Cultural Heritage Assessment: BUILDINGS IN THE SOUTH STREET HOSPITAL COMPLEX
London, Ontario

Revised Version

Prepared for
The City of London

by
NANCY Z. TAUSKY
Heritage Consultant

May 2011
Contents

Personnel 4
Acknowledgments 5
Project Summary 6

1.0 PURPOSE 9

2.0 RELEVANT CONSERVATION POLICIES 10
  2.1 Policy Context 10
  2.2 Assessment Criteria 12

3.0 STUDY METHOD 14

4.0 HISTORICAL CONTEXT OF THE SOUTH STREET HOSPITAL BUILDINGS 16
  4.1 The Site 16
  4.2 London General Hospital 18
  4.3 The Pavilion Hospital 21
     4.3.1 Victoria Hospital 23
     4.3.2 The 1905 Nurses’ Residence 28
     4.3.3 The Isolation Wards 29
     4.3.4 The Tuberculosis Unit 32
     4.3.5 The Hygienic Institute 36
  4.4 North of South Street: Associated Buildings of the 1920s 38
     4.4.1 The Medical School 39
     4.4.2 The War Memorial Children’s Hospital 43
     4.4.3 The Gartshore Nurses’ Residence 47
  4.5 The Consolidated Hospital 49
     4.5.1 The North Wing 52
     4.5.2 Post-War Planning and Expansion 57
  4.6 Vacating the South Street Hospital Complex 67

5.0 SIGNIFICANT EXISTING BUILDINGS 68
  5.1 Along the South Side of South Street 71
     5.1.1 Buildings from the Pavilion Hospital 71
        5.1.1.1 The Colborne Building 71
        5.1.1.2 Northeast Pavilion, former Isolation Hospital 78
        5.1.1.3 Pastoral Care Building, formerly the Isolation Hospital Supplies Building 83
        5.1.1.4 The Old Surgery Building, housing the former Tuberculosis Ward 84
     5.1.2 The Consolidated Hospital: the North Wing 89
5.2 North of South Street: Buildings of the 1920s
  5.2.1 The War Memorial Children’s Hospital, Southern Wing 100
  5.2.2 Nurses’ Residence, Southern Wings 109
  5.2.3 The Health Services Building, formerly the Western Medical School 120

6.0 CONCLUSIONS AND RECOMMENDATIONS 130
  6.1 Conclusions 130
  6.2 Recommendations 133

Sources Cited 137
Personnel

Project Director
Nancy Z. Tausky, M.Phil.

Heritage Assessment: Coordinator of research and field investigations; Analysis
Nancy Z. Tausky, M. Phil.

Field Assistant
Meghan McCarthy, B.A.

Research Assistants
Meghan McCarthy, B.A.
Hilary Bates Neary, M.L.S., M.A.

Report Production
Nancy Z. Tausky, M. Phil.
Hilary Bates Neary, M.L.S., M.A.
Meghan McCarthy, B.A.
David Tausky, B.Sc., MMath.
Acknowledgments

Producing this report has depended on help from the staffs of several archival resources: from John Lutman, Theresa Regnier, and other members of the staff at the University of Western Ontario Archives; from Arthur McClelland and his staff at the Ivey Family London Room in the London Public Library; from Kevin Zacher, Registrar at Museum London; and from Mary Gillet, Director of Corporate Communications at the London Health Sciences Centre, who arranged access to the boxed contents of the former LHSC Archives, and Laura Tyrrell, Communications Associate at LHSC, whose work in connection with an upcoming exhibition enabled us to locate some valuable materials in the Science Centre archives. We have appreciated the insights and contacts by provided Gregg Barrett, Manager of City Planning and Research for the City of London, and Don Menard, Heritage Planner, both in a start-up meeting and along the route of the report’s progress. David Crockett, Integrated Vice-President of Facilities Management at LHSC, provided essential contacts at LHSC, as well as useful plans and historical material. Perry Schwab, Manager of Facilities Engineering at LHSC, was generous in sharing both his time in guiding us through the South Street Hospital buildings and his extraordinarily thorough knowledge about the buildings’ operations. We are also indebted to Dave McMillan, Coordinator (Projects) in the Facilities Engineering Department at LHSC; to Norm Maheu, also of the Facilities Engineering Department, for help in obtaining plans and information; and to Bill Brown, formerly of the Engineering Department, for clarifying several historical details. Dr. Peter Neary, Professor Emeritus at the University of Western Ontario and Dr. J.J. Battista, Professor and Chair, Medical Biophysics, U.W.O., helped to trace the elusive site where the cobalt “bomb” was first used to treat a cancer patient. Dr. Greta Toni Swart drew on her extensive understanding of the Beck Memorial Sanatorium to elucidate its relationship with the treatment of tuberculosis at Victoria Hospital. Local archivist Glen Curnoe and art historian Judith Rodger provided important perceptions, background information, and bibliographical help in connection with the paintings of Victoria Hospital by Greg Curnoe and Jack Chambers respectively. Finally, thanks are due to the many persons who contributed other sources regarding local impressions of the South Street Hospital buildings: James Reaney, Jean McKay, Cameron Paton, Corinne Davies, Janet Hunten, Alice Gibb, Mary McIntyre, and numerous other friends, neighbours, acquaintances, and fortuitous passersby.

NANCY Z. TAUSKY
Heritage Consultant
Project Summary

In September 2011, Nancy Z. Tausky, Heritage Consultants, was contracted by the City of London to conduct a Cultural Heritage Assessment of the buildings in what formerly comprised Victoria Hospital and is now known as the South Street Hospital Complex. The objects of the heritage assessment were defined as follows: (1) “to determine the cultural heritage of the site as a whole including the listed properties on either side of South Street, noting the heritage attributes and other character defining elements as found and prioritizing elements/buildings most worthy of preservation, assuming that not all buildings can be retained if the site is to provide appropriate redevelopment opportunities,” and (2) to outline “key elements/buildings requiring conservation and protection.” The study area, then, is that bounded by the south branch of the Thames River, Waterloo Street, Colborne Street, and a theoretical east-west line half way between South and Hill Streets (figure 1). This report fulfills those aims.

