

Acorn

Architectural Conservancy Ontario

Spring 2021



The Heritage of
Health Care



Working together to preserve Ontario's history



photo Barnum House in Grafton was the first building that ACO saved, at the time of its founding in 1933

Since 1933, the Architectural Conservancy of Ontario has helped save hundreds of architecturally significant buildings for future generations to use and enjoy. We believe that our heritage structures and landscapes are more than just a physical connection to the past; they enhance well-being, reduce environmental waste, and provide strong economic and social benefits. Helping communities preserve their heritage is why ACO exists. It takes a lot of work, and in our ongoing efforts every person makes a difference. ACO's mission depends on the commitment and contributions of our members, volunteers and donors. To everyone who has given their time, energy, and money, thank you!

If you care about preserving heritage structures and neighbourhoods, please consider making a donation. Contributions from generous individuals and companies who care about heritage help us do the important work of protecting these resources for future generations. The most popular way of giving to ACO is through an annual or monthly donation. We are also grateful to our members who include ACO in their will. We can't do this work without you.

We're in this for the long haul,
and we need your help.

You can donate now at acontario.ca or at canadahelps.org. If you are interested in making a legacy gift in your will, or if you would like any information about giving to ACO, please contact Devorah Miller at 416.367.8075 ext. 403 or at devorah@acontario.ca.

ACO works on behalf of all Ontarians.
Your support is vital.



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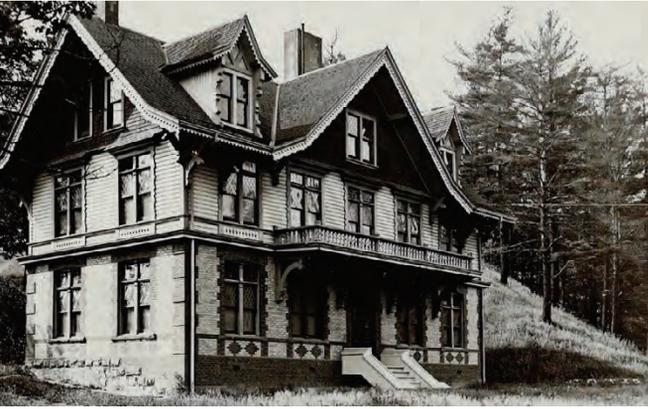
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Renovated rotunda of the historic Don Jail at Bridgepoint Active Healthcare. Courtesy of Tom Arban.

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Bridgepoint Active Healthcare, Toronto, Stantec Architecture / KPMB Architects, (Planning, Design and Compliance Architects); HDR Architecture / Diamond Schmitt Architects, (Design, Build, Finance and Maintain Architects), image courtesy of Tom Arban Photography

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A focus on health

Pandemics focus everyone's attention on health -- how to stay well, how to avoid disease, how to recover if we become ill, and how to keep our minds and spirits healthy.

As this issue of *Acorn* shows, these concerns are not new. They have been here since Paleo Indians ventured into what is now Ontario after the ice melted 11,000 years ago. The quest to find aspects of our environment which can protect us or heal us from disease is longstanding.

Ontario's buildings show us how health care developed in our province. The first general hospitals were charitable institutions supported by donations from benevolent organizations, prosperous citizens or religious orders. They served mostly poor and lower class people, the sort of folk who sometimes ended up in a House of Refuge, like the one in Riverdale described in this issue. Middle class people preferred to stay away from these centres of disease and be treated in their own homes by personal physicians like Dr. Charles Noble. To isolate people suffering from puzzling conditions whose cure wasn't immediately apparent (for example "insanity," tuberculosis, "feeble-mindedness") special institutions like Century Manor, and Brockville and London psychiatric hospitals were built.

Hospitals became the preferred treatment locale for all classes of society with the introduction of safe anesthesia, more sophisticated surgical techniques and improved infection prevention measures. Ultimately, modern hospitals, such as the McMaster Medical Centre, focused more on personal care and demanded a different design from earlier buildings. Older hospitals that served their communities well for years, such as Stratford's Avon Crest, were abruptly declared surplus.

The health and longevity of these health care buildings is of great concern to ACO.

From wonderful research^[1] from the UK into the impact of heritage on community and individual wellbeing, we know that heritage buildings give a sense of place, contribute to community pride, improve people's sense of identity, and increase social cohesion.

Ontarians' attitudes about health and illness have evolved considerably over the years. Increasingly we realize that good health depends on a good environment, that socioeconomic and mental health factors have a profound effect on who gets sick and who doesn't. The research from the UK shows that heritage buildings are an important environmental determinant of good health.

Please help ACO protect the health of our built health care heritage. Write your MP and MPP to ask for COVID-19 recovery funding to rehabilitate our heritage infrastructure. For more information, contact president@acontario.ca. ■

— Kae Elgie, president@acontario.ca



¹Heritage and Well-being: Full Scoping Review, March 2019 Leeds Beckett University, University of Liverpool, Economic and Social Research Council, Her Majesty's Government <https://whatworkswellbeing.org/wp-content/uploads/2020/01/heritage-briefing.pdf>

Celebrating ACO's most generous donors

The following people and companies have contributed to ACO's Provincial Office at the \$500+ level in the past 12 months. We are very grateful for their support.

Future donations will be recognized in The Fall issue of Acorn and on www.acontario.ca and www.acoheritageawards.ca.

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Thanks to Dan Schneider

A year of hope

Twice a year, Architectural Conservancy Ontario publishes a new issue of Acorn filled with wonderful images and narratives of the province’s architectural history. I’d like to recognize the work Liz Lundell has done in the past five years as Managing Editor. While I volunteered to become the new Managing Editor, many members of the publication team remain the same.

My interest in architecture began when I studied pre-war and wartime German architecture as an exchange student in Berlin. Since then, I’ve been a history contributor for The Culture Trip in Hong Kong and on the editorial team for niche publications in Germany and Switzerland. Last year, I returned to Canada to pursue a Master of Journalism at Carleton University.

I enjoy being adopted into ACO’s family to continue our commitment to promote and encourage the preservation of architecture significant to Ontarians. I’m also excited to facilitate the production of this magazine as a means of connecting our members, donors, and friends with insightful information.

The COVID-19 pandemic will continue to challenge our daily lives as well as the organization of this magazine. I’m constantly amazed at how the editorial committee, board and staff of ACO, and volunteer contributors overcome these difficulties with patience and creativity. We welcome your contributions to Acorn and I look forward to reading your stories on architectural conservation for the years ahead.

Take care,
Jonathan ■

On behalf of the Acorn Editorial Board, I would like to thank Dan Schneider, Editor of Acorn for ten years and member of the Acorn Editorial Board, 2008 – 2020. We have valued Dan’s long experience with ACO, both as an Editor of the ACORN through its early years and as a member of its Editorial Board for the past 12 years. We could count on him to give us inventive theme ideas, to advise us with his extensive knowledge of heritage issues in Ontario and to make us laugh with his ironic sense of humour and impish smile. Thanks, Dan, for all your help and advice.

Susan Ratcliffe,
Chair, Acorn Editorial Board ■

Call for Submissions Acorn Fall 2021 – Stories of our Waters

Ontario’s history is deeply connected with its navigable waterways that helped this province grow.

The Fall 2021 issue of Acorn will focus on places, systems, and structures facilitating marine activity to “encourage the conservation and reuse of structures, districts, and landscapes of architectural, historic and cultural significance to inspire and benefit Ontarians.”

Topics include places that harness or demonstrate the power of water - such as mills, lighthouses, canals, locks and lifts, docks, hydropower dams, shipwrecks and canoes or other methods of water transportation.

Feature articles should be either a maximum of 450 words or 900 words in length with three to five high resolution photos. Before commencing to work on an article, please send your proposal to jonathangot@gmail.com to avoid duplication and ensure submission guidelines are received.

Deadline for submissions is July 15, 2021. Submitters are encouraged to look at past issues available on the ACO website: acontario.ca.

