CONSTRUCTION

A · JOURNAL · FOR · THE · ARCHITECTURAL ENGINEERING · AND · CONTRACTING INTERESTS · OF · CANADA

The reader's attention is drawn to the fact that this special issue is devoted to a discussion of the structural work of the Military Hospitals Commission

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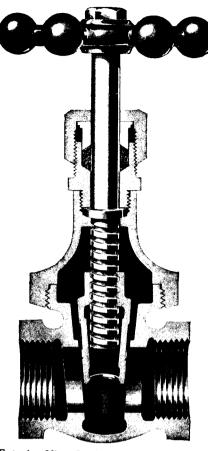
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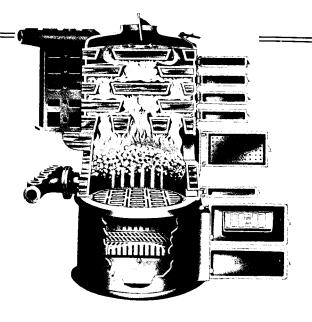
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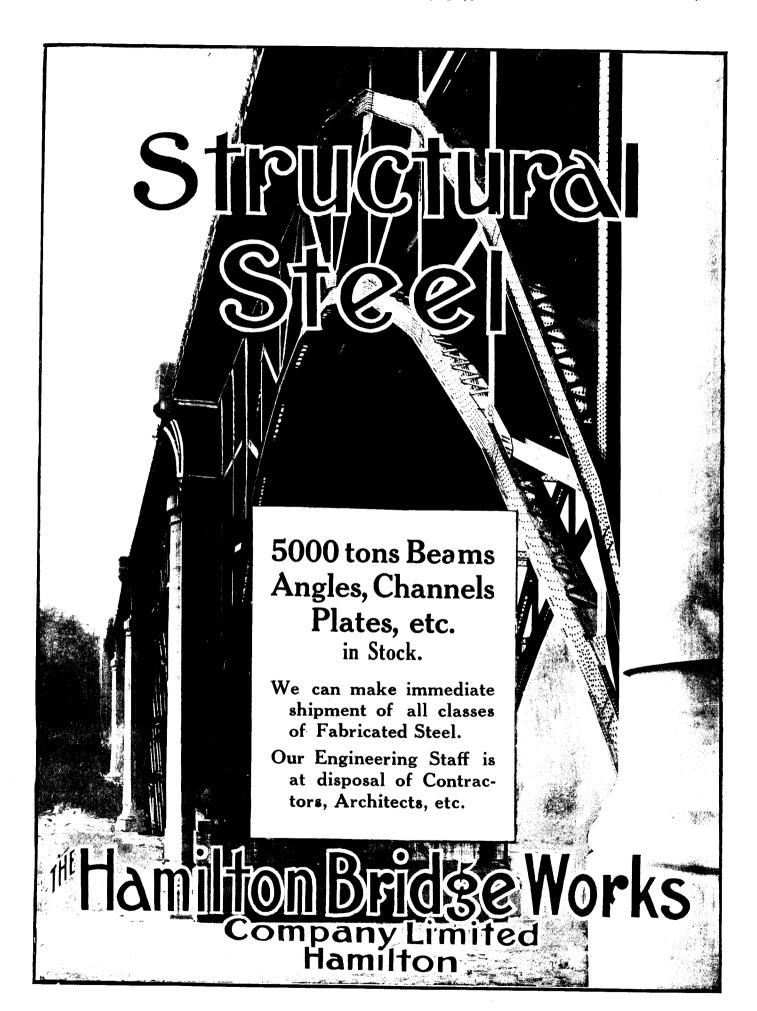
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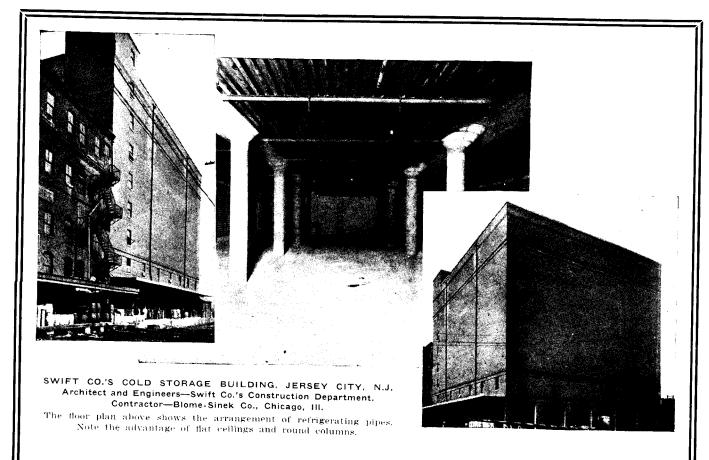
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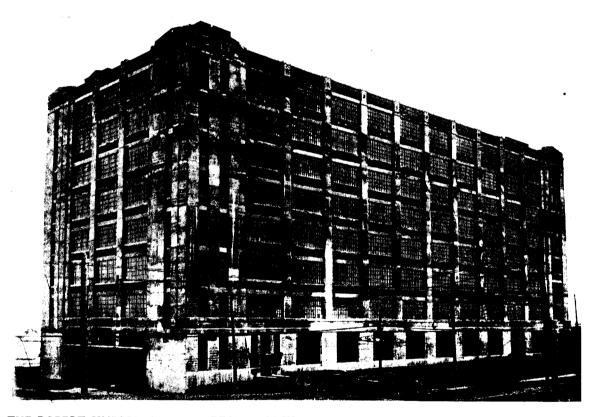
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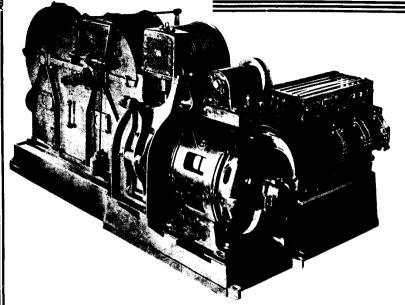
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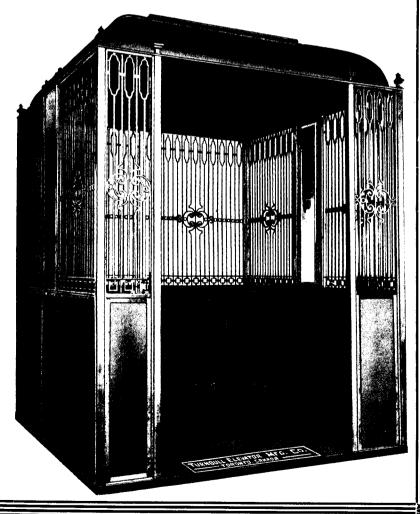
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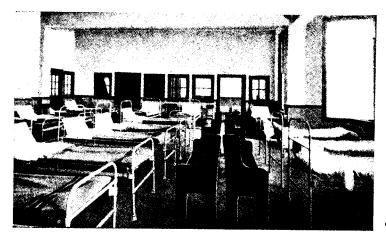
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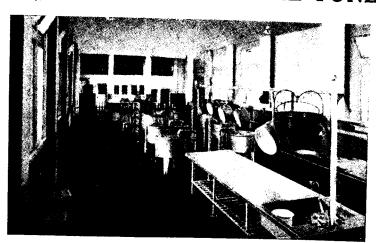


The photos reproduced on this page show two interior views of the big Military Hospital at Guelph, Ont., where Concre-Tone was used extensively. Concre-Tone has been used also in large quantities for work on Military Hospitals at Whitby, Winnipeg, Toronto, Cobourg, Quebec City, Regina, Moose Jaw and St. John, N.B.

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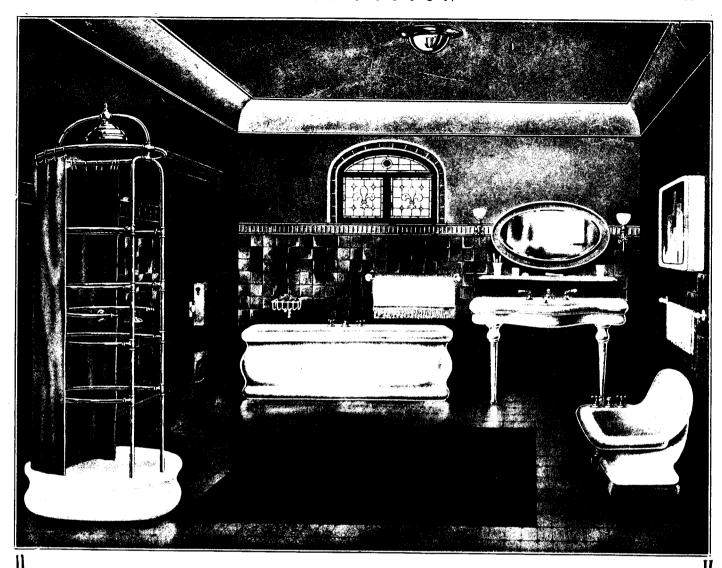
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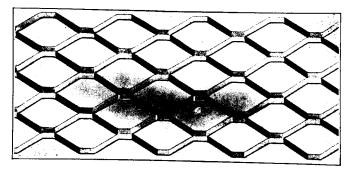
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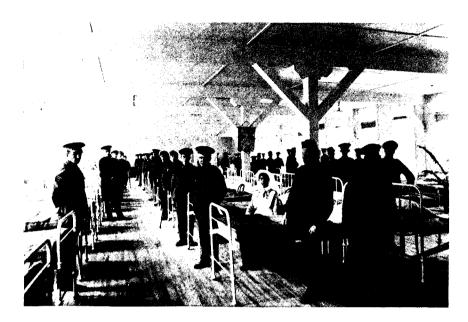
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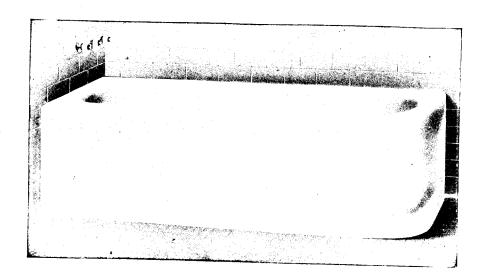
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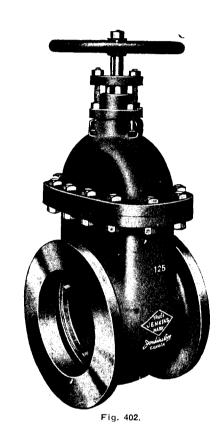




Fig. 414.

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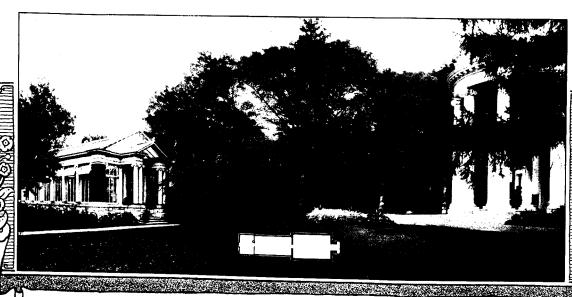
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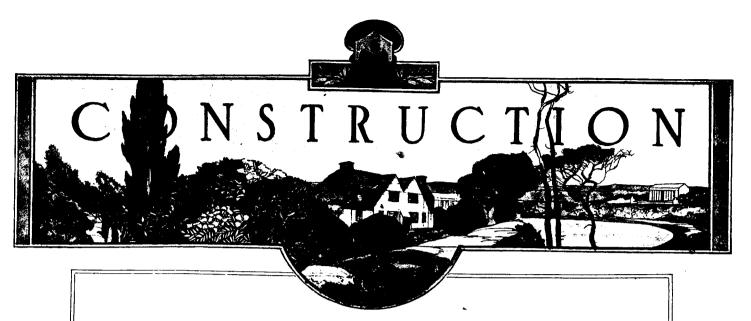
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September, 1917

Vol. 10, No. 9

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MONTREAL BRANCH OFFICES

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PROPOSED SIX HUNDRED BED MILITARY CONVALESCENT HOSPITAL AND VOCATIONAL BUILDINGS, THE SITE OF WHICH HAS NOT YET BEEN ANNOUNCED BY THE MILITARY HOSPITALS COMMISSION OF CANADA.

Canada's Military Convalescent Hospitals

Accommodation for Wounded and Disabled Soldiers Increased Nearly Four Times Since January—New Type of Hospital Buildings of Temporary Permanent Construction Taking the Place of Reconstructed Old Buildings

N the first of January, this year, 2,400 returned wounded soldiers were being cared for by the Military Hospitals Commission in its chain of institutions across Canada. On August first the number had increased to over 8,500.

Last January it was just as difficult to accommodate that 2,400 men as it is to-day to find beds for the 8,500. If anything the Commission is better abreast of the situation now than then. There is not in the length and breadth of Canada an out-patient who would be better off in a ward, and there have been few occasions in the past when this could be said.

It is on the Works Branch of the Commission that the burden of meeting this extraordinary expansion has fallen. Before there was any Military Hospitals Commission, Capt. W. L. Symons of the Canadian Engineers (formerly of Symons & Rea, architects, Toronto) was assigned to make the necessary structural alterations in buildings intended for use as military hospitals. From using sapper labor and fatigue parties in erecting temporary rough board partitions in buildings often little better than woodsheds, and pleading for the price of a blind to hang on a nurse's window, Capt. Symons has seen his Department grow in two short years to one spending hundreds of thousands of dollars. In a recent term of two months the accounts requiring his approval increased ten-fold.

In spite of the terrifying problem of expansion set before the Commission's officials, sit back and think for a moment and it will be realized that the errors of commission and omission which have received public criticism, have been surprisingly few in number and trivial in character. With so supremely imperative an undertaking as the war on its hands, the Government has been forced to treat all other problems, even at times the care of the returning wounded, as secondary in importance. Recognizing this as just and necessary, the Commission has faced its handicap, and instead of struggling a long way in arrears, has stood on its own feet and steadily pushed its way ahead. To-day it has evolved an organization believed to be capable of meeting almost any emergency with which it is likely to be faced. Tremendous as has been the mere building problem, other branches of the organization have not suffered. They have expanded, developed and improved more than commensurately. The department chiefs have seized upon numerous up-to-date scientific methods for the rehabilitation of the wounded, and sub-departments are constantly being formed to undertake new systems of repairing the human debris of the battle field.

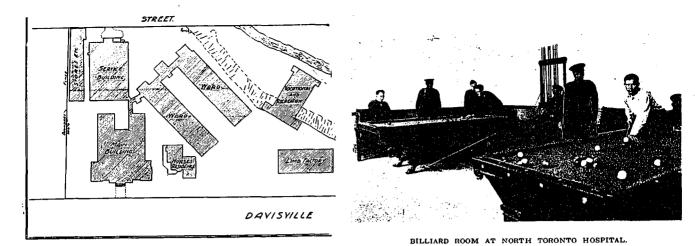
Every new method of dealing with the returned soldier question has imposed another problem upon the works branch. The mere provision of beds has been no small task in itself, but with the many technical requirements of the numerous sciences practised in the Commission's institutions, complex phases calculated to baffle the most astute architect have been added. Nevertheless, medical men have commented upon the remarkably convenient facilities afforded them.

From a building man's standpoint the notable fact about the Commission has been its creation of a new type of building—the military convalescent hospital. In this term all three words express distinct features of the institution which have been considered in designing the structure. To grasp the significance of the supreme type evolved one must trace the history of the Commission from early days.

FROM THIRTY TO NINE HUNDRED BEDS.

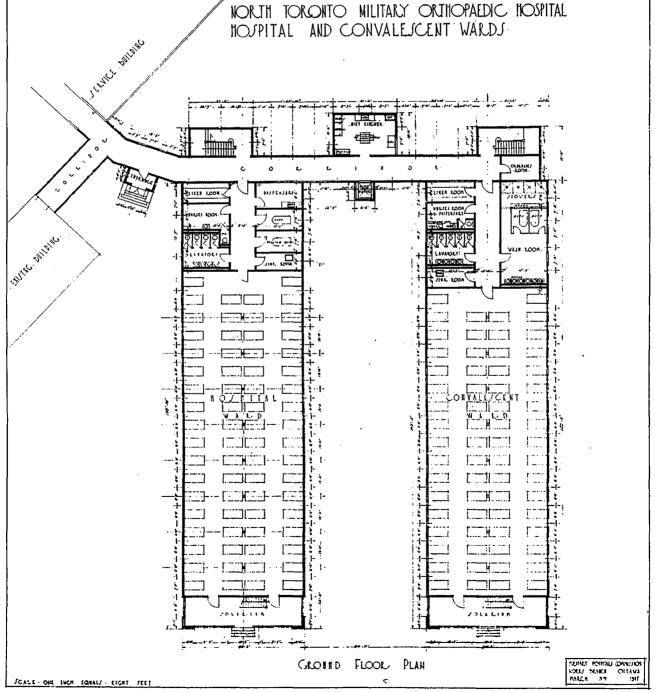
The first convalescent homes were private residences generously loaned by their owners. Among the first were the Clayton residence in Halifax, the Ross home at Sydney, the Merritt home of St. Catharines, the Parks dwelling at St. John, the William Dobell place at Quebec, and others in cities throughout Ontario and the West. These dwellings, designed as living quarters for seven or eight people at the most, were made to accommodate from twenty to thirty-five soldier patients. The Sir Sandford Fleming home at Ottawa indicates what can be done. There are over seventy soldiers living in this place intended for the use of one family.

Few structural alterations were necessary to accomplish these results, excepting increases in the kitchen and dining room accommodation and additional bathrooms and plumbing to provide for thirty instead of eight or ten people. The great advantage of these small residences over other buildings offered in the early days was that they were usually surrounded by grounds. The unsuitability of existing general hospitals was that the soldiers were convalescents—uppatients—and had to be able to go out. It was found, however, in a short time that the cost of putting these small buildings in shape was out of proportion to the results obtained. In addition to the enlarged kitchen and plumbing



BLOCK PLAN, NORTH TORONTO ORTHOPEDIC HOSPITAL.

