²⁶ St. Joseph's Healthcare Hamilton 2014

²²⁷ Cortiula 1995:36

²²⁸ SJSNAA 2023

²²⁹ St. Joseph's Healthcare Hamilton n.d.

couple.²³⁰ Both Juravinski Hospital and St. Joseph's Healthcare offer specialized patient care and training for medical professionals. St. Joseph's is also a leader in robotic surgery and has one of the largest kidney programs in the province.²³¹

10.3 St. Peter's Hospital

Image 70: St. Peter's Infirmary, 1925

Source: Hamilton Public Library, Local History and Archives



St. Peter's Infirmary was founded by Reverend Thomas Geoghegan of St. Peter's Anglican Church in 1890. Geoghegan was inspired to create the hospital after several visits to City Hospital during which he realized Hamilton was in need of a hospital specializing in care for chronic medical conditions.²³² The Reverend raised \$9,000 to purchase the Springer Homestead – a large Italianate estate owned by early settler and United Empire Loyalist Richard Springer and his family since the 1830s (Image 70).

Known originally as St. Peter's Home for the Incurables, the facility housed just 24 patients. Although the hospital helped to provide essential services for those in need of long-term care, the former residential building was incompatible with its new designation as a hospital. Despite the large windows, it was nearly always dark and gloomy. While gas jets and other light fixtures were installed in 1906, and walls were repainted, it did little to enliven the dismal environment inside. It was not considered a building which was compatible with progressive ideas about mental or physical healing.

Today, St. Peter's Hospital continues to provide the Hamilton community with palliative care, medical and behavioral treatment, and "restorative rehabilitation."²³³ The GERAS Centre for Aging Research, affiliated with

²³⁰ St. Joseph's Healthcare Hamilton n.d.

²³¹ St. Joseph's Healthcare Hamilton n.d.

²³² Cortiula 1995:37

²³³ HHS 2023c

McMaster University, is also based at the hospital. St. Peter's Hospital joined with Hamilton Health Sciences in 2008. The facility is representative of the early history of Hamilton's hospitals and demonstrates the beginning of the evolution of hospital care and rehabilitation, based on the 20th century scientific understanding of contagion and patient recovery. The Subject Property, specifically the original Mount Hamilton Hospital, represents the evolving ideology of space and design as a therapeutic component of hospitals which sought to delineate from early hospitals made from converted homes like St. Peter's which proved to be difficult to maintain a sanitary environment. The modern-day St. Peter's focuses on specialty services for populations like the elderly, similar to Juravinski's growing emphasis on cancer treatment and research. It appears that the Italianate structure on the property was demolished by the middle of the 20th century.

10.4 RCAF No. 2 Convalescent Hospital

Image 71: Movie Night at RCAF No. 2 Convalescent Hospital, 1945

Source: Library and Archives Canada



The RCAF No. 2 Convalescent Hospital at the Auchmar Mansion in Hamilton, was one of 11 properties loaned to the Royal Canadian Air Force during the Second World War to be used as convalescent hospitals. These facilities typically housed soldiers who were likely to fully recover and return to duty after a period of rest (Image 71). These men rarely needed medical treatment apart from “observation and rehabilitation.”²³⁴ Many convalescent hospitals were deliberately established on beautiful, well-landscaped properties to promote healing through nature and recreation. The first seven patients were airmen who were transferred from an informal convalescent home in Beaumaris, Muskoka to Auchmar Mansion on Hamilton's Mountain Brow in the fall of 1943. The hospital continued to operate until the end of the war in 1945.²³⁵ Auchmar Mansion was purchased by the Hungarian Sisters of Social Service in 1945 to be used as a retreat centre for the Hungarian

²³⁴ WWII US Medical Research Centre n.d.

²³⁵ Friends of Auchmar n.d.

parish and other local churches. The City of Hamilton took over ownership of the estate in 1999.²³⁶ The mansion is the only surviving country estate on the Hamilton Mountain and is currently used as a historical landmark and tourism destination.

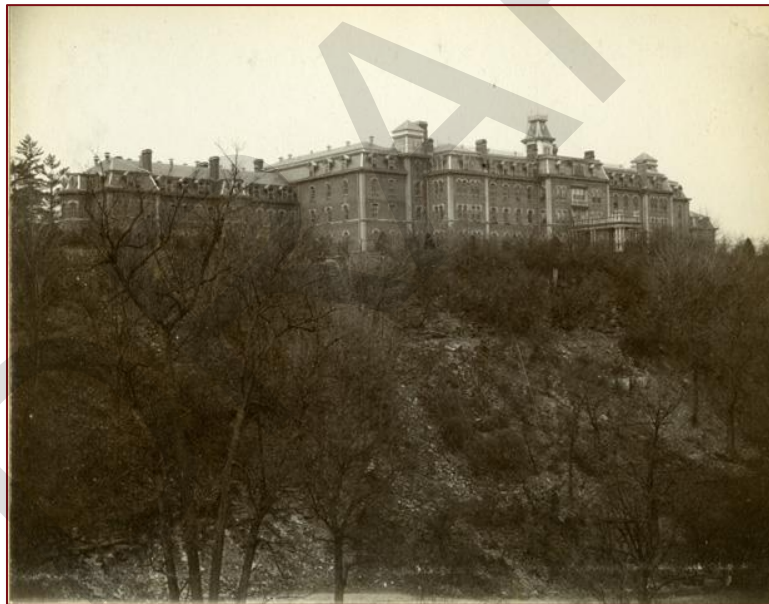
Life at the Auchmar Hospital was a mixture of rest and rehabilitation. Many patients suffered from extensive burns to their extremities, which were treated with exercises, stretching, and dipping their hands in wax. They were also required to perform daily chores, while also enjoying all that Auchmar had to offer – including 9-hole golf course.²³⁷

While No. 2 Convalescent Hospital varies greatly from the early history of Juravinski Hospital, its principles of care centered around rest and rehabilitation situated within a luxurious setting are very similar to the early years of Mount Hamilton Hospital, with its home-like facilities and other similar institutions during the early 20th century.

10.5 Hamilton Asylum for the Insane

Image 72: Hamilton Asylum for the Insane, c.1900

Source: Hamilton Public Library, Local History and Archives



Opened in 1876, the Hamilton Asylum for the Insane became a destination for overflow patients from other facilities during the late 19th and early 20th centuries. Most of the original asylum was demolished as new buildings were added to the complex, but one notable remnant is Century Manor, constructed in 1884.²³⁸

Designed according to the Kirkbride Plan – a system of hospital design created by American psychiatrist Thomas Story Kirkbride – the Hamilton Asylum featured plenty of natural light and ventilation through a “bat wing” shaped floorplan with numerous hospital wings extending from a central building (Image 72). An emphasis on natural light and ventilation was particularly important for the treatment of tuberculosis. As Tara

²³⁶ Friends of Auchmar n.d.

²³⁷ Friends of Auchmar n.d.

²³⁸ Asylum Projects 2016

Jenkins summarized in “Children and Tuberculosis in Hamilton” “the recommended treatments for adults with tuberculosis were rest, fresh air, good food, and sunlight.”²³⁹ Century Manor is the only surviving structure of the three High Victorian buildings which made up the original psychiatric hospital.²⁴⁰ Much of the treatment was designed to be pleasant in an effort to alleviate stress. The Asylum was closed in 1978, but the property remained in use for other purposes throughout the 1980s.

The Kirkbride-inspired design of the Hamilton Asylum is heavily tied to the work of Florence Nightingale. The structure is representative of the history of Hamilton’s hospitals and the evolving social, political, and financial circumstances in the local community which ultimately led to the creation of Mount Hamilton Hospital in 1917. The asylum’s sprawling floorplan resembles the original, but never realized, design of Mount Hamilton Hospital (Images 9-11). The asylum predates the original Mount Hamilton building by several decades, and, with its Gothic and Neoclassical designs, serves as a contrast to the modern design of the Subject Property’s original structures. These elements are representative of the evolution of medical knowledge directly impacting hospital design.

10.6 Chedoke Sanitorium

Image 73: The Chedoke Sanitorium, 1953

Source: Hamilton Public Library, Local History and Archives



Chedoke Hospital was constructed on the brow of Hamilton Mountain in 1906 as the Mountain Sanitorium (Image 73). As the fourth tuberculosis sanitorium in Canada, the hospital was built on farmland donated by two local businessmen, and was chosen for its altitude and proximity to the Mountain which allowed for access to fresh air and natural landscapes – the primary treatment for tuberculosis prior to the advent of vaccines and modern medicine.²⁴¹

²³⁹ Jenkins 2007:37

²⁴⁰ Century Manor Preservation 2021

²⁴¹ HHS 2023



Patients from all walks of life sought treatment at the sanatorium. During the First World War, soldiers infected with tuberculosis and those who had been injured by mustard gas were treated at the facility. In 1955, Inuit patients with tuberculosis were transported to the sanatorium for treatment, hundreds of kilometers away from their homelands.²⁴² The hospital also expanded to encompass several large buildings throughout the mid-20th century, including the Evel and Wilcox Pavilions and the Hamilton and District School of Nursing which opened in 1964. Renamed the Chedoke-McMaster Centre in 1968, the hospital combined with Hamilton Civic Hospitals in 1996 to form Hamilton Health Sciences. The majority of its hospital buildings were demolished in 2014.