Establishing the historical context of the hospital buildings required research into the history of the hospital site, the chronology of its hospital buildings and their relationships with social and political movements in London and with broader medical and architectural developments. In addition to relevant published texts, the project team examined historic newspapers, photographs, yearbooks, programs, city council minutes, municipal yearbooks, architectural plans, historic maps, fire insurance plans, and other archival materials in several public repositories of historical and archival materials: the Ivey Family London Room in the London Public Library; the Western Archives in the D.B. Weldon Library at the University of Western Ontario; the Sauer Map Library at the University of Western Ontario; and Museum London, and the former LHSC Archives. Plans of hospital buildings were also provided by David Crockett, Integrated Vice-President of Facilities Management at LHSC; by Don Menard, Heritage Planner, City of London; and the Engineering Facilities Department at LHSC. Research into hospital architecture was partially conducted through the Musagetus Architecture Library at the University of Waterloo. The history of land ownership on the South Street site was conducted at the County of Middlesex Land Registry Office. Conversations and consultations were held with various members of the medical faculty, former doctors and nurses in the hospital, former patients, and long-term London residents in an effort to get some impression of the importance attached to the hospital and, more specifically, the location where the Cobalt bomb was first used to treat a cancer patient. The team also explored ways in which other municipalities had memorialized or recycled vacated hospitals. The exteriors of the hospital buildings were photographed and investigated in detail during several field investigations, on September 11, September 20, and December 17, 2010; January 12, 15, and 19, 2011; and March 4, March 8, and March 9, 2011. Perry Schwab, Manager of Facilities Engineering at LHSC, toured the buildings with the project team on January 2 and January 8, 2011; photographs and analyses of the interiors were made on those dates.

As parts of a hospital, the buildings discussed in this report are all part of a specialized architectural and social venue, and thus are usefully regarded not only as
individual entities, but also as part of a designed cultural landscape – albeit a designed landscape constantly in a state of flux in which the buildings and the landscape were constantly re-adapted and re-designed. The historical background of this report is thus presented in terms of the three more or less cohesive attitudes towards the design of the hospital that contributed to its present form. The earliest buildings (1875 to 1915) constituted a pavilion hospital, with buildings two or three storeys in height, that eventually occupied all of the area between South Street and the south branch of the Thames River: the Colborne Building, the building holding the former Tuberculosis Ward, and the remaining parts of the former Isolation Hospital all date from this era. All of the buildings forming the pavilion hospital were of local buff-coloured brick with stone foundations and all self-consciously employed styles derived from the classical tradition. During the 1920s, three buildings on a larger scale and using imported red tapestry brick were built along the north side of South Street: the Medical School, the Nurses’ Residence, and the War Memorial Children’s Hospital. While differing in scale and materials from those across South Street, they shared with the earlier pavilion hospital a concern for the aesthetic development of the streetscape and for purposely sympathetic architectural designs. The building of the North Wing in 1939-1941 introduced a radically different concept of hospital design, that of the more monolithic urban hospital laid out to accommodate more sophisticated technology and scientific investigation in the treatment of illness. As the 1941 hospital grew, the need for increasing space and increasingly sophisticated technology within the hospital and for greater accommodation of the automobile on the grounds outweighed aesthetic concerns in both architectural and landscape design.

Relying on the criteria for designation under the *Ontario Heritage Act* found in regulation 9/06 connected with the Act and in the City of London *Official Plan*, this report finds eight buildings on the site of the South Street Hospital Complex worthy of inclusion in the City of London *Inventory of Heritage Resources*: the buildings facing South Street along its north and south sides. Detailed assessments of the historical, architectural, and contextual values of these buildings resulted in assigning the following priorities: the Colborne Building, the Old Surgical Building (the location of the 1914 Tuberculosis Ward), the old Isolation Building (the northeast pavilion of the Isolation Hospital), the Health Services Building (former University of Western Ontario Medical School), the Nurses’ Residence, and the former War Memorial Children’s Hospital are all assigned a priority rating of 1. The Pastoral Care building, formerly the supplies building for the Isolation Hospital, and the North wing of the Main Building are assigned a priority rating of 2. It is recommended (1) that the *Inventory of Heritage Resources* be revised, where necessary, to include these ratings.

The report also recommends (2) that the entire streetscape along the north side of South Street between Colborne Street and Waterloo Street be conserved; that the exterior walls on the east, south, and west sides of the buildings be restored to their original condition, allowing, where necessary, for alterations necessary to achieve greater accessibility for disabled persons; and that selected interior features and spaces be retained and restored; (3) that, along the south side of South Street, serious attempts be made to conserve the exterior walls and identified interior spaces of the Colborne