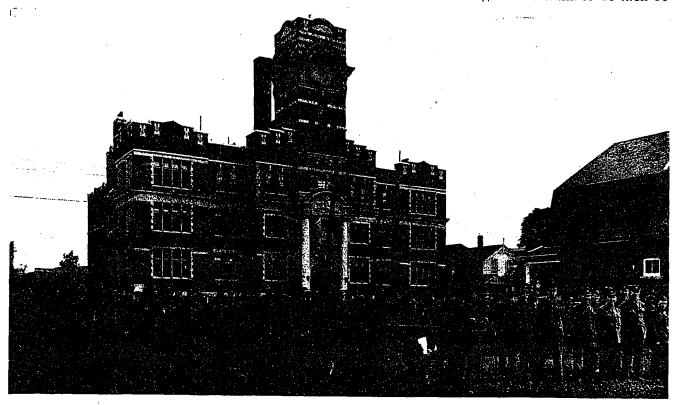
NOR THE TORONTO MILITARY OR THOPAFDIC, HOSPITAL



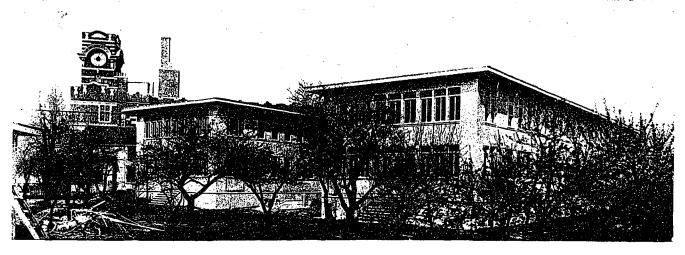
facilities the Commission often wound up by erecting a separate storage building, and usually the out-buildings had to be remodelled as

residences for male help on the hospital staff.

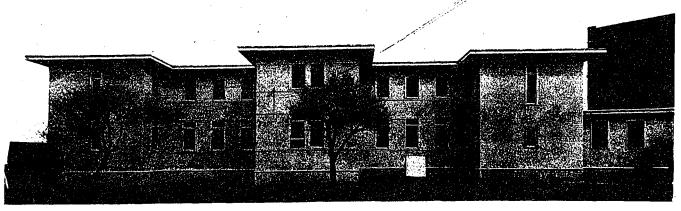
Need for accommodation rapidly outgrew
these small buildings. The number of men re-



MORNING PARADE AT MILITARY ORTHOPEDIC HOSPITAL, NORTH TORONTO, ERECTED BY THE SALVATION ARMY AS BOOTH. MEMORIAL HOME.

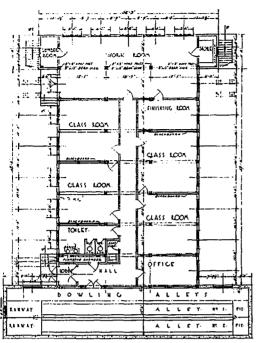


TWO WARD WINGS OF MILITARY ORTHOPEDIC HOSPITAL CONNECTED WITH BOOTH MEMORIAL BUILDING.



REAR VIEW OF NEW BUILDING ERECTED OF STUCCO BOARD AT NORTH TORONTO ORTHOPEDIC HOSPITAL.

RECREATION HALL FOR NORTH TORONTO MILITARY ORTHOPAEDIO HOSPITAL



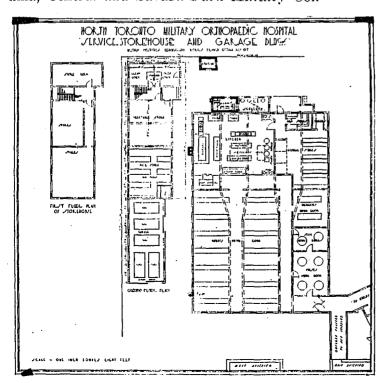
GROUND FLOOR PLAN

SCALE - ONE THEM EQUALS EIGHT FEET.

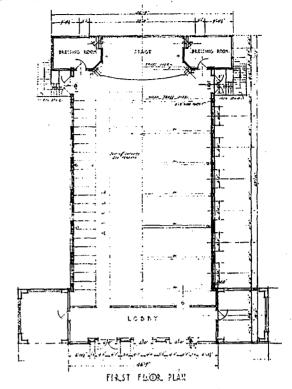
M. H. C. WOLKS BLANCH OFFAVA JURE HIS

turning was so great that it became uneconomical to establish separate staffs and equipment for institutions so small as these, when the patients could be grouped in larger hospitals requiring no greater, or little greater, staff.

Larger buildings were accordingly taken over. Among the first were the Grey Nunnery, Montreal; Deer Lodge, Winnipeg; Knox College and Bishop Strachan School, Toronto, and the Immigration Hospital, Savard Park, Quebec. The last three named are now known as Spadina, Central and Savard Park Military Con-

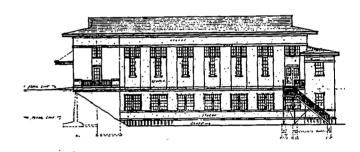


RECREATION HALL FOR NORTH TORONTO



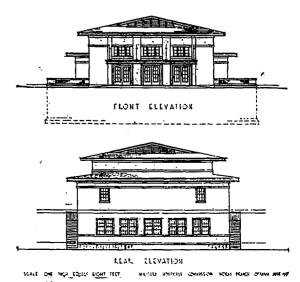
SCA. - OUR BEST COTALS THESE FEET

KILG YORKS DRANCH OTTAKA, JUNE 1997



SIDE ELEVATION

valescent Hospitals. Another fine college building taken over recently was Loyola College, Drummond street, Montreal, and there have been many others. Colleges possess a rather peculiar suitability for the needs. They usually have large kitchens



and dining rooms, class rooms suitable for dormitories and, in some cases, open dormitories capable of holding twenty or thirty beds each.

Hotels have been offered to the Commission on some occasions, but a very good hotel is entirely unsuitable, the cost of removing its substantial partitions being too great.

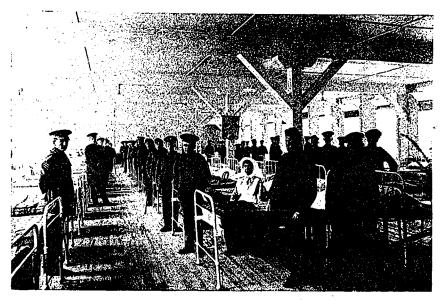
THE NEED DEFINED.

The Commission's need is for buildings with large open ward spaces, and there should be grounds if at all possible. The institutions must be convenient to large centres for several reasons -convenience in obtaining all kinds of supplies, and accessibility to first-class medical practitioners. On the other hand, experience has shown that the patients are better off outside cf the city where the air is better. Some buildings have had to be rejected because special apparatus and equipment could not be conveniently installed in them. Before any building could be accepted, it was neccessary for a representative of the Works Branch to make a survey of the premises with a view to ascertaining the possibilities of adaptation to the Commission's needs. Public opinion being less well-informed as to the requirements has sometimes disagreed with rejections made by the Commission's officers, but it is safe to say that the selection in most cases has been wise under the then existing conditions.

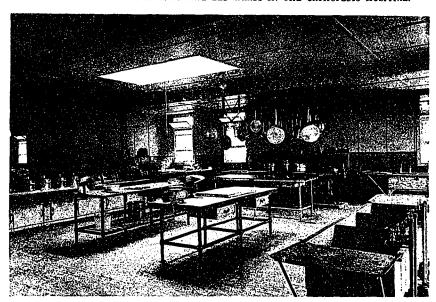
Adapting a building the size of Knox College or Loyola College to another use than that for which it was designed naturally proved a large and an expensive undertaking. Recognizing that while proper economy should always be observed in the public service, the Commission decided from almost the outset that its institutions must be absolutely suitable for the administration of the treatment desired.

"We aim at results," is the way Captain Symons puts it. "We are not doing this thing for a joke, going about it in the easiest way. We are following the very best laid down world-

wide rules for hospital erection. We are studying our plans with a view to producing the very best results."



STAND-TO IN ONE OF THE SEVENTY-FIVE BED WARDS IN THE ORTHOPEDIC HOSPITAL.



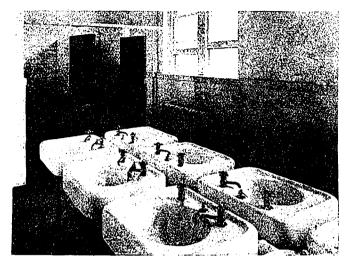
KITCHEN AT NORTH TORONTO, SHOWING ENTRY TO DINING ROOM ON LEFT.



WELL-LIGHTED DINING ROOM AT NORTH TORONTO HOSPITAL.

COST OF REMODELLING TOO GREAT.

Each of these college buildings had a possible accommodation of about two hundred men, but the cost of renovation was equal to if not more than that of erecting a two hundred bed hospital of the type which the Commission has since



TYPICAL WASH ROOM AT NORTH TORONTO.

then evolved. Take Loyola College, for instance. The Commission spent about \$75,000 on renovation, although the building already had assembly halls, dormitories, class rooms and dining halls, and was about as suitable as any building ever taken over. Even with all this, the conversion of the class rooms into dormitories meant an increase of plumbing, etc., and in substantial buildings one cannot make alterations without heavy expense. It means well done work being re-done. A feature not

often regarded by the public is that the agreements in regard to most of these buildings oblige the Commission to return the buildings as they were found, thus doubling the cost.

An illustration is shown on another page of a large dormitory in the Drummond Home. This space was formerly occupied by fourteen separate rooms and connecting corridor. The Commission took all the interior partitions down and made a room a hundred feet long. A great deal of support was thus removed from the upper story and care had to be taken to protect the strains. The floors were strengthened with additional steel beams and columns, and every precaution was taken to make the building safe. Similar alterations had to be made in a number of places thus converted, although no two buildings presented the same problem.

DISTINCTIVE FEATURES AT N. TORONTO.

The next development was a decision to use certain existing buildings for what they were worth without very great alteration, and to add specially constructed wards as temporary wings. At the Orthopedic Hospital, North Toronto, where a half completed training school of the Salvation Army was taken over, is a splendid example of this class of work. In fact, in this institution are found almost all the distinctive features of the Commission's construction. A careful study of what was done here will tell more of the present story than could be hung around any other place.

The Booth Memorial Home was the name given the institution by the Salvation Army. It



DRUMMOND MILITARY CONVALESCENT HOSPITAL, MONTREAL, FORMERLY LOYOLA COLLEGE. THE SOLARIUM WAS ADDED BY THE M. H. C.

was a substantial brick building, fortunately having several acres of vacant land adjoining. A survey disclosed that by making a very few alterations in the plans the structure could be completed to provide accommodation for about one hundred and fifty hospital beds. It was decided that additions should be erected on the adjacent land, but a very serious problem in orientation arose. The main building faced south, yet the only place where a wing could successfully be attached was at the rear. It has been the architect's constant aim to arrange his plans to give proper sunlight in the wards. At North Toronto the purpose was achieved by erecting a large service building containing kitchen and dining room for four hundred men directly behind the original build-By running a connecting corridor north-west, it was made possible to put up two long ward wings facing south-east, an angle considerably at variance from the main building and not commended for its beauty. Orientation was the object aimed at, however, not beauty. Three hundred beds are located in these two wings in four wards of seventy-five beds each, the wings having two stories.

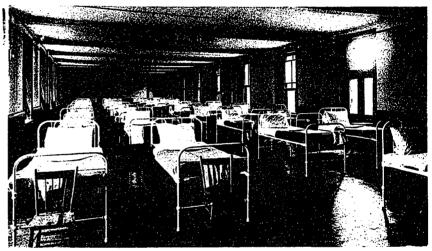
These new wards are for convalescents. The main building is kept largely for infirmary and Poradministration purposes. tions of it have been adapted for suites, hydrotheraoperating peutic equipment, massage and dental service. The entire administration of the hospital is in the main building, suitable rooms having been allocated to the medical officers, officer commanding, matron, dietitian and clerical staff.

SPECIAL EQUIPMENT ROOMS.

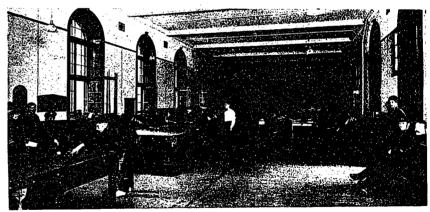
The operating suite was selected because of its splendid corner light. A wooden floor was taken up and granolithic substituted. A cement wainscotting four or five feet deep was installed. To put in the necessary plumbing, control basins, etc., fundamental work had to be begun in the base-



CAFETERIA AT DRUMMOND CONVALESCENT HOSPITAL, MONTREAL.



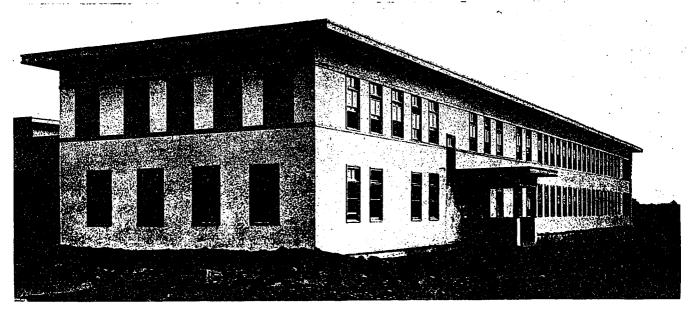
TYPICAL WARD AT DRUMMOND CONVALESCENT HOSPITAL.



BILLIARD AND RECREATION ROOM AT DRUMMOND HOSPITAL.



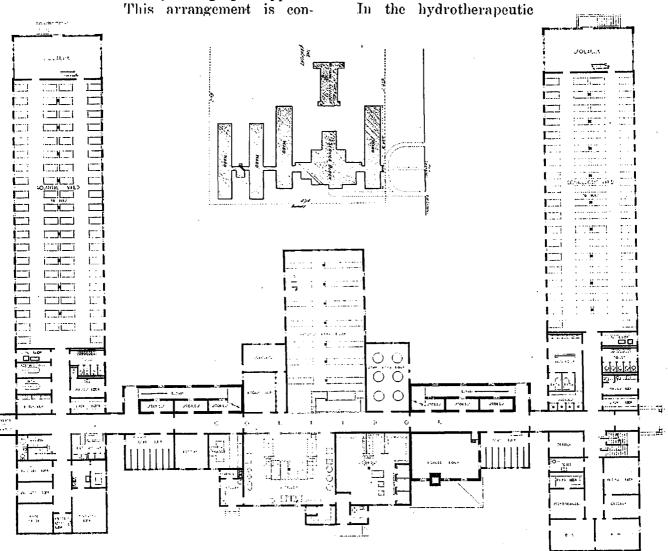
FIRE ESCAPE CHUTE AT GREY NUNS' MILITARY CONVALESCENT HOSPITAL, MONTREAL.



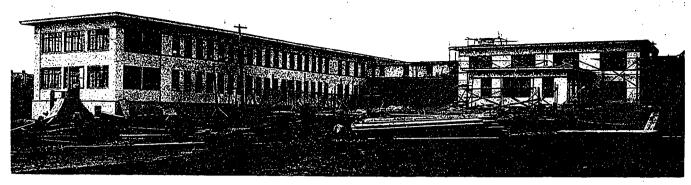
FIRST WING OF MILITARY CONVALENCENT HOSPITAL AT CAMP HILL, HALIFAX, NBARING COMPLETION.

ment and proper piping laid. A sterilizing room, anaesthetic room, doctors' room, and other features had all to be arranged for en suite.

Indicative of the class of equipment used by the M.H.C. is the Frink operating light supplied. sidered to be the very last word in lighting for surgical work. The fixture consists of a group of powerful lamps so placed that there can be no shadow no matter how the surgeon goes to work.

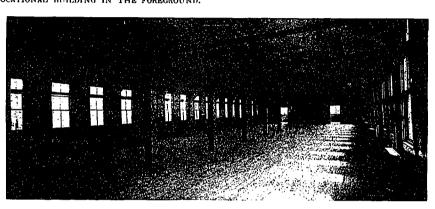


PLAN OF CAMP HILL MILITARY CONVALESCENT HOSPITAL WITH BLOCK PLAN INSET, SHOWING HOW TWO ADDITIONAL WINGS WILL BE ADDED TO MAKE IT A SIX HUNDRED BED INSTITUTION.



REAR VIEW OF MILITARY HOSPITAL AT CAMP HILL, HALIFAX, SHOWING FIRST WING, RUNWAY, DINING ROOMS, ETC., WITH EXCAVATION FOR VOCATIONAL BUILDING IN THE FOREGROUND.

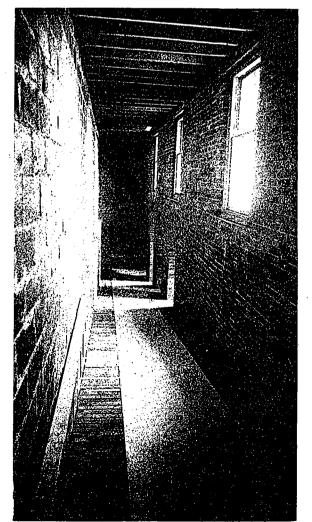
room in the basement similar preparations had to be made. Tile floors were necessary because of the heavy wash of water from the electric baths. Continuous baths, where a patient is kept in a constantly changing tub of water of fixed temperature for possibly one, two, three, or even six or eight hours at a time were supplied. Electrically treated water affords another kind of bath for which provision had to be made. In the installation of all



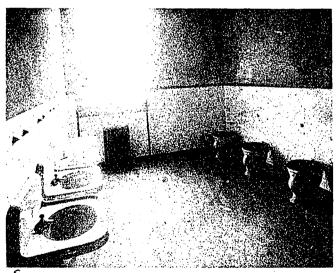
WARD ON UPPER FLOOR OF FIRST WING OF CAMP HILL HOSPITAL.

this special equipment the advice of the best informed experts available was called in, and many compliments have been made by the medical profession upon the excellent facilities provided for special treatments.

Making provision for the massage treatment was an important feature of adapting the Sal-



UPPER SECTION OF RUNWAY AT CAMP HILL HOSPITAL.

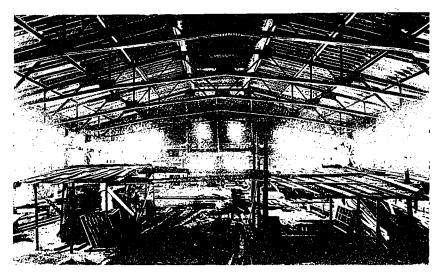


ONE OF THE TOILET ROOMS IN CAMP HILL HOSPITAL BEFORE CLOSET PARTITIONS WERE ERECTED.

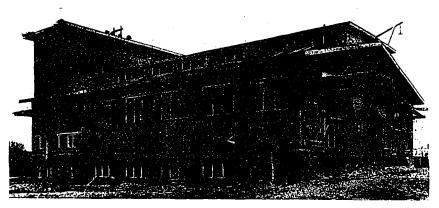
vation Army training school as an orthopedic hospital. Four special rooms were provided with suitable plumbing. All patients are treated separately, and individual cubicles had to be arranged. In allocating the various portions of the buildings to the numerous uses, it will be observed that the architect had a big problem



PANORAMA OF WHITEY MILITARY CONVALESCENT HOSPITAL. TWO PAVILIONS BEING ERECTED ARE SHOWN IN LEFT FOREGROUND WHILE THE NEW RECREATION HALL IS BEHIND THE INFIRMARIES ON THE RIGHT.