Both Chedoke Hospital and what is now Juravinski Hospital evolved into a hub for medical treatment and training with the addition of several new buildings to serve patients needs while facilitating medical research and instruction. Both institutions are also closely connected to the landscape of the Hamilton Mountain with its 'therapeutic' environment.

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²⁴² HHS 2023



II CONCLUSION

The Ontario Infrastructure and Lands Corporation (Infrastructure Ontario – IO) has engaged TMHC to produce a Cultural Heritage Evaluation Report for the Juravinski Hospital at 711 Concession Street, Hamilton, Ontario.

This CHER provides the contextual basis for the accompanying CHERR. The CHERR contains the evaluation, recommendations, and conclusions for the Subject Property.

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12 BIBLIOGRAPHY

Arthur, Eric R. ed.

- 1951 "Editorial." *Royal Architectural Institute of Canada Journal* 28(4). Toronto: J.F. Sullivan. April 1951. Available online:
https://dalspace.library.dal.ca/bitstream/handle/10222/74603/RAIC_vol28_no04_access.pdf?sequence=1&isAllowed=y. Accessed September 5, 2023.

Archaeological Services Inc. (ASI)

- 2008 *Stage 1&2 Archaeological Assessment of the Proposed Petro-Canada Site, Part of Lot 24, Concession 6, Geographic Township of Saltfleet, Former Wentworth County, City of Hamilton*. Licensee Debbie Steiss, PIF: P049-301-2008. Report on file with the MCM

Asylum Projects

- 2016 Hamilton Psychiatric Hospital. Available online:
https://www.asylumprojects.org/index.php/Hamilton_Psychiatric_Hospital. Accessed September 2, 2021.

Bailey, Thomas Melville and Charles Ambrose Carter

- 1972 *Hamilton: Famous and Fascinating*. Hamilton: W.L. Griffen, Limited. Available online:
<https://archive.org/details/hamiltonfamousfa0000thom>. Accessed August 28, 2023.

Bongers, Agnes

- 1994 "Woman's Family May Take Racism Fight to UN; Health System Blamed for her Death." *The Hamilton Spectator*. May 27, 1994.

Blumenson, John J. G.

- 1979 *Identifying American Architecture: A Pictorial Guide to Styles and Terms, 1600-1945*. Nashville: American Association for State and Local History. Available online:
<https://archive.org/details/identifyingameri0000blum>. Accessed October 6, 2022

Blumenson, John J. G.

- 1990 *Ontario Architecture: A Guide to Styles and Building 1784 to the Present*. Markham, Ont: Fitzhenry & Whiteside. Bowker, Walter B. ed.

- 1967 "Eberhard Heinrich Zeidler." *Architecture Canada* 44(6). June 1967. Available online:
<https://dalspace.library.dal.ca/handle/10222/74804>. Accessed May 29, 2023.

Buist, Steve

- 2000a "Regional Cancer Centre May be Forced to Relocate." *The Hamilton Spectator*. March 2, 2000.



Buist, Steve

2000b "Why We Wait for Radiation." *The Hamilton Spectator*. July 4, 2000.

Burkholder, Mary

1956 *Barton on the Mountain*. Self-published.

Burkholder, Mabel and T. Roy Woodhouse

1958 "Crown Patentees of Barton." *Wentworth Bygones – from the Papers and Records of The Head-of-the-Lake Historical Society*, Hamilton, Ontario. No. 1.

Campbell, Marjorie Freeman

1966 *A Mountain and a City: The Story of Hamilton*. Toronto: McClelland and Stewart. Available online: <https://archive.org/details/mountainandcitys0000marj/>. Accessed September 19, 2023.

Canada

1861 "Middlewood, Math." 1861 Census of Canada. Available online: <http://central.bac-lac.gc.ca/.redirect?app=census&id=44116630&lang=eng>. Accessed September 25, 2023.

Canada

1891 *Indian Treaties and Surrenders From 1680-1890*. Two Volumes. Ottawa: Brown Chamberlin, Printer to the Queen's most Excellent Majesty.

Canada

2020 *Specific Claims Branch Report: Caldwell*. Crown-Indigenous Relations and Northern Affairs Canada.

Canada Newswire

2008 "Photo Opportunity – Construction to be Officially Launched at Hamilton Health Sciences' Henderson General Hospital." *Canada Newswire*. February 14, 2008.

Canadian Post Card Co.

1919 *Mountain Hospital, Hamilton, Ont., Taken from an Aeroplane*. Toronto: Canadian Post Card Co.

Century Manor Preservation

2021 Friends of Century Manor Incorporated Protect & Preserve Century Manor. Available online: <https://www.centurymanorpreservation.com/>. Accessed September 19, 2023.

Chapman, L.J. and D.F. Putnam

1984 *The Physiography of Southern Ontario*. Toronto: University of Toronto Press.

Chapple Heritage Services

2010 Cultural Heritage Assessment Nurses' Residence (50 Wing), Henderson Hospital, (Juravinski Hospital).



City of Hamilton

- n.d. "Asset ID# 2161, Plaques - Nora Frances Henderson 1897-1949." Listed on Landmarks and Monuments in the City of Hamilton. Available online: <https://spatialolutions.maps.arcgis.com/apps/webappviewer/index.html?id=0c7a308c37994428a5ee698a838fa51b>. Accessed September 18, 2023.

City of Hamilton

- 2021 "Former Mount Hamilton Hospital Maternity Wing." Listed on City of Hamilton Municipal Heritage Register. Available online: <https://spatialolutions.maps.arcgis.com/apps/webappviewer/index.html?id=ef361312714b4caa863016bba9e6e68f>. Accessed September 18, 2023.

CMBA Architects

- 2021 Hospital Design's Role in Patient Comfort and Recovery. Available online: <https://blog.cmbaarchitects.com/hospital-designs-role-in-patient-comfort-and-recovery>. Accessed September 6, 2023.

Concession Street Business Improvement Area (BIA)

- n.d. Concession Street History. Available online <https://www.concessionstreet.ca/history-of-our-street.html>. Accessed September 12, 2023.

Construction

- 1917 "War Creates Need for Hospitals." *Construction* 10(6). June 1917. Toronto: H. Gagnier, Limited, Publishers. Pp. 196-200. Available online: <https://archive.org/details/constructionjour10macduoft/page/215>. Accessed May 9, 2023.

Construction

- 1917 "First Units of Mount Hamilton Hospital." *Construction* 10(6). June 1917. Toronto: H. Gagnier, Limited, Publishers. Pp. 196-200. Available online: <https://archive.org/details/constructionjour10macduoft/page/196>. Accessed May 9, 2023.

Cortiula, Mark William

- 1995 "Houses of the Healers: The Changing Nature of General Hospital Architecture in Hamilton, 1850-1914." *Social History* 28(55). Available online: <https://hssh3.journals.yorku.ca/index.php/hssh/article/view/36783>. Accessed April 28, 2023.

Cox, Christine

- 2002 "Hospitals to be Power Plants; Hamilton Health Sciences May Spend \$40 Million to Beat the Rising Cost of Electricity." *The Hamilton Spectator*. November 8, 2002.

Cox, Christine

- 2003a "\$5.7m Will Speed Hamilton Cancer Centre Treatment." *The Hamilton Spectator*. January 14, 2003.



Cox, Christine

2003b "Juravinski Name Goes on Regional Cancer Centre." *The Hamilton Spectator*. September 19, 2003.

Crossman, Kelly J.

1982 *Architectural Ideals in Canada 1885-1914*. PhD Thesis at the University of Edinburgh.

Davie, Michael

1986 "\$14.3m Grant May Double Staff at Henderson Clinic." August 6, 1986. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume I (1963-1998).

Davy, Denise

1990 "Cancer Centre Looks Overseas to Fill Jobs." *The Hamilton Spectator*. March 21, 1990. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume I (1963-1998).

Davy, Denise

1991 "Working with Hope; Team Effort Keeps Spirits High at Cancer Centre." *The Hamilton Spectator*. November 2, 1991.

Davy, Denise

1994a "Change Needed to End Racism in Health System, Inquest Told." *The Hamilton Spectator*. May 20, 1994.

Davy, Denise

1994b "Drug Not a Factor in Death of Woman." *The Hamilton Spectator*. May 21, 1994.

Davy, Denise

1994c "Natives Get Second-Class Care, Inquest Told; 'What's Missing is Respect,' MD Says." *The Hamilton Spectator*. May 17, 1994.

Davy, Denise

1994d "'No Evidence'" of Tylenol Link: 'Didn't Contribute to her Death.'" *The Hamilton Spectator*. May 18, 1994.

Davy, Denise

1994e "Silversmiths Claim Nurses 'Insensitive.'" *The Hamilton Spectator*. May 18, 1994.

Davy, Denise

1995 "Native Family Undeterred After Racism Complaint Rejected: Silversmiths Continue with \$1.8-m Lawsuit in Mother's Death." *The Hamilton Spectator*. November 23, 1995.

De Almeida, Jacquie

2005 "Henderson to Get a \$137m Refit; Healing Garden Part of Plan to Give Patients a Pleasant, Upbeat Environment." *The Hamilton Spectator*. April 15, 2005.