In Detail

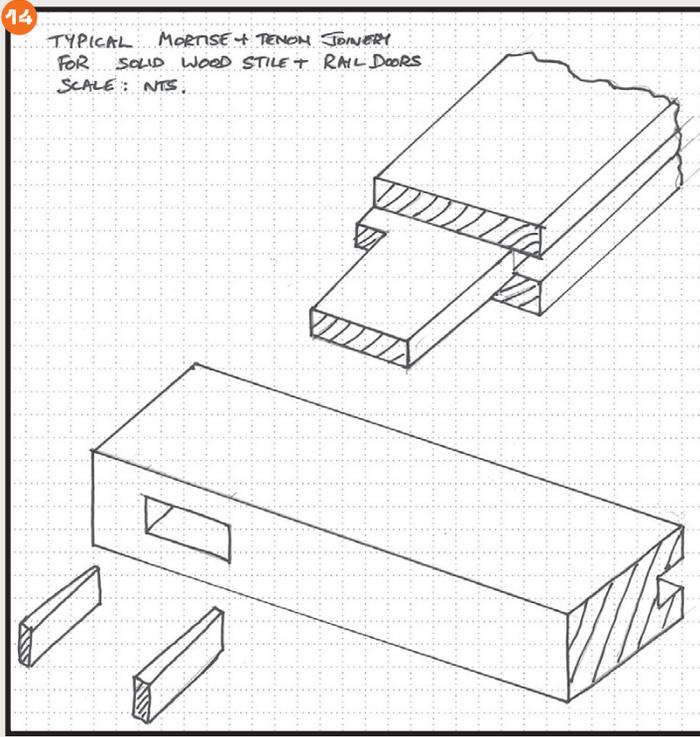
Anatomy of a Door

By Alan Stacey



The pair of doors illustrated are a close replica recently made by Heritage Mill for the Guelph Provincial Offences Court, which is the former Guelph City Hall. The Old City Hall was designed by William Thomas and constructed between 1856 and 1857. In 1984, it was designated as a National Historic Site of Canada and under the Ontario Heritage Act.

photo Alan Stacey



Terminology and Construction of a Traditional Solid Wood Stile and Rail Door

1

Door

The actual hinged moving part of an entranceway, also known as a door blank.

The door consists of numerous parts.

2

Rails

Top, bottom, second, third, lock and so forth.

The rails are the horizontal components of the door and receive the tenons.

3

Stiles

The vertical components of the door that receive the mortises.

4

Muntins

Not shown in image

The vertical framing members that connect rails to other rails.

5

Panels

The panels act to "fill in the blanks" when the stiles and rails are assembled. Generally, the panels are set into a groove on the stiles and rails.

6

Belection moulding

See cross-section drawing

The moulding that covers the junction between the stiles or rails and the panels. They rebate over the stiles and protrude beyond the face of the door, which provides better protection and enhanced three-dimensional perspective.

7

Enrichment

Decorative elements added to the door such as corner blocks, half turnings, cornices, dentals and so forth. While these enhancements do not serve any practical purpose, they can provide many aesthetic options that dramatically improve the form of a door.

8

Door frame

The structural frame from to which the door hangs and latches and/or locks.

The frame consists of several parts.

9

Rails

The horizontal members of the door frame that tie the jambs together at the top or head of the frame.

10

Jambs

The vertical members that tie the header and sill together and allow for the door to hang like a hinge and pivot.

11

Threshold

Also referred to as the Sill

The horizontal member of the door frame at the bottom or sill of the frame. It may be made from masonry, wood or metal, depending on the design and the period in which the doorway was built.

12

Transom light

The glazed window above a door. Some transoms can be opened to allow airflow.

13

Brick mould

The exterior trim covers the gap between the door frame and the rough opening in the wall assembly. It is used with all types of wall construction, not just bricks.

Typical construction terms

14

Mortise and tenon joinery

The tenon would run right through the stiles and would then be wedged to prevent the joints of the door from coming apart.

About the author

Alan Stacey is a heritage woodwork specialist trained in an indentured five-year apprenticeship as well as at Salisbury College in England. Alan's experience spans forty years in the UK and Canada. As Principal of Heritage Mill in Dundas, ON, Alan leads a committed team of skilled woodworkers, carpenters and joiners providing hand-crafted traditionally made custom historic doors, windows and architectural woodwork for heritage buildings throughout Canada.

From Magadalen Asylum to Bridgepoint Active Healthcare

By Richard Longley



In 1852 some women members of Toronto’s Holy Trinity Church opened the Toronto Magdalen Asylum for the care and retraining of recently released female prisoners and “unfortunate women of the streets.” In 1857, a bequest from the late Dr. Alexander Burnside enabled expansion into larger premises as the Asylum’s clientele grew to include “deserving poor” women and children, the elderly and people with physical and mental disabilities. It was a difficult combination that encouraged a shift in focus to eldercare and the gradual evolution of the Asylum into today’s Belmont House seniors’ home.

It might have been a need to relieve themselves of the more “problematic” of the people they were caring for that caused

the Asylum’s lady directors to secure a charitable lease on five acres of land overlooking the Don Valley. It’s part of 119 acres of land the city of Toronto purchased in 1856 from the estate of John Scadding to accommodate the future Don Jail, an industrial farm, and a House of Refuge for people who were deemed to be “indigent, decrepit, poor, maimed, blind, vagrant or idiots” (psychosocial labels were robust in the 19th century).

Designed by architect John Aspinwall Tully, the House of Refuge opened in 1860. In 1872, an epidemic of smallpox transformed it into an



1

isolation hospital known locally as the “pest house” where visitors were allowed just close enough to be able to throw gifts they brought within reach of its patients. In 1884, Tully’s building became the Toronto Industrial Refuge and Aged Women’s Home. In 1890, its residents were moved out, and it was demolished by burning in 1894.

In 1892, the formidable looking Toronto Isolation Hospital by architect Henry Simpson opened on a site south of the House of Refuge for the management of patients with communicable diseases, such as diphtheria and scarlet fever, which were epidemic at that time. Six nursing sisters of St Joseph volunteered to handle the crisis. When it was over, they left to found Toronto’s St Michael’s Hospital.

In 1901 a return of smallpox inspired the building in the Don Valley of the delightful “Swiss Cottage” by architect George Robinson Harper.

Vaccination against smallpox in Ontario was slow, but it became routine after Connaught Laboratories acquired the Ontario Vaccine Farm in 1917. As the threat diminished so did the need for the Swiss Cottage. It fell into disuse and was burned in 1930.

By the mid-1950s Connaught Labs was a world-leader in the “vaccine revolution.” Combined



2



3

with improvements in sanitation, public health and the arrival of antibiotics, this tamed contagious diseases to a point where isolations hospitals were no longer needed. “Isolation” stripped from its name in 1957, and the Riverdale Hospital was given a new focus on rehabilitation. In 1963, it was given a new building.

Howard Chapman and Len Hurst’s mid-century modern, “Half-Round” with flying saucer patio umbrellas was a space-age marvel. But as with many buildings of its era, the life of this exceptional masterpiece would be short.

In 1997, the Riverdale Hospital was condemned to be closed, a casualty of the Harris provincial government’s cutbacks. The hospital was saved as an institution thanks to hard campaigning to save it by Architectural Conservancy Ontario, the National Trust for Canada and local conservationists, but the Half Round had to go. Thus, Chapman and Hurst were consigned to the rubble club of architects whose work was demolished in their lifetime.

In 2013, Bridgepoint Active Healthcare by Stantec, KPMB, HDNR and Diamond Schmitt Architects opened to loom over the Don Valley as dramatically as its predecessors. Connected to it by a glass bridge, the Don Jail by

bottom photo City of Toronto Archives



architect William Thomas and restored by ERA Architects is now the Bridgepoint Administration Building. The two buildings make a dramatic and much-admired pair. In 2016, Bridgepoint Active Healthcare received the Governor General's Medal in Architecture, its twentieth award since 2008.

With ground-to-sky windows, a green roof and citywide views, Bridgepoint is a “campus of wellness to inspire health and innovation and support healing.” The average stay for stroke patients has been reduced by 12 days.

Alongside Bridgepoint's patio, the Max Tanenbaum Sculpture Garden is a cheerful invitation to recovery. An exuberant assembly of multi-colour skateboarders, boxers, dancers, gymnasts, these are the last works of Bill Lishman, inventor, sculptor and “Father Goose” who persuaded Canada geese to fly beside his homebuilt ultralight, making him the inspiration for the movie *Fly Away Home*. ■

top photo Richard Longley, bottom photo Richard Longley

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Address

1 Bridgepoint Drive, Toronto

About the author

Richard Longley was President of ACO, 2013-2015. He leads heritage walks in Toronto for Jane's Walks and two local outdoor clubs. When the pandemic is over, he hopes to lead more. He has contributed numerous articles about Toronto's history and built heritage to Acorn and to NOW magazine. He is also working on a pictorial biography of the life and works of the architect William Thomas.

5

- 1 Max Tanenbaum Sculpture Garden at Bridgepoint Active Health, sculptures by Bill Lishman.
- 2 Winchester Street Smallpox Hospital, “Swiss Cottage”, George Robinson Harper architect 1901, William James Photographer, 1919
- 3 Riverdale Isolation Hospital, by architect Henry Simpson, 1892 (right). Addition by Robert McCallum, city architect for Toronto, 1910-1911 (left).
- 4 Max Tanenbaum Sculpture Garden at Bridgepoint Active Health, sculptures by Bill Lishman.
- 5 Bridgepoint Active Healthcare, Toronto, by STANTEC, KPMB, HDNR and Diamond Schmitt Architects (left). Bridgepoint Administration Building (former Don Jail) William Thomas Architect, 1858-1864. Restored and re-purposed by ERA Architects, opened in 2013 (right).