INTERIOR OF THEATRE IN RECREATION HALL AT WHITEY. THE SEATING CAPACITY WILL BE TWELVE HUNDRED.



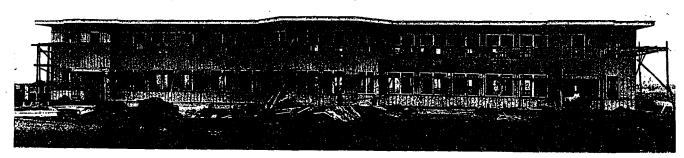
RECREATON HALL BEING ERECTED BY MILITARY HOSPITAL COMMISSION AT WHITBY. BOWLING ALLEYS, ETC., WILL BE LOCATED IN THE BASEMENT.

on his hands, as the individual requirements of all these branches were often hard to meet.

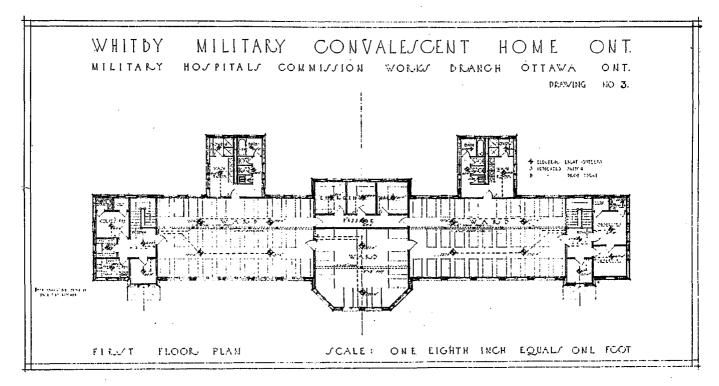
RECREATION PROVIDED FOR.

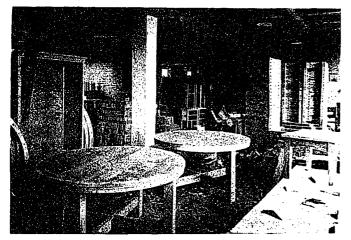
There is a billiard room at the North Toronto institution, and a large class room was temporarily set aside for general recreation purposes for the patients. It was not suitable, however, and a special building in which to centre the social life of the patients was erected. In it is a large recreation hall capable of seating five hundred people. There are four bowling alleys in the basement, and the stage of the main auditorium is equipped with dressing rooms and facilities for setting up scenery. Moving picture shows can be given there also; in fact, provision is made in nearly all the Commission's institutions for this form of entertainment of the patients. Valuable instruction is often given through this medium. On one story of this structure are the vocational training class rooms, including workshops and a garage for instruction in motor mechanics.

As will be observed from the plans and photographs printed on another page, the service building



ONE OF THE NEW ONE HUNDRED AND FIFTY BED PAVILIONS BEING ERROTED AT WHITBY. IT IS OF THE TEMPORARY PERMANENT TYPE OF CONSTRUCTION ADOPTED BY THE MILITARY HOSPITAL COMMISSION.





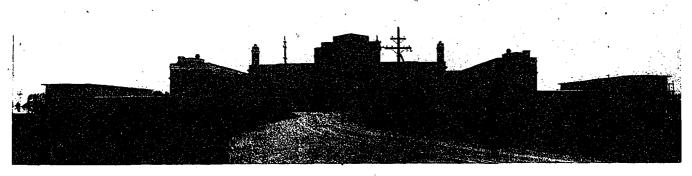
FURNITURE MAKING AT GUELPH MILITARY HOSPITAL AS PART OF RE-EDUCATION OF RETURNED SOLDIERS.

at the rear is a model of its kind. The plan was arranged by Captain Symons in consultation with Miss Violet M. Ryley, the general organizing dietitian of the M.H.C. The dining room seats four hundred patients, and smaller dining rooms are arranged along one side for officers, nurses, sergeants, and other classifications of

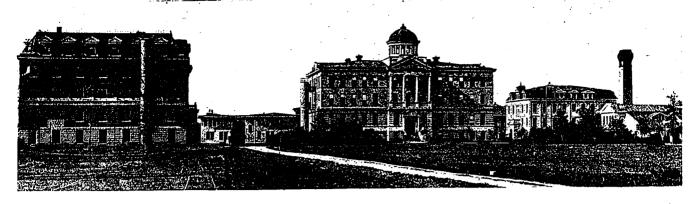
the staff. The kitchen is under the same roof and connects with the dining room through a double width doorway, directly facing the steam serving tables. The arrangement of ranges, dishwashers, stock-pots, steam tables, refrigerators, etc., is most economical of that scarcest



OXY-ACETYLENE WELDING PROCESS USED IN REMOVING BARS FROM WINDOWS, ETC., IN ONTARIO REFORMATORY AT GUELPH.



GUELPH MILITARY CONVALESCENT HOSPITAL. FORMERLY ONTARIO REFORMATORY. NEW WINGS ADDED ON EAST AND WEST ACCOMMODATE ONE HUNDRED AND FIFTY BEDS EACH.



GENERAL VIEW OF MANITOBA MILITARY CONVALESCENT HOSPITAL AT WINNIPEG. FROM LEFT TO RIGHT ARE ROBLIN HALL, NEW HOSPITAL,
ADMINISTRATION BUILDING AND DAIRY SCIENCE BUILDING.

of commodities, labor. On another page Miss Ryley tells of the considerations borne in mind while devising the lay-out of her dietary department space, not only in this, but in other of the Commission's institutions.

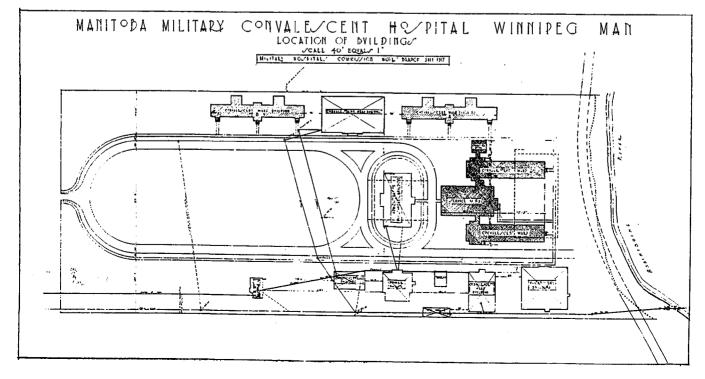
THE CONVALESCENT WARD.

At North Toronto another representative feature is developed—the convalescent ward. There are two wings of two stories containing two wards of seventy-five beds each, a total of three hundred beds. The wards run longitudinally south-east from a connecting corridor at the north-west. Immediately off the corridor is the service block, so-called, containing toilets for the patients, linen rooms, sinks, baths, showers, diet kitchens, doctors' consultation room, nurses' room, and in some cases a small observation ward of perhaps two beds for unusual cases. At the end of the ward remote from the corridor is invariably a solarium furnished with easy chairs, card tables, etc., used as a recreation and smoking room by the patients. This is entirely glassed in, but is provided with generous exits. The wide stairway leading from the upper to the lower solarium might serve as a fire-escape in the remotely possible contingency of an outbreak.

These seventy-five bed wards have been erected at several institutions and have become a typical feature of M.H.C. construction. Seventyfive beds was regarded as a convenient unit to administer, but later experience, especially with a view to the future when the military use of these buildings will no longer be necessary has evolved a slight variation of the ward arrangement. At Cobourg, for instance, the connecting corridor meets the middle instead of the end of the wing, which is thus divided into two wards of thirty-five or forty beds each. Service conveniences are provided separately for each half in a later development than the Cobourg institution, but at that place only one service block for the seventy-five beds is provided.

NEW BUILDINGS THE NEXT STEP.

As the work of the Hospital Board developed and expanded, it became necessary at times to



have large hospitals in places where there was no existing building to which such enlargements could be made. Accordingly the Commission decided to build for itself. Through the evolution of the ward wing and service wing, a type of construction had been worked out which was considered to be suitable. Experience has shown that a whole new hospital can be erected along these lines at less cost than old buildings can be adapted. The three hundred bed hospital at Camp Hill, Halifax, is the first absolutely separrate hospital building started by the M.H.C., and it has proved to be so far ahead of anything else the Commission is using that it is doubtful if old buildings will ever be taken over again except in rare cases. The accommodation in this building is now being doubled by adding two new wings.

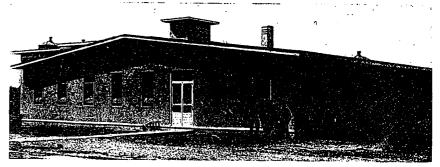
The well defined policy of the Commission for future developments in its convalescent home accommodation is shown in the illustration on the frontispiece page of a six hundred bed institution on its own grounds with separate buildings for officers', doctors', nurses', maids', and orderlies' quarters, for vocational training and for recreation.

A similar development in policy has occurred in connection with the tuberculosis sanatoria, but that subject is dealt with in another article in this issue.

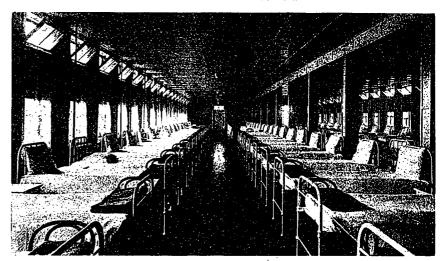
Reasons for the development of such a policy will appeal to readers of Construction at once. The M.H.C. is carrying on several classes of work in behalf of the same patients. The medical treatment of convalescing wounded is different from that of ordinary general hospital cases. There must be several classes of expensive equipment for surgical pur poses. There must be massage equipment and competent masseurs. There must be high-class medical attendance. There are the requirements of the vocational training department to be considered. The Commission's aim is to keep its patients from being hospitalized and enervated from long convalescence, and it has



OPERATING ROOMS OF NEW HOSPITAL BUILDING AT WINNIPEG.



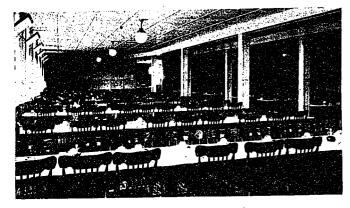
NEW DINING ROOM BUILDING AT MANITOBA HOSPITAL.



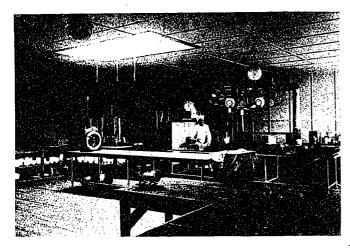
EIGHTY-FOUR BED WARD AT MANITOBA MILITARY HOSPITAL



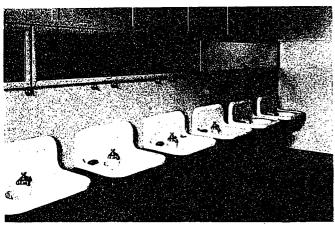
SUN ROOM OPENING OF EIGHTY-FOUR BED WARD.



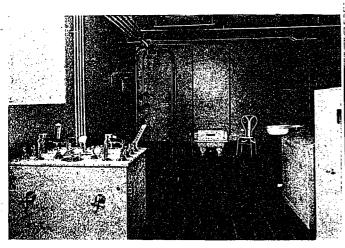
INTERIOR OF NEW DINING ROOM AT WINNIPEG.



KITCHEN AT MANITOBA MILITARY HOSPITAL.



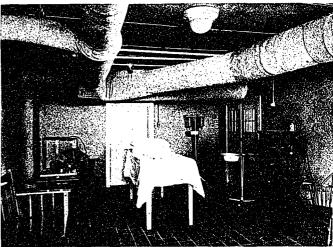
WASH ROOM AT MANITOBA MILITARY HOSPITAL.



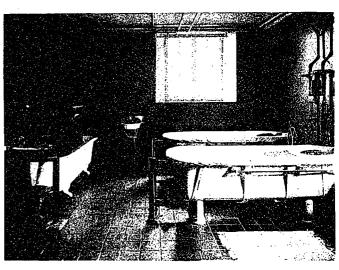
TREATMENT ROOM $% \left(AT\right) =0$ AT COBOURG, SHOWING NOZZLE, NEEDLE AND CABINET BATHS.

encouraged recreation of all sorts, at times appointing special officers to take charge and spending large sums of money to provide buildings and equipment for this essential feature of institutional life.

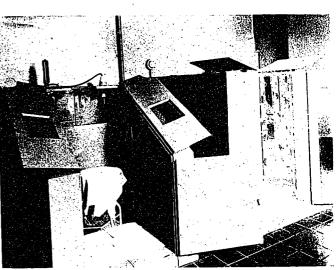
All these services can be better and more economically supplied in a large institution than in a series of small ones. A better class of



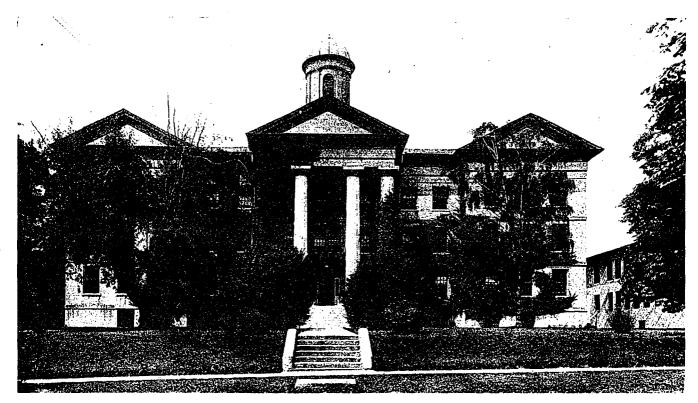
MASSAGE TABLE WITH ELECTRO-THERAPEUTIC OUTFIT AT COBOURG.



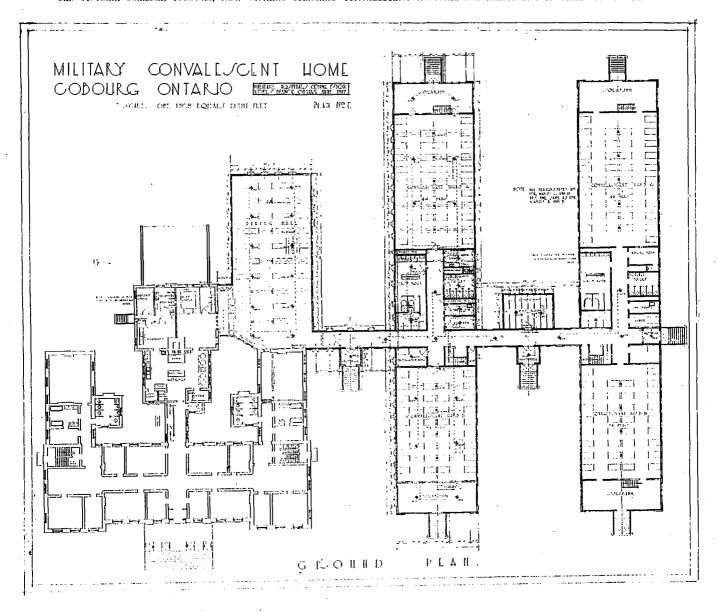
TREATMENT ROOM AT COBOURG, SHOWING CONTINUOUS BATH.

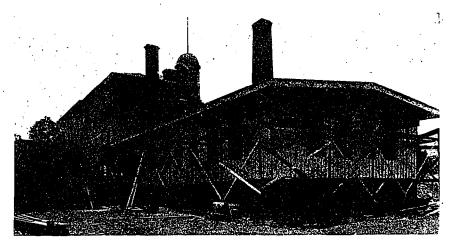


ELECTRIC BATH CABINET WITH BATTERY OF INCANDESCENT LAMPS.

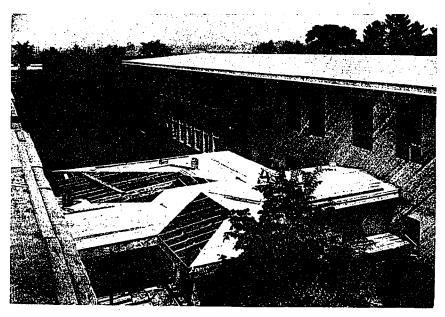


OLD VICTORIA COLLEGE, COBOURG, NOW ONTARIO MILITARY CONVALESCENT HOSPITAL FOR TREATMENT OF SHELL SHOCK CASES.





NEW DINING ROOM ERECTED AT ONTARIO HOSPITAL, COBOURG.



REAR VIEW, SHOWING NEW BUILDING BEING ERECTED AT COBOURG.

officials, medical men, et al., is attracted to the large centre with its wider scope. It is a well recognized business principle that under the direction of one five-thousand-dollar a year man three one-thousand-dollar men will get infinitely better results than four men of the two-thousand-dollar class. This is the principle being applied. The reduction in proportionate overhead administration cost is enormous in these large centres as has been proved at Whitby and Winnipeg.

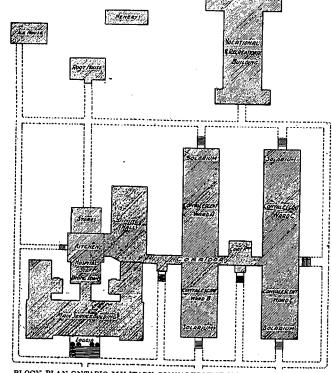
CHANGES AT WHITBY.

At Whitby there is already provision for six hundred patients with nine hundred more under way, and at the Manitoba M.C.H. the number of beds is seven hundred and fifty. The Whitby institution was formerly the Ontario Government's latest institution for the insane, and as described in Construction of October, 1916, is considered to be the most advanced development of institutional construction in the Dominion.

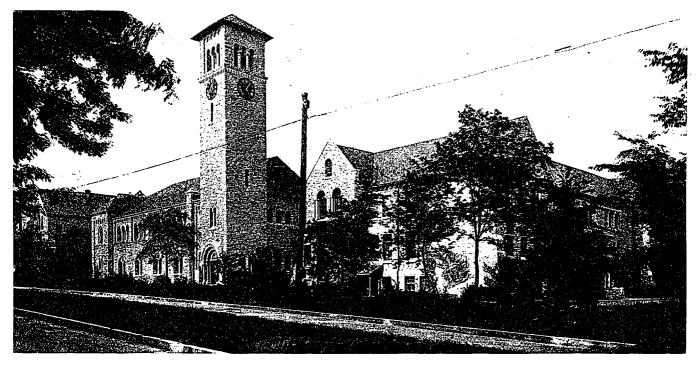
This Hospital was planned by the Ontario Government as a one thousand two hundred bed

institution of such substantial character that its completion could not be awaited by the Military Hospitals Commission. All haste is being made, and one entire cottage group of approximately five hundred and twenty beds has already been occupied. The infirmary building is just about ready, and one or two cottages in the second group are also nearly finished. In order to accommodate the growing population of the Toronto unit, however, the M.H.C. arranged with the Ontario Government for permission to erect two special quick construction pavilions which will later be used for the accommodation of tuberculous insane. These structures are situated at the north side of the institution, and contain room for one hundred and fifty beds each. They are constructed along the lines similar to those employed in the Commission's sanatorium pavilions, but they are much larger.