Dictionary of Architects in Canada

n.d.a Blackwell, Walter Renison Lightborne. Available online:
<http://dictionaryofarchitectsincanada.org/node/1138>. Accessed May 26, 2023.

Dictionary of Architects in Canada

n.d.b Blackwell, William. Available online: <http://dictionaryofarchitectsincanada.org/node/1139>. Accessed May 26, 2023.

Dictionary of Architects in Canada

n.d.c Craig, James Shand. Available online: <http://dictionaryofarchitectsincanada.org/node/2693>. Accessed May 26, 2023.

Dictionary of Architects in Canada

n.d.d Stewart, Walter Wilson. Available online: <http://dictionaryofarchitectsincanada.org/node/1331>. Accessed May 26, 2023.

Dictionary of Architects in Canada

n.d.e Witton, William Palmer. Available online: <http://dictionaryofarchitectsincanada.org/node/405>. Accessed May 26, 2023.

Don News Service

2007 "Site Prep Starts on Hospital." *Daily Commercial News* 80(76):5. April 18, 2007.

Dreschel, Andrew

1997 "Hospitals Rife with Speculation Awaiting Restructuring." *The Hamilton Spectator*. November 26, 1997.

Dreschel, Andrew

2000 "Superhospital to Launch Search for MDs; Provincial Decree to Save All Hospitals Leaves No Other Option to End Crisis." *The Hamilton Spectator*. May 5, 2000.

Dreschel, Andrew

2009 "Not Everybody Loves the Henderson Name." *The Hamilton Spectator*. October 28, 2009.

Drew, Benjamin

1856 *The Refugee: The Narrative of Fugitive Slaves in Canada*. Toronto: Dundurn Press. Available online: <https://archive.org/details/refugeenarrative0000drew/page/136/mode/2up?view=theater>. Accessed August 29, 2023.

Dundas Historical Society (and the County of Wentworth)

1973 *The County of Wentworth 1853-1973: A Pictorial Parade*. Hamilton: Wentworth Books.

Dunn, Anne

1964 "Brand-new Setting for Surgery." *The Hamilton Spectator*. December 8, 1964. Sourced from Hamilton Public Library Local History and Archives Department.

Esakov, Denis

n.d. Fagus Factory by Walter Gropius and Adolf Meyer – CC BY-NC-SA 2.0. Available online: <https://www.metalocus.es/en/news/industrial-modernity-fagus-factory-walter-gropius-and-adolf-meyer>. Accessed September 5, 2023.

Fensom, John

1895 "The Mount Hamilton Incline Railroad at Hamilton, Ont." *The Street Railway Review* 5(9). September 15, 1895. Chicago: Windsor & Kenfield Publishing Co. Available online: <https://archive.org/details/streetrailwayrev05amer/page/631>. Accessed September 6, 2023.

Find a Grave

2017 "John Wesley Rosebrugh." Available online: <https://www.findagrave.com/memorial/175371868/john-wesley-rosebrugh>. Accessed September 25, 2023.

Frketich, Joanna

2000a "Cancer Centre Costs Soar." *The Hamilton Spectator*. June 15, 2000.

Frketich, Joanna

2000b "Cancer Centre Gets \$2.5 million in Gifts." *The Hamilton Spectator*. July 14, 2000.

Frketich, Joanna

2000c "Henderson Saved; Provincial Official Says Supervisor Taking Over HHSC Told to Leave Mountain Hospital Alone." *The Hamilton Spectator*. April 27, 2000.

Frketich, Joanna

2000d "Hospital Boss Makes No Promises; Ron Mulchey Says He is No Magician but Will Do His Best to Keep Henderson Afloat in the Overhaul of the Debt-plagued HHSC." *The Hamilton Spectator*. April 28, 2000.

Frketich, Joanna

2000e "Hospital Deficit Wiped Out; Health Minister Delivers \$42.9 Million Bailout Cheque to Give HHSC Fresh Start." *The Hamilton Spectator*. May 11, 2000.

Frketich, Joanna

2000f "Hospital Upgrade May Cost \$250m; \$75m Required from City Taxpayers." *The Hamilton Spectator*. November 8, 2000.

Frketich, Joanna

2004 "Henderson's Future Begins Now; \$13 Million from Province for Planning, Design Sets Stage for Cancer Hospital Expansion, Makeover." *The Hamilton Spectator*. February 24, 2004.



Frketich, Joanna

2020 “Juravinski Hospital to Get \$1-billion Renovation While Cap on Grimsby Hospital Rebuild Upped to \$499 Million.” *The Hamilton Spectator*. September 25, 2020. Available online: [Juravinski Hospital to get \\$1-billion renovation while cap on Grimsby hospital rebuild upped to \\$499 million \(thespec.com\)](https://www.thespec.com/news/local/juravinski-hospital-to-get-1-billion-renovation-while-cap-on-grimsby-hospital-rebuild-upped-to-499-million-2020-09-25/). Accessed September 8, 2023.

Friends of Auchmar

n.d. “The R.C.A.F. at Auchmar.” Available online: <https://www.friendsofauchmar.ca/history/rcaf/>. Accessed September 1, 2023.

Garwood-Jones, Trevor

1996 “St. Joe’s Can’t Easily Move to Henderson: Henderson Hospital has Old Buildings and Structural Problems that Make Upgrading Costly and Difficult.” *The Hamilton Spectator*. March 15, 2023.

Gibson, Sally.

c.1903. Derived from envelope with photograph by Sally Gibson. Available online: <http://www.distilleryheritage.com/PDFs/documents/AnIllustratedHistoryoftheKingEdwardHotel.pdf>. Accessed September 21, 2023.

Government of Ontario

2021 The Niagara Escarpment Plan. Available online: <https://escarpment.org/wp-content/uploads/2021/05/NEP-Consolidation-April-5-2021-FINAL.pdf>. Accessed September 25, 2023.

Grodde, Peter

2010 “Henderson Not the Original Name.” *The Hamilton Spectator*. May 6, 2010.

Guay, David R.P.

2015 *Great Western Railway of Canada: Southern Ontario’s Pioneer Railway*. Toronto: Dundurn Press. Available online: https://www.google.ca/books/edition/Great_Western_Railway_of_Canada/XrVKCAAQBAJ?hl=en&gbpv=1&printsec=frontcover. Accessed September 18, 2023.

Haines, H., D. Smith, D.A. Galbraith, and Tys Theysmeyer

2011 The Point of Popularity: A Summary of 10,000 years of Human Activity at the Princess Point Promontory, Cootes Paradise Marsh, Hamilton, Ontario. *Canadian Journal of Archaeology* 35: 232-257.

Hamilton Health Sciences (HHS)

2023a “Juravinski Hospital.” Available online: <https://www.hamiltonhealthsciences.ca/about-us/our-organization/our-locations/juravinski-hospital/#:~:text=The%20Juravinski%20Hospital%20and%20Cancer,Regional%20Cancer%20Programs%20in%20Ontario>. Accessed September 18, 2023.



Hamilton Health Sciences (HHS)

2023b “Our History.” Available online: <https://www.hamiltonhealthsciences.ca/about-us/our-organization/our-history/>. Accessed September 18, 2023.

Hamilton Health Sciences (HHS)

2023c “St. Peter’s Hospital.” Available online: <https://www.hamiltonhealthsciences.ca/about-us/our-organization/our-locations/st-peters-hospital/>. Accessed September 1, 2023.

Hamilton Public Library

1947 “Obituary: William Palmer Witton.” *Royal Architectural Institute of Canada*. July 1947. From HPL fonds CF – Hamilton – Biography – Witton, William Palmer.

Hamilton Public Library

n.d. Picture Collection – Hamilton – Portraits – Witton, William Palmer.

Heller, Cheryl

2018 “How the Architecture of Hospitals Affects Health Outcomes.” *Harvard Business Review*. Available online: <https://hbr.org/2018/10/how-the-architecture-of-hospitals-affects-health-outcomes>. Accessed September 6, 2023.

Hemsworth, Wade

2006 “Juravinskis Add \$15m to Legacy of Giving; Henderson Hospital to be Renamed. *The Hamilton Spectator*. September 6, 2006.

Herron, Shaun N.

1996 “Civic Hospitals Unveil Native Support Plan.” *The Hamilton Spectator*. January 26, 1996.

Herron, Shaun N.

1997 “Few Jobs will be Lost, Hospital Bosses Say: Lean System Means Hundreds can be Accommodated Hospital Restructuring.” *The Hamilton Spectator*. November 29, 1997.

Hillier, Bevis

1985 *Art Deco of the 20s and 30s*. New York: Schocken Books. Available online: <https://archive.org/details/artdecoof20s30s00hill>. Accessed September 5, 2023.

H.R. Page & Co.

1875 *The Illustrated Historical Atlas of the County of Wentworth, Ont.* Toronto: Page & Smith. Available online: <https://digital.library.mcgill.ca/countyatlas/Images/Maps/TownshipMaps/wen-m-barton.jpg>. Accessed September 6, 2023.



Hughes, H.G.

- 1951 "Progress in Hospital Planning." *Royal Architectural Institute of Canada* 28(4):83-87. April 1951. Available online: https://dalspace.library.dal.ca/bitstream/handle/10222/74603/RAIC_vol28_no04_access.pdf?sequence=1&isAllowed=y. Accessed June 22, 2023.