London Psychiatric Hospital

In memory of heavy hearts

By Kristina Martens

A striking image taken during a summer picnic around 1920 shows a long table surrounded by a large gathering of people and set along a tree-lined allée. This single image shows the value of the straightforward but spectacular space. At first glance, one the nursing staff and patients are nearly indistinguishable from the other guests.

After its opening in 1870, those arriving at the London Psychiatric Hospital would enter the 300-acre site and travel along a 100-foot allée framed by elm trees on either side. When newly planted, the elms allowed a clear view of the massive main building to the north. Crop-filled fields stretched on either side. A small, cottage-like lodge was located at the gates marking the threshold between Dundas Street and the hospital grounds. Over time, eight parallel rows of trees along the allée would completely obscure the view of the main building.

This tree-lined allée was integral to a larger philosophy of “moral treatment” for patients with mental illness and relied on outdoor treatment. Implemented by the hospital’s first superintendent, it was a practice that was continued by his successors and contrasted an earlier “heroic treatment” that relied on force and physical restraint. Moral treatment sought to introduce a structured and meaningful daily routine for patients through a balance of work, leisure and worship. In an era where patients were often treated with little respect for their humanity, the London Psychiatric Hospital was unique with its open-door policy that allowed patients access to the outdoors. The ornamental gardens and the tree-line allée not only beautified the site and surrounding fields, but also helped aid the patients’ well-being.

The entrance’s original formality was gradually eroded when a lawn bowling club and church located at Dundas Street required the removal of trees for parking. The lodge and entrance gates were removed around 1964 when the site was reoriented to Highbury Avenue to respond to a new complex overlaid on the site. Around the same time, the main building at the north end of the allée was demolished. What remains, while incomplete, is the tree-lined allée. The



1



2

diffused light through the trees is an invitation to linger, in contrast to the directness of the pathways that focus toward the centre of the site.

My great-grandfather was never well. My parents thought my grandma’s father served in World War One and was affected by the mental trauma called “shell shock” back then. They thought that would explain why four of her siblings were born before the war and my grandma and her younger sister well after. However, they were incorrect. When I checked military records, there were none for him; he had not served in World War One. When my mother began to share glimpses into my grandmother’s childhood and recalled driving with her family along Lake Shore Boulevard to visit him at a hospital, I decided to investigate the psychiatric hospital records.

My great-grandfather, George Arthur Allen was just shy of 26 years old when he was first admitted to the then-named “Toronto Hospital for the Insane.” on June 6, 1906. He married Kathleen Murphy the year before and together they had welcomed their first child, Arthur



Roderick, just months before on April 2, 1906. I learned my great-grandfather had been admitted for psychiatric care thirteen times between 1906 and 1950. I imagine there were more times — certainly more after 1950 for my mom to have remembered visiting him.

While Toronto’s psychiatric hospital grounds continue to serve people with mental illness as the Centre for Addiction and Mental Health, many other psychiatric hospitals throughout the province, as in London, have closed.

Spaces like the London Psychiatric Hospital’s tree-line allée are not only aesthetically impressive but also represent many intangible aspects of our culture. It was a space people travelled, perhaps carrying heavy hearts, visiting loved ones or being admitted for the only care available. People from the past are often viewed through too narrow a lens, categorized by occupation, beliefs or ancestry. But real people are and have always been complex. Conserving places, telling stories

and interpreting the past must be approached with a willingness to understand that complexity.

If you or a loved one are struggling with mental illness during this or anytime, contact 211 in Ontario to be connected to community and social services in your area. ■

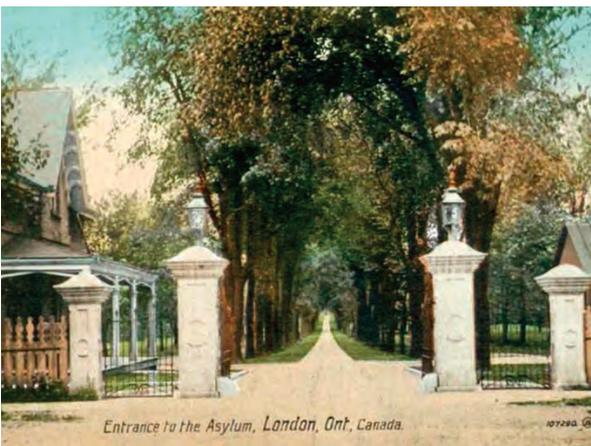
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850 Highbury Avenue North, London

About the author

Kristina Martens is a Project Manager and Cultural Heritage Specialist at Archaeological Services Inc. She has 10 years experience conserving heritage complexes and completing municipality-wide cultural heritage landscape studies. She believes heritage places play a vital role in communities, both for the stories they tell about the past, and their critical role in creating sustainable futures. Kristina is a graduate of the Willowbank School.



top photo: Joseph Garnier; bottom photo: Unknown

- 1 Picnic in the Tree-lined avenue at London Psychiatric Hospital, 1920.
- 2 London Psychiatric Hospital's extensive landscape, 1942.
- 3 Tree-lined avenue leads to Main Building, c. 1875.
- 4 Dundas Street entrance to London Psychiatric Hospital, c. 1900.

Saving Sidbrook Private Hospital

A Cobourg heritage building is slowly crumbling away

By Robert Mikel

Not all health-care facilities occupy purpose-built structures. Established in 1952, Sidbrook Private Hospital operated in a grand Cobourg mansion. It functioned largely as a long-term care facility for the chronically ill. When opened, 50 employees including trained nurses, aides and dietitians cared for 38 patients.

Sidbrook, one of Cobourg's most architecturally significant buildings, is a rare surviving neo-classical residence designed by one of Canada's leading nineteenth century architects, Kivas Tully. At the turn of the twentieth century, it was repurposed into an imposing Beaux-arts Classical-style summer house.

The first part, built in 1857 by Henry Mason was a unique neoclassical Federal-style two-storey symmetrical house with a flat roof surmounted by a balustrade. The tour de force was its magnificent exuberantly detailed entrance porch.

It is believed that the second owner, Major David Campbell, founder of Campbellford, hired Tully to design alterations to Sidbrook around 1870. Changes included an extension in the west, larger than the original house, as well as projecting two-storey bay windows flanking the front door and oriel windows. The impractical flat roof was replaced by a low-hipped roof. Tully created a very elegant, stylistically-whole composition in a largely high Italianate style.

In 1900, William Latham Abbott of Pittsburgh, an associate of Andrew Carnegie and one-time chair of Carnegie, Phipps and Co., bought the house and fashioned it into an imposing Beaux-arts summer house. Abbott appreciated its architecture, so rather than tearing it down, he worked with the existing structure. One could say that this was Sidbrook's first escape from possible demolition. Alterations included the addition of the third floor following in the style of the house; the grand



two-storey entrance portico supported by Corinthian columns, and a one-storey porch also with Corinthian columns.

The striking Beaux-arts details obscure the Victorian villa that was left largely intact. When the third floor was added, the nineteenth century roof was raised. Once completed, it was lowered into place. Abbott's thriftiness inadvertently preserved another part of the house's Victorian fabric.

The Abbott family owned Sidbrook until about 1950, when the 30-acre estate was purchased by developers to build a residential subdivision. Instead of demolishing the house as most developers did, it was sold. In 1952, it was converted into a private hospital and operated as such until the institution closed in 2002.

Sidbrook has since sat empty, facing an increasingly uncertain and bleak future. The local ACO branch has been advocating to save the house since its closure. At around 2006, hopes rose as plans to convert Sidbrook into six high-end condominiums seemed certain. The building was found to be in relatively good condition, with much of the interior trim, wood panelling and plaster decorations still intact. Plans were drawn up for its rehabilitation and conversion.

Unfortunately, the project faltered. The Town of Cobourg Council took an almost unprecedented move to designate the property under Part IV of the Ontario Heritage Act without the owner's consent. After the owner, who objected to the designation, failed to appear at an Ontario Conservation Review Board hearing, designation occurred in 2007. A year or so later, the condo project fell through.

Concern for safety, continual complaints from neighbours, and the advocacy of the



2



3

local ACO branch led the Town to order the building to be secured and the basement and first floor windows boarded up.

Rumours of potential sales and new uses came and went as did several owners. At one point, it seemed that the current owner might forfeit the property over owed back taxes. In 2017, local ACO members wrote to the owner with an offer to work with him but received no reply.