NANCY Z. TAUSKY
Heritage Consultant
Building, the Old Surgical Building, the northeast pavilion of the former Isolation Hospital, and, if plausible, the Pastoral Care facility (the supplies building for the Isolation Hospital), OR, alternatively, to conserve east, west, and north facades of the North Wing of the Main Building, along with representative surgical facilities on the sixth floor; (4) that, should it be impossible to follow any of the first three recommendations, buildings in the South Street Hospital Complex should be considered for conservation in the following order: the Colborne Building, the Old War Memorial Children’s Hospital and the Old Surgical Building, the Old Isolation Building, the Health Services Building, the North Wing, the Pastoral Care Building; (5) that any structures for which conservation is definitely anticipated in the present or considered possible in the future should be protected; (6) that a detailed conservation plan be prepared, by the City of London and a qualified restoration architect, for each building to be conserved (7) that, should any of the buildings listed in recommendation no. 1 not be conserved, the building should be more thoroughly documented than has been appropriate in this report; (8) that consideration be given to designating as a heritage cultural landscape or a Heritage Conservation District the streetscape within the study area north of South Street and the area including any conserved buildings within the study area south of South Street; (9) that a form of interpretation be installed as a means of commemorating the history and importance of the hospital site; and (10) that, with the permission of the City of London and the Local Advisory Committee on Heritage, this report be made publicly accessible with copies placed in the University of Western Ontario Archives and the Ivey Family London Room of the London Public Library.
1.0 PURPOSE

In September 2011, Nancy Z. Tausky, Heritage Consultants, was contracted by the City of London to conduct a Cultural Heritage Assessment of the buildings in what formerly comprised Victoria Hospital and is now known as the South Street Hospital Complex. The objects of the heritage assessment were defined as follows: (1) “to determine the cultural heritage of the site as a whole including the listed properties on either side of South Street, noting the heritage attributes and other character defining elements as found and prioritizing elements/buildings most worthy of preservation, assuming that not all buildings can be retained if the site is to provide appropriate redevelopment opportunities,” and (2) to outline “key elements/buildings requiring conservation and protection.” The study area, then, is that bounded by the south branch of the Thames River, Waterloo Street, Colborne Street, and a theoretical east-west line half way between South and Hill Streets (figure 1). This report fulfills those aims.

The process of determining the cultural heritage of the site involved looking at the complex medical and political histories of the hospital located there and, in greater detail, at the architectural histories of the various hospital buildings. Much of the social and political history is treated in Growing to Serve: A History of Victoria Hospital, London, Ontario, by John Sullivan and Norman Ball (1985). A detailed account of the medical history has yet to be written and falls beyond the scope of this report. This study necessarily focuses on the architectural history of the hospital and its existing buildings, though it places them within the broad context of the major medical developments and the social and political pressures that influenced both their construction and their form.

The process of prioritizing the buildings on the south side of South Street is less straightforward than for most groups of historical buildings. Because Victoria Hospital has always been the main London hospital, before and after its move to the Westminster campus, and because it became a major teaching and research institution, most of its buildings have individual
histories that could qualify them for designation under the Ontario Heritage Act (see section 2.0). Its buildings were designed by important local architects. Moreover, as parts of a hospital, the buildings are all part of a specialized architectural and social venue, and thus are usefully regarded not only as individual entities, but also as part of a designed cultural landscape – albeit a designed landscape constantly in a state of flux where the buildings and the landscape were constantly re-adapted and re-designed. The historical background of this report is thus presented in terms of the three more or less cohesive attitudes towards the design of the hospital that contributed to its present form. Finally, while several structures possess notable architectural features, all of the buildings have suffered alterations that in different ways qualify their architectural significance. This report itemizes the important architectural features and the character and effects of the alterations; it also suggests approaches to establishing priorities, and it indicates a favoured approach, while recognizing the validity of other options.

2.0 RELEVANT CONSERVATION POLICIES

2.1 Policy Context

Legislation produced respectively by both the Province of Ontario and the City of London requires the conservation of significant heritage structures. The Provincial Policy Statement (2005) provides the theoretical underpinnings of heritage conservation in the province. Section 2.6.1 of the Provincial Policy Statement (PPS) requires that “Significant built heritage resources and significant cultural heritage landscapes shall be conserved.” Section 2.6.3 of the PPS specifies the circumstances under which development / site alteration may be permitted and discusses mitigative measures:

Development and site alteration may be permitted on adjacent lands to protected heritage property where the proposed development and site alteration has been evaluated and it has been demonstrated that the heritage attributes of the protected heritage property will be conserved.

Mitigative measures and/or alternative development approaches may be required in order to conserve the heritage attributes of the protected heritage property affected by the adjacent development or site alteration.

Section 6.0 of the PPS defines critical terms. “Built heritage resources” are “one or more significant buildings, structures, monuments, installations or remains associated with architectural, cultural, social, political, economic or military history and identified as being important to a community. These resources may be identified through designation or heritage conservation easement under the Ontario Heritage Act, or listed by local, provincial or federal jurisdictions.” The PPS defines “conserved” as “the identification, protection, use and/or management of cultural heritage and archaeological resources in such a way that their heritage values, attributes and integrity are retained. This may be addressed through a conservation plan or heritage impact assessment.” A “cultural heritage landscape” is defined as “a defined geographical area of heritage significance which has been modified by human activities and is valued by a community. It involves a
grouping(s) of individual heritage features such as structures, spaces, archaeological sites and natural elements, which together form a significant type of heritage form, distinctive from that of its constituent elements or parts. Examples may include, but are not limited to, heritage conservation districts designated under the Ontario Heritage Act; and villages, parks, gardens, battlefields, mainstreets and neighbourhoods, cemeteries, trailways and industrial complexes of cultural heritage value.” “Significant” resources are those “that are valued for the important contribution they make to our understanding of the history of a place, an event, or a people.”