Importex Company and Leonard Frank

- c.1931 Marine Building 1929-30 and Royal Bank of Canada Building 1929-31 Postcards. Derived from photographs by Leonard Frank. Available online: <https://www.flickr.com/photos/45379817@N08/11902251656/in/photostream/>. Accessed September 1, 2023.

Infrastructure Ontario (IO)

- 2006 Next Step Forward for Hamilton Health Sciences Major Redevelopment. November 3, 2006. Available online: <https://www.infrastructureontario.ca/en/news-and-media/news/hamilton-health-sciences---juravinski-hospital-and-cancer-centre/next-step-forward-for-hamilton-health-sciences-major-redevelopment/>. Accessed August 29, 2023.

Infrastructure Ontario (IO)

- 2007 Contract Awarded for Hamilton's Henderson General Hospital Redevelopment Project. December 17, 2007. Available online: <https://www.infrastructureontario.ca/en/news-and-media/news/hamilton-health-sciences---juravinski-hospital-and-cancer-centre/contract-awarded-for-hamiltons-henderson-general-hospital-redevelopment-project/>. Accessed August 29, 2023.

Infrastructure Ontario (IO)

- 2010 Celebrating the Juravinski Hospital and Cancer Centre's Redevelopment at Hamilton Health Sciences. September 23, 2010. Available online: <https://www.infrastructureontario.ca/en/news-and-media/news/hamilton-health-sciences---juravinski-hospital-and-cancer-centre/celebrating-the-juravinski-hospital-and-cancer-centres-redevelopment-at-hamilton-health-sciences/>. Accessed August 29, 2023.

Infrastructure Ontario (IO)

- 2012 Juravinski Hospital and Cancer Centre Redevelopment. May 14, 2012. Available online: <https://www.infrastructureontario.ca/en/news-and-media/news/hamilton-health-sciences---juravinski-hospital-and-cancer-centre/juravinski-hospital-and-cancer-centre-redevelopment/>. Accessed August 29, 2023.

Inglis, Grace

- 1985 "He Nourishes the Capacity to Dream: Trevor Garwood-Jones." *The Hamilton Spectator*. Sourced from Hamilton Public Library.



Invizij Architects

- 2014 Juravinski Cancer Centre Linear Accelerator Bunker Renovations. Available online: <https://invizij.ca/project/juravinski-cancer-centre-linear-accelerator-bunker-renovations/>. Accessed September 14, 2023.

Jencks, Charles

- 1984 *The Language of Post-modern Architecture*. New York: Rizzoli International Publications Inc. Available online: https://archive.org/details/languageofpostmo0000jenc_l6a0. Accessed September 12, 2023.

Jenkins, Tara

- 2007 “Children and Tuberculosis in Hamilton.” Published in *Before 'The San': Tuberculosis in Hamilton at the Turn of the Twentieth Century*. Edited by D. Ann Herring. Hamilton: McMaster University Faculty of Social Sciences. 31-38. Available online: <https://macsphere.mcmaster.ca/bitstream/11375/14363/2/fulltext.pdf>. Accessed September 26, 2023.

Jones, Augustus

- 1796 Names of the rivers and creeks, as they are called by the Messissagues... Ontario Ministry of Natural Resources, *Letters received* 6: 1882-1883.

Kalman, Harold

- 1994 *A History of Canadian Architecture Volume 2*. Toronto: Oxford University Press.

Katz, Teddy

- 1989 “\$10.5m Cancer Research Centre Set for Henderson.” *The Hamilton Spectator*. November 18, 1989. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume I (1963-1998).

Kenter, Peter

- 2011 “Hamilton Demolition.” *Daily Commercial News and Construction Record* 84(104). June 1, 2011.

Kisacky, Jeanne

- 2017 “When Fresh Air Went Out of Fashion at Hospitals.” *Smithsonian Magazine*. Available online: <https://www.smithsonianmag.com/history/when-fresh-air-went-out-fashion-hospitals-180963710/#:~:text=In%20the%20March%201942%20issue,so%20innovative%20he%20copyrighted%20i>. Accessed September 6, 2023.

Kollek, Daniel

- 1996 “Closing Hospitals Puts Lives at Risk: Henderson Hospital has its Own Centres of Excellence and it and all the Other Acute Hospitals Must Stay Open.” *The Hamilton Spectator*. April 2, 1996.



KPMG

- 2008 *Value for Money Assessment Hamilton Health Sciences Henderson General Hospital Redevelopment Project*. Prepared for Infrastructure Ontario. Available online: https://www.infrastructureontario.ca/contentassets/c9418dd41ee14553ac7f7fdce1682c24/juravinski-hospital_value-for-money_en.pdf. Accessed April 9, 2023.

Landmarks Preservation Commission

- 1976 Lescaze House. Available online: <http://s-media.nyc.gov/agencies/lpc/lp/0898.pdf>. Accessed December 14, 2022.

LeBlanc, Dave

- 2007 "A Family's Little House in the Prairie Style; The Work of Craftsmen and Designers is Preserved and Respected in the Kyles Clan's Hand-me-down 1955 Split-level Home." *The Globe and Mail*. March 16, 2007.

Lee, Betty

- 1959 "Look What's Happened to Hamilton Mountain!" *The Globe and Mail*. June 27, 1959. Pp. 8-9, 22.

Lee, Betty Lou

- 1986 "Patients Face Wait for Cancer Care." *The Hamilton Spectator*. January 6, 1986. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume I (1963-1998).

MacRury, Al

- 1995 "Henderson Boiler Room is Chimney on Access." *The Hamilton Spectator*. July 12, 1995.

Manson, Bill

- 2008 "From barracks to hospital." In *First Here: What happened when in Hamilton*. Edited by Margaret Houghton. Burlington, ON: North Shore Publishing Inc. 63-64.

Mika, N. and Mika, H.

- 1983 *Places in Ontario: Their Name origins and history, Part III, N-Z*. Belleville, ON: Mika Publishing.

Ministry of Natural Resources

- 1978 Regional Municipality of Hamilton-Wentworth and Surrounding Area, 1978: 4317-54-Photo 333. Scale 1:10,000. 4317-54. Sourced from McMaster University Library Lloyd Reeds Map Collection.

Mississauga of the Credit First Nation (MCFN)

- 2020 *Between the Lakes Treaty No. 3 (1792)*. Culture and History; Historical Tidbit. Mississaugas of the Credit First Nation. Available online: <https://mncfn.ca/between-the-lakes-treaty-no-3-1792/>. Accessed September 12, 2023.

McNeil, Mark



2009a "Henderson Undergoes \$198m Reno; Juravinski Hospital and Cancer Centre on Target to Open in Spring 2012." *The Hamilton Spectator*. April 17, 2009.

McNeil, Mark

2009b "Hospital Renewal a Massive Operation." *The Hamilton Spectator*. April 17, 2009.

Morris, Lynne and Joe Morris

2006 "Henderson Hospital Should Not Have Been Renamed." *The Hamilton Spectator*. September 9, 2006.

Morison, Jill

1990 "Health Ministry to Pay All Costs for Cancer Centre." *The Hamilton Spectator*. May 10, 1990. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume I (1963-1998).

Morison, Jill

1992 "28 Hospital Jobs Saved Temporarily." *The Hamilton Spectator*. May 7, 1992.

Morrison, Suzanne

1987a "Doctors, Nurses and Patients Hope New Building Fulfills Needs and Dreams." *The Hamilton Spectator*. November 6, 1987. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume I (1963-1998).

Morrison, Suzanne

1987b "First-class Cancer Facility Just Three Years Away." *The Hamilton Spectator*. November 6, 1987. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume I (1963-1998).

Morrison, Suzanne

1989a "Cancer Centre Report Expected." *The Hamilton Spectator*. September 13, 1989. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume I (1963-1998).

Morrison, Suzanne

1989b "Digging in to Battle Cancer." *The Hamilton Spectator*. September 15, 1989. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume I (1963-1998).

Morrison, Suzanne

1991 "Cancer Specialist Will Leave Legacy of Achievement." *The Hamilton Spectator*. December 26, 1991.

Morrison, Suzanne

1992a "New Cancer Centre is Just What the Patient Ordered." *The Hamilton Spectator*. March 21, 1992.

Morrison, Suzanne

1992b "Operation Research; Hospitals get OK for \$13.5m Centre." *The Hamilton Spectator*. April 9, 1992.



Morrison, Suzanne

1994 "Secret Success; Some Hamilton Researchers are the Best in the World and Everybody Knows it, Except their Neighbors." *The Hamilton Spectator*. September 17, 1994.

Morrison, Suzanne

1995 "Racism Allegations Dismissed in Death: No Details Found of Complainants; Board." *The Hamilton Spectator*. November 18, 1995.

Morrison, Suzanne and Ken Peters

1996a "Hospitals at War: Sparks Fly Over Rumors of Emergency Ward Closure," *The Hamilton Spectator*. February 29, 1996.

Morrison, Suzanne and Ken Peters

1996b "Health Officials, Politicians Meet Privately" Timing of 'Briefing' Before Release of Controversial Health Report Played Down." *The Hamilton Spectator*. March 2, 1996.