The plan of the Ontario Government was to complete its cottages first and the administration and recreation buildings later. The Commission, however, had different requirements, and as a result the Provincial Secretary's department under Mr. James Govan, its architect, has rushed



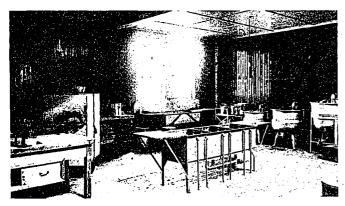
BLOCK PLAN ONTARIO MILITARY CONVALESCENT HOSPITAL, COBOURG.



GRANT HALL, QUEEN'S UNIVERSITY, KINGSTON, NOW USED AS A MILITARY CONVALESCENT HOSPITAL. THE ARCHITECT WHO ERECTED THIS BUILDING SEVERAL YEARS AGO WAS CAPTAIN SYMONS, NOW CHIEF OF THE M. H. C. WORKS BRANCH.

to completion the recreation hall with several alterations necessary for military patients. Bowling alleys are being put in the basement, for instance.

At Winnipeg the old Agricultural College, later the Institute for the Deaf, was converted through the erection of one or two special ward wings and a central dining building into one of



* INTERIOR OF KITCHEN AT QUEEN'S M. C. HOSPITAL.

the most satisfactory institutions under the M.H.C.

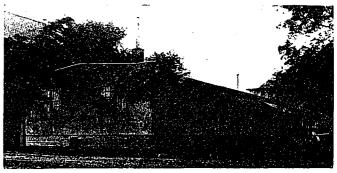
At Guelph, the former Ontario Reformatory with its sixteen industries in full swing, will be another seven hundred and fifty bed institution for the re-education of men so disabled as to be unable to resume their former occupations.

NEED FOR VOCATIONAL TRAINING.

Ordinary vocational training in the convalescent homes, it should be understood, is really occupational treatment to give the patient something with which to occupy his hands and mind and to re-awaken his interest in civil pursuits. Always it should be so far as possible something

useful that the patient is taught, but no attempt can be made during the ordinary period of convalescence to teach a man an entirely new trade. Most convalescents don't need it anyway. The proportion in need of re-education is small, but the length of time required for them to complete their courses will extend far beyond the ordinary period of convalescence. It may in some cases take fully two years.

The class of equipment required for this sort of work manifestly could not in justice to the country's taxpayers be duplicated in small centres all across the country. The arguments in favor of large centralization are numerous and unanswerable at this stage of the work's development, when at the present rate of progress

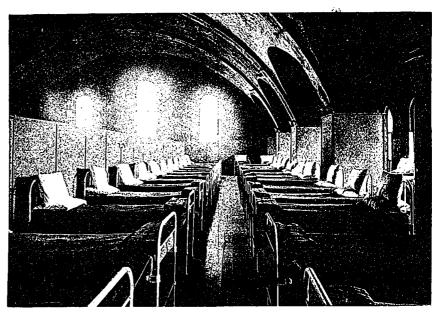


NEW KITCHEN BUILDING, QUEEN'S MILITARY CONVALESCENT HOSPITAL, KINGSTON.

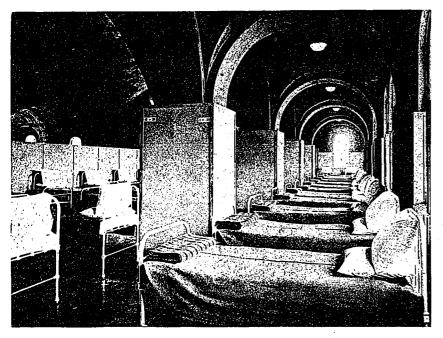
a population of twelve thousand or fifteen thousand convalescents in the Commission's institutions is far from being an impossibility within a year's time.

PRISON BECOMES A HOSPITAL.

In spite of its unique industrial equipment, the Guelph institution was not taken over without some careful thought because of its association with the idea of prisoners. As a prison, however, it was one of the most attractive institutions in America, and after some investigation it was discovered that the prison features could be entirely removed. For instance, two classes of dormitory accommodation existed-individual cells and common dormitories. The iron doors on the cells were removed, and by use of the oxy-acetelyne process all bars and screens on the entire premises were cut off flush with the wall. It would have been impossible to draw them out, but the oxy torch is so efficacious that the bars can be replaced just as securely as before. The use of this



WARD IN GALLERY OF CONVALESCENT HALL, QUEEN'S UNIVERSITY.



ANOTHER VIEW IN BALCONY, SHOWING HOW PARTITIONS WERE ERECTED TO PROTECT DECORATIVE WORK ON WALLS AND PILLARS.

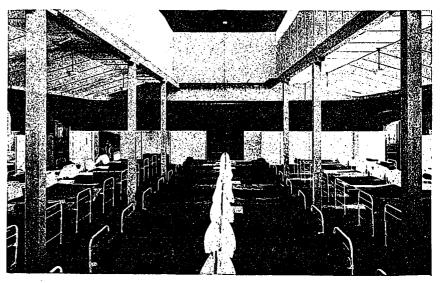
apparatus is one of the industrial features of the institution. The cells, cell corridors and dormitories have been redecorated. Better class lavatory and bathing facilities have been installed in connection with them, and the whole appearance of the sleeping quarters has been so altered that it is an open prediction that the patients will prefer the private wards (formerly cells) to the large dormitories. Lace curtains and chintz drapings have effected wonders.

The next institution to be erected by the M.H.C. will be the nine hundred bed scheme already referred to. No site has yet been

selected, but this development may occur at any date.

NINE HUNDRED BED UNIT DESCRIBED.

It will be noted that expansion is easily possible with the building as planned by the architect. It is the intention that at first only a six hundred bed structure shall be erected, the two outside wings being added later as required, other additions being possible in the same way. The central block is for administration offices. Lateral corridors extend each way feeding thirty-eight bed wards on each side, each ward having its own service suite with toilets, nurses' office, linen room, etc., adjoining the corridor, and solarium at the end remote therefrom. Unlike the Cobourg plan illustrated, there will be service suites for each thirty-



CONVOCATION HALL, QUEEN'S UNIVERSITY, NOW USED AS A HOSPITAL WARD. ADDITIONAL ACCOMMODATION WAS OBTAINED BY ERECTING THE BALCONY SHOWN.

eight bed ward, not one group for each wing. The small structures between wings contain operating rooms, special treatment rooms, such as hydrotherapeutic, etc., cloak rooms, and so on. One of the wings is intended as an infirmary for sick cases, and its service suite is planned accordingly with diet kitchen, observation ward, etc.

Running back from the administration block is another corridor leading to the dining room, beyond which again is the kitchen and storerooms. The vocational training building, as at North Toronto, contains class rooms for commercial and general subjects, wood-working shop, garage for motor mechanics, and will usually be adjacent to grounds suitable for poultry culture and gardening.

A separate power plant at the rear is provided for, and the whole thing must be located adjacent to a railway on account of the enormous quantities of supplies which will be required daily. The transportation of patients from the train by motor is too costly an undertaking to be overlooked also.

The equipment of the hospitals has been a tremendous problem, as manufacturing has naturally suffered from the shortage of labor. The scurrying around and buying everything in sight which was necessary at first has been largely overcome by standardization now that the needs are definitely known, and large blanket orders for kitchen equipment, building materials, beds, etc., are placed well in advance of requirements.

Hospital Kitchen and Dining Room Problems

Discussion of Conditions Considered in Planning this Feature of a Convalescent Hospital, by Violet M. Ryley, General Organizing Dietitian, M.H.C.

THE dietary department has six distinct parts: 1, the dining room; 2, kitchen and and serving rooms; 3, special ward serving pantries; 4, storerooms; 5, dish-washing and scullery rooms; 6, office.

The storage department is perhaps as interesting as any. In it we have a large general grocery storeroom containing the dry groceries for a month or two, with the cereals carefully protected from mice or insects in a separate, metal lined room specially constructed for this purpose. In the general storeroom certain space is assigned to the storing of case goods. Around the walls and on shelves arranged library fashion are stored canned goods (in less than case amounts) and preserved fruits. Be-

low these shelves stand ordinary garbage cans, containing cereals in less than bag amounts, these receptacles having proved superior to bins in several ways. The bread cupboards are quite a sight to those unfamiliar with the amount required to feed hundreds of men.

The cold storage plant contains from three to five small rooms, one for fresh meats and a second for dairy products, such as milk, cream, butter and eggs, another for cold meats and left-over desserts, etc., and a fourth for fruits and vegetables. These compartments may be cooled by ice, but in some cases a small ammonia mechanical refrigerating machine has been installed. The mechanical refrigeration is particularly satisfactory because it gives a lower



HART HOUSE, QUEEN'S PARK, TORONTO, ONTARIO.

The million dollar gift of the Massey Estate to the University of Toronto, is being employed by the M.H.C. as a centre for the functional training of paralyzed and semi-paralyzed portions of the body. The work is known as "Re-education," and in some respects resembles a kindergarten for adults.



MAIN PAVILION AT TRANQUILLE MILITARY SANATORIUM, NEAR KAMLOOPS, B.C.

temperature and climinates the labor of handling ice, a considerable item when you consider that it requires several tons a week.

The dining room is fitted up either as a regular dining room or as a cafeteria, depending upon the kind of hos-In the orthopedic home with its many amputation cases waiters are employed. In a regular convalescent home, where the men are just resting and being built up, the cafeteria system is This insures faster serused. vice, as the food is always hot (or cold, if it should be cold) and the men do not have to sit and wait for anything, but carry the entire meal to a table on a little tray, thus saving time and labor. In the very large dining rooms, where several hundred can be

seated at once, two cafeteria serving counters are placed so that two streams of men can be served simultaneously.

The kitchens are fitted with the latest steam

EUCLID HALL, M. C. H., TORONTO, ONTARIO.

The only permanent soldiers' home so far required in Canada. It has forty beds, and was the residence of the late Mrs. Massey-Treble, whose estate loaned it to the Commission. It contains a pipe organ, on which recitals for the patients are given semi-weekly.

and electrical equipment, such as three-compartment vegetable steamers, steam-jacketed stock pots and soup kettles, electrical vegetable parers, electrical meat choppers, even ice cream freezers and ice crushers. Men who have been denied every comfort for so long are given as attractive a diet as possible. The range and pastry oven containing four shelves, used in making desserts, would particularly interest the average person.

from the main kitchen that the wards for the men who are too ill to leave their beds are situated. Their food is served from a special serving pantry, equipped for this purpose. It con-



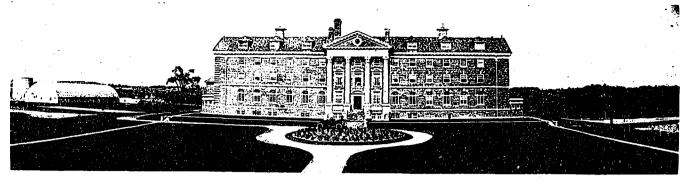
HUNDRED YEAR OLD GOVERNMENT HOUSE, FREDERICTON, N.B., BEING RECONSTRUCTED AND ADDED TO AS A CONVALESCENT HOSPITAL.

tains a small steam table to keep food hot, a gas or electrical plate where an egg can be poached, a hot water and coffee urn, a small refrigerator, a sink, a cupboard, for utensils

and supplies, and a tray rack, where the trays can be set carefully before the meal begins, to save time and insure quicker service.

In clearing up after a meal, the dishes are washed in an electrical dish washer and all pots and pans in large double sinks where they are cleaned in hot soapy water and rinsed in boiling hot clear water. Even the garbage tins are cleaned in a separate sink, and sterilized with live steam, to prevent odors and keep them in perfect condition.

In the office the dietitian has her desk and filing cabinet, containing a copy of all the menus served to the patients, cost records and plans of work for the



PICKERING COLLEGE, NEWMARKET, ONT., NOW USED AS A MILITARY CONVALESCENT HOSPITAL.

employees, so that there is no waste of labor.

Altogether every part is so arranged and equipped that a meal can be served in record time, and in the best of condition, with a minimum of labor and exertion on the part of the workers.

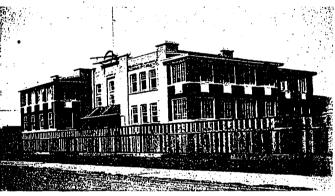
Seventy-five million dollars worth of construction will be required for the cantonments for the new United States army of one million men. This sum includes about \$40,000 for the



LEEK ISLAND CONVALESCENT HOSPITAL, ST. LAWRENCE RIVER.

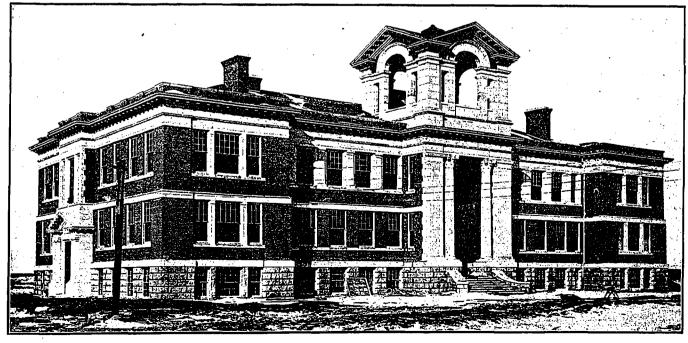
An American woman, Mrs. Ira A. Kip, entertains sixty wounded soldiers at her lovely Thousand Island home, which has been equipped as a hospital. An operating room with all conveniences was installed in the building shown. The boathouse is of similar construction, and accommodates about twenty of the soldiers.

erection of temporary buildings of metal, wood, and concrete, \$2,000,000 for temporary hospitals, \$2,500,000 for water and sewer systems, and \$5,000,000 for roads.



EARL GREY SCHOOL AT REGINA, WITH ADDITION OF SUN ROOMS
ADDED BY MILITARY HOSPITALS COMMISSION.

The Illinois Society of Architects passed a resolution which relieves enlisted members from the payment of dues, appoints a standing committee to keep a roll of those members who enlist and engages that the society individually and collectively shall guard the professional interests of enlisted members during their service to their country.



ROSS PARK SCHOOL. MOOSE JAW, NOW USED AS A MILITARY CONVALESCENT HOSPITAL.

Converting Immigration Sheds Into Hospitals

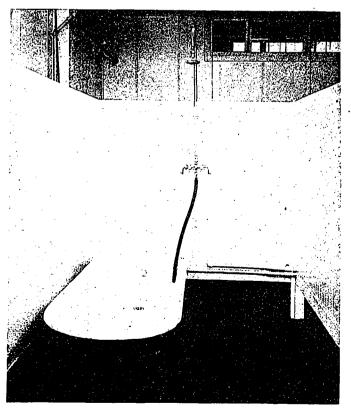
Ships Bring Wounded Soldiers Alongside Clearing Hospitals Located on Piers at Halifax and Quebec—Hospital Cars on Railways

NE of the most difficult things ever done by the Works Branch was the conversion of two huge immigration sheds into first-class hospitals. Anybody who has seen the Military Hospitals Commission's discharge depots at Halifax and Quebec will understand what a remarkable transformation was effected. It can-

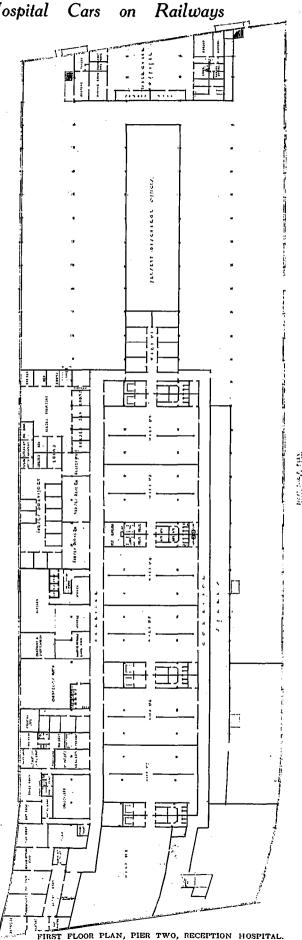


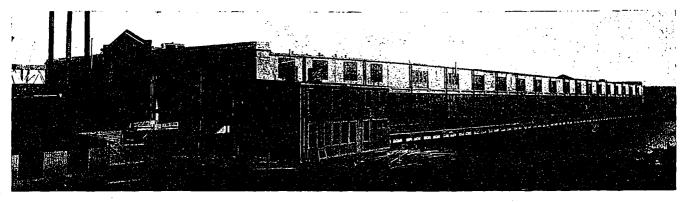
SOLDIERS DISEMBARKING FROM HOSPITAL SHIP AT PIER TWO,
HALIFAX

not be claimed in behalf of the Dominion that every effort was made to welcome the strangers at our gates in gilded palaces. The gaunt grey cement structures used as immigration buildings were about as bare of anything that would rest the eye or cheer the soul as any edifice of



BATHTUB ON CASTERS FOR REMOVING PATIENTS FROM BED TO SHOWER BATH AT PIER TWO, HALIFAX.





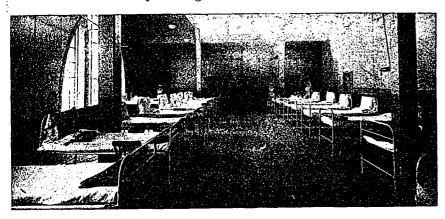
PIER TWO, MILITARY RECEPTION HOSPITAL AT HALIFAX. HOSPITAL SHIPS DISCHARGE AT WHARF IN FOREGROUND, UPPER FLOOR BEING USED AS TEMPORARY HOSPITAL. HOSPITAL TRAINS LOAD ON LOWER FLOOR.

human hands. They served their purpose, however, which was not that of a hospital.