The City of London Official Plan (2006; relevant sections amended 2009) recognizes the practical functions of “properties of cultural heritage value or interest” as assisting “in instilling civic pride, benefiting the local economy by attracting visitors to the city, and favourably influencing the decisions of those contemplating new investment or residence in the City.” Such properties include “buildings or structures, either individually or in groups, which are considered by Council to be of architectural and/or historical significance at the community, regional, provincial, or national level (section 13.0).” Section 13.1 of the Plan lists the following objectives for heritage resources:

i) Protect in accordance with Provincial policy those heritage resources which contribute to the identity and character of the City.

ii) Encourage the protection, enhancement, restoration, maintenance, and utilization of buildings, structures, areas, or sites within London which are considered to be of cultural value or interest to the community.

iii) Encourage new development, redevelopment, and public works to be sensitive to, and in harmony with, the City's heritage resources; and

iv) Increase public awareness and appreciation of the City's heritage resources, and encourage participation by the public, corporations, and other levels of government in the protection, restoration, and utilization of these resources.

The Official Plan sets out criteria for designation under the Ontario Heritage Act of heritage buildings and Heritage Conservation Districts. It also sets out some guidelines for Cultural Heritage Landscapes, defined as follows: “a specific geographic area of heritage significance composed of a number of heritage elements. Such landscapes may be associated with historic events, activities, or people. Such a landscape is valued by Londoners and is of significance to the understanding of the history of a people or place.” It stipulates that “Cultural Heritage Landscapes will only be recognized where ownership consent is given. Cultural Heritage Landscapes will be recognized primarily on publicly owned lands, but may also be identified on privately owned property” (section 13.5.1). Cultural Heritage Landscapes are to be identified according to guidelines approved by the London City Council (19.2.2). It should be noted that the relevant City of London guideline document, presented to the Planning Committee on February 10, 2003, differs from the Provincial treatments of cultural heritage landscapes, as defined in the PPS and the second volume of the Heritage Took Kit produced by the Ministry of Tourism and
Culture, *Heritage Property Evaluation*,¹ in that it treats such landscapes as mainly rural phenomena (see section 2.2).

### 2.2 Assesment Criteria

As is evident from the definitions of built heritage and cultural heritage landscapes in the *Provincial Planning Act* and the City of London *Official Plan* (quoted above), the terms are highly inclusive, and the very comprehensiveness of the terms requires wide-ranging evaluative criteria. *Heritage Property Evaluation* (2006), part of the Ontario Heritage Tool Kit produced by the Ministry of Culture, lists several kinds of entities under “cultural heritage properties” (a term bridging the distinction between built heritage and cultural landscapes), including:

- Residential, commercial, institutional, agricultural, or industrial buildings,
- Monuments, such as a cenotaph, public art or a statue,
- Structures, such as a water tower, culvert, fence or bridge,
- Natural features that have cultural heritage value or interest,
- Cemeteries, gravestones or cemetery markers,
- Cultural heritage landscapes
- Spiritual sites
- Building interiors
- Ruins
- Built/immoveable fixture or chattel attached to real property. (6)

The Ministry of Tourism and Culture has defined three types of cultural landscapes: *defined landscapes*, “which have been intentionally designed”; *evolved landscapes*, “which have evolved through the use by people and whose activities have directly shaped the landscape or area”; and *associative landscapes*, “those with powerful religious, artistic, or cultural associations.”²

Ontario Regulation 9/06, made under the Ontario Heritage Act, stipulates “Criteria for Determining Cultural Heritage Value or Interest”:

1(2) A property may be designated under section 29 of the Act if it meets one or more of the following criteria for determining whether it is of cultural heritage value or interest:

1. The property has design value or physical value because it

---

¹The definition in *Heritage Property Evaluation*, 2006, p. 7, elaborates slightly on the definition in the PPS, using more examples that refer to urban cultural landscapes: “These are geographical areas that involve a grouping of features such as buildings, spaces, archaeological sites and natural elements, which collectively form a significant type of cultural heritage resource. Examples might include villages, parks, gardens, battlefields, main streets and other streets of special interest, golf courses, farmscapes, neighbourhoods, cemeteries, historic roads and trailways and industrial complexes.

i. is a rare, unique, representative or early example of a style, type, expression, material or construction method,

ii. displays a high degree of craftsmanship or artistic merit, or

iii. demonstrates a high degree of technical or scientific achievement.

2. The property has historical value because it

i. has direct associations with a theme, event, belief, person, activity, organization or institution that is significant to a community,

ii. yields, or has the potential to yield, information that contributes to an understanding of a community or culture, or

iii. demonstrates or reflects the work or ideas of an architect, artist, builder, designer or theorist who is significant to a community.

3. The property has contextual value because it

i. is important in defining, maintaining or supporting the character of an area,

ii. is physically, functionally, visually or historically linked to its surroundings, or

iii. is a landmark.

These values are reflected in the criteria for designation of heritage buildings listed in section 13.2.2. of the City of London Official Plan, as amended in 2009:

**Architectural Significance**

i) (a) the heritage resource is the work of, or reflects the work of, a major architect, designer or landscape architect;

(b) it is an outstanding example of its architectural style or period;

(c) it is an example of significant engineering or method of construction;

(d) it is a work of outstanding quality as a result of its plan, or its external or internal treatment of materials, space, or details;

(e) it is representative of a particular period of design or form of land use; or

(f) it is the only example, or one of the few remaining examples, within the municipality of a particular period or style of design.

**Historical Significance**

ii) (a) the heritage resource is associated with a person or group of persons of local, provincial, national or international importance;

(b) it is associated with an event or movement of local, provincial, national or international importance;

(c) it is associated with some significant aspect of the history or development of the community; or

(d) it is an early example of the work of an important architect or builder.

**Contextual Importance**

iii) (a) the heritage building forms an essential part of a group of two or more related structures on the same side of the street, on opposite sides of the street or on tow or more corners of an intersection;

(b) it defines or terminates a vista;

(c) it is an essential element of an area which was laid out according the planning principles of its period;

(d) it forms an essential part of a distinctive skyline view; or

(e) the site is in a critical location where ill-considered construction would adversely affect an important complex of structures or damage an important view or vista.