Morse, Paul

2004 "HHS Expects Gas-fired Cogeneration Plants to Produce \$2m in Surplus Power Each Year." *The Hamilton Spectator*. March 11, 2004.

Mountain News

1983 "Henderson Donating Land for Cancer Lodge." *Mountain News*. August 24, 1983. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume 1 (1963-1998).

Mulchey, Ron

2000 "Join Superhospital's Renewal Bid; Supervisor of HHSC Outlines Future Plans." *The Hamilton Spectator*. December 28, 2000.

Nolan, Dan and Carol Phillips

1995a "Henderson Not Closing, Minister Says: Agostino Claims Senior Health Officials Confirm Mountain Hospital Slated to Close." *The Hamilton Spectator*. September 28, 1995.

Nolan, Dan

1996 "Giant Hospital to Follow Merger." *The Hamilton Spectator*. June 28, 1996.

Nolan, Kyle

2011 "Architecture was in Kyles' Blood Local Schools, Banks, Hospitals All Part of his Hefty Portfolio." *The Hamilton Spectator*. January 3, 2011.

Northrup, A.J.

1995 "Agostino Should Get Down to Work." *The Hamilton Spectator*. October 10, 1995.



Ontario Archaeological and Historic Sites Board

n.d. The Desjardins Canal. Digital image by Alan L. Brown. Available online: https://www.ontarioplaques.com/Plaques_GHI/Plaque_Hamilton19.html. Accessed August 24, 2023.

Ontario Association of Architects (OAA)

n.d. Garwood-Jones, Trevor (1928-2011). Available online: https://oaa.on.ca/Assets/Common/Shared_Documents/Awards/Honour%20Roll/GARWOOD-JONES,%20Trevor.pdf.

Ontario Association of Architects (OAA)

2016 Lillian H. Smith Library (1995). Available online: <https://oaa.on.ca/whats-on/bloag/bloag-detail/Lillian-H--Smith-Library-1995>. Accessed September 6, 2023.

Ontario Association of Architects (OAA)

2019 Juravinski Hospital and Cancer Centre. Available online: <https://oaa.on.ca/whats-on/bloag/bloag-detail/Juravinski-Hospital-and-Cancer-Centre->. Accessed September 14, 2023

Ontario Trails

n.d. Escarpment Rail Trail. Available online: <https://www.ontariotrails.on.ca/trail/escarpment-rail-trail>. Accessed September 18, 2023.

Osbaldeston, Mark

2016 *Unbuilt Hamilton*. Toronto: Dundurn Press.

Owings, Nathaniel A.

1948 "Efficiency of Operation." *Royal Architectural Institute of Canada* 25(9):296-299. September 1948. Available online: <https://dalspace.library.dal.ca/handle/10222/74572>. Accessed June 22, 2023.

Parkin Architects Limited

2023 Juravinski Hospital, Hamilton Health Sciences, Stem Cell Transplant Unit. Available online: <https://www.parkin.ca/projects/juravinski-hospital-hamilton-health-sciences-stem-cell-transplant-unit/>. Accessed September 12, 2023.

Peters, Ken

1996a "Battle for Henderson: Hamilton Aldermen Henry Merling and Bob Charters have Picked up the Fight to Keep Henderson Hospital a Full-service Hospital. A Report from the Chief Executive Officers of the City's Hospitals Will be the 'Death of Henderson,' they Say." *The Hamilton Spectator*. May 17, 1996.

Peters, Ken

1996b "Civics Get Concessions: Agreement Found for New Health Restructuring Deal." *The Hamilton Spectator*. May 18, 1996.

Powell, Jim

2007 "Taking AIM at a Hamilton Landmark." *HazMat Management* 19(4):24-25. Fall 2007

Price, Charles Matlack

1916 *The Practical Book of Architecture*. Philadelphia: J.B. Lippincott Company.
<https://archive.org/details/practicalbookofa00pric/>. Accessed October 6, 2022.

Presant, E.W., R.E. Wicklund and B.C. Matthews

1965 *The Soils of Wentworth County*. Report No. 31 of the Ontario Soil Survey. Canada Department of Agriculture, Ottawa and Ontario Department of Agriculture, Toronto. Available online:
https://sis.agr.gc.ca/cansis/publications/surveys/on/on32/on32_report.pdf. Accessed September 12, 2023.

Puksa, Serge

1996 “Henderson Sacrificed by Hospital CEOs: Hospital Chiefs’ Report Leaves Mountain and Stoney Creek Without Acute Care at their Community Hospital.” *The Hamilton Spectator*. April 17, 1996.

Puxley, Chinta

2002a “No Room for Anything.” *The Hamilton Spectator*. October 4, 2002.

Puxley, Chinta

2002b “Ontario Announces \$14.7 Million Shot-in-arm for Local Health Care.” *The Hamilton Spectator*. April 19, 2002.

Puxley, Chinta

2003 “Bountrogianni’s ‘Dream’ Position; City’s Only Cabinet Minister to Push for Henderson Hospital Development, a Project Close to Her Heart.” *The Hamilton Spectator*. October 24, 2003.

Roulston, Brian

2017 “The General Hospital Then and Now.” *North End Breezes*. Available online:
<https://northendbreezes.com/the-general-hospital-then-and-now/>. Accessed September 18, 2023.

Russell, J.P. ed.

1932 “Constructional Activity: Period of August 31 to September 6, 1932.” *Contract Record and Engineering Review* 46(36). Toronto: Hugh C. MacLean Publications, Limited. September 7, 1932.

Russell, Beverly

1989 *Architecture and Design, 1970-1990: New Ideas in America*. New York: Harry N. Abrams, Inc. Available online: <https://archive.org/details/architecturedesi0000russ>. Accessed September 1, 2023.

St. Joseph’s School of Nursing Alumnae Association (SJSNAA)

2023 History of St. Joseph’s Hospital. Available online: <https://www.sjsnaa.com/index.php/history>. Accessed September 26, 2023.

Scott, Godfrey

1954 “\$3,150,000 Building is Canada’s Finest for Convalescents.” *The Globe & Mail*. September 1, 1954.



Scott, Godfrey

1955 "Disaster Planning New Role for Hospitals." *The Globe and Mail*. October 25, 1955. Pp. 22.

Shadd, Adrienne

2010 *The Journey from Tollgate to Parkway: African Canadians in Hamilton*. Toronto: Dundurn Press.

Spartan Air Services Limited

1967 City of Hamilton: Sheet No. 14, May 18, 1967. Sourced from McMaster University Library Lloyd Reeds Map Collection. Available online: <http://digitalarchive.mcmaster.ca/islandora/object/macrepo%3A81885>. Accessed September 14, 2023.

St. Joseph's Healthcare Hamilton

2014 "Our History." Available online: <https://www.stjoes.ca/about/get-to-know-st.-joe-s/our-history>. Accessed September 1, 2023.

St. Joseph's Healthcare Hamilton

n.d. "Health Services." Available online: <https://www.stjoes.ca/health-services>. Accessed September 25, 2023.

Stern, Robert A.M.

1988 *Modern Classicism*. New York: Rizzoli International Publications Inc. Available online: <https://archive.org/details/modernclassicism0000ster>. Accessed September 6, 2023.

Stewart and Witton 150

n.d. About Stewart and Witton. <https://stewartandwitton.ca/about-stewart-witton/>. Accessed August 29, 2023.

Superior Engravers

1932 "Mount Hamilton Hospital." Sourced from Hamilton Public Library Local History & Archives.

Surtees, R.J.

1984 *Indian Land Surrenders in Ontario 1763-1867*. Ottawa: Indian Affairs and Northern Development, Government of Canada.

The Globe

1935 "Oppose Opening Hospital Wing at Hamilton." *The Globe*. October 31, 1935.

The Globe and Mail

1954 "Cheerful Color Scheme in New Hospital." *The Globe and Mail*. September 1, 1954. Pp. 31.

The Globe and Mail

1964 "Copps Charges Hospital Neglect by Queen's Park." *The Globe and Mail*. April 10, 1964. Pp. 8.



The Hamilton Spectator

1915 "Corner-Stone of New Hospital Laid with Elaborate Ceremony." *The Hamilton Spectator*. September 25, 1915. Sourced from Hamilton Public Library Local History and Archives Department.

The Hamilton Spectator

1917 "New Mountain Hospital Opened by the Duke." *The Hamilton Spectator*. May 21, 1917. Sourced from Hamilton Public Library Local History and Archives Department.

The Hamilton Spectator

1938 "New Maternity Wing is Ready for Inspection." *The Hamilton Spectator*. September 28, 1938. Sourced from Hamilton Public Library Local History and Archives Department.

The Hamilton Spectator

1959 "Board Given OMB Nod for Hospital Extension." *The Hamilton Spectator*. April 27, 1959. Sourced from Hamilton Public Library Local History and Archives Department.

The Hamilton Spectator

1963a "1964 Target Date for Cancer Clinic." *The Hamilton Spectator*. September 16, 1963. Sourced from Hamilton Public Library Local History and Archives Department.

The Hamilton Spectator

1963b "After 3 Years, Cancer Clinic Urgent." *The Hamilton Spectator*. September 20, 1963. Sourced from Hamilton Public Library Local History and Archives Department.