Canada's only immigrants today are her own maimed sons returning from the field of sacrifice, and it was but natural that these Government - owned structures, designed and placed to facilitate disembarkation of ship-loads of public wards, should have been surrendered by the Immigration Department to the Military Hospitals Commission. Both buildings were new and fireproof. They were built right out on the docks, so that ships and trains could come directly alongside. of the pier has been installed. The cement wall has been opened up to make way for a glass



TYPICAL WARD AT PIER TWO, RECEPTION HOSPITAL, HALIFAX.



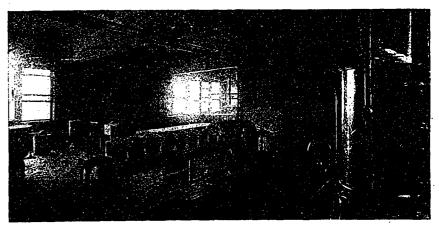
TUBERCULOSIS WARD AT PIER TWO, RECEPTION HOSPITAL, HALIFAX.

The chief handicap to be overcome was that of poor lighting, due to their tremendous width and gloomy aspect, due to absence of paint.

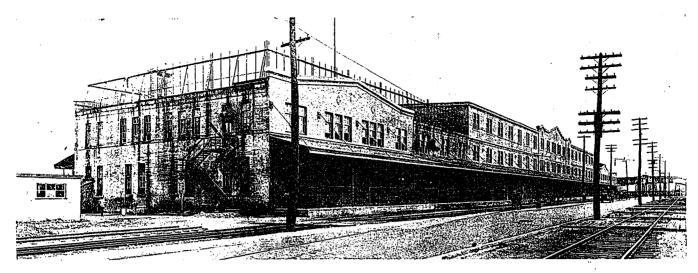
The planning has been entirely changed to meet the needs of the Commission. Both buildings are now used as reception and clearing hospitals for all classes of returning soldiers—from the mental and lung cases down to the lads whose only unfitness was the absence of a couple of years of age. In each depot a tuberculosis hospital at the sunny end

front, and every convenience and comfort of a first-class sanatorium has been provided. At Quebec there is a roof garden, to which the beds can be wheeled through special wide doors built in by the Works Branch. Separate diet kitchens and diningrooms have been supplied.

For ordinary patients the whole floor was divided into forty-bed ward units, each having its own lavatories, and service conveniences for nurses and patients. A large central kitchen



KITCHEN AT PIER TWO, RECEPTION HOSPITAL, HALIFAX.



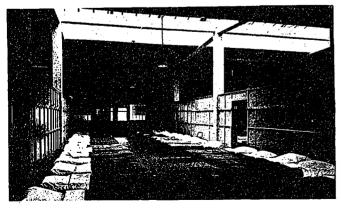
DISCHARGE DEPOT HOSPITAL AT QUEBEC. TROOPS DISEMBARK AT WHARF IN DISTANCE AND ENTRAIN ON TRACKS IN FOREGROUND. UPPER TWO FLOORS ARE USED AS TEMPORARY HOSPITALS FOR ONE THOUSAND BEDS.

and dining-room, with the necessary storerooms, was arranged in each depot. Provision for administration offices, and sleeping quarters



CORRIDOR IN DISCHARGE DEPOT, QUEBEC:

for the entire staff, from officers down, is included on the pier. As discharge depots it is the function of these institutions to examine every man, physically and otherwise, and

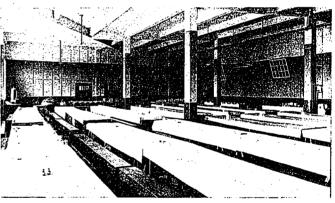


TYPICAL WARD FOR TEMPORARY USE AT DISCHARGE DEPOT.

classify him as to his future needs at the hands of the country, which he has been serving overseas. A ship-load of 500 or 600 men can be cleared through one of these places in two or three days,

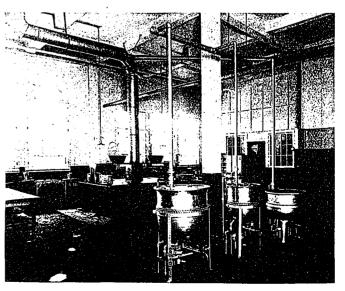
The lighting difficulty in the wards was over-

come at Halifax, the larger of the two sheds, by substituting glass for all the big ten by sixteen-foot roller doors with which the sides were lined for disembarkation purposes. A row of skylight wards was installed underneath the monitor, extending from end to end of the



DINING ROOM AT DISCHARGE DEPOT, QUEBEC.

building. Two wide corridors flanked these central wards, and the outer wards are lighted from the ingeniously contrived window-doors just described. At Quebec the building was



KITCHEN AT DISCHARGE DEPOT, QUEBEC.



RECREATION ROOM AT DISCHARGE DEPOT, QUEBEC.

narrower, and the only aisles are at the outside. Sufficient light is thus available for ward needs. Two floors were taken over here, however, and accommodation for almost one thousand beds is available. Recreation rooms and canteens are provided at both places, but it is

not intended that the men shall stay at these institutions for more than a few days at the outside, so that certain services always found in the convalescent hospitals are not available here.

HOSPITAL CARS PROVIDED.

There have been for some time two hospital ships bringing Canadians back from the Old Country; one of these was wrecked early in August, it will be remembered, on the Nova Scotia rocks, but the patients were all removed to safety without a casualty. Owing to the awful agony entailed upon the first ship-load of returned wounded in passing them on

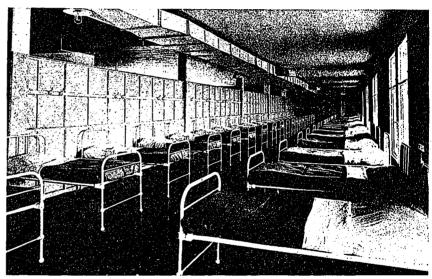
stretchers through the windows of the ordinary sleeping cars, Captain Symons, who happened to see the first instance of that kind, obtained from the railways rough plans of their sleepers and designed a special hospital car.

Both C.P.R. and Intercolonial lines have sup-

plied cars made from these plans, and the increase in comfort to the stretcher cases has been tremendous. Hospital trains now travel from Halifax to Vancouver without giving their passengers any greater inconvenience than they would have in a modern hospital. The cars are described as palaces on wheels. Wide double doors in the centre permit stretchers to pass in, while heavy curtains keep the

cold wind out of the wards when the doors are open.

The doctor and the nurse each have accommodation, the equivalent of a drawing-room on a standard sleeper. Regulation enamelled hospital beds have been blocked into position for

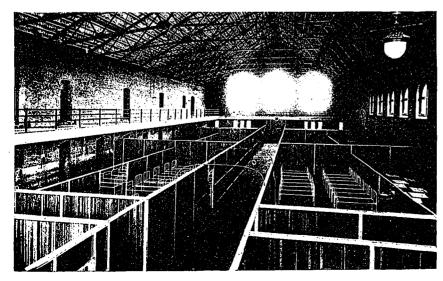


WARD ON UPPER FLOOR AT DISCHARGE DEPOT, QUEBEC.

the patients. Diet kitchens and dispensaries are provided. Usually the cars travel in pairs, one car having all these service features, and the other having nothing but beds. The upper benths have been left in for a double purpose—to store the linen and to meet any emergency in

shortage of accommodation.

A Georgia supreme court decision shows the limitations upon the authority of the architect as "agent of the owner." It declares that whether an architect as agent of the owner is to be also regarded as the owner's agent for the purpose of binding him for materials, depends entirely upon the contract between owner and architect. Also othat whether originally so authorized or not, if the architect assumes to act as agent, and buys materials on the credit of the owner with the latter's subsequent assent, tacitly given, the owner is liable.



RECEPTION HOSPITAL ERECTED IN ARMORIES AT ST. JOHN, N.R., FOR EMERGENCY USE.

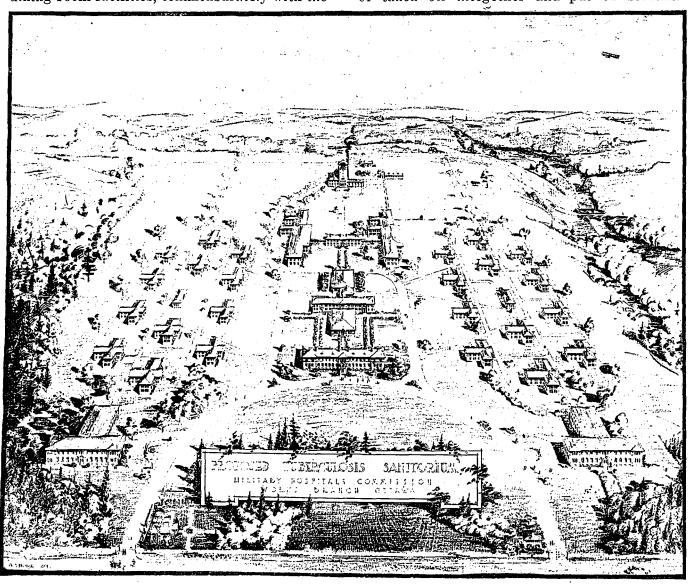
Care of Soldiers Suffering From Tuberculosis

Military Hospitals Commission is Making Big Additions to Dominion's Sanatoria for Fighting White Plague

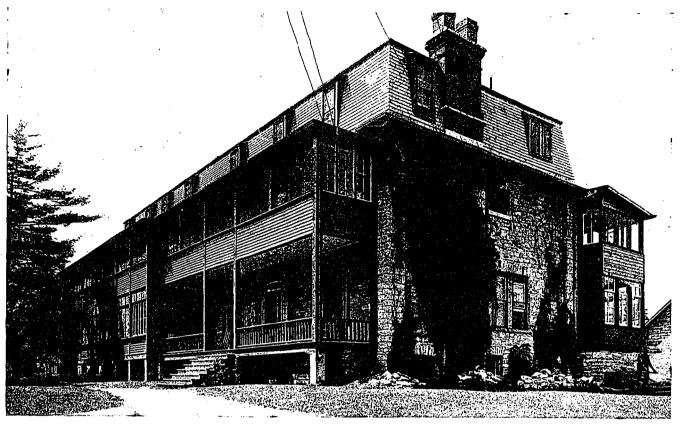
In the course of its development the Military Hospitals Commission found that quite a number of the sick and disabled soldiers for whom it had to care were suffering from tuberculosis. Obviously it was unfair to mix these men with ordinary patients, and after a few had been sent to existing sanatoria the Commission decided to take over and develop the Sir Oliver Mowat Sanatorium as its own. This well-known institution, with its two hundred and twenty odd beds, is now probably the largest hospital combating the white plague in the Dominion.

The nucleus of the plant was a historic old limestone residence in Portsmouth, adjacent to Kingston, Ontario. Alterations were made in the main building to enlarge the kitchen and dining-room facilities, commensurately with the pavilion accommodation, which was to be supplied at once. An enclosed sun balcony was built to adapt the former residence as an infirmary for what are known as fever patients; that is, those too ill to take the ordinary sanatorium treatment. Beds are wheeled out on the balcony, as it is not contemplated that the patients get up.

In the meantime the Commission was studying the most up-to-date and widely approved plans for sanatorium pavilions. Putting the best ideas together Captain Symons finally designed a thirty-two-bed pavilion in two storeys, with two wards of eight beds on each. Southeast light is an essential, and the whole front of the building is really glass, with movable sashes. For summer use the sash is thrown up, or taken off altogether and put on screens.



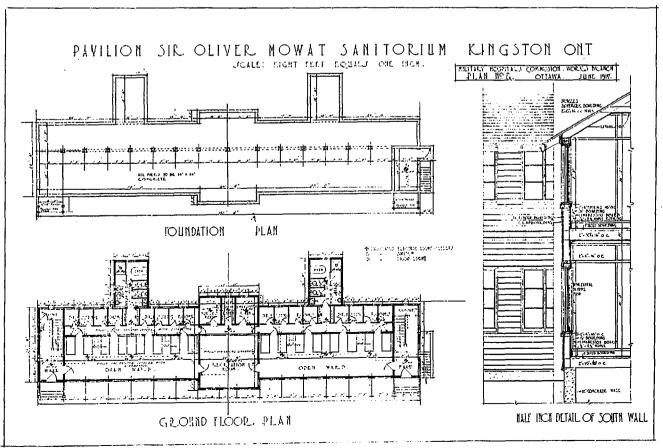
IN THIS CENTRE THE M. H. C. PLANS TO CARE FOR ONE THOUSAND PAVILION AND INFIRMARY CASES. EACH PAVILION CONTAINS FORTY BEDS, AND AS SHOWN IN THE PICTURE THEY ARE ARRANGED IN GROUPS SO THAT A FIVE HUNDRED BED SCHEME CAN BE ERECTED AT FIRST AND THEN DOUBLED.



MOWAT SANATORIUM FOR TUBERCULOUS RETURNED SOLDIERS, A HISTORIC OLD RESIDENCE WITH SUNROOMS ADDED FOR INFIRMARY USE, NEAR KINGSTON, ONTARIO.

From front to back the building is in three sections, the balcony with its reclining chairs for the use of up-patients during the day time, the bedroom with its row of beds and bedside tables, and at the rear the individual dressing rooms, which alone are heated, even in the dead

of winter. Suitable clothing is, of course, supplied to the patients during the zero weather, but the air they breathe must be absolutely fresh. The eight-bed wards are separated from each other by a large recreation room, which in some cases has been built to project to the



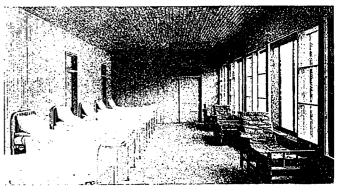
north some distance beyond the rear of the wards, giving the building a squat "T" shape. Lavatories are located in the dressing room strip, accommodation for each eight-bed ward being provided in one central compartment. In each building there is a diet kitchen and a nurses' room to assist in the service of any odd



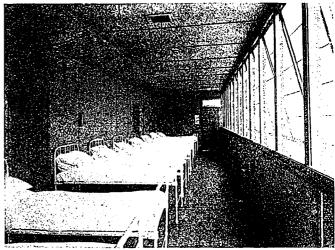
VOCATIONAL TRAINING ROOM, MOWAT SANATORIUM.

sick patients. Dining-rooms are not put in the pavilions. Sick patients are fed by trays at the bedside, and up-patients walk to a central dining-room.

At times it has been impossible to erect thirtytwo-bed pavilions as fast as they were needed, and what have been called "junior" pavilions



WARD IN ONE OF THE LARGE PAVILIONS AT MOWAT SANATORIUM.



INTERIOR OF WARD IN JUNIOR PAVILION AT MOWAT SANATORIUM.

on another page in this issue.

NEW PAVILIONS WILL LAST.

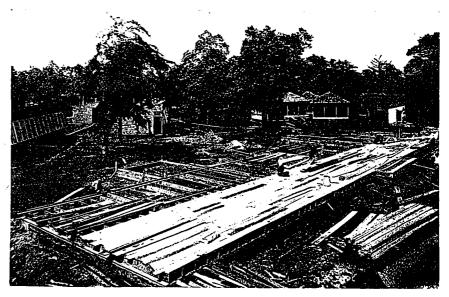
Something permanent for the country is being done in this tuberculosis treatment. At a conference of specialists on the disease the opinion seemed prevalent that there was no more "t.b." among the soldiers than among the ordinary population. The periodical



THIRTY-TWO-BED PAVILION AT MOWAT SANATORIUM ERECTED BY M. H. C.

were substituted. These small one-storey structures were simply eight, ten or, as in one case, fifteen-bed wards, planned exactly the same as the wards in a large pavilion. At Byron three of these fifteen-bed pavilions have a separate building, in which all of the lavatory accommodation is placed. Individual hot water heating systems for the pavilion dressing rooms have been used in emergencies, but a central heating plant is being planned at each place.

Structurally all these pavilions, large and small, have employed similar materials to those used in the convalescent homes described



BEGINNING CONSTRUCTION OF LARGE NEW PAVILION AT MOWAT SANATORIUM, SHOWING SEVERAL JUNIOR PAVILIONS IN BACKGROUND.



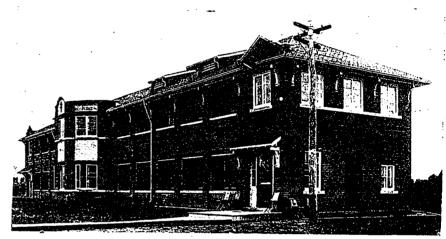
MAIN BUILDING OF MOUNTAIN SANATORIUM, HAMILTON, ERECTED BY HAMILTON HEALTH ASSOCIATION AND TAKEN OVER BY MILITARY HOSPITALS COMMISSION.

medical examinations which all soldiers have to undergo have merely disclosed the disease in greater proportions than can be detected among civilians.

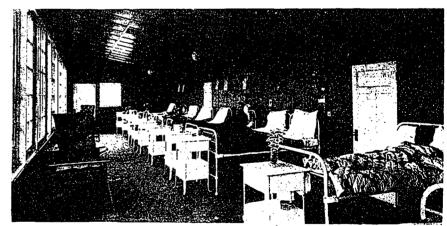
In the army, detection occurs while the disease is in its incipient and easily curable stage, consequently very few cases are not ultimately discharged with the disease arrested, which in ordinary parlance practically means cured.

By the arrangement under which several of the Commission's sanatoria have been constructed they will eventually become the property of the existing institutions, and will be available for the continuance of civilian effort to eliminate the dread disease from the country.

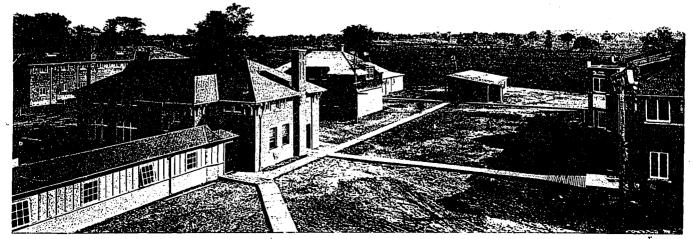
At the present time the Military Hospitals Commission is caring for considerably over a thousand tuberculous soldiers in ideal sanatorium pavilions which have been erected largely by the Commission, which did not exist before the war, and which are, therefore, a permanent addi-



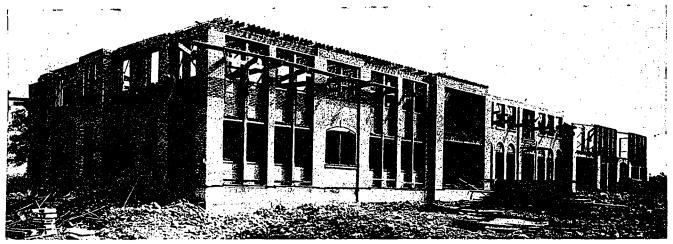
ONE OF THE NEW PAVILIONS ERECTED AT THE MOUNTAIN SANATORIUM, HAMILTON.