Criteria to be considered in evaluating cultural heritage landscapes were produced

NANCY Z. TAUSKY

Heritage Consultant
in “Revised Guidelines for the Identification of Cultural Heritage Landscapes” presented to the City of London Planning Committee on February 10, 2003. The criteria are presented in the form of a check list covering several categories:

1. LAND OWNERSHIP: is the land publicly owned or owned by a private owner who consents to designation of his land as a CHL?
2. GEOGRAPHIC AREA: does the area contain features, such as vistas or rivers, that make significant contributions to its heritage character? Has the area been marked by historical land uses? Does the combination of individual features in the area create a significant heritage landscape?
3. CULTURAL HERITAGE SIGNIFICANCE: what built features in the area make a significant contribution to its heritage character? Does it contain archaeological ruins? Have land features been modified?
4. HISTORICAL SIGNIFICANCE: Is the area associated with historic events, beliefs, themes, or persons? Does it illustrate broad patterns of socio-cultural history?
5. IS THE AREA VALUED BY THE COMMUNITY FROM A HERITAGE PERSPECTIVE?
6. HAS THE AREA MAINTAINED ITS HERITAGE INTEGRITY
7. DID THE AREA REACH THE PEAK OF ITS HISTORICAL SIGNIFICANCE AT A COMPARATIVELY EARLY DATE IN THE CONTEXT OF THE REGION?

To determine whether a built heritage structure meets the criteria of Ontario Regulation 9/06 and the City of London Official Plan, it is necessary to conduct extensive research into the history of the site and to make a thorough investigation of its physical qualities. Once the background information has been gathered, the process of determining the degree of significance to be attached to a particular heritage structure involves the consideration and balancing of numerous factors: the age of the resource, the quality of its design, its mode of construction, the importance of architects or contractors responsible for its erection, the importance of its owners or inhabitants, its role in relation to significant events or movements in the area where it is situated, its state of preservation (i.e., the extent to which its original features and character have been maintained), its condition, its uniqueness or its value as a representative of a distinctive local type, its landmark status, and its visual and/or thematic role within its immediate topological and geographic context.

Although this report does not recommend that the lands on which the South Street Hospital Complex is situated be designated as a Cultural Heritage Landscape, it does adopt the concept of the designed CHL as a tool for understanding the history of the area and for evaluating the importance of the buildings located there. The report therefore looks at the character of the site prior to the erection of the London General Hospital and it explores the ways in which it evolved in terms of changing ideas of architectural and hospital design.

3.0 STUDY METHODS

To understand and assess the buildings presently within the study area, it was necessary to establish their historical context. This required a great deal of background

---

3It should be noted that the City of London Official Plan also contains criteria for designating Heritage Conservation Districts under the OHA. Because this report does not consider or recommend the establishment of an HCD on the hospital lands, these criteria are not included here.
research into the history of the hospital site, the chronology of its hospital buildings and their relationships with social and political movements in London and with broader medical and architectural developments. In addition to relevant published texts, particularly Growing to Serve: A History of Victoria Hospital, London, Ontario (1985), the project team examined historic newspapers, photographs, yearbooks, programs, city council minutes, municipal yearbooks, architectural plans, historic maps, fire insurance plans, and other archival materials in several public repositories of historical and archival materials: the Ivey Family London Room in the London Public Library; the Western Archives in the D.B. Weldon Library at the University of Western Ontario; the Sauer Map Library at the University of Western Ontario; and Museum London. In addition, Mary Gillet, Director of Corporate Communications at the London Health Sciences Centre, arranged for the team to access the stored archives of the former LHSC Archives during part of the day on December 23. Plans of hospital buildings were also provided by David Crockett, Integrated Vice-President of Facilities Management at LHSC; by Don Menard, Heritage Planner, City of London; and the Engineering Facilities Department at LHSC. Research into hospital architecture was partially conducted in books from the Musagetus Architecture Library at the University of Waterloo. Research into the history of land ownership on the South Street site was conducted at the County of Middlesex Land Registry Office. Conversations and consultations were held with various members of the medical faculty, former doctors and nurses in the hospital, former patients, and long-term London residents in an effort to get some impression of the importance attached to the hospital and, more specifically, the location where the Cobalt bomb was first used to treat a cancer patient. The team also explored ways in which other municipalities had memorialized or recycled vacated hospitals.

The exteriors of the hospital buildings were photographed and investigated in detail during several field investigations, on September 11, September 20, and December 17, 2010; January 12, 15, and 19, 2011; and March 4, 8, and 9, 2011. Perry Schwab, Manager of Facilities Engineering at LHSC, toured the buildings with the project team on January 2, January 8, 2011, March 4, March 8, and March 9, 2011; photographs and analyses of the interiors were made on those dates.

These researches revealed numerous ways that the existing buildings in the South Street Hospital had been shaped by their common purpose and their physical interconnectedness. It has therefore seemed most useful, in organizing this report, to treat the site’s history as a cohesive but constantly evolving cultural landscape, in which the buildings are both defined and distinguished by their common purpose as components in a hospital (section 4.0). Section 5.0 considers the most important existing buildings, looking more closely at the particular histories of these buildings and at their architectural and contextual importance.

