

Canada's Military Hospitals

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THE question of Military Hospitals, their inception and rapid development under the administration of the Military Hospitals Commission, has been dealt with in a former number of this magazine. Too much cannot be said in praise of the original organization, in its efforts to cope with a situation so new, so sudden, and so prodigious in its scope, as the caring for the ever-increasing flow of convalescents from the battlefields of France and Flanders.

The purpose of this article will be to record the further development of the work, and the

ed to the Government by the owners—the growth of military hospitals in Canada might be recorded as follows:

(a) The remodelling of large dwellings such as Oak Hill Military Hospital, St. Catharines, Ont.; Elmhurst, Kingston, Ont.; and the Sir Sandford Fleming House, Ottawa, Ont.

(b) The remodelling of schools, colleges, and other large public buildings, such as Queen's University, Kingston; Loyola College, Montreal; Knox College, Toronto; Ross Park School,

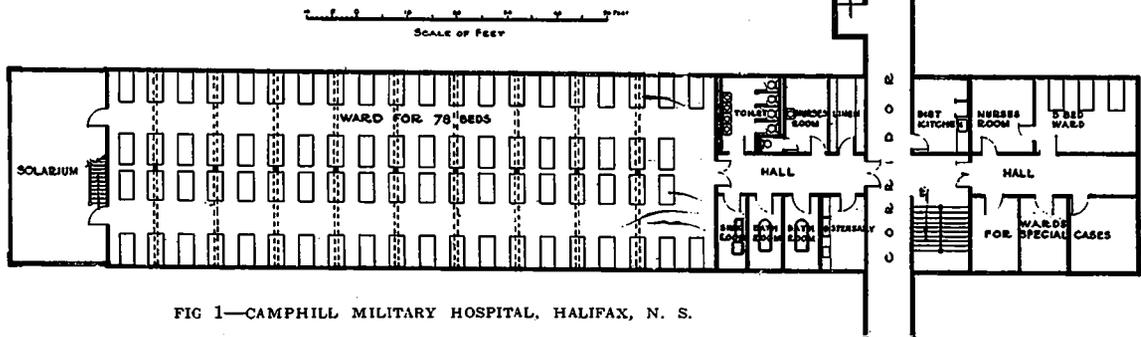


FIG 1—CAMP HILL MILITARY HOSPITAL, HALIFAX, N. S.

gradual evolution in hospital planning and growth which has brought the work to its present state of completion.

On April 1st, 1918, the entire work of building and equipping military hospitals was transferred from the Military Hospitals Commission to the Chief Architect's Branch of the Public

Moose Jaw; Earl Grey School, Regina; Ogden Hotel, Calgary; Shaughnessy and Fairmount Schools, Vancouver, etc.

(c) By additions to existing institutions, such as the Asylum at Whitby, Ont., and the Reformatory at Guelph, Ont.

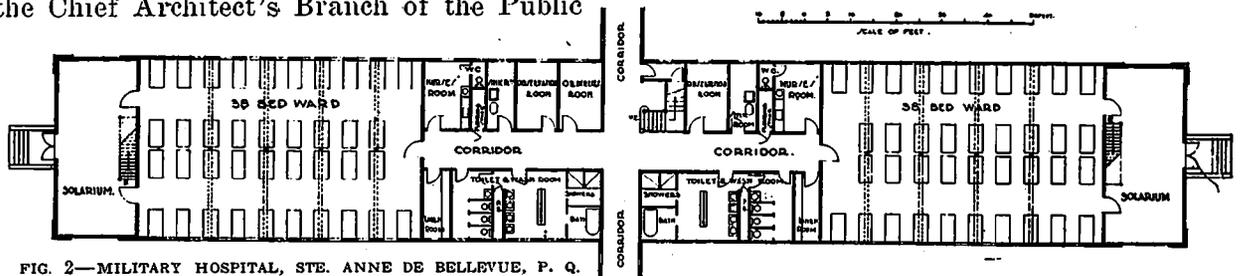


FIG. 2—MILITARY HOSPITAL, STE. ANNE DE BELLEVUE, P. Q.

Works Department, Ottawa, and to the efforts of that staff are due the success which has attended the furtherance of this work to its present stage of development.

The Department of Militia and Defence, under whose authority the control and maintenance of all military hospitals came upon completion, appointed a special committee at the time consisting of an expert in each branch of the Medical and Surgical Service. To this Board of Consultants were referred the plans for expert advice, and to this collaboration with the architects is no doubt due a large measure of the success attained.

Beginning, as it did, in the early period of the war, with the caring for invalid cases in private houses—many of them generously loan-

(d) By the building of entirely new units capable of expansion, as, for example, at Camp Hill, Halifax; Ste. Anne de Bellevue, P.Q.; Westminster, London, Ont., and Tuxedo, Winnipeg.

The latter development represents to date the ultimate and most important phase of military hospital work which has so far been carried out. As the war dragged on into the third year and the devastation and toll in lives became very real, those entrusted with the work began to realize what a tremendous undertaking confronted them. It likewise became evident that the demand for facilities was fast outgrowing the policy of altering and adding to existing buildings. New buildings with increased accommodation must be provided, and on short notice, buildings of permanent construction were