The Hamilton Spectator

1963c "First Sod Turned Today For City Cancer Clinic." *The Hamilton Spectator*. September 3, 1963. Sourced from Hamilton Public Library Local History and Archives Department.

The Hamilton Spectator

1964 "2 Floors Occupied in Unfinished Wing." *The Hamilton Spectator*. October 3, 1964. Sourced from Hamilton Public Library Local History and Archives Department.

The Hamilton Spectator

1965 "New Cancer Centre Eliminates Clinical Atmosphere." *The Hamilton Spectator*. April 19, 1965. Sourced from Hamilton Public Library Local History and Archives Department.

The Hamilton Spectator

1984 "Lodge Will House Cancer Patients and Relatives." *The Hamilton Spectator*. April 12, 1984. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume I (1963-1998).

The Hamilton Spectator

1990 "Ellis-Don Wins \$30m Contract." *The Hamilton Spectator*. February 24, 1990. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume I (1963-1998).



The Hamilton Spectator

1992 "Cancer Centre Set to Open." *The Hamilton Spectator*. March 13, 1992. Sourced from Hamilton Regional Cancer Centre Scrapbook Volume 1 (1963-1998).

The Hamilton Spectator

1994 "Cultural Sensitivity Tops Recommendations." *The Hamilton Spectator*. May 21, 1994.

The Hamilton Spectator

1995 "Broken Arm Brought Silversmith to Hospital Where She Died 12 Days Later." *The Hamilton Spectator*. April 3, 1995.

The Hamilton Spectator

1996 "Saving Money and Hospitals: Group Representing All Hospitals has Plan that Saves St. Joe's, Cuts Back the Henderson but still Moves HPH." *The Hamilton Spectator*. April 16, 1996.

The Hamilton Spectator

1997 "Twins are the Exclamation Mark as Childbirth Ends on the Mountain." *The Hamilton Spectator*. September 16, 1997.

The Hamilton Spectator

2004 "Sopranos Fans Mob TV Stars at Cancer Fundraiser." *The Hamilton Spectator*. October 25, 2004.

The Hamilton Spectator

2006 "Health Sciences Re-development Projects." *The Hamilton Spectator*. June 28, 2006.

The Hamilton Spectator

2023 "Trevor Garwood-Jones Memoriam." *The Hamilton Spectator*. Available online: <https://obituaries.thespec.com/obituary/trevor-garwood-jones-1087986280>. Accessed September 6, 2023.

Tayabali, Farah

1995 "Bricklayers Eager to Return to Work." *The Hamilton Spectator*. July 29, 1995.

Tourism Hamilton

2023 A Guide to Hamilton Mountain. Available online: <https://tourismhamilton.com/hamilton-mountain-guide/>. Accessed September 22, 2023.

Town of Stoney Creek

1975 *Saltfleet Then and Now 1792-1973*. Hamilton: D.G. Seldon Printing.

Truth and Reconciliation Commission of Canada

2015 Calls to Action. Available online: https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf. Accessed February 6, 2023.



United Empire Loyalists Association of Canada (UELAC)

n.d. Exodus to Upper Canada. Available online: <https://www.uelac.org/Loyalist-Info/extras/Horning-Peter/Peter-Horning-Exodus.pdf>. Accessed September 6, 2023.

Van Dongen, Matthew

2012 “Juravinski Rebuild Finally Complete; Hospital President Makes Pitch for Further Expansion.” *The Hamilton Spectator*. May 15, 2022.

Van Dongen, Matthew

2017 “Cracks in the Foundation: The Price of Living on the Edge.” *The Hamilton Spectator*. October 12, 2017.

Venturi, Robert

1966 “A Gentle Manifesto.” *Complexity and Contradiction in Architecture*. New York: The Museum of Modern Art. 22-23. Available online: <https://archive.org/details/complexitycontra00vent/page/22/mode/2up>. Accessed September 12, 2023.

Venturi, Robert

1977 *Learning from Las Vegas: The Forgotten Symbolism of Architectural Form*. Cambridge, Mass.: The MIT Press. Available online: <https://archive.org/details/learningfromlasv0000vent>. Accessed September 5, 2023.

Weaver, John C.

1982 *Hamilton: An Illustrated History*. Toronto: James Lorimer & Company, Publishers and National Museum of Canada. Available online: <https://archive.org/details/hamiltonillustra0000weav/page/n5/mode/2up>. Accessed September 18, 2023.

Wells, Jon

2000 “Cancer Centre Deal close; Discussions are Under Way to Relocate the Centre from Henderson Hospital.” *The Hamilton Spectator*. April 6, 2000.

Wells, Jon

2009 “Charles Juravinski: From Child of the Depression to \$43-million Philanthropist.” *The Hamilton Spectator*. December 7, 2006.

Wells, Jon

2022 “The Charlie Juravinski Story: From Child of the Depression to \$160-million Philanthropist.” *The Hamilton Spectator*. February 19, 2022.

Werner, Kevin

2022 “Juravinski Hospital to Get \$5M for Proposed \$1B Redevelopment Plan; Construction is Projected to Begin in 2025.” *The Hamilton Spectator*. April 23, 2022.

Whiffen, Marcus

1992 *American Architecture Since 1780: A Guide to the Styles*. Cambridge, Mass: The MIT Press. Available online: https://archive.org/details/americanarchitec0000whif_s2f8. Accessed September 5, 2023.



Wilson, Paul

1997 "Mountain Baby Factory Closes Shop: Hamilton Once had North America's Busiest Maternity Ward." *The Hamilton Spectator*. September 13, 1997.

Wm. Notman & Son

1911/12 Ward M, Montreal General Hospital, Montreal, QC, 1911. Sourced from McCord Stewart Museum. Available online: <https://collections.musee-mccord-stewart.ca/en/objects/105757/salle-commune-m-montreal-general-hospital-montreal-qc-19?ctx=5f7c3f445cd6dc3b6f65d7bba4bb1e4d40c3ca40&idx=35>. Accessed September 6, 2023.

W.R. Souter Associates

1960 *Proposed Extension to Nora Frances Henerson Hospital, Hamilton, Ontario*. Sourced from Hamilton Public Library Local History and Archives Department.

WWII US Medical Research Centre

n.d. "WW2 Military Hospitals." Available online: <https://www.med-dept.com/articles/ww2-military-hospitals-general-introduction/>. Accessed September 1, 2023.

Wybenga, Darin

2017 *Between the Lakes Treaty No. 3 (1792)*. Mississaugas of the Credit First Nation. <http://mncfn.ca/treaty3/>.



APPENDIX A: SUPPORTING DOCUMENTS FOR SECTION M (FORMER MOUNT HAMILTON HOSPITAL MATERNITY WARD)

On December 7, 2020, the City of Hamilton's Inventory & Research Group recommended that Section M (Former Mount Hamilton Hospital Maternity Ward) be added to the Municipal Register of Properties or Cultural heritage Value or Interest and as a high priority for the staff work plan to designate the property under the *OHA*. The following supporting documents accompanied the meeting notes:

1. Built Heritage Inventory Form with accompanying Write-Up and Images; and
2. Article: Mark McNeil (Dec. 7, 2020), "Tens of thousands of babies were born in historic Mountain Hospital now facing demolition," *The Hamilton Spectator*.

In addition to these documents, the City of Hamilton's Municipal Heritage Register lists the preliminary heritage evaluation for Section M (Former Mount Hamilton Hospital Maternity Ward).

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APPENDIX A

Below you will find the following supporting documents for the 1932 Maternity Wing of the Former Mount Hamilton Hospital, 711 Concession Street, Hamilton:

1. Built Heritage Inventory Form with accompanying Write-Up and Images
2. Article: Mark McNeil (Dec. 7, 2020), "Tens of thousands of babies were born in historic Mountain Hospital now facing demolition," *The Hamilton Spectator*

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BUILT HERITAGE INVENTORY FORM

Address	711 Concession Street	Community	Hamilton
Also known as	Juravinski Hospital	Legal Description	
P.I.N.		Roll No.	
		Ward	7
		Neighbourhood	East Hamilton

Heritage Status: ☒ Inventory ☐ Registered ☐ Designated (Part IV / Part V) ☐ Easement (City / OHT) ☐ NHS
HCD (if applicable): _____ Cultural Heritage Landscape (if applicable): _____

Property Status (Observed): ☒ Occupied Building ☐ Vacant Building ☐ Vacant Lot ☐ Parking Lot

Integrity: ☐ Preserved / Intact ☒ Modified ☐ Compromised ☐ Demolished (date) _____

Construction Period: ☐ Pre 1867 ☐ 1868-1900 ☒ 1901-1939 ☐ 1940-1955 ☐ 1956-1970 ☐ Post 1970
Year (if known) 1932 Architect / Builder / Craftsperson (if known) William Palmer Witton

Massing: ☐ Single-detached ☐ Semi-detached, related ☐ Semi-detached, unrelated ☐ Row, related ☐ Row, unrelated ☒ Other Hospital

Storeys: ☐ 1 ☐ 1 1/2 ☐ 2 ☐ 2 1/2 ☐ 3 ☐ 3 1/2 ☒ 4 or more ☐ Irregular ☐ Other _____

Foundation Construction Material: ☐ Stone ☐ Brick ☒ Concrete ☐ Wood ☐ Other _____ Finish: _____