The leaking roof was a major concern. The owner insisted that he cannot afford to make the repairs. He has not complied with the Town's work orders to secure the house leading many to believe that this situation could lead to "demolition by neglect". Apparently, the owner has refused offers on the property.

In 2019, a youth trapped in the building had to be rescued, bringing the building back into public focus. The Town Council met to discuss options to protect the structure and ensure public safety only to find that further interventions could open the Town up to possible liability and significant costs. They requested a report on the measures that need to be taken to secure and protect the historic structure, a structural analysis of the building, what options Council has, and the outcome of any resulting decisions.

While the Town seems genuinely interested in saving the historic house, they will have to decide just how far they will go to do this. Currently, a Property Standards Order exists on the property. Inspections are made regularly and, if needed, the building is resecured. There is a fine of up to \$10,000 for anyone entering the building illegally.

In the meantime, the local ACO branch continues to monitor the building. As recently as December 2020, members photographed the building's deterioration and made complaints to the municipality under the Property Standards By-law.

Time is ticking away for this exceptional historically and architecturally important house — a landmark along King Street East. Reimagined several times over its 163-year history, it stands vacant waiting for a new use. ■

i

Address

411 King Street East, Cobourg

About the author

Robert Mikel is a Cobourg historian who worked at the Toronto Historical Board for a number of years. He has received both the Lieutenant-Governor's Community Heritage Award, and Award for Lifetime Achievement as well as ACO's Mary Millard Award. He has written two books, *Ontario House Styles* and *Cobourg: The Spirit of the Place*.

- 1 Sidbrook today, Robert Mikel
- 2 Sidbrook Private Hospital, 2000,
- 3 Oriel Window, south façade of Sidbrook, 2010.



Indigenous medical wisdom

The cultural landscape of Ontario's Indigenous traditional medicine

By Keith Stelling

The only medicine that was practised in what is now Ontario for twenty centuries before the arrival of European settlers was traditional healing of Iroquoian-speaking people. The 2010 Fitzgerald archaeological excavation at Southampton, Ontario established that the Ojibway and their ancestors have lived at the mouth of the Saugeen River for at least 2,000 years.

Indigenous medicine included the application of a substantial materia medica of North American botanical species. Medicine women and men were chosen as youngsters by Midewewin medicine society elders on the basis of their integrity, character and instinctive healing ability. Their apprenticeship lasted many years.

Medicinal plants were administered in the form of infusions, poultices, decoctions, powders and inhalations^[1] For example, the Anishinaabe used the leaf tea of Yarrow (*Achillea millefolium*) sprinkled on hot stones as an inhalation for afflictions of the nervous system. Yarrow was applied to bee stings as an anti-inflammatory poultice. But as a diaphoretic infusion, it was used for colds and influenza — still helpful today with peppermint and elderflowers.

Treatment aimed to heal the whole person; body, mind, and spirit. The late Royal Ontario Museum ethnologist Basil Johnston was raised on the reserve of the Chippewas of Nawash

Unceded First Nation at Neyaashiinigiing (Cape Croker) near Wiarton. He has explained^[2] how Midewewin practice incorporated traditional ceremonies, story-telling, rituals, songs, dances, and legends with ethical teaching and respect for nature. In the legend of Epingishmook, for example, the moral is “vengeance never brings satisfaction.”

References to medicinal plants informed many of the ceremonies. The significance of the eastern white cedar tree (*Thuja occidentalis*) within Ojibway cosmology can be seen in the incorporation of a Cedar post cut from a live tree and erected as the tree of life within the purification lodge. “Known as the Midewatik, it represented the world of the plant beings.”^[3]

Cedar is still known in France as *arbre de vie*. A specimen was taken back to the Jardin des Plantes in Paris after the Indigenous people at Quebec had presented it to Jaques Cartier in 1635 when his expedition was threatened by *la grosse maladie*. His ship had become marooned in ice at Quebec and when a third of the crew had already

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photo Keith Stelling

died, Indigenous medicine people presented an infusion of cedar boughs as an effective remedy. The disease was probably scurvy, and eastern white cedar contains vitamin C. There was added enthusiasm for the remedy when the crew discovered that it was also effective against “the pox” (syphilis). During the 1914-18 war, it was used as an ingredient in Pfeffer’s soap—a prophylactic against syphilis that was issued to the troops.

Cedar was also used as a household remedy by the Ojibway. Verna Johnston, the herbalist at Cape Croker for many years, once told me that the aroma of cedar boughs simmering night and day on the wood stove whenever anyone came down with the flu was a vivid memory from her childhood. It was also used along with Sweet Grass in sweat lodges and for smudging in cleansing rituals.

Many medicinal plants became part of the broader cultural landscape. For example, through images embroidered on ceremonial clothing. Bead and porcupine quill work is an outstanding feature of Ojibway art. This pair of leather moccasins depicts a Golden Seal (*Hydrastis canadensis*).

Traditional Indigenous wild-crafters practised sustainability, harvesting only what was needed. The medicine gatherer always passed by the closest colony of the plant and returned in the autumn to scatter the seeds nearby.

By contrast, the Six Nations herbalist, Janice Longboat, recalled the day in the 1940s that her grandmother pointed out a couple of dump truck loads of the roots of the Golden Seal being carted off the reserve by profit-seeking white entrepreneurs. That was in the 1940s. The plant is of special concern in the wild.

White Trillium (*Trillium grandiflorum*) was used by Indigenous healers to facilitate parturition. Unlike Golden Seal, it is still common in Ontario woodlands. Medicinal plants such as Echinacea (*Echinacea angustifolia*) were used to boost immunity, and traded among tribes across the continent.

Some remedies were shared with early settlers. One that can still be found today in many home medicine cabinets is Witch Hazel (*Hamamelis virginiana*). Distilled Witch Hazel is a popular extract and a reliable remedy for bruises and sprains. This shrub has the botanical distinction of flowering in the autumn after its leaves have begun to drop. It can still be found in southern Ontario’s surviving Carolinian forests.

The Midewewin healing system largely disappeared with the confiscation of Indigenous territory and the cultural genocide resulting from government residential school policy.



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However, the Iroquoian had generously taught an American herbalist who emigrated and established the use of the Indigenous North American botanical remedies in the National Institute of Medical Herbalists of Great Britain, which he helped to found in 1864. These plants were eventually incorporated into the *British Herbal Pharmacopoeia*. During the late 20th century, investigation by the European Scientific Committee on Phytotherapy (ESCOMP) substantiated their efficacy and safety. Today’s medical herbalists and naturopaths guided by modern pathology and phyto-pharmacy continue the use of Indigenous remedies. ■

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About the author

Before retiring to Bruce County from a busy practice in herbal medicine in Stoney Creek, Keith Stelling founded and edited the Canadian Journal of Herbalism. He is a member of the British National Institute of Medical Herbalists, and the College of Practitioners of Phytotherapy (England). He has an Honours BA and MA from McMaster University.



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top photo Keith Stelling bottom photo Keith Stelling

- 1 Cedar (*Thuja occidentalis*). Cedar was both a remedy in illness and a symbol in Ojibway ceremonies, 2019.
- 2 Our provincial emblem was used as a medicinal plant, 2017.
- 3 Echinacea—a booster of the immune system-- once traded among tribes across North America, 2017.

- 1 Virgil Vogel. *American Indian Medicine*. University of Oklahoma Press: 1970.
- 2 Basil Johnston. *Ojibway Heritage: The ceremonies, rituals, songs, dances, prayers and legends of the Ojibway*. McClelland & Stewart Inc: 1976. (Reprinted, 1990).
- 3 Ibid. p85.

Kensington Hospice

Successful heritage repurposing and community involvement

By Richard Longley and F. Leslie Thompson

Where do you want to die? Perhaps this question reflects pandemic thinking? Many of our neighbours would choose to take their last breaths at the Kensington Gardens Hospice. It is a beautiful example of thoughtful adaptive reuse of a heritage building, community involvement and the fusion of compassion with architecture.

The chapel of the Anglican Sisters of St. John the Divine, at 38 Major Street in Toronto, was completed in 1892 beside the St. John's Surgical Hospital for Women that was founded in 1888. The mother-foundress of the hospital, Hannah Griener Coome, and its chief architect Frank Darling^[1] differed in their ideas as to how the chapel should be constructed. He argued that it had to be solidly buttressed to make it structurally sound while she insisted that such a look would be gloomy and aesthetically unappealing. Inevitably, the Coome prevailed and Darling gave her what she wanted: a strong but elegant, beautifully lit building with a hammer beam roof and stained-glass windows.

The Anglican Sisters of St. John the Divine had provided a dispensary and nursing care to the poor of the rapidly expanding city since 1884. They were inspired by a mission to reduce infant and mother mortality rates. As demand for their services increased, they made plans for a succession of larger facilities while responding to a request for their nursing services on the front of the North West Rebellion of 1885. In September of that year, the new hospital facility, convent and chapel were opened (See Image 1).