Not only the landscapes, but also the uses of individual buildings undergo frequent changes to meet new medical demands. It should be noted that this report records the original uses of buildings and those later changes which are most important in terms of architectural revisions. It does not attempt to list all of the different functions each building served during the course of its history.
4.0 HISTORICAL CONTEXT OF THE SOUTH STREET HOSPITAL BUILDINGS

4.1 The Site

When the London General Hospital opened in 1875, the London Free Press rhapsodized about the appropriateness of its site:

The site, on South Street [called Ottaway Avenue between 1945 and 19474] between Colborne and Waterloo Streets, which had long been set aside for hospital purposes, is in every aspect a desirable one. It is free from nuisances of every kind; the land is sufficiently elevated to ensure good surface and subsoil drainage; an abundant supply of pure fresh water can be obtained by digging deep enough; and the extent of the lot, some four acres, is sufficiently isolated to give the grounds the necessary exposure to currents of air.5

The journalist might also have mentioned, as later commentators did, the river setting and the open fields to the south as sources of healthy “currents of air.” The general neighbourhood was not unpopulated, however. Surrounding streets were lined with small homes, many belonging to the community of escaped slaves which had established itself in London. The largely working class, largely Afro-Canadian neighbourhood was implicitly deemed appropriate for London’s first substantial hospital, since the indigent formed a large percentage of its patients. It was seen as less advantageous when the larger Victoria Hospital was built on the site in the late 1890s, when paying patients were expected to form a larger percentage of the hospital’s clientele.

In The March of Medicine in Western Ontario (1944), Edwin Seaborn gives a colourful if highly personal account of several neighbourhood residents in a period that seems mainly to extend through the 1860s and 1870s. He describes “a row of small frame and log houses near Waterloo Street, houses generally occupied by coloured people”; the Clarkes who lived on the site of the Nurses’ Residence on the north side of South Street and “owned seven cows which they milked in the front yard, generally deep in mud”; William Hand the hack-driver, who lived next door and kept his hacks in the front yard while his horses lived in a frame stable behind the house; and “the two families of coloured people” who lived on the northwest corner of South and Colborne Streets. Where Colborne Street met the river, the Josh Peters family, two of whom were “pugilists,” lived in a “shack” consisting of a bedroom with an earthen floor and a kitchen and living room with “rough board” floors. After the hospital was built, the superintendent, housekeeper, and janitor lived in a row of houses on the southeast corner of South and Waterloo Streets.6

A fire insurance map corrected to 1888 shows houses lining most street frontages,

---

4 Baker and Neary, London Street Names (Toronto: James Lorimer & Co., 2003), 87. For the sake of clarity, this report will refer to the street as South Street when referring to all eras of its history, as that was always its official name.
5 Free Press, June 7, 1875
6 Pages 218-220.
with the exception of the lands belonging to the General Hospital, on the four blocks surrounded by Colborne, Hill, Wellington, and Nelson Streets (Nelson St. then continued west from Colborne Street, where it now ends, along the river to Wellington Street). The vast majority of the houses are small, one-storey wooden structures, and many buildings of the same types and vintage still stand on surrounding streets. A somewhat cursory comparison of land records and street directories suggests that most of the houses were owned by their tenants. Street directories and census reports indicate that, between 1871 and 1920, the occupations of householders ranged widely within the category of the labouring and semi-skilled classes of workers, with a few more highly skilled workers as well: they included widows, “labourers,” a carpet weaver, a commercial traveler, a shoemaker, a miller, a janitor, a cab owner, a cattle doctor, a machinist, a baker (who provided bread to the hospital), coopers, an engine driver, a fitter, a plasterer, a switchman, a fireman, a moulder, a dress-maker, a milk vendor, a soldier, a printer, a brakeman a drayman, a woodworker, a watchmaker, and a carpenter.

Some of the lands that later formed part of the hospital complex were subdivided and purchased as small lots at quite early dates: Lot 9 north of South Street and directly west of Colborne Street was subdivided in 1855; Lot 6 south of South Street and just east of Waterloo was subdivided in 1872 and formed into even smaller parcels in 1874. The other hospital lands south of South Street and west of Colborne (Lots 7, 8, and 9 south of South and north of Nelson) had been retained as a single parcel through several land transactions after they were purchased from the Crown by George Tyas in 1842. James Daniell, an attorney and later a judge, bought the block in 1853, after which he allowed Henry Winder, a young man who then lived with his family a block north on Hill Street, to grow oats there for his race horses. Planning for a proper city hospital, the City of London purchased the land through City Clerk Christopher Abbott in 1866. The earliest buildings were located here. In 1907, in order to accommodate an Isolation Hospital and a Hygienic Institute, the City of London Act 1907 was passed by the Ontario Legislature, enabling the city to expropriate the lands at the western end of the block.

In 1917 the land that comprised Lots 6 and 7 north of South Street was assembled by real estate agent Patrick Walsh and sold to the Western University of London in 1918 as the location of a new medical school. Land on what had originally been Lot 9 north of South Street (and directly west of Colborne) was assembled for use as a Children’s Hospital between 1914 and 1920 by Colonel William Moir Gartshore, then Chair of the Victoria Hospital Trust which essentially controlled the hospital. The remaining land facing South Street in this block, consisting of the original Lot 8 and the western part of Lot 9, was purchased directly by the City of London between December 1925 and May 1926 as the site of a new Nurses’ Residence. Later transactions gave the City the ownership of properties south of Hill Street, west of Waterloo Street, and east of Colborne Street.

---

7 Julia Beck, drawing on her extensive research into the history of the family that built what became the Antiquities Shop on Wellington Street.  
8 Land Records, County of Middlesex Land Registry.  
9 Statutes of Ontario 7 Edward VII, Chapter 73.  
10 Land Records, County of Middlesex Land Registry.