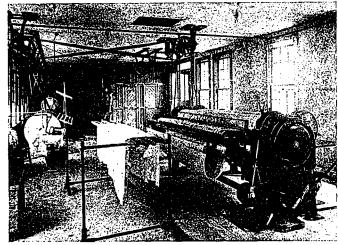
INTERIOR OF ONE OF THE WARDS AT THE MOUNTAIN SANATORIUM.



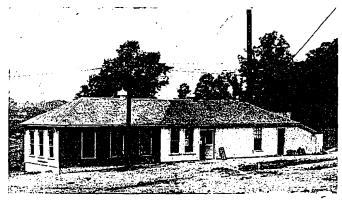
RIRD'S EYE VIEW OF NEW BUILDINGS REECTED AT MOUNTAIN SANATORIUM. DINING HALL AND SERVICE BUILDINGS IN CENTRE, AND NEW PAVILION ON EACH SIDE.



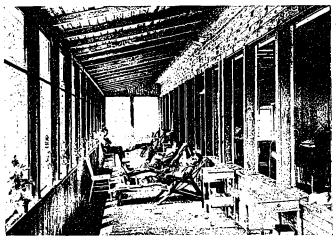
NEW BOICK INFIRMARY BRING ERROTED AT BYRON, NEAR LONDON, BY MILITARY HOSPITALS COMMISSION AND LONDON HEALTH ASSOCIATION.



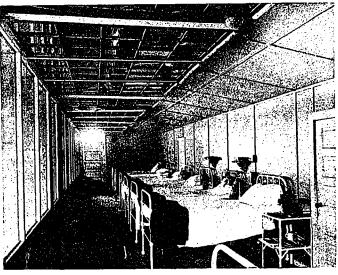
INTERIOR OF LAUNDRY AT BYRON SANATORIUM.



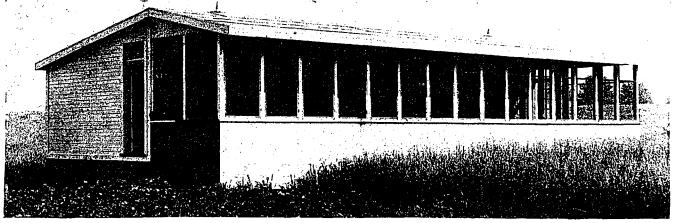
LAUNDRY BUILDING (SHOWING NEW ADDITION) AT BYRON



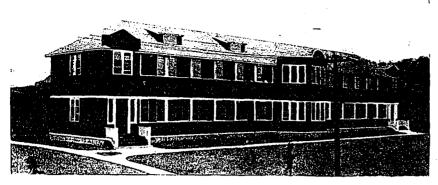
PORCH IN SMALL PAVILION, BUILT BY M. H. C. AT BYRON.



WARD IN JUNIOR PAVILION AT BYRON SANATORIUM.



JUNIOR PAVILION ERECTED AT BYRON SANATORIUM BY MILITARY HOSPITALS COMMISSION.



THIRTY-TWO-BED PAVILION AT KENTVILLE SANATORIUM.

tion to the nation's anti-tuberculosis munitions.

In one or two cases, as at the Queen Alexandra Sanatorium, Byron, near London, Ontario, the local board has not been content to add to its plant so temporary a structure as is sufficient for the needs of the Commission. Accordingly funds have been raised in other ways to make up the difference between frame and brick construction, the Commission putting in an amount which experience elsewhere has shown would meet its requirements. By this it should not be understood that the Commission's pavilions will last for only four or five years. In most sanatoria, Military Hospitals Commission construction is just as substantial as the previously existing buildings.

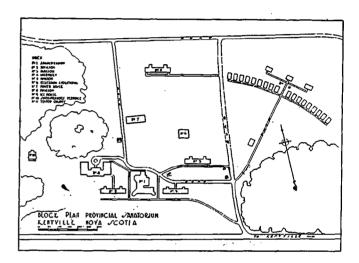
LARGE CENTRE IS PLANNED.

On another page is published a representation of a one thousand-bed sanatorium, such as the Commission contemplates building in the near future. No site has been selected, but considerations of economy in administration have led to a decision to centralize this work. Two

five hundred-bed groups of pavilions, almost exactly the same as existing pavilions erected by the Military Hospitals Commission, are contemplated, the chief variation being that the wards will contain ten instead of eight beds, giving the pavilion accommodation for forty instead of thirty-two patients. Centrally located, so as to be convenient to each group, is a small service building, containing dispensary and other requis-

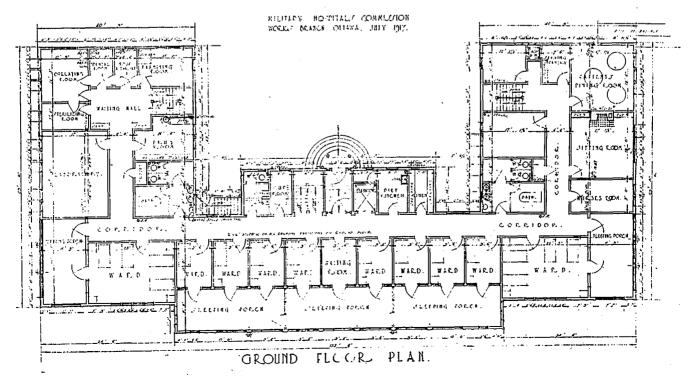
ites of the medical and nursing staff.

The administration building is located between the two groups, and north of it will be the dining and kitchen building. A large infirmary



building for each group, with accommodation for perhaps one hundred beds, is shown at the rear of the dining-room. It will provide for

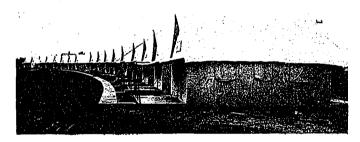
INFIRMARY BUILDING PROVINCIAL JANITORIUM KENTYILLE, N.S.



the treatment of the more serious cases. Recreation buildings, vocational training shops, power plant, officers' and nurses' residences, orderlies' quarters, etc., are provided, arranged in separate buildings. Owing to the nature of the institution there is a lodge at the gate.

Only one group of five hundred beds will be built at first, it is anticipated, but the intention is ultimately to have a centre of twice that size.

A peculiarity of this group is its orientation. As at Whitby, symmetry is abandoned to a certain extent in order that all wards may face southeast. The infirmary, it will be noticed, contains a central administration block connected by corridors, one running east and the other west, to two well-lighted ward buildings, each facing in the same direction.



TENT COLONY AT KENTVILLE SANATORIUM, TENTS HAVE WINDOWS, LAVATORIES AND RUNNING WATER.

THE KENTVILLE TENT COLONY,

Emergencies arise even in well ordered communities. A nation at war can hardly be called a well ordered community, so that it is only natural that emergencies should occur more often than usual in Canada just now. Recently the Military Hospitals Commission was faced with a "real live" one, and one that had to be met in an exceedingly limited time. Sudden warning was received that within a few numbered days a hospital ship would discharge at Halifax many more tuberculous patients than the Commission was expecting, and than it could under existing circumstances accommodate in suitable sanatoria. The steps taken to meet this situation form one of the most



TUBERCULOSIS WARD AT DISCHARGE DEPOT, QUEBEC.

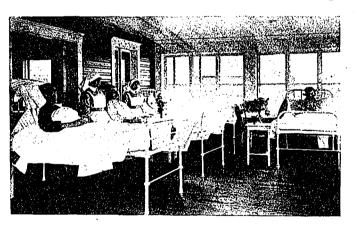


TAKING THE CURE AT KENTVILLE SANATORIUM.

interesting chapters of the Commission's experiences.

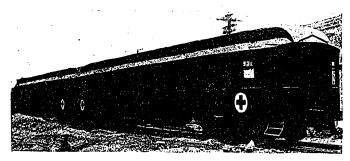
Complete housing for one hundred and sixty tuberculosis patients was provided in eighteen days at Kentville Sanatorium. The use of canvas was necessary, but full toilet, ablution and recreation services, together with housing for nurses, doctors and orderlies, was provided. Eating accommodation was available at the central dining-room of the sanatoria.

The place selected for the colony was peculiarly suited to the proper arrangement of the tents from the standpoint of orientation, ap-



SUN BALCONY, LAURENTAN SANATORIUM, FOR TUBERCULOUS RETURNED SOLDIERS, STE. AGATHE, QUE.

pearance, drainage and supervision. rear of the sanatorium grounds there is a flat plateau like a piece of sod. About fifty feet above the general elevation a portion of this at the northeast corner curves around in a perfect crescent, while in front, but at the lower elevation, so as not to obstruct the view, is a elump of pines. The tents were laid out on a thirty-foot centre and on a six degree curve, which exactly suited the crescent shape of the brow of the hill. A radial line was struck in the middle of the arc. On this line at the rear was located the ablution tent. On the low level, and on either side of this same axis, were placed the nurses' and orderlies' tents. The patients' tents were sixteen by twenty-four feet in size, with seven-foot walls. The tents were erected

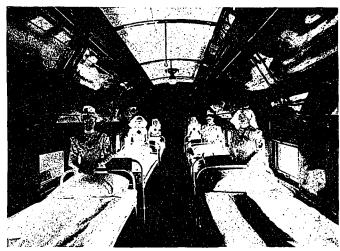


CANADIAN HOSPITAL TRAIN OF TWO CARS.

on two by four framing, and stretched rigidly over it. Each tent was provided with a ply, and had two ventilators in the top, with weather flaps. There were also two weather flaps at the ends, and eight windows, four in each side, each provided with weather flaps and draw blinds. The walls were lined with ten-ounce duck. It was contemplated to use windows in the openings, but this was decided as unnecessary. Each tent has a seven-foot flap at each end, which is raised on poles to form a sunshade. The tents were floored with rough boards on joist, tar paper, etc. No. 2 maple The floors extended seven feet at was used. each end to form verandahs under the flaps.

The ablution tent was constructed similarly. and was provided with lavatories, water closets,

showers and tooth basins to accommodate one hundred and sixty men. The sewer was connected four hundred and fifty feet away to the sanatorium sewer. The recreation tent had no structural peculiarities different from the The nurses' tent had separate toilet and ablution conveniences, including six separate cubicles, and a sitting room. Accommodation for two doctors was provided in one tent



INTERIOR OF C. P. R. HOSPITAL CAR.

similar to the nurses'. The orderlies' tent was also similar to the nurses', except that it had no separate cubicles.

> This complete little sanatorium ideally suited for the treatment of the disease, was completely ready for occupation by one hundred and sixty men in eighteen days.

CONFERENCE OF EASTERN CANADIAN TUBERCULOSIS SPECIALISTS TREATING MILITARY HOSPTIALS COMMISSION PATIENTS, HELD AT OTTAWA ON JUNE 18TH AND 19TH.

Front Row—Major J. T. Todd, Pensions Board; Senator J. S. McLennan, member M.H.C.; Dr. F. J. Shephard, ex-Dean of Medicine, McGill, member M.H.C., president at Conference: Senator Sir James Lougheed, P.C., K.C.M.G., President M.H.C.; Lt.-Colonel A. Thompson, M.P., Medical Superintendent M.H.C.; Sir James Grant, M.D. Second Row—Captain Ed. Ryan, M.O. "D" Unit, M.H.C.C.: Dr. J. H. Holbrook, Medical Superintendent Mountain Sanatorium, Hamiiton: Dr. L. H. Farris, Medical Superintendent St. John's County Hospital for Tuberculosis; Dr. C. D. Parfitt, Medical Superintendent Calydor Sanatorium, Gravenhurst; Lt. A. F. Miller, M.O., Kentville Sanatorium; Dr. P. H. Brvce, Chief M.O. Department of Interior: Captain J. D. Byers, M.O., Laurentide Inn M.H.C., Laurentian Sanatorium, Ste. Agathe, P.Q.; Captain D. A. Craig, M.O., Byron Sanatorium, London.

Half Row Beginning in Centre—Lt.-Colonel J. J. Sharples, C.O., M.H.C.C.; Lt. J. A. Couillard, M.O., Lake Edward Sanatorium, P.Q.: Dr. W. M. Garrison, Dalton Sanatorium, P.E.I.; Captain S. E. Thompson, M.O., Mowat Sanatorium, Kingston. Next Row—T. B. Kidner, Vocational Secretary, M.H.C.; E. H. Scammell, Secretary, M.H.C.; Captain G. D. Porter, Secretary, Canadian Association for the Prevent'on of Tuberculosis; Dr. A. D. Proctor, Medical Superintendent, Freeport Sanatorium, Kitchener; Dr. J. H. Elliott, Toronto Dr. D. Townsend, Medical Superintendent, Jordan Sanatorium, River Glade, N.B.; Captain W. Ogden, Medical Officer, Spadina M.H.C.; Toronto.

Back Row—Dr. W. W. Chibman, Assistant Medical Superintendent, M.H.C.: Dr.

Sanatorium, River Grade, 18.12., Saparatorium, River Grade, 18.12., Saparatorium, River Grade, 18.12., Saparatorium, Gravenhurst, Dr. J. K. B. Kendall, Medical Superintendent, Muskoka Sanatorium, Gravenhurst, Dr. J. K. M. Gordon, Medical Superintendent, Royal Ottawa Sanatorium; W. A. Charlton, Toronto; W. F. Moore, Staff, M.H.C.

NEW LICENSING LAW OF IDAHO

In an opinion rendered by the Attorney-General's office of Idaho it is held that under the law regulating the practice of architecture which was passed by the last Legislature no distinction can be made between architects whose offices are in another State and those whose offices are in Idaho, so long as they practise their profession in this State.

It is further held that any architect who was engaged in the practice of his calling at the time of the passage of the act is entitled to a license without examination, irrespective of where his offices may be maintained.

The construction of the law is said to be contrary to the intentions of the Idaho Association of Architects, which was instrumental in having it enacted.

System of Hospital Construction Described

By J. H. W. Bower

EDITOR'S NOTE.—Speed has been an essential consideration in Military Hospitals Commission construction. Mr. J. H. W Bower, assistant in charge of the Works Branch, in the following article tells about the style of construction adopted to obtain this result. The buildings are needed by the M.H.C. for a very limited number of years, but it is likely that uses will be found for them afterwards. A really temporary building would not have been good enough for the Commission's work, although on the other hand massive durability is no requisite of the present situation. Some fast work has been done by Captain Symons' staff and contractors. A thirty-two-bed pavilion for tuberculosis patients was completed in six weeks at Mowat Sanatorium, Kingston, during the winter months. A complete three hundred-bed hospital with kitchen and dining room accommodation was begun at Winnipeg by Thomas Sharpe, the contractor, in zero weather with eight feet of frost in the ground. It was occupied and the steam turned on exactly eight weeks from the day the first bit of frozen earth was chipped off. Pier Two at Halifax, a huge cement immigration shed, was made ready for the occupation of two hundred and forty patients in four weeks. Provision for one hundred and sixty men was made in temts, with all plumbing and drainage installed as if for a permanent building in eighteen days at Kentville Sanatorium. It is estimated that a six hundred-bed hospital with power plant, officers' and staff's residences, vocational building and recreation hall can be completed in three months, providing always that labor and supplies are available in the desired quantities.

DISCUSSING only convalescent homes, it should be noted that these have been constructed in a semi-permanent manner only, and are styled temporary buildings. This term is incorrectly applied, however, as our buildings are of necessity somewhat better than temporary structures, and have been put up in such a way that they can readily be changed into per-

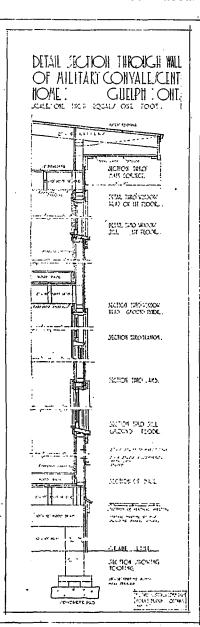
manent buildings.

Foundations for these buildings have been of the post and sill type, that is to say, excavation has been made below frost level to suitable foundation, and a four by four by one foot concrete slab poured thereon. On the concrete rests a six inch grillage, composed of three inch timber two-ply thick running at right angles to each other. To the timber grillage is then applied the post, which is usually a ten by ten inch or a twelve by twelve inch B.C. fir or hard pine. Before either the grillage or the post is placed, these parts are thoroughly pitched with tar or carbolineum on all surfaces in order to prevent rot. The foundation posts are then back-filled and truly lined to receive the sills. The sills, in general, are twelve by twelve inch and of spruce or hemlock, or, in cases where the spans are excessive, B.C. fir is used. In our standard ward buildings, while it is not constructionally economical, the sills run in the direction of the short dimension of the build-This is done in order to accommodate the interior structure of the wards which are forty feet wide and of a length depending upon the number of beds to be accommodated. Since a forty foot width will accommodate four rows of beds more economically than any other arrangement, this easily offsets the economical arrangement of sills and supporting beams. If, however, it was generally possible to obtain floor joists twenty feet long, this would not be necessary, as then the sills could run in the longitudinal direction of the building.

As above described, the sills are placed upon the post and securely drift-spiked thereto and knee-braced. In the foundation in the forty

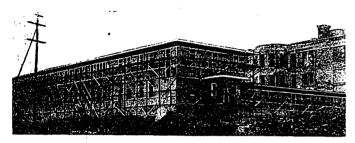
foot width, we usually use five posts in one bay of forty feet. Down the entire sides of the central line of the building are then placed three rows of eight by eight inch posts capped either with wooden corbels or cast iron caps. These corbels or caps are found necessary in order to decrease the span between posts. To these caps or corbels are then applied the twelve by twelve inch beams to support the floor joists of the second floor. This arrangement is followed out in a similar manner for the framing of the ceiling and roof support for the second

The bays across the forty foot dimension are placed in most cases twelve feet apart, and this accommodates the stock size of floor joist which is usually two by twelve feet long. The spans of all floor joists are braced with two by four inch herringbone bridging. To the floor joist is then applied one ply of rough boarding, laid in the diagonal direction. This forms a very definite brace against all deformation which is liable to occur from excessive wind pressure. The whole of the exterior of the interior of the walls, is also boarded with T. & G. seveneighth inch sheeting placed in the diagonal direction. also forms effective wind bracing.



THIS IS A TYPICAL WALL SUCH AS DE-SCRIBED BY MR. BOWER.