For another 62 years, the Sisters continued to provide care for women and children in the largely immigrant community surrounding the hospital. In 1954, financial distress forced the sale of the hospital to the four Raxlen brothers who rebuilt it as Doctor's Hospital. In 1998, changes to Ontario's healthcare policy forced closure of the Doctor's Hospital and the transfer of its programs to Toronto Western Hospital. The Doctors Hospital Foundation then changed its name to The Kensington Foundation, built The Kensington Health Centre, and embarked on a new era of not-for-profit health care delivery. With the exception of St. John's Chapel, all the heritage buildings on the original site as well as several homes on Major St. were demolished to allow for the construction of the new long-term care facility.

When the Sisters sold the property in 1953 the chapel was deconsecrated. The rood screen and a large semi-circular stained-glass window of Mary with St. John was removed



and installed in their new convent in Thornhill. However, the soaring red-cedar ceiling, carpentry details and other stained-glass windows remained. The facility was used initially as a meeting room for medical personnel at Doctor's Hospital. The building became somewhat derelict with the closure of the hospital. Yet owing to its status as a listed historical building and the active insistence of the Harbord Village Residents' Association and the neighbourhood, it was saved from demolition.

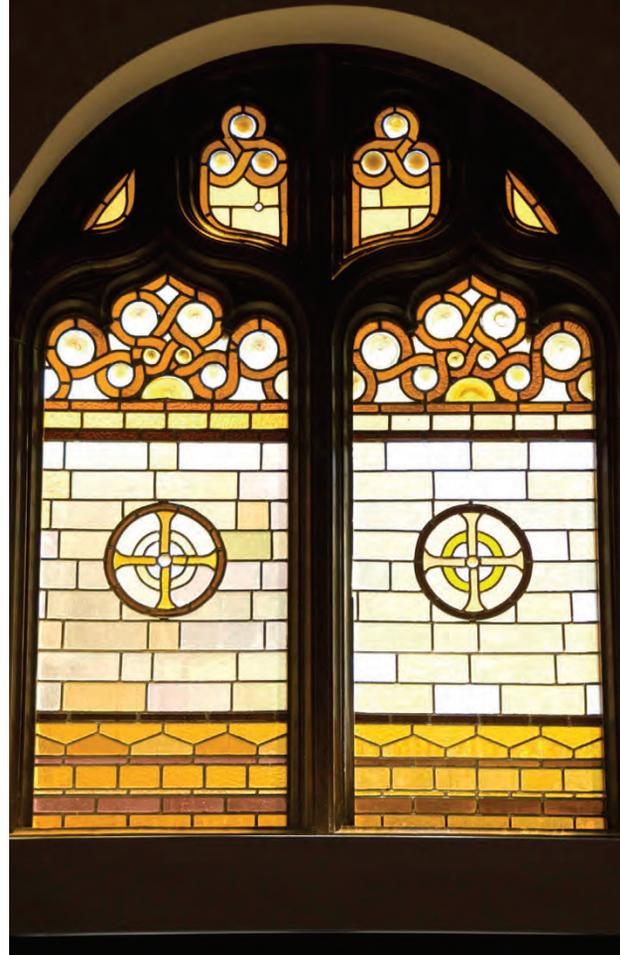
In 2009 work began to conserve the chapel and transform it into the Kensington Hospice for the provision of palliative and end-of-life care. Despite years of neglect the building was essentially sound. Directed by architect Renzo Pillon, the transformation of the chapel into a hospice involved the removal of all interior partitions and floors. This redesign presented structural stability and design challenges relating to the scale and relative heights of the existing window openings, the hammer-beam roof and the proposed floor levels required for the hospice. A strategically phased plan of demolition and construction stabilized the building during reconstruction and the simultaneous insertion of new structure within the existing shell.

One hundred and twenty years after the laying of its foundation stone, the chapel of the Anglican Sisters of St. John the Divine was given new life as the Kensington Hospice. The

Hospice preserves the essential external and internal form and the most important architectural details of the original building, as well as the essential vision of the chapel's founders. In terms of architectural style, the Hospice meshes perfectly with the nearby homes of Harbord Village, which were built in the 1880s and 1890s. The mother-foundress would be pleased that her vision of "arches that rise without beams that obstruct" would be transformed into a large bright room providing comfort to the families of the patients.

Throughout the process of transforming the chapel into a hospice, the Kensington Gardens management consulted with the Harbord Village Residents' Association. When the project was completed, the community was invited over several days to tour the facilities. Today, many Harbord Village residents volunteer at the hospice, maintaining the gardens and working in the kitchens. The Kensington Hospice is a part of our community. It is a place of peace, comfort, compassion and spirituality during the last days of life on earth.

To learn more about the Kensington Hospice facility and its history visit: <https://www.kensington-health.org/blog/post/next-chapter-kensington-hospice> ■



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About the authors

Prepared by F. Leslie Thompson and Richard Longley, both former Chairs/Presidents of ACO who live near the Kensington Hospice.



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- 1 St. John's Surgical Hospital for Women in 1890. The view shows the west side of Major St. looking north, including the hospital, convent and the chapel to the right.
- 2 Kensington Hospice Interior, second floor - note red-cedar beams and arches and stain-glass windows, 2011.
- 3 Large semi-circular stained-glass window of Mary with St. John, 2011.
- 4 Detail- example of stain-glass windows Kensington Hospice second floor, 2011.

1 Frank Darling (February 17, 1850 – May 19, 1923) was an important Canadian architect, winner of the RIBA Gold medal in 1915, who designed many of Toronto's landmark institutional and financial buildings, as well as many bank branches throughout the country. Darling left a legacy of fine Edwardian Baroque buildings in Canada's major cities, representative of the period's prosperity and optimism.

left photos Richard Longley; right photo Richard Longley



Lovely London landscape

A new lease on life for the Westminster Ponds Centre

By Brianne Curry and Kyle Gonyou

Constructed in 1946 by the Department of Veterans Affairs, London's Western Counties Health and Occupational Centre was one of seven centres opened in Canada

to meet the therapeutic needs of veterans returning from World War Two. Designed by C. D. Sutherland, chief architect of the Public Works Department of the Department of Pensions and National Health, each of the 11 pavilions associated with the London facility was named after a different county in southwestern Ontario.^[1]

The cottage-like pavilions were placed within the natural setting of Westminster Ponds on a 498-acre parcel of land acquired by the Federal government in the 1940s. The scenic value of the surrounding woodlands and waterways was intended to provide the ideal environment for the veterans' reintegration into civilian life. Physical and occupational

therapies were supported by recreational therapy, including baseball, golf, bowling, photography and fishing. This therapeutic landscape was created by integrating restorative and rehabilitative activities within the site's natural setting.

Immediate post-war rehabilitation evolved into medical care, including treatment for tuberculosis, and eventually long-term domiciliary and geriatric care. In 1989, patients were transferred to the newly-constructed Parkwood Hospital. Today, the only pavilions remaining are Wellington, Perth, Huron and Bruce. In 2013, the Western Counties Health and Occupational Centre was recognized as a cultural heritage landscape in the City of London's *Official Plan* as a place valued by Londoners.



left photo Sheila Creighton; right photo Sheila Creighton

A public divestment process in 2019 saw the site being transferred to the non-profit organization ReForest with a mission to plant, grow and sustain the urban forest through community engagement, education and empowerment. On October 9, 2019, plans were announced to create the Westminster Ponds Centre as an environmental and sustainability centre. Partnering today with numerous organizations and groups, the Centre provides opportunities for environmental, educational and children’s programming as well as urban agriculture and recreation.

Valued for its linkage between the sustainable relationship between the natural landscape and therapeutic rehabilitation, the Western Counties Health and Occupation Centre pavilions have been adaptively reused to provide a venue for people to discover, explore and better understand environmental sustainability and its relationship to building healthy and thriving communities. ■



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About the authors

Brianne Curry is the Director of Programs & Westminster Ponds Centre Coordinator with ReForest London.

Kyle Gonyou is a Heritage Planner for the City of London.

- 1 Aerial image of the Western Counties Health and Occupational Centre, 1947.
- 2 Wellington Pavilion, the administrative and community centre, was the location of the dining room, offices and lounge.
- 3 The Guard House was restored in 2019 and now showcases interpretive signage.

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Salvation by relocation

The house that moved addresses

By Sarah Harrison

When we think of historic health care buildings, we most often think of grand old hospitals like those in Toronto today. However, this was not the case in rural Ontario health care in the nineteenth century, as they were most likely out of reach for most people both economically and socially.