NANCY Z. TAUSKY  
Heritage Consultant
Before the City embarked on its plan to build a substantial, multi-purpose civic hospital on the first land it acquired along South Street, a cholera epidemic in the immediate neighbourhood required the erection of a jerry-built cholera hospital on the site to meet the emergency. Dr. Edwin Seaborn describes the building:

[It] was perhaps fifty or sixty feet long, by some twenty-five feet wide, with a shanty roof, . . . divided sections for men and women with a kitchen between them. . . . The west wall of the building, the high side, was fitted with wooden bunks in two rows. A table of rough boards was nailed to the east wall. Heating was by large box-stoves burning wood. Close to the back door was a pump and a little farther away was the dead-house. . . . At a meeting of the Board of Health, in answer to a complaint, one of the members sought to placate the complainant by pointing out that the building was rather an ornament to that part of the ward.11

The building outlived the smallpox epidemic and was still a feature of the hospital site in 1888, thirteen years after the erection of the London General Hospital (figure 2).

Figure 2: Detail of page 28 from the Fire Insurance Map of London drawn in 1881 and corrected to 1888. South Street is at the top of the map and Colborne Street along the right had side. (Courtesy of the Western Archives in the D.B. Weldon Library at the University of Western Ontario)

4.2 London General Hospital

The erection of the London General Hospital, in 1875, signaled a new attitude towards medical care on the parts of both civic and provincial authorities. Earlier London hospitals had either been pesthouses, erected to meet the crises of cholera or typhoid epidemics, or very small or rented facilities mainly designed to serve the poor and homeless who lacked the resources to be treated in their own homes. In the twenty years before the opening of the South Street hospital, the city had housed its hospital at various times in two different houses on York Street, one of which backed onto what was essentially an open sewer, and in two former barracks belonging to the garrison in what is now Victoria Park, a log structure and a frame building. The latter was the hospital’s home from 1871 to 1875, after the City had determined to create a park on the former

11Seaborn, The March of Medicine, 223.
garrison grounds. The frame hospital served as a home for the aged and the chronically ill, as well as for those needing treatment for more acute medical problems.\textsuperscript{12}

That the City of London had been anticipating a more reputable hospital for several years is indicated by their purchase of the South Street land already in 1866. Council member were influenced in part by their awareness of the resounding inadequacy of existing facilities, but also by the availability of provincial funding for hospitals after 1860.\textsuperscript{13} The hospital finally began to be built in 1874, after the London Savings Bank, whose Board of Directors had determined, after closing the bank, to use the proceeds of its investments for the worthy local cause of the long-awaited hospital.\textsuperscript{14}

The City Engineer, William Robinson, had been producing plans for the hospital, at Council’s request, since 1863. The final delay was occasioned by the Council’s decision to await the results of City Physician Dr. Charles Moore had visited hospitals in Buffalo and other American cities to find appropriate models. After his return, Council reversed its earlier approach, calling for “the use of small brick buildings . . . in preference to large,” but another reversal resulted in the final plan of one main structure, accompanied by a separate men’s ward. Even in the final stages, the City Council wavered about the final design: tenders were solicited for the building with and without its mansard roof. The councilors finally opted to pay the extra $960.00 for civic pride and the more elaborate design, and London’s first proper General Hospital opened to popular acclaim on November 3, 1875 (figure 3).\textsuperscript{15}

The building was characterized by the symmetry and classical proportions that marked Robinson’s work. The body of the hospital had 2:1 proportions, measuring 72 feet in length and 36 feet in depth; the back wing was 30-feet square.\textsuperscript{16} A centre tower was flanked on each side by three bays, separated by brick pilasters. The walls of the hospital were of the buff-coloured “white” brick made from local clay. They were accented with stone foundations, lintels and voussoirs. All openings, including the windows in the roof dormers and the transom over the sidelights and double door of the front entranceway, were round-headed. What gave the building the distinction and style worthy of its civic importance, however, were its flared Mansard roof, with patterned slates, and the decorative upper stages of the central tower, with paired windows on the third stage and an ornamental crest on its upper curb.

The hospital provided far more room for patients and more facilities for staff than

\begin{itemize}
\item\textsuperscript{12} Murray Barr, \textit{A Century of Medicine at Western}, 1977, 40-44; Seaborn, 183-234; Goodspeed, \textit{History of the County of Middlesex, Canada}, 1889, 284-286.
\item\textsuperscript{14} London \textit{Advertiser}, 22 June 1874, quoted in Seaborn, 234-237; Sullivan and Ball, 17.
\item\textsuperscript{15} London \textit{Advertiser}, 27 March 1873, 28 May 1874; London \textit{Free Press}, 4 November 1875; London City Council \textit{Proceedings}, 18 May 1874, 1 June 1874, 6 July 1874; Nancy Z. Tausky and Lynne D. DiStefano, \textit{Victorian Architecture in London and Southwestern Ontario: Symbols of Aspiration}, 1986, 177; Sullivan and Ball, 18, 19.
\item\textsuperscript{16} Tausky and DiStefano, 178, 179.
\end{itemize}
any London hospital had offered before. The third storey, behind the Mansard roof, offered “three large wards, . . . intended for free female patients,” and the detached ward

Figure 3: London General Hospital (Archival Photograph from the holdings of the University of Western Ontario Archives)

for non-paying male patients was 100 feet long and 30 feet wide. In the main building were a sitting room and bedroom for the House Surgeon, a chapel, a medicine room, rooms for stores and for the steward, a kitchen and pantry, apartments for nurses, water closets and bathrooms (with running soft water), and gas lights throughout. Two related features showed this to be a hospital not only with facilities better than its predecessors, but with a somewhat different mission. The hospital had a surgery, which had become recognized as a sometimes desirable medical option owing to Louis Pasteur’s theories about germs and Joseph Lister’s discoveries about the efficacy of disinfecting wounds. The need for surgery could attack the rich as well as the poor, however, so the General Hospital offered “eight nice rooms” for paying patients.17

In the immediately following years, however, the hospital fared poorly on provincial assessments, and thus on payments from the Province, because it continued to treat too many patients who were old and incurable.18 London was still using its hospital as a refuge for the helpless poor, when the province wanted hospitals to assume as their

17 London Free Press, 7 June 1875; Tausky and DiStefano, 179.
18 Sullivan and Ball, 25; Tausky and DiStefano, 180.
only role that of curing the sick.