The finished walls of the interior of the building usually consist of a patent boarding, the merits of which are the ease and rapidity of application together with the desirable decorative possibilities and sanitary finish. Those which have been mostly used are gypsofiber board, linabestos board, and in some instances, beaver board. To the exterior sheeting of the building is applied one ply of heavy builders' paper which is, in turn, strapped with one-half by two inch furring, to which is then directly



JULY 4-EAST WING WITH ROOF COMPLETED.

applied wire laths. The whole is then plastered with two coats of cement stucco. In some of our more temporary buildings, Bishopric lath board and gypsofiber board, have been substituted for the wire lathing. In such cases, where the above materials have been substituted for wire lathing, the skirting below the water table has been composed of vertical sheeting.

The flooring of the building is composed of, as heretofore stated, one ply of rough boarding. To this is then applied one ply of No. 1 maple, placed upon one ply of heavy builders' paper.

The tops of ceiling joists are always rough



JULY 18-STUCCO WORK ALMOST COMPLETED.

boarded in order to better insulate the air space between joists and roof against heat and cold. The whole of the roof rafters are covered with one ply of seven-eighths inch T. & G. boarding. To this is then applied a good three ply ready roofing.

Only one convalescent home has been erected with a view to permanency. This was Camp Hill Convalescent Hospital, Halifax. In this instance the foundation consisted of a sixteen inch concrete wall in the entire building, and concrete foundation piers were substituted for



JUNE 28-EAST WING OF GUELPH M. C. HOSPITAL.

wooden posts. From this up, the sill and post construction was still used. The interior of this building was boarded with T. & G. boarding, counter lathed and plastered on the inside with paper underneath counter laths, and the exterior was wire lathed and plastered. With a view to the semi-permanency of these buildings the foundations were left one brick wide outside of the main walls in order that the buildings could at any time be veneered with brick.

Some buildings which we now contemplate to be permanent will be constructed of concrete foundations, steel beams, wooden floor joists, steel columns, hollow tile walls with either



JULY 11-ENTERIOR CARPENTRY WORK NEARLY DONE.

stucco or brick veneer finish and plastered with two coat work on the inside. All buildings proposed to be permanent or semi-permanent are roofed with at least a three ply Barrett specification tar and gravel roof.

The foregoing will give a general idea of the M.H.C. constructional methods, all confusing details having been omitted.

A text book on warm air heating has been issued by the National Warm Air Heating and Ventilating Association, Columbia Building, Columbus, Ohio. It describes rules for installations, covering the questions of pipe diameters, register sizes, risers, wall pipe and fittings,



july 25-exterior completed and scaffolding down.

SPEED OF CONSTRUCTION ILLUSTRATED.—On this page are five views showing the result of four weeks' work on the east wing of the Guelph Military Convalescent Hospital, demonstrating the speed with which the contractors, Peter Lyall & Sons, were able to carry out this work as planned by the architect for the Military Hospitals Commission.

It is all the more creditable when it is realized that coincident with this work, a west wing, similar in size and design, was being erected with equal speed.

A JOURNAL FOR THE ARCHITECTURAL **ENGINEERING · AND · CONTRACTING** INTERESTS · OF · CANADA



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rates on application. When the Editor will be glad to consider contributions dealing with matters of general interest to the readers of this Journal. When payment is desired, this fact should be stated. We are always glad to receive the loan of photographs and plans of interesting Canadian work. The originals will be carefully preserved and returned. CONTRIBUTIONS

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Royal Architectural Institute Convention

Every Canadian architect who can arrange to do so should attend the tenth annual convention of the Royal Architectural Institute of Canada, to be held at Ottawa on October 1 and 2 next.

The programme for the convention will include matters of interest to all architects, and the invitation to attend is given to every one in the Canadian profession by Mr. Alcide Chausse, honorary secretary, Montreal.

Ottawa is always an interesting city to visit, and in view of the reconstruction of the Parliament Buildings has particular interest at this time.

Sudden Death of Ottawa Architect

Mr. J. W. H. Watts, R.C.A. and F.R.A.I.S., one of Ottawa's well known architects, passed away very suddenly on Sunday, August 26, in the sixty-fifth year of his age. About three months ago he had an attack of heart trouble, but rallied and was in fairly good health till half an hour before his death.

Mr. Watts was born in England, where he studied his profession, removing to Ottawa about forty years ago. At one time he was head architect under Chief Architect Thomas Fuller, of the Public Works Department.

Mr. Watts was honorary treasurer of the Royal Architectural Institute of Canada since its foundation ten years ago.

Legitimate Claim For Extras

War conditions have been responsible for a heavy increase in the cost of construction work, an example of this being the recently completed Bloor street viaduct at Toronto, the cost of erection being about \$2,500,000.

The contract was signed on December 24, 1914, at a time when thousands of workmen were out of employment, and relief works were being undertaken to provide employment. Wages and material were at a low standard, and the tenders were based on these conditions.

The work was to be completed in three years, but the contractors finished the work several months in advance of the contract time.

Owing to the higher cost of labor and material, the imposition of war taxes, etc., the contractors have lost large sums on their contracts, and the question has been raised of the claim they have on the city for an extra allowance covering this sum.

The same subject has arisen in connection with the work undertaken by the contractors for the new subway in New York City, and legislation is now being considered by the New York State Legislature enabling the payment of supplementary amounts covering losses incurred owing to unforseen causes, such as the in-



THE LATE MR. J. W. H. WATTS, OTTAWA, HON. TREASURER, ROYAL ARCHITECTURAL INSTITUTE OF CANADA FOR THE PAST TEN YEARS.

creased cost of labor and material, due to war conditions.

The causes for the higher construction cost of the Bloor street viaduct are easily understood, and the allowance by the city of Toronto of the claim for a supplementary payment, covering the advances in labor and material, would be justified by all who realize the changed conditions existing to-day from those prevailing in Canada during the months immediately following the entry of Canada into the world war.

Canada's Military Hospital Problem

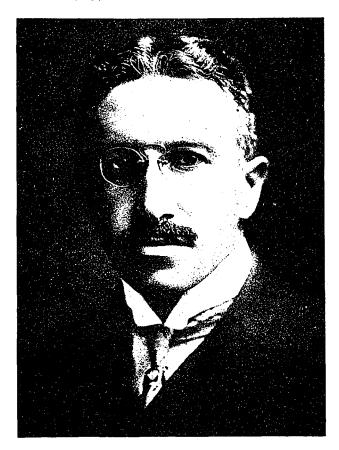
Construction devotes the whole of this issue to a description of the work accomplished by the works branch of the Military Hospitals Commission of Canada, this being of particular interest to readers of this paper, because of the architectural and structural problems met and solved, and also because the construction of hospitals is one of the most active branches of building work in Canada to-day.

When the call came for Canada to supply accommodation for her wounded soldiers from overseas the problem was met by the appointment of a number of public-spirited citizens to act as a commission to supervise this work, and they were fortunate in being able to secure as director the services of Mr. S. A. Armstrong, who had been in charge of the construction of the Ontario Hospital for the Insane at Whitby and the Ontario Reformatory at Guelph. Equal-



CAPT. W. L. SYMONS, C.E., OFFICER IN CHARGE OF WORKS, MILITARY
HOSPITALS COMMISSION.

Formerly of Symons & Rae, Architects, Toronto.



MR. S. A. ARMSTRONG, DIRECTOR MILITARY HOSPITALS COMMISSION. Formerly Assistant Provincial Secretary of Ontario, in which capacity the organization and construction of the large institutions at Whitby and Guelph came under his direction.

ly fortunate was the selection of Capt. W. L. Symons, formerly of Symons & Rae, Toronto, as architect for the commission.

The immediate need for hospital accommodation made it necessary to secure a number of colleges, and similar buildings, and remodel them to provide quick accommodation, but as soon as these had been provided for, the architect and his staff devoted every energy to preparing plans for properly designed hospitals on suitable sites scattered throughout the Dominion. How well this has been done, and in such a brief period of time, will be appreciated by those who review the progress of the commission's building activities since last New Year's, as outlined in the reading pages, and study the plans shown for the proposed six hundred-bed Military Convalescent Home, and the equally large Tuberculosis Sanatorium, the construction of which, it is expected, will begin during the coming month.

The problems confronting the staff of the Military Hospitals Commission have been complex, but they have been met one by one, and accommodation has been provided for all of the wounded forwarded to Canada for convalescence. The erection of large hospital units, and the completion of plans for vocational and reconstructive work, are the matters engaging immediate attention, and in future issues the execution of these plans will be reviewed in these pages.

Canadian Building and Construction News

New Structures to be Erected—Contracts Awarded for Large Works—Trade Literature Issued—Other Items of Interest

BUSINESS BUILDINGS.

BUSINESS BUILDINGS.

London, Ont.—The Utilities Board of the Hydro Electric Company are erecting an office building to cost \$100,000, and their architect, L. A. Carruthers, Eank of Toronto Building, has awarded the following contracts: General, S. Wills, 765 Talbot street; mason and concrete. John Putherbough, 1007 Wellington street; plumbing, Noble & Rich, 237 Queen's avenue; pressed brick, Inter-provincial Brick Company, Limited. Toronto.

Ottawa, Ont.—Architects Millson & Burgess, Union Bank Building, are preparing plans for an office building to be built on Sparks street. to cost \$60,000.

Penetang, Ont.—J. B. Jennings, Penetang, Ont., contemplates the erection of an office building. Chas. P. Band, 95 Woodlawn avenue. Toronto, is the architect.

Welland, Ont.—The Electro Metals Company, Limited, are erecting an office building, to cost \$13,000, and their architect, T. L. Nichols, Main street east, and the plumbing contract to Chas. R. Hagan, 125 Dorothy street.

CLUBS, HOSPITALS, THEATRES AND HOTELS.

Galt, Ont.—The Iroquois Hotel Company contemplates the erection of an addition to their hotel, to cost \$40,000.

Hamilton, Ont.—The Military Hospitals Commission are making alterations to the Brant House, and their architect, Captain Symons, 22 Victoria street, Ottawa, has awarded the following contracts: General contractor. Geo. Frid Co., Bank of Hamilton Building: electric wiring, Electric Supply Co., 85 James street south; plumbing, A. Rodgers, 752 King street east.

London, Ont.—The London Health Association, London, are erecting a women's pawilion to the Byron Sanitarium, to cost \$10,000, and their architects, Watt & Blackwell, Bank of Toronto Building, have awarded the general contract to R. G. Wilson, 193 College street.

Petrolia, Ont.—The erection of the maternity hospital for the Charlotte Eleanor Englehart Hospital has been postponed until next spring. J. M. Moore, 418 Richmond street, London, is their architect.

Peufrague Ont.—The Renfrague Hetal Company, are executating

is their architect.

Renfrew, Ont.—The Renfrew Hotel Company are excavating for an addition to their hotel to cost \$30,000, and their architect, W. B. Noffke, Central Chambers, Ottawa, has awarded the general contract to M. J. O'Brien, Renfrew, Ont.

Toronto, Ont.—The Military Hospitals Commission contemplates the erection of a tubercular hospital near Toronto.

SCHOOLS, ETC.

Brampton, Ont.—The Brampton High School Board are erecting a High School to cost \$50,000, and their architects, Wickson & Gregg, Kent Building, Toronto, have awarded the general contract to M. C. Sackrider. Brampton.

Ottawa, Ont.—The Blessed Sacrament Church is erecting a presbytery to cost \$10,000, and their architects, Millson & Burgess, Union Bank Building, have awarded the following contracts: mason, Jas. Moore, Springfield avenue: carpenter, J. Meagher, \$7 Hinton avenue; heating and plumbing, W. G. Edge, Booth Building; sheet metal and roofing, McFarlane-Douglass Co., Ltd., 250 Slater street; painting and glazing, Geo. Higman & Sons, 176 Rideau street; plastering, McLaughlin & Co., 649 Gilmour street.

Gilmour street.

Kingston, Ont.—The Royal Military College contemplates the erection of an addition to their dormitory building.

Toronto, Ont.—The Central Presbyterian Church, Grosvenor and St. Vincent streets, contemplates the erection of a church in the Moore Park district to cost \$75,000. The Beech Avenue Methodist Church are making additions and alterations to their church at the cost of \$6,000, and their architect, H. J. Chown.

220 Scarboro road, has awarded the general contract to George Gayton, 56 Lyall avenue.

Windson Ont—Architect A. H. McPhail Board of Trade

Windsor, Ont.—Architect A. H. McPhail, Board of Trade Building, is preparing plans for a Sunday school building for the St. Andrew's Presbyterian Church, to cost \$15,000. The Board of Education of the city of Windsor contemplates the erection of a school.

CONTRACTORS and SUB-CONTRACTORS

As Supplied by The Architects of Buildings Featured in This Issue

Pier Two, Military Hospital, Halifax.

Pier Two, Military Hospital, Halifax.

Fire Extinguishers, Northern Electric Company, Limited.
Flooring, Seaman, Kent & Co.
Hardware, Lawrence Hardware Co. and Stairs Son & Morrow.
Kitchen Equipment, Wrought Iron Range Co., Gurney Foundry
Co., and G. F. Blakeslee & Co.
Kitchen Ranges, Hamilton Stove and Heater Company.
Paints and Varnishes, R. C. Jamieson & Co.
Plumbing Fixtures, Standard Sanikary Mfg. Co., Ltd.
Wallboard, Beaver Board Company.
General Contractor, Brookfields, Limited.

Camp Hill Military Hospital, Halifax.
Bollers, Jenckes Machine Co., Ltd., and E. Leonard & Son.
Floor Hardener, Master Builders' Company, Ltd.
Flooring, Rhodes Curry Co. and Seaman, Kent & Co.
Heaters, Sims Tank Heater Co.

Metal Lath, Pedlar People, Ltd.
Plumbing Fixtures, Pont Hope Sanitary Mfg. Co., Ltd., and
James Robertson Co., Ltd.
Radiators, Gurney Foundry Co.
Roofing, Paterson Manufacturing Co. and Farquhar Bros.
Traps. C. A. Dunham Co., Ltd.
Wallboard, Sackett's and King's Plaster Board.
General Contractor, S. M. Brookfields, Ltd.

Kentville Sanitarium Military Hospital, Nova Scotia. Kentville Sanitarium Military Hospital, Nova Scott Doors, A. W. Allen & Son, Middleton. Electric Fixtures, Northern Electric Co. Fire Extinguishers, LaFrance Fire Extinguisher Co. Flooring, Rhodes, Curry & Co. Furniture, Nova Scotia Furnishing Co. Hardware, W. W. Rockwell. Kitchen Ranges, McChry Mfg. Co., and Geo. R. Prowse. Laundry Machinery, American Laundry Machinery Co. Mattresses, Parkhill Mfg. Co. Paints and Varnishes, Berry Bros. Wallboard, Beaver Board Company, General Contractor, C. H. Wright.

St. John Armories Military Hospital, St. John, N.B. Elevators, Otis-Fensom Elevator Co. Heaters, Sims Tank Heater Company. Plumbing Fixtures, Standard Sanitary Mfg. Co. General Contractors, Drury & Sons.

Discharge Depot Military Hospital, Quebec.

Discharge Depot Military Hospital, Quebec.

Brick, Chadel Brick Co.
Electric Lighting, Quebec Electric Co.
Elevators. Otis-Fensom Elevator Co., Ltd.
Kitchen Equipment, Wrought Iron Range Co., Ltd., and Geo.
R. Prowse Co., Ltd.
Paints, Martin Senour Co., Ltd.
Painting, Leonard & Sons.
Plumbing, Fixtures, James Robertson Co., Ltd.
Plumbers, John Walker, Quebec.
Refrigeration Equipment, John Hillock Co.
Sterilizers, American Sterilizer Co., Ltd.
Vallboard, Fibre Board Co., and Bishopric Wallboard Co., Ltd.
General Contractors, L. H. Peters, Ltd., Quebec.

Drummond Military Convalescent Hospital, Montreal.

Drummond Military Convalescent Hospital, Montreal.

Brick, Laprairie Brick Co.

Boilers, Warden King Co. and H. E. Plant Co.

Doors, R. MacFarlane & Co., Ltd.

Electric Fixtures, Northern Electric Co., Ltd.

Fire Escapes, Fred MacKay Co.

Fioring, Seaman, Kent Co., Ltd.

Glass, Pilkington Bros., Ltd.

Hardware, Jas. Walker Hardware Co., Ltd.

Inter-phones, Northern Electric Co., Ltd.

Kitchen Equipment, Gurney-Massey Co., Ltd.

Linoleum, Goodwins, Ltd.

Paints, McArthur-Irwin, Ltd.

Plumbing Fixtures, The J. L. Mott Co., Ltd., and Jas. Robertson Co., Ltd.

Plumbing and Heating Contractor, Thos. O'Connell.

Radiators, Taylor-Forbes Co., Ltd.

Screens, Major Manufacturing Co., Ltd.

Stone, John Quinlon & Co., Ltd.

Wire Lath, Pedlar People, Ltd.

General Contractors, W. M. Irving Co.

Grant Hall Military Convalescent Hospital. Grant Hall Military Convalescent Hospital.

Grant Hall Military Convalescent Hospital.

Beds, Parkhill Mfg. Co.
Doors, Anglin & Co.
Electric Fixtures, Newman Electric Co.
Electric Fixtures, Newman Electric Co.
Elevators, Otis-Fensom Elevator Co., Ltd.
Fire Extinguishers, R. S. Bickle.
Flooring, Anglin & Co.
Furniture, Knetchel Furniture Co., Ltd.
Kitchen Equipment, Gurney-Massey Co.
Kitchen Ranges, Hamilton Stove and Heater Co., Ltd.
Mattresses, Parkhill Mfg. Co.
Office Furniture, Knetchel Mfg. Co., Ltd.
Plumbing Fixtures, J. Robertson Co., Ltd.
Refrigeration Equipment, Eureka Refrigerator Co., Ltd.
Sterilizers, Ingram & Bell.
Screens, Anglin & Co.
Wallboard, Beaver Board Co., Ltd.

Mowat Sanatorium Military Hospital.

Mowat Sanatorium Military Hospital.
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Whitby Amusement Hall, Military Hospital.

Brick, Provincial Government.
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Heaters, Ontario Reformatory, Guelph.
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First: Lowest unit cost per year of service.

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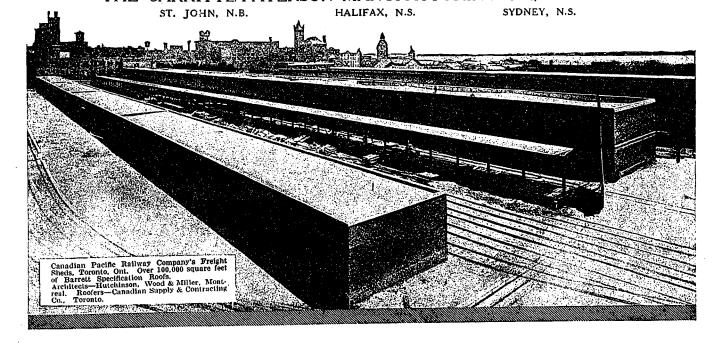
This Surety Bond will be issued by one of the foremost surety companies in America and will be furnished by us without charge.