Building Construction Material: ☐ Brick ☐ Frame (wood) ☐ Stone ☐ Log ☒ Other Steel Frame Finish: _____

Building Cladding: ☐ Wood ☒ Stone ☒ Brick ☐ Stucco ☐ Synthetic ☐ Other _____ Finish: _____

Roof Type: ☐ Hip ☒ Flat ☐ Gambrel ☐ Mansard ☐ Gable ☐ Other _____ Type: _____

Roof Materials: ☐ Asphalt Shingle ☐ Wood Shingle ☐ Slate ☐ Tile/Terra Cotta ☒ Tar/Gravel ☐ Metal ☐ Other _____

Architectural Style / Influence:

- | | | | | |
|---|---|---|--|--|
| <input checked="" type="checkbox"/> Art Deco / Moderne
(1920s-1950s) | <input type="checkbox"/> Craftsman / Prairie
(1900s-1930s) | <input type="checkbox"/> International
(1930-1965) | <input type="checkbox"/> Ontario Cottage
(1840-1900) | <input type="checkbox"/> Romanesque Revival
(1850-1910) |
| <input type="checkbox"/> Beaux-Arts Classicism
(1900-1945) | <input type="checkbox"/> Colonial Revival
(1900-Present) | <input type="checkbox"/> Italian Villa
(1830-1900) | <input type="checkbox"/> Period Revivals
(1900-Present) | <input type="checkbox"/> Second Empire
(1860-1900) |
| <input type="checkbox"/> Bungalow
(1900-1945) | <input type="checkbox"/> Edwardian
(1900-1930) | <input type="checkbox"/> Italianate
(1850-1900) | <input type="checkbox"/> Post-Modern
(1970-Present) | <input type="checkbox"/> Vernacular |
| <input type="checkbox"/> Classical Revival
(1830-1860) | <input type="checkbox"/> Georgian / Loyalist
(1784-1860) | <input type="checkbox"/> Neo-Classical
(1800-1860) | <input type="checkbox"/> Queen Anne
(1880-1910) | <input type="checkbox"/> Victory Housing
(1940-1950) |
| <input type="checkbox"/> Chateau
(1880-1940) | <input type="checkbox"/> Gothic Revival
(1830-1900) | <input type="checkbox"/> Neo-Gothic
(1900-1945) | <input type="checkbox"/> Regency
(1830-1860) | <input type="checkbox"/> 1950s Contemporary
(1945-1965) |
| <input type="checkbox"/> Other | | | | |



Notable Building Features:

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Porch: _____ | <input checked="" type="checkbox"/> Sill(s): _____ | <input type="checkbox"/> Tower/Spire | <input type="checkbox"/> Bargeboard | <input type="checkbox"/> Eaves: _____ |
| <input type="checkbox"/> Verandah: _____ | <input checked="" type="checkbox"/> Lintel(s): _____ | <input type="checkbox"/> Dome | <input type="checkbox"/> Transom | <input type="checkbox"/> Verges: _____ |
| <input checked="" type="checkbox"/> Balcony: _____ | <input type="checkbox"/> Shutters: _____ | <input type="checkbox"/> Finial | <input type="checkbox"/> Side light | <input type="checkbox"/> Dormer: _____ |
| <input checked="" type="checkbox"/> Door(s) : _____ | <input type="checkbox"/> Quoins: _____ | <input checked="" type="checkbox"/> Pilaster | <input type="checkbox"/> Pediment | <input type="checkbox"/> Chimney: _____ |
| <input type="checkbox"/> Stairs: _____ | <input checked="" type="checkbox"/> Voussoirs: _____ | <input type="checkbox"/> Capital | <input type="checkbox"/> Woodwork | <input type="checkbox"/> Parapet: _____ |
| <input type="checkbox"/> Fire wall: _____ | <input type="checkbox"/> Cornice: _____ | <input type="checkbox"/> Panel | <input type="checkbox"/> Date stone | <input type="checkbox"/> Bay: _____ |
| <input type="checkbox"/> Windows: _____ | <input checked="" type="checkbox"/> Column | <input type="checkbox"/> Cresting | <input checked="" type="checkbox"/> Other | Oversize arches on balcony |

Notes: _____

Context:

- Historic Context Statement: ☐ Yes ☐ No Name of HCS Area: _____
- ☐ Streetscape (Residential / Commercial) ☐ Terrace / Row ☐ Complex / Grouping ☒ Landmark
- ☐ Multi-address parcel (list addresses): _____ ☐ Other _____
- ☐ Related buildings: _____

Plan: ☐ Square ☐ Rectangular ☐ L ☐ U ☒ T ☐ H ☐ Cross ☒ Irregular ☐ Other _____

Wings: South side **Setback:** ☐ Shallow ☒ Deep ☐ At ROW ☐ Other _____ ☐ Corner Lot

Accessory Features and Structures:

- ☐ Features (e.g. stone wall, fountain): _____ ☐ Structures (e.g. shed, outbuilding): _____

Additional Notes:

This building with is massing and prominent location at the edge of the escarpme

Related Files: _____

Fire Insurance Mapping:

Additional Documentation and Research Attached (if applicable):

Surveyed by: Graham Carroll	Date: October 24th 2020	Survey Area:
Staff Reviewer:	Date:	



PRELIMINARY EVALUATION

Physical / Design Value:	
<input checked="" type="checkbox"/>	The property's style, type or expression is: <input type="checkbox"/> rare <input checked="" type="checkbox"/> unique <input type="checkbox"/> representative <input type="checkbox"/> early
<input checked="" type="checkbox"/>	The property displays a high degree of: <input checked="" type="checkbox"/> craftsmanship <input checked="" type="checkbox"/> artistic merit
<input type="checkbox"/>	The property demonstrates a high degree of: <input type="checkbox"/> technical achievement <input type="checkbox"/> scientific achievement
Historical / Associative Value:	
<input checked="" type="checkbox"/>	The property has direct associations with a potentially significant: <input type="checkbox"/> theme <input type="checkbox"/> event <input type="checkbox"/> belief <input checked="" type="checkbox"/> person <input type="checkbox"/> activity <input type="checkbox"/> organization <input checked="" type="checkbox"/> institution
<input checked="" type="checkbox"/>	The property yields, or has the potential to yield, information that contributes to an understanding of a community or culture
<input checked="" type="checkbox"/>	The property demonstrates or reflects the work or ideas of a potentially significant: <input checked="" type="checkbox"/> architect <input type="checkbox"/> artist <input type="checkbox"/> builder <input type="checkbox"/> designer <input type="checkbox"/> theorist
Contextual Value:	
<input checked="" type="checkbox"/>	The property is important in: <input checked="" type="checkbox"/> defining <input type="checkbox"/> maintaining <input type="checkbox"/> supporting the character of the area
<input checked="" type="checkbox"/>	The property is linked to its surroundings: <input type="checkbox"/> physically <input type="checkbox"/> functionally <input type="checkbox"/> visually <input checked="" type="checkbox"/> historically
<input checked="" type="checkbox"/>	The property is a landmark

Classification:

- ☒ Significant Built Resource (SBR)
- ☐ Character-Defining Resource (CDR)
- ☐ Character-Supporting Resource (CSR)
- ☐ Inventory Property (IP)
- ☐ Remove from Inventory (RFI)
- ☐ None

Recommendation:

- ☒ Add to Designation Work Plan
- ☒ Include in Register (Non-designated)
- ☐ Remove from Register (Non-designated)
- ☐ Add to Inventory – Periodic Review
- ☐ Inventory – No Further Review (Non-extant)
- ☐ No Action Required

Evaluated by: Graham Carroll	Date: October 24th 2020
HMHC Advice:	Date:
Planning Committee Advice:	Date:
Council Decision:	Date:
Database/GIS Update:	AMANDA Update:

The Mount Hamilton Hospital Maternity Wing

This building designed by prominent Hamilton architect William Palmer Witton is a unique remaining structure in all of Hamilton.

Witton and his various firms also designed other prominent structures in the city and beyond. Some of these other structures have already obtained Designation and protection under the Ontario Heritage Act. 198 St. Clair Boulevard, 255 West Avenue, addition to the former West Avenue School and the Chancel addition to Christ's Church Cathedral. Other notable buildings on the registry include the South Drill Hall of the John Weir Foote Armoury, the Playhouse Theatre on Sherman avenue north and the nurses residence (Patterson Building) at 672 Sanatorium road.

The maternity wing started construction in 1931 and was completed in 1932 by the City of Hamilton using local tax dollars as a much needed expansion of capacity for the care of city's citizens. Due to budget constraints the building was not equipped or opened until 1938. Since that time the building has seen to the healthcare needs of many new mothers and children and later after the maternity section was closed as a general purpose hospital and lately as a rehabilitation ward.

With its Art Moderne stone lines on the lower two floors and upper four floors of brick cladding there are none like it in Hamilton. The lines do remind one of the facade of the Pigott but the pilasters are more ornate on the maternity wing. The only building with a larger balcony is in McMaster Innovation Park, the former Camco Office building. But it is much plainer and lacks the vaulted plaster ceilings.