This standard of rural health care is best exemplified by Noble House, originally located on 127 High Street in Sutton, Ontario. The house was built in 1856 by William Bouchier, who was the son of James O'Brien Bouchier, one of the Town's most influential founders. It subsequently functioned as a home and office for three generations of doctors, all of

whom were named Charles Noble. These men served the community by overseeing many health care needs including childbirth, broken limbs and writing death certificates. In 1955, Dr. Charles Stewart Noble moved his practice to a house on River Street. His mother lived there until her death, after which a Dr. Russel moved in and set up practice in a different section of the house.

After Dr. Russel moved out, the house was abandoned for several years and eventually put up for sale in 1974 at a price of \$95,000.



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However, since there was a lack of buyers for several years after the house was listed, it was slated for demolition. That was when the Georgina Historical Society stepped in and created a fundraising campaign to purchase and move the house to the site of Georgina Pioneer Village. The move to the Village occurred in 1986; however, not all parts of the house made it to the new site in one piece. The back wing of the house, which was originally the kitchen and servants' quarters, was lost during the move.

The Noble House is a rectangular, frame house in the Gothic Revival style. This particular style is characterized by “decorative details... exaggerated roof pitches and a generally fancy look” (Humphreys and Sykes, 1980, 6). One other factor that confirms the house is Gothic Revival is the presence of the centre gable and lancet windows. The heritage designation for the Village also notes the building has a glazed transom and is divided into three sections.

As you can see, this doctor's house is steeped in history and community memories. This house can teach visitors about an important piece of small-town health care heritage. ■



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About the author

Sarah Harrison has been a member of ACO since 2020, after participating in Heritage Advocacy Day at Queen's Park for “Making Save and Reuse the Norm”. Her research interests include genealogy and local history, with particular interest in historical buildings and their internal decorative schemes.

She is also a part-time librarian at the East Gwillimbury Public Library.

- 1 Original Location of Noble House, 127 High St., Sutton, 1970's.
- 2 Noble House being moved to the Village, 1986.

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Avon Crest Hospital

Built by the people of Stratford, who will step up to save it?

By Howard Shubert

In 1887, Mayor J.C. MacGregor urged the establishment of a hospital in Stratford. Citing the increasing number of industrial accidents, he recalled sending an injured man to jail, the only place then available for the purpose.

A determined group of women responded by organizing a public meeting in November 1888, which resulted in the creation of the City of Stratford General Hospital Trust. Within a month over \$7,000 had been raised, enough to construct a wing and tower of what would be a building capable of expansion. Actually, there was no need for such half-measures. According to Nancy Z. Tausky and Lynn D. DiStefano, “So efficient were the money-raising efforts, complete with bazaars and amateur theatricals, that the \$13,361 structure opened debt-free in 1891.” Stratford citizens contributed 75% of those construction costs and the city council granted the five acres of land upon which the building stands.

The architect, George F. Durand (1850-1889), first worked for Thomas Fuller on the New York State Capital building in Albany. He later became Chief Dominion Architect for the Government of Canada. Returning to London, Ontario he led a series of architectural partnerships, building a wide range

of buildings in Toronto and across southwestern Ontario, such as the Upper Canada College. According to the *London Advertiser*, Durand “was acknowledged to be the best architect in the Dominion.” Durand, was no stranger to Stratford, having already designed the old Pumpouse in 1883 (now Gallery Stratford), the Perth County Court House and Jail in 1886. Stratford General Hospital was Durand’s final building. He died before it opened.

Designed in the High Victorian Queen Anne Style, the yellow-brick, symmetrical building originally featured a central tower and protruding bay windows on the side wings. These bays were initially open-air porches, providing convalescing patients with fresh air during summer. With its tower, turrets and chimneys, it would have presented a picturesque appearance on John Street and an imposing sight when viewed from the T. J. Dolan parkland below.

The five acres of land granted to the hospital by the city recognizes Stratford’s farsightedness

in understanding that the hospital would continue to grow. And it did. Today, Avon Crest incorporates the original hospital building, a landscaped, semi-circular entrance drive. In addition, there is an accumulation of subsequent buildings including a gardener's cottage built in 1904, a three-storey north wing built in 1910, and the nurses' residence built in 1929. The remarkable, unobstructed northern views from Avon Crest to the T. J. Dolan parkland was also part of the original landscape.

Avon Crest was constructed as part of a larger push across the country in the nineteenth century to build general hospitals in Canada's growing cities. They were often sited some distance from the city centre for the protection of both the patients and the healthy population. According to Annemarie Adams:

“From roughly the Crimean War to World War I, hospitals looked like other reform institutions that featured big, open wards. This is the hospital of Florence Nightingale, where 30-some patients lay in parallel rows of narrow beds. Ventilation, ventilation and ventilation were the three main planning ideas driving the form of this largely philanthropic institution, often called the pavilion plan because the buildings were surrounded by fresh air.”

Many of these early nineteenth-century hospitals resembled large country houses. They were rectangular structures with central entries. The typical example was a three-storey building crowned by a classical cupola or a central tower and a roof punctuated by numerous chimneys.

For most of the nineteenth century, nurses lived in rooms scattered throughout the hospital proper, but in the early twentieth century hospitals constructed purpose-built nurses' residences. They soon included teaching facilities in addition to individual rooms. Stratford Hospital's 1905 nurses' residence commemorates the contribution of nurses and nursing to scientific medicine and to women's agency as health care professionals. It testifies to the training and professionalism of nurses, their social life, and unique culture as they emerged as leaders in the field of medicine.

When Stratford Hospital opened in May 1891, it was a symbol of progress in science and technology, one that represented Stratfordites' belief in the welfare of all its citizens. Today it is a repository of personal memory and collective social meaning, a place intimately associated with birth, illness and death within the community.

Today Avon Crest is threatened.

In February 2020 the Huron Perth Healthcare Alliance (HPHA) released a request for solutions to develop their Avon Crest property. While not a prerequisite, several other buildings on the Avon Crest site “could be made available” to applicants. According to HPHA's CEO Andrew Williams, “We're not putting any restrictions on developers because we want to make sure we get the best long-term opportunity for that property.” While the HPHA development plan is presently on hold, this represents a stay of execution, not a full reprieve. ■



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Library

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About the author

Howard Shubert is an independent architectural historian and the author of “Architecture on Ice: A History of the Hockey Arena.” He is a member of the Stratford-Perth ACO and of Heritage Stratford.

1 Avon Crest Hospital, Stratford, 2020.

2 Colour postcard of Stratford General Hospital in Stratford, 1910.

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Hamilton's health care heritage

Finding a future for former medical facilities

By Ann Gillespie

In the early twentieth century, Hamilton possessed a wealth of buildings devoted to healing and treatment, many of which have been demolished and their sites left vacant or redeveloped. Century Manor and the Long and Bisby Building are the sole survivors of two, once vast, health care complexes built on Hamilton's west Mountain: the *Hamilton Asylum for the Insane* and the *Mountain Sanatorium* for the treatment of tuberculosis patients. Recognized as significant cultural heritage resources, both buildings have stood vacant and insufficiently protected from damage by vandalism and arson. However, there is now hope for the Long and Bisby Building while Century Manor still faces a very uncertain future.

Officially opened in March 1876, the Hamilton Asylum for the Insane (later renamed to Ontario Hospital, Hamilton, and then the Hamilton Psychiatric Hospital) was first accommodated in the Barton Building, the sixth provincially owned facility devoted to the care and treatment of the mentally ill in Ontario. Further expansion of Hamilton's asylum was based on the "cottage system", with patients accommodated in smaller, more home-like buildings. The first was East House (since renamed Century Manor) built in 1884. Closed in 1995, this distinguished High Victorian edifice has since stood vacant on a 21-acre parcel of property now owned by Infrastructure Ontario.

In 2018, a proposal by Mohawk College to purchase and rehabilitate Century Manor as a student residence or administrative building looked promising but did not materialize. In August 2020, Infrastructure Ontario announced its intent to rezone the former HPH lands to allow for residential development. This use was at odds with the City's vision of a combined recreational, health care and educational use for the property, with public access to trails and a restored Century Manor. The Province's announcement prompted Pat Saunders, a Hamilton Mountain resident and strong advocate for the preservation of this landmark since the 1990s, to meet with other concerned residents to launch and incorporate a new group, called the Friends of Century Manor.

In October 2020, attention to the urgent need of protecting the building was brought to City Council and a resolution was passed directing staff to request a plan to implement effective security measures from the Province's



Regional Facility Manager. As of February 2021, the future of Century Manor remains in limbo.