Our only requirements are that the roofing contractor shall be approved by us and that The Barrett Specification, dated May 1, 1916, shall be strictly followed.

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Canadian LaFrance Fire Extinguisher Co., Ltd., Wilson & Cousens.
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Refrigerators, John Hillock & Co., Ltd.
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Structural Iron, Baines & Peckover, Ltd.
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Spadina Military Hospital, Toronto, Or Boiler, Dominion Radiator Co., Ltd. Doors, I. B. Smith & Son. Flooring, Laidlaw Lumber Co., Ltd. Electric Wiring, E. A. Drury & Co. Hardware, Alkenhead Hardware Co. Heating, H. O. Waterman & Co. Iron Work, Dominion Bridge Co., Ltd. Iron Fence and Gates, Geo. B. Meadows Co., Ltd. Metal Skylight, A. B. Ormsby Co., Ltd. Plumbing, Bennett & Wright, General Contractor, W. B. Charlton.

General Contractor, W. B. Charlton.

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Doors, Paterson-Tilley Co.
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Hardware, Kent, Garvin Co.
Hardware, Kent, Garvin Co.
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Hollow Tile, Sun Brick Co., Ltd.
Paints, Kent, Garvin & Co.
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Radiators, Dominion Radiator Co., Ltd.
Roofing, Bird & Son, Ltd.
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Structural Steel, Hamilton Bridge Co., Ltd.
Tiling, National Fire Proofing Co., Ltd.
General Contractors, W. B. Charlton.

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Guelph Military Hospital, Guelph, Ontario.
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Paints and Varnishes, Martin-Senour Co., Ltd.
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Radiators, Taylor-Forbes Co., Ltd.
Roofing, Bishopric Wallboard Co.
Wallboard, Asbestos Mfg. Co.
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Byron Military Recention Hospital, London, Ontario.

Byron Military Reception Hospital, London, Ontario.

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Boilers, Spencer Heater Co., Ltd.
Doors, W. Terry & Sons.
Elevators, Otis-Fensom Elevator Co., Ltd.
Flooring, Seaman-Kent, Ltd.
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Tile, Italian Marble & Tile Co., Ltd.
Ventilators, Fleming & Houghtley Co., Ltd.
X-ray Machines, Ingram & Bell.
General Contractors, Hyatt Bros.

Manitoba Military Hospital. Byron Military Reception Hospital, London, Ontario.

Manitoba Military Hospital.

Manitoba Military Hospital.

Beds, Alaska Bedding Co.
Brick, D. D. Woods & Sons and Winnipeg Supply Co.
Casements, G. W. Murray & Co., Turnbull & McManus.
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Moose Jaw Military Convalescent Hospital.
Brick, Whitlock-Marlatt, Ltd.
Boilers, Vulcan Iron Works.
Casements, Moose Jaw Sash and Door Mfg. Co.
Cement. Canada Cement Co., Ltd., Whitlock-Marlatt Co.
Doors, Moose Jaw Sash and Door Mfg. Co.
Electric Fixtures, Northern Electric Co., Ltd.
Elevators, Otis-Fensom Elevator Co., Ltd.
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Flooring, Security Lumber Co.
Hardware, Moose Jaw Hardware Co.
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Refrigeration Equipment, H. E. Forbes.
Roofing, Bird & Son, Ltd.
Varnish, Pratt & Lambert, Ltd.
Ventilators, Alexander & Baird.
Wallboard, Manitoba Gypsum Co., Ltd.
General Contractor, H. E. Forbes. Moose Jaw Military Convalescent Hospital.

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PRINCE EDWARD ISLAND. Sanatorium	50
QUEBEC. Savard Park M.C.H. Quebec	
	70
ONTARIO. Elmhurst M.C.H. Kingston Richardson M.C.H. Kingston Queen's University Kingston Sir Sanford Fleming M.C.H. Ottawa Ontario M.C.H. Cobourg Mowat Memorial M.C.H. Kingston Spadina M.C.H. Toronto College St. M.C.H. Toronto North Toronto O.M.H. Toronto Euclid Hall M.C.H. Toronto Whitby M.C.H. Whitby Guelph M.C.H. Guelph Newmarket M.C.H. Newmarket Victoria M.C.H. Hamilton Dunedin M.C.H. Hamilton Mountain Sanatorium Hamilton Freeport Sanatorium Kitchener Oakhill M.C.H. St. Catharines Brant House Hamilton Central M.C.H. London Queen Alexandra Sanator'm Byron Keefer M.C.H. Port Arthur	90 450 210 275 170 450 40 1,500 200 30 30 30 2170 40 25 300 25 300 310 25
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SASKATCHEWAN.	
St. Chad's M.C.H. Regina Saskatoon M.C.H. Regina Moose Jaw M.C.H. Moose Jaw Earl Grey Sanatorium Regina	
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BRITISH COLUMBIA.	
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Gurney-Oxford Kitchen Specialties and John Bull Ranges are standard equipment and will be found installed in practically every modern hotel, hospital building, college and public building equipped with kitchens in Canada.

Therefore, it is not surprising that in all the Military Convalescent Hospitals and Sanatoriums equipped by the Military Hospitals Commission you will find Gurney-Oxford Kitchen Equipment.

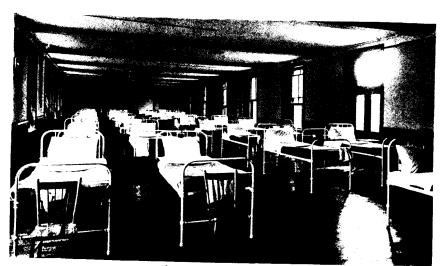
To maintain the reputation of our product, we employ a staff of kitchen experts, whose services are at the disposal of Canadian Architects in designing and supervising the installation of kitchen equipment and ensure the utmost service to customers.

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Alaska Beds and Springs are in use in dozens of hospitals throughout the Dominion to-day, because they excel in comfort and in durability.

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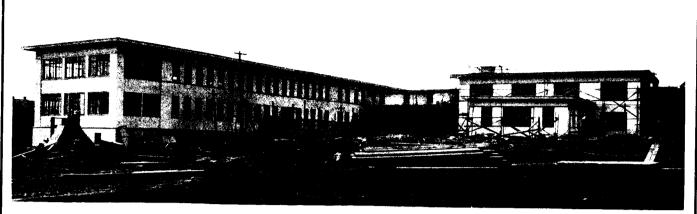
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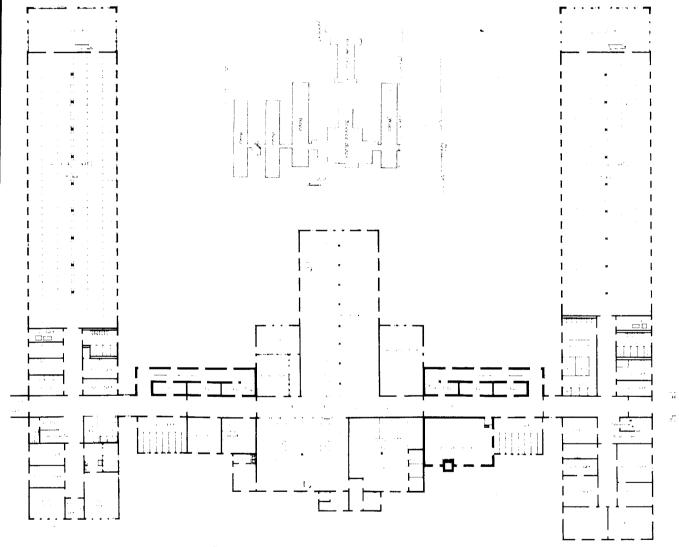
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Elevation of one Wing and Service Building, Camp Hill Hospital, Halifax.



Ground Floor Plan of Camp Hill Hospital, Halifax.

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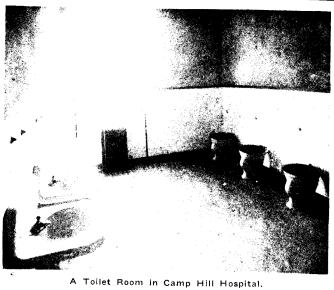
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View of Typical Ward in Camp Hill Military Hospital,

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Enables us to mass our forces immediately on any contract in our line in any part of Canada. Our organization is always mobilized—always on the qui vive for its marching orders.

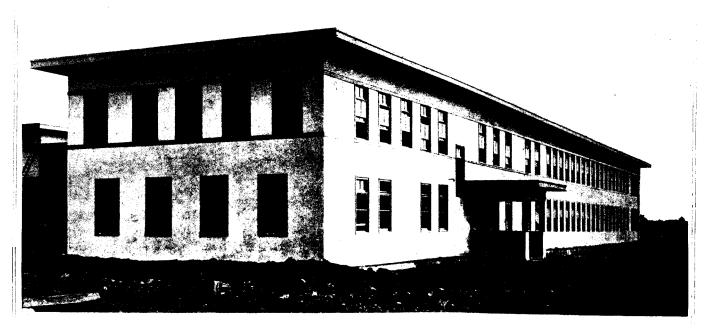
Various naval hospitals, military clearance hospitals, and permanent military hospitals were built better for less because we had a chance to tender.

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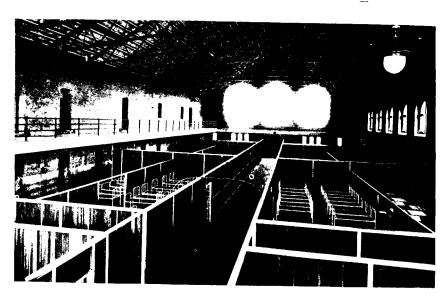


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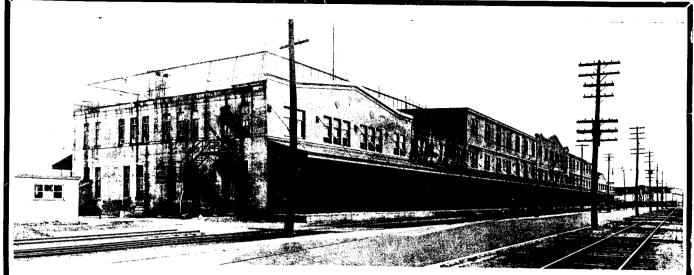
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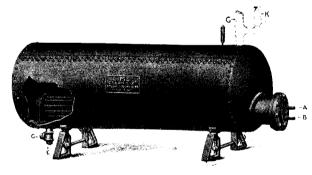
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All alterations and additions required to convert the old Immigration building into a modern military hospital have been done by our firm.

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"Sims" Convertors for heating buildings by gravity or forced hot water circulation.

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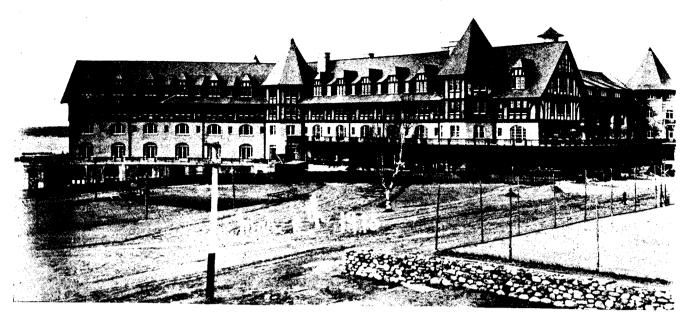
380 St. James St. Montreal WORKS: 960 St. Paul St. West Montreal

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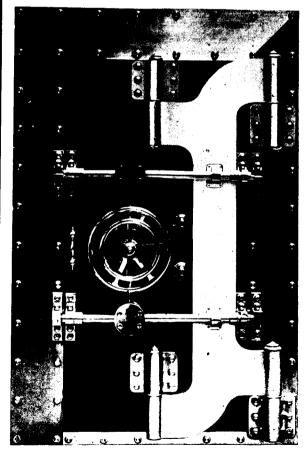
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We have made vault doors varying in thickness from ½ inch to 18 inches and in weight from 1,000 pounds to 50 tons.

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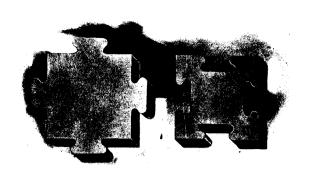
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It's opportune now to begin an advertising campaign in

Construction



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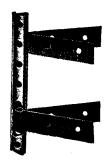


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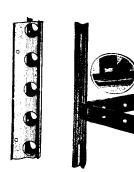
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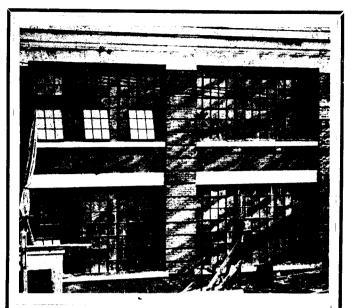
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"Hammer Brand" Hard Wall Plaster

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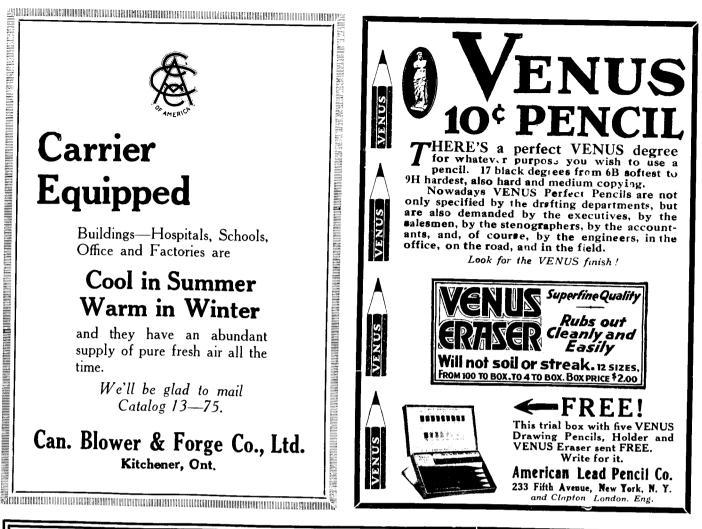
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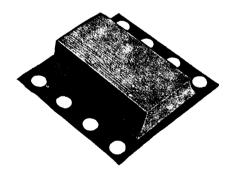
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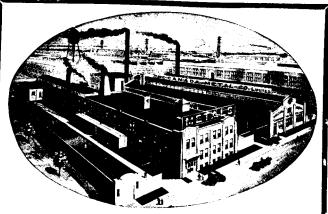
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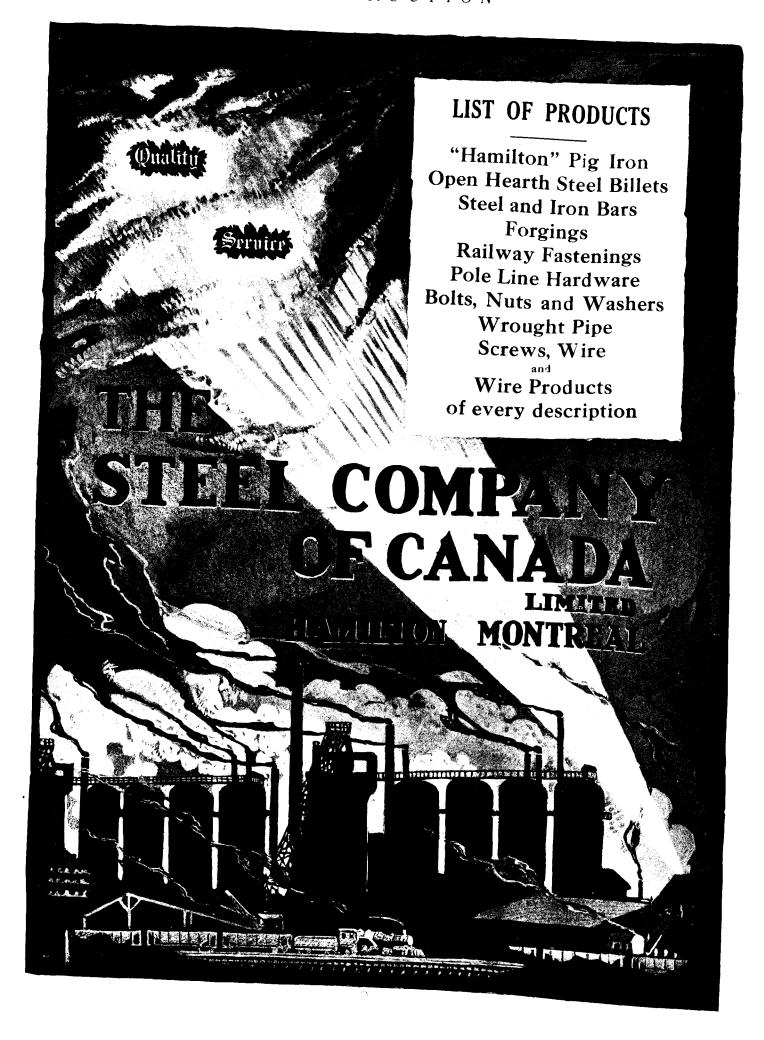
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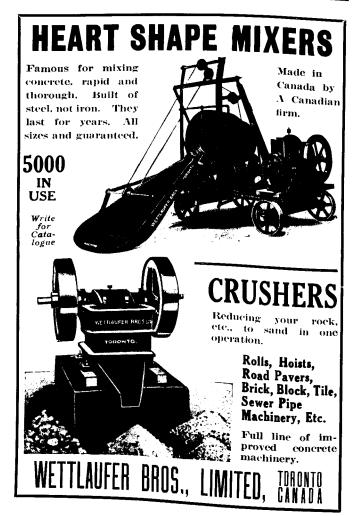
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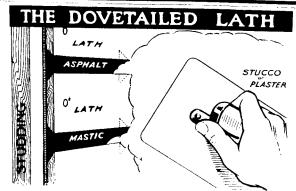
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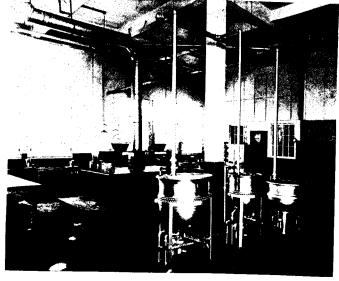
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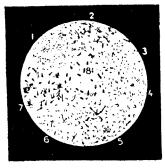
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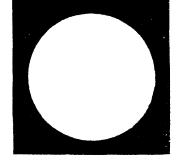
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