

out of the question. Then it was that the construction of semi-temporary buildings became the set policy. The type adopted had much to recommend it. It was economical, could be quickly built and easily altered and added to.

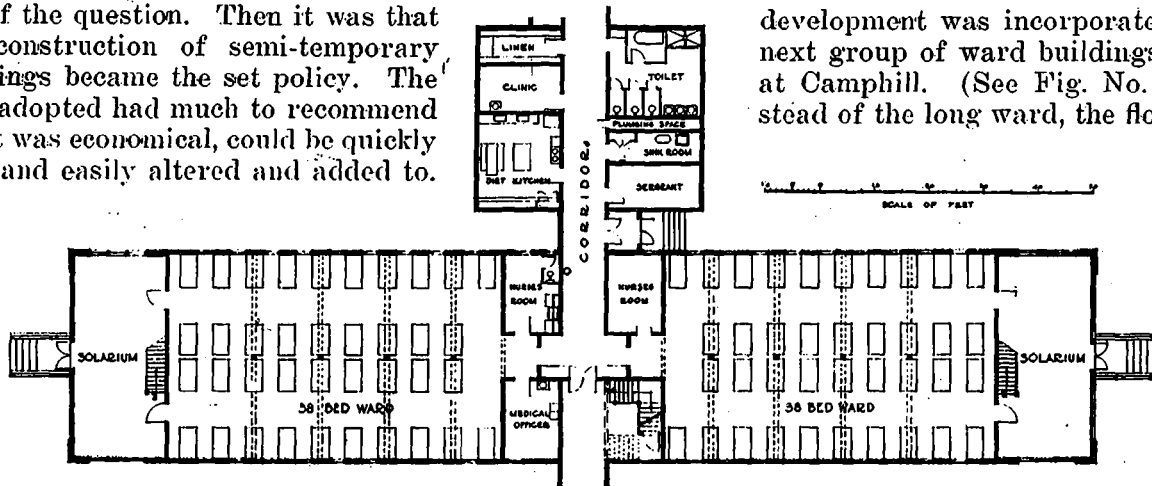


FIG. 3—MILITARY HOSPITAL, TUXEDO PARK, WINNIPEG.

The first building of this type and an entire unit was built at Camphill, Halifax, N.S. (See Fig. No. 1) It consisted of two ward buildings, each accommodating one hundred and fifty patients, together with a general service building.

These ward buildings were two storeys high, providing on each floor for one large ward of 76 beds. At one end of the ward was a connecting corridor, and adjacent to it were rooms for nurses, orderlies, toilets, and general utilities. At the other end was a large solarium with a stairway leading from the first to the second floor.

This arrangement of stairs was most workable, as it served to reduce the traffic through the wards, and at the same time would afford quick and easy exit in case of fire. The solarium was invariably made a most attractive lounge room, thanks to the efforts of the ladies of the local societies. As a description of this first type of unit was given in a former article it is unnecessary to go further into detail here. Suffice to say that as a first attempt it proved eminently satisfactory, so much so that duplicates were built at North Toronto and Winnipeg.

Further study of the problem, however, suggested improvements which subsequently led to certain changes in the ward unit plan. The first

development was incorporated in the next group of ward buildings erected at Camphill. (See Fig. No. 2.) Instead of the long ward, the floor space

was divided into two self-contained wards of 37 beds each, with its full complement of nurses' and utility rooms, while the connecting corridor, instead of being at one end, was made to connect the units midway in their length. The advantages were manifest. The smaller number of patients in a ward made for better discipline and efficiency generally. This second plan was followed in some of the new wards at Cobourg and Ste. Anne de Bellevue. While very compact and workable, even this plan was found to be capable of improvement, and a third development was worked out. This last change made for economy, but it is still an open question

whether it did not possess disadvantages sufficient to outweigh this feature. (See Fig. No. 3.) In this plan the nurses' and orderlies' rooms were left adjoining the ward, but all toilet and utility rooms were placed in a small separate building, a sort of enlargement of the through corridor. The chief improvement was in the farther removal from the wards of the odors from diet kitchen, toilets, etc., but to offset this was the disadvantage of the distance the meals and other bed services had to be carried.

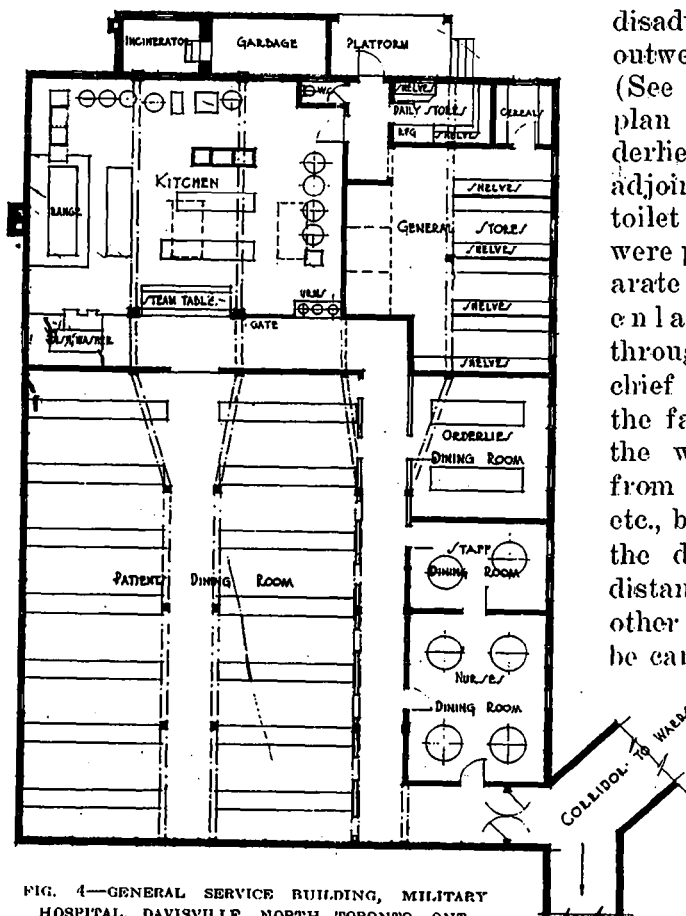


FIG. 4—GENERAL SERVICE BUILDING, MILITARY HOSPITAL, DAVISVILLE, NORTH TORONTO, ONT.

GENERAL SERVICE BUILDINGS.

One important feature of all the larger groups was the general