Long and Bisby Building, 828 Sanatorium Road

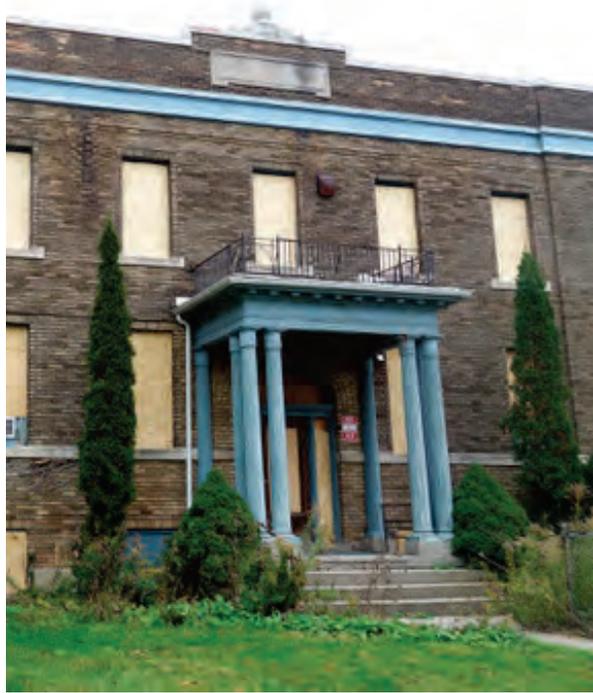
The Long and Bisby Building was erected in 1920 as a nurses' residence on the Brow Site of the Mountain Sanatorium, which opened in 1906 on a 96-acre parcel of donated farmland. It was built by the Hamilton Health Association in response to a global tuberculosis pandemic in the early 1900s and played an important role in treating World War One veterans who contracted tuberculosis while serving overseas. At its peak, the sanatorium had expanded from the 1916 Brow Building to a complex housing more than 700 patients and 450 staff in numerous buildings spread over 250 acres. By the early 1930s, it was the largest facility in Canada for the treatment of tuberculosis.

The Long and Bisby Building was one of several staff residences built in the wooded area on the east side of the Brow Site. It was named after W.D.

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Long and Mrs. George H. Bisby, donors of the original parcel of land. The only surviving staff residence is a notable example of an institutional adaptation of the Beaux-Art Classical style. It was designed by Hamilton architect W.P. Witton.

With the decline of tuberculosis in the mid-20th century, the “San” (as it was known to locals) found a new lease on life in 1961 as a general hospital. It merged in 1979 with McMaster Hospitals to eventually become the Chedoke Hospital of Hamilton Health Sciences. In recent history, its functions were gradually transferred to other facilities and the Chedoke campus was closed in 2014. The Brow Site was first sold to a developer in 2006 and then to Valery Homes in 2012. In 2014-15, all buildings except for the Long and Bisby were demolished.

In 2018, to the dismay of heritage advocates, the City of Hamilton received a demolition application from Valery Homes. However, Hamilton City Council struck a deal with the developer to defer a designation recommendation by the Hamilton Municipal Heritage Committee (HMHC). In exchange, demolition was delayed, and they agreed to submit an independent heritage impact assessment of the Brow Site, recognized by then as the Chedoke Browlands Cultural Landscape.

Unfortunately, the Long and Bisby Building was not adequately secured and suffered considerable damage by vandals and arsonists over the course of 2020. In mid-May of last year, Diane Dent, Board member of the Hamilton Mountain Heritage Society and Vice-Chair of the ACO Hamilton Region Branch, called for immediate action to prevent a catastrophic outcome. The letter was addressed to the Mayor, Ward Councillors, and heritage colleagues.

Then in October, Valery Homes unexpectedly announced a change of plan for the Long and Bisby Building, now to be repurposed as its corporate headquarters. Vice-president Paul Valeri expressed a new appreciation for the building’s heritage assets and adaptive reuse potential. In November, Valery Homes agreed to proceed with heritage designation for both the Long and Bisby Building and the nearby 1953 Cross of Lorraine, a prominent landmark and tangible reminder of the site’s original purpose. City Council is

expected to give its final stamp of approval to the designation by-law in February 2021. With this protection in place, the HMHC will be able to oversee what is hoped to be a sensitive restoration and successful rehabilitation of the former nurses’ residence. ■

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Updates for both buildings will be posted on the Hamilton Region Branch’s home page in the Buildings at Risk section: https://aontario.ca/branch.php?b_id=7#.

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About the author

Based in Dundas, Ann Gillespie is a retired heritage consultant and an active member of various local heritage organizations, including ACO’s Hamilton Region Branch, the HMHC’s Inventory and Research Working Group, and the Beach Canal Lighthouse Group.

- 1 The design of Century Manor was based on the Kirkbride Plan, the 19th century American prototype for purpose-built asylums. The linear floor plan, providing plenty of natural light and good air circulation, became the standard for Ontario facilities, 2015.
- 2 Nurses’ Residence with nursing staff on the front steps, circa 1920 to 21. Shows the original multi-paned sash windows, front doorway with an elliptical transom light and sidelights and the original wood cornice (since removed).
- 3 Long and Bisby Building with boarded-up windows and damage to the leaded transom and sidelights. Since this photo was taken in 2019 one of the portico columns has gone missing, 2020.



Toronto Island

A public healing place

By Steven Shuttle

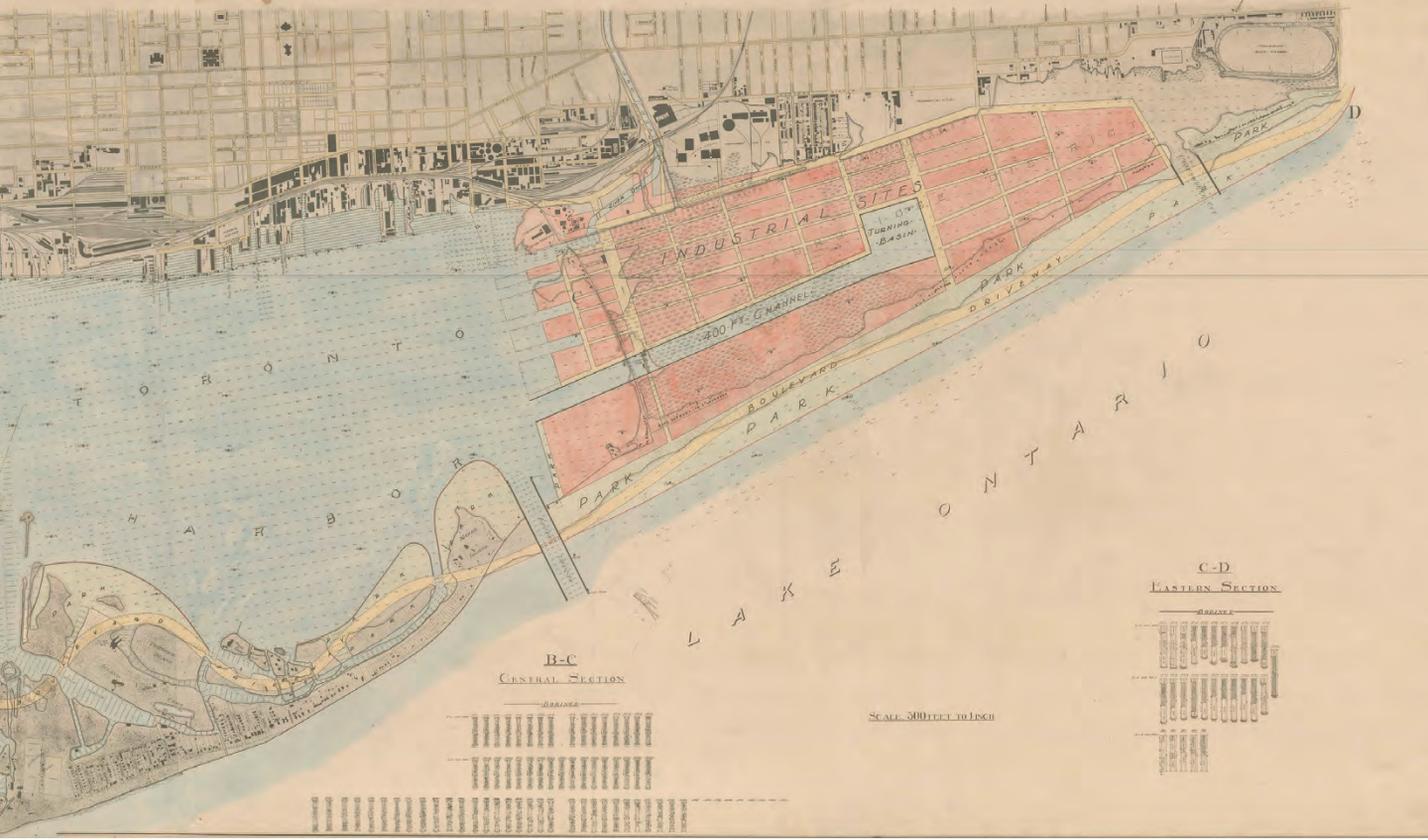
Toronto Island is neither a placebo nor a panacea. Yet, as a cultural landscape it embodies healing qualities, which still resonate and rejuvenate today. We often think of healing spaces as institutional facilities operated by medical professionals. Outside of these, it is useful to recognize that landscapes such as Toronto Island can also contribute to our healthcare system and support our well-being.