With the large massing near the edge of the escarpment it can be seen from nearly the entire lower part of Hamilton. The remaining open balcony of the sixth floor is a feature not present in any other buildings I recall remaining in the city. With oversized stone arches, vaulted plaster ceilings, stone sills and rear brick arches the beauty is unmatched. The view from this balcony is quite stunning and was for the health benefit of the patients and babies of the wing.

This building requires protection and if the Hospital is to expand it should be incorporated into the design plan so all Hamiltonians can continue to enjoy its beauty and history.

Graham Carroll.



Image courtesy of Hamilton Public Library



Image courtesy of Vintage Hamilton



Image courtesy Old Hamilton Photos









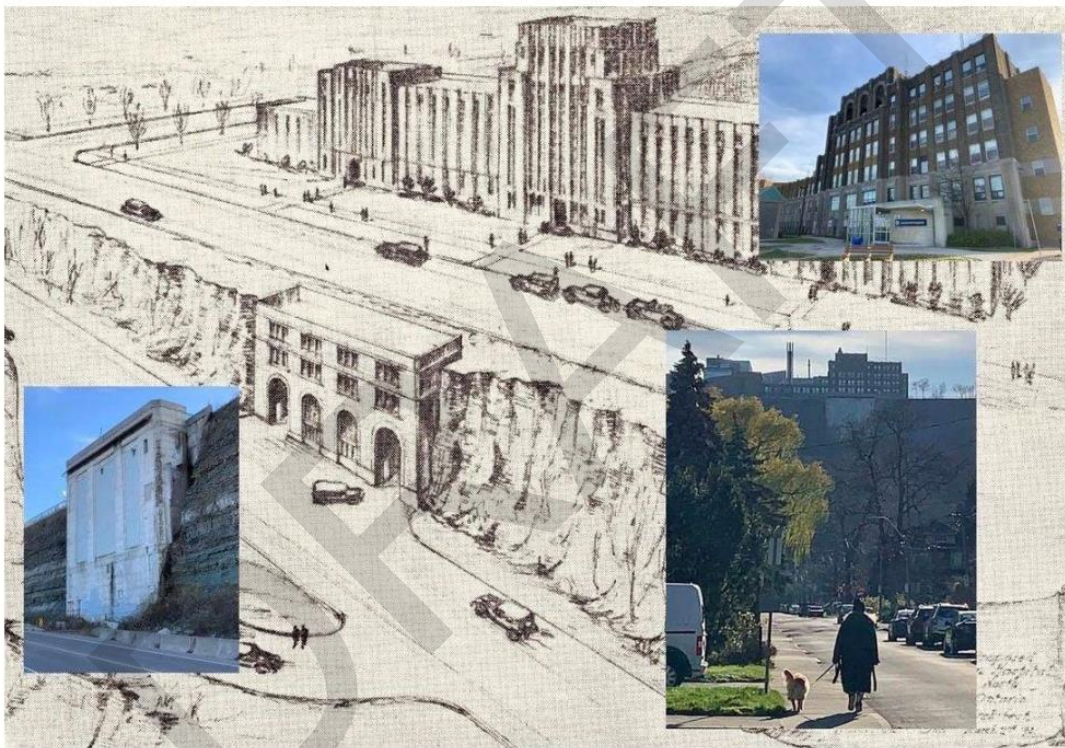


Own Pictures.

DRAFT

Tens of thousands of babies were born in historic Mountain Hospital now facing demolition

By [Mark McNeil](#) Contributing Columnist
Mon., Dec. 7, 2020 timer 4 min. read



Yet another historic hospital building on the Mountain brow is being threatened by the wrecker's ball.

And this one seems to be the most doomed of them all.

The former Mount Hamilton Hospital, that was built in 1931 and 1932 on Mountain Park Avenue, is in the way of a massive \$1 billion, multi-year expansion of Juravinski Hospital. And Hamilton Health Sciences officials say they plan to demolish it.

The news comes after major heritage preservation battles over the Long and Bisby building, that is the last remaining structure from the city's famed Sanatorium, and the

Century Manor building, that is the last standing from the former Hamilton Asylum for the Insane.

The vacant, 1920-built, Long and Bisby on Sanatorium Road — after many months of vandalism, a \$50,000 arson fire and a plan to demolish it — has been given a last-minute reprieve. Owner Valery Group announced in October it had decided to save the structure and renovate the building into its head office.

But the fate of the provincially-owned, 1884-built Century Manor on Juravinski Drive is uncertain. There was a deal to renovate the boarded up building into a Mohawk College residence. But the Ford Government reneged on the agreement in favour of a more wide ranging residential development plan for the area that could eventually see the structure torn down.

Now the stage is set for the latest heritage clash on the Mountain. The six-storey Mount Hamilton building, that does not have heritage protection, served as the city's main maternity ward for decades. Indeed, in the 1940s, it was the hospital where the infamous Evelyn Dick had three of her out-of-wedlock children — one that lived, one she later murdered and a third that was stillborn.

In the 1950s, the building was merged with a convalescent care facility on the site and became part of the Henderson General Hospital, named after Norah Frances Henderson, the first woman elected to Hamilton City Council.

But the Henderson name was controversially scrubbed from the hospital nameplate in 2010 when the upgraded hospital was renamed the Juravinski Hospital and Cancer Centre after Hamilton philanthropists Charles and Margaret Juravinski.

Now another controversy is brewing as word spreads about collateral effects of the Juravinski Hospital's plans for further expansion.

"There simply is no remaining structure in Hamilton that matches this building nor do many have its history. It is important that we work to save this amazing building," says Graham Carroll, of the Hamilton Municipal Heritage Committee.

The committee will discuss the issue in January to decide whether to recommend protection from demolition.

"The building is stunning. Stone with intricate designs was used on the lower two floors," he says.

As well, he says, there are delightful arched balconies on the sixth floor and a series of iconic stone spouts for water drainage. On the west side, stone work from a previously demolished nurses' residence has been incorporated into the building along with a memorial plaque for nurses who worked at the hospital.

The art moderne building was designed by the renowned architect William Palmer Witton (1871-1947) whose local resume includes work on the James Street Armouries, the old Spectator building on King Street East, the chapel for the Christ Church Anglican Cathedral on James, the Playhouse Cinema on Sherman Avenue and the Herkimer Apartments on Herkimer Street.

Also interesting about the Mount Hamilton Hospital is its stature as a skyline landmark above the escarpment for people who live in the south central part of the lower city.

The building was connected by tunnel to a heating plant built into the side of the Sherman Cut. That concrete landmark is no longer used by the hospital but remains as an inexplicable concrete bunker passed by thousands of motorists each day on the Mountain Access who have no idea what it is.

Yet, the hospital building and heating plant only hint at the elaborate initial design by Witton. The hospital building he imagined was more than twice the size of the completed structure. His design was truly two-tiered, with a much larger lower level heating plant that also served as an entrance and delivery area from the Sherman Access.

Mark Osbaldeston, author of the book “Unbuilt Hamilton,” says, “It was a grand vision of a hospital arising from the escarpment.”

Rob Hamilton, an archivist with expertise in local architecture, says “they had big plans but the money ran out. It took them years to finally find the funds to open the hospital after it was constructed.”

But Carroll says the completed building is still a sight to behold. He feels it could be preserved as part of the Juravinski upgrade. “There is no reason they can’t build a tower behind the building.

“It’s part of the history of Hamilton. Tens of thousands of babies were born in that place. People have a lot of connections to that building,” he says.

Registered (Non-Designated) Property

Former Mount Hamilton Hospital Maternity Wing

Address: 711 CONCESSION ST, Hamilton



Heritage Date: 1932
Extant: Yes

Register Add Date: February 2021
Register Expiry Date: December 2024
Register 5 Year Date: December 2029

Designation Candidate: Yes

Architect/Builder: William Palmer Witton
Original Owner:

Preliminary Design Value: The scale and expression of the Art Moderne style demonstrated in this building is unique in Hamilton. The property displays a high degree of craftsmanship and artistic merit. The remaining open balcony of the sixth floor is a unique feature not found elsewhere in Hamilton, including the oversized stone arches, vaulted plaster ceilings, stone sills and rear brick arches. The view from the balcony is quite stunning and was for the health benefit of the patients and babies of the wing.

Preliminary Associative Value: The maternity wing started construction in 1931 and was completed in 1932 by the City of Hamilton using local tax dollars as a much needed expansion of capacity for the care of city's citizens. Due to budget constraints the building was not equipped or opened until 1938. Since that time the building has seen to the healthcare needs of many new mothers and children and later after the maternity section was closed as a general purpose hospital and lately as a rehabilitation ward. This building designed by prominent Hamilton architect William Palmer Witton. Witton and his various firms also designed other prominent structures in the city and beyond. Some of these other structures have already obtained Designation and protection under the Ontario Heritage Act. 198 St. Clair Boulevard, 255 West Avenue, addition to the former West Avenue School and the Chancel addition to Christ's Church Cathedral. Other notable buildings on the registry include the South Drill Hall of the John Weir Foote Armoury, the Playhouse Theatre on Sherman avenue north and the nurses residence (Patterson Building) at 672 Sanatorium Road.

Preliminary Contextual Value: The property is a city landmark; with the large massing near the edge of the escarpment it can be seen from nearly the entire lower part of Hamilton.

Classification: SBR

Inventory Type: LACAC, HMHC
Survey Date: 2021