Before British colonization, the island served as a key gathering place for Indigenous healing ceremonies. Following York's establishment in 1793, the Mississaugas were displaced from the island. Up to the 1850s, the island remained as an escape from the growing city for strolling, bathing, and inhaling the lake breeze. However, these rejuvenating island landscape qualities were increasingly facing encroaching urban development and rowdy recreation.

From the 1850s onward, preserving this healing landscape was a key focus of the island's stewardship. The invigorating lake air and opportunities for bathing were seen as key benefits

to public health and healing in the industrialized city. The intrinsic healing qualities of the lake breeze attracted the Lakeside Home for Little Children to the island in 1883. This allowed children mostly suffering from Tuberculosis a vital escape to the island's healing landscape.

Around this time, landscape architect Frederick Law Olmsted was designing and advocating for urban parks to improve public health. Olmsted recognized the grind of urban life as an unrelenting challenge for well-being and mental health. To Olmsted, the only viable solution to this challenge was through accessible healing experiences in public parks. This came from Olmsted's intuitive belief that natural scenery has the greatest curative or healing power. This notion of therapeutic landscapes as metaphors for islands of health, was popularized by Central Park and Mount Royal.



top photo Joseph T. Rejch; bottom photo Frederick L. Olmsted

In 1912, the Olmsted firm's ideas of healing landscapes were proposed for Toronto Island as part of the Harbour Master Plan. The Olmsted plan illustrates expanded parkland, trails, and road connections to the waterfront to increase the island's accessibility and potential healing capacity. Ultimately, many of these features did not end up being fully materialized.

Fast forward to today, the healing qualities of Toronto Island are still here. Likewise, these progressive ideas of designing to preserve and share the healing quality of cultural landscapes should not be forgotten. It will be interesting to see how the heritage of healing is reflected into the future, as Toronto Island undergoes a new master plan. Toronto Island continues to show us the healing potential of a cultural landscape and how heritage can make a positive contribution to public health. In revisiting the ideas of Olmsted for parks and public health, we can aim to ensure that future generations can continue experiencing the healing qualities of Toronto Island. ■

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About the author

Steven Shuttle is a Master of Landscape Architecture Student at the University of Guelph and member of ACO NextGen. He is interested in the intersections of planning and design with heritage, support networks, and stewardship.

- 1 Detail of Toronto waterfront plan, 1912.
- 2 Lakeside Home for Sick Children, Toronto Island, 1892.
- 3 Detail of Island Section, 1912

Brockville Psychiatric Hospital

A heritage site still used for its original purpose

By Alexandria Larose

The Eastern Hospital for the Insane (later known as the Brockville Psychiatric Hospital) was built in 1892-4 on property known as Pickens Point. The original building complex was set up on a typical Ontario farm plan but was largely influenced by provincial standards rather than local traditions. Its impressive main building, with a 400-long façade and a seven-storey central tower, was designed in the Romanesque Revival style by Kivas Tully, Chief Architect of the Department of Public Works. Today the Brockville Psychiatric Hospital is recognized as one of the largest surviving asylum complexes built in Victorian Canada.

Steady growth and development began in the first year after construction but continued over the following decade. The site is very clearly and deliberately organized according to function, much like other Ontario asylums. What made this plan unique was its ability to maintain this organization despite development and growth.

BPH was strategically situated close to the St. Lawrence River using the body of water and rural landscapes as a type of moral treatment, a common practice across Ontario at the time. The idea of “moral” treatment was to return patients to a sense of normalcy in a controlled environment to reduce stress. This style of care is apparent even in the furnishings of the buildings in that the common spaces more closely resembled a middle-class living room than a hospital. Due to massive renovations conducted in the 1950s, little to no physical evidence of the use of “moral” therapy remains. Evidence of these surviving buildings and their original purpose are preserved in the hospital museum.

Although the 1950s renovations left much of the facility altered, they reflected shifts in treatment philosophies throughout the province in the latter half of the twentieth century. The renovation of the original buildings has taken careful consideration to make additions in a compatible style using appropriate scale and materials. The leisure component of the hospital is still evident in the landscaping, which provides patients with the opportunity to understand the importance of recreation and social interactions in the treatment process.

BPH has long stood as an important institution in the eyes of local leaders and was the only Brockville institution to merit a two-page treatment in the 1895 edition of *Brockville Illustrated*. BPH shows pride in its heritage and the history through an in-



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house museum, which tells the story of its architecture as well as medical discoveries and research. In more recent articles, the hospital is acknowledged to be a source of local pride providing the area with economic and psychological benefits. ■

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Address

1809 Oxford Avenue, Brockville

About the author

Alexandria Larose is a recent graduate of Carleton University’s History and Theory of Architecture program. She became a member of ACO in 2018 and in Summer 2020 filled a student research position documenting places of worship in the Toronto area for upload to ToBuild.

1 Original main building façade, 2020.

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Behind the green fence

A new life for the Lakeshore Psychiatric Hospital

By Susan Ratcliffe

When I was growing up in Long Branch, the phrase “behind the green fence” struck terror into my childish heart. Along Lakeshore Road in New Toronto stretched a long, green wooden fence. Behind it were the buildings of the Lakeshore Psychiatric Hospital, a forbidding place that none of us ever wanted to enter.

When the then Mimico Hospital opened in 1890 as a branch of the Provincial Lunatic Asylum at 999 Queen Street in Toronto, it was the first institution to use the “cottage” structure rather than one large institution for housing the “chronically insane.” Built of local sandstone and red brick the cottages were designed by Kivas Tully, the chief provincial architect, in a combined Gothic and Romanesque Revival style. As part of their treatment, patients built the cottage, planted trees, did the gardening, carpentry and cleaning. As a result, the grounds were filled with trees, an orchard and vegetable gardens.

Over the years, changes in philosophies of treatment of patients with mental illnesses resulted in the closure of the hospital in 1979. Its ground and buildings were used frequently as movie sets. Meanwhile, the cottages were abandoned to crumble from neglect and most of the records were lost. After a dozen years of neglect, Humber College signed a 99-year lease on the property in 1991 and began to renovate the buildings.

At the Lakeshore Edge entrance to the Humber Campus grounds is the small building once called the Entrance Lodge. Built in 1893, it was the home of the hospital doctor until a larger residence was built. Empty for 30 years, it was in deplorable condition with its crumbling ceilings and walls and damaged roof. It was rescued in 1998.



According to the Gatehouse website, its restoration was the idea of Arthur Raymond Lockhart who inspired many people with his vision for its future use. He felt it could be a place for survivors of child abuse to heal their wounds and to inspire them to see their own potential. Hundreds of volunteers and corporations contributed their efforts and materials to completely renovate and restore the abandoned house. Since it opened, it has been a refuge for thousands of children, youth and adults, and a place where they can find new hope for their lives.

The days of the terrifying green fence that separated the inmates from the community are gone now. Visitors are welcome into the long driveway stretching between the restored cottages though a beautiful landscape and spacious grounds all the way to Colonel Sam Smith Park on the shores of Lake Ontario. The grounds are home to many birds and a variety of plants while the heritage buildings now welcome the public and students exploring their new horizons. ■

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About the author

A long-time tour guide, heritage advocate and lover of Guelph stories, Susan was president of Architectural Conservancy Ontario and of its Guelph and Wellington Branch. A retired English teacher, she now works at the Guelph Public Library as a Reference Librarian and is site co-ordinator for Doors Open Guelph. She chairs the Acorn Editorial Board.

1 The Gatehouse restored.

Building:

The Cottages and Gatehouse of the former Lakeshore Psychiatric Hospital

Location:

3101 Lakeshore Blvd. West
Toronto

Completion Date:

1890s

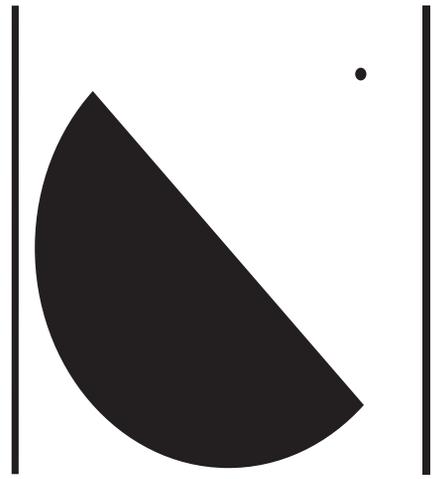
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