4.3 The Pavilion Hospital

By the mid-1890s, it was clearly evident that increased usage and various medical advances required a much larger hospital on the South Street site. In 1876, 256 patients were admitted to London General Hospital; in 1897, 842 patients were admitted. The demands on the hospital made even a new wing added in 1990 inadequate\(^\text{19}\) – especially, perhaps, as Dr. J.H. Gardiner had pointed out during a City Council appearance in 1889, “There is room [in the hospital] for the prostitute, for the pauper, or the imbecile, but no room for those of our citizens who pay the taxes.”\(^\text{20}\) Space was needed to treat infectious diseases; larger maternity and convalescent wards were required; more and better rooms were needed for paying patients; and strong voices in some quarters, especially among London’s women’s organizations, urged the need for a separate children’s wing. Spurred in part by Queen Victoria’s request that all memorials of her Diamond Jubilee be means of helping the sick and suffering, a the Jubilee Celebration Committee in London organized to raise funds for another addition to the LGH or even a new hospital. As the Committee’s success made a new hospital a possibility, controversy arose as to its location. Some physicians argued vehemently for a new location: while they saw the South Street site as easily acceptable to the city’s poor, it was a deterrent to the more prosperous clientele the physicians also wanted to serve. After several months of debate, the Hospital Trust decided to expand the existing hospital: their decision was based partly on financial grounds, but mainly on the conviction that “it should be the first consideration of the Council to provide accommodation for such as cannot otherwise obtain it, and if, after that is accomplished, they feel that it is within their power to provide the private wards for paying patients, it is very desirable to do so.”\(^\text{21}\)

While the site was an issue with the new Victoria Hospital, its general form was not. Whereas Dr. Moore’s recommendation for a hospital composed of smaller sections had been rejected for the General Hospital, there seems to have been no question but that the new hospital would be built according to the principles of the pavilion plan – well established internationally by the late nineteenth century as the best approach to hospital. The term “pavilion” has three meanings, all relevant to the hospital pavilion plan: “a detached or semidetached structure used . . . (as at a hospital) for specialized activities”; a prominent and distinctive part of a façade, usually projecting, and usually placed and the centre and/or ends of the façade; a independent ornamental building, typically in a park or garden.\(^\text{22}\) A hospital built on the pavilion plan consisted of relatively small independent or tangentially interconnected structures, each of which typically contained a long ward; administrative offices and service rooms were usually placed at one or both ends of the ward, and they were often given a distinctive and more ornamental architectural form.

\(^{19}\)Sullivan and Ball, 49, 58, 192.  
\(^{20}\)London Free Press, 17 September 1889, quoted in Sullivan and Ball, 49.  
\(^{21}\)London City Council Proceedings, 8 November 1897; see Sullivan and Ball, 46-59.  
\(^{22}\)See, e.g, Cyril M. Harris, Illustrated Dictionary of Historic Architecture, 1877, 404.
The pavilion hospital derived from numerous influences, including, among the most important, late eighteenth-century designs for rebuilding the Hotel-Dieu in Paris, nineteenth-century military hospitals, and the writing of Florence Nightingale. Reflecting current and earlier ideas, Nightingale saw the advantage of the pavilion hospital as its ability to discourage miasma, foul air deriving largely from decaying organic matter, through the provision of cleanliness and good insulation; Nightingale saw even the healthy human body as constantly shedding vapour and organic matter “ready to enter into the putrefactive condition,” and the exhalations from the diseased body as more dangerous. Nightingale vigourously dismissed the new scientific evidence regarding germs, which depended largely on experiments by Louis Pasteur and Robert Koch during the 1860s and 1870s and gained increasing credence during the last decades of the nineteenth century. Those who accepted the new theory initially tended to find the sources of germs in unsanitary conditions, and thus to see germ theory as a further validation of Nightingale’s ideas about hospital design. As a result, Nightingale’s ideas were the major influence on hospital design well into the 1930s and, in some places, into the second half of the twentieth century.

The hallmark of the Nightingale hospital was the long ward, with windows that could open along each side and, ideally, at the ends, and with beds placed in rows with headboards against the outer walls. The windows were to be kept open to allow adequate air: “Unless the air within the ward can be kept as fresh as it is without, the patient had better be kept away.” It was necessary, too, that there be enough cubic inches of air within the building; to accomplish this, Nightingale recommended that ceilings be 16 to 17 feet high and wards approximately 30 feet wide. Sunlight was also important. Buildings should be only two storeys high, on a north-south axis, and placed sufficiently far apart to assure that no building fell in the shadow of another. The spaces between buildings could be laid out as gardens for the use of ambulatory patients and the psychological welfare of those who looked on the bright flowers from their beds. The ground floor was to be protected from dampness by a vaulted basement or by a concrete sub-floor. Where private rooms were deemed necessary, they should also be light and spacious. Administration and service rooms should be in separate but nearby units, except for the laundry, which should be located at a distance.

Although it had been decided to house most of the London General Hospital in a single large building, that building followed Nightingale’s principles more closely than might at first glance be expected. Commenting on the new building in 1875, the Free Press reporter assured his readers that both architect and doctor had been anxious to

24 Nightingale, quoted in Thompson and Goldin, 159.
26 Florence Nightingale, Notes on Hospitals, 3rd edition, 1863. 15.
27 Nightingale, 13, 14; Thompson and Goldin, 159.
28 Nightingale, 15, 16; Thompson and Goldin, 159, 160.
avoid the ill effects of miasma, which he explained in some detail, and that the “rooms and wards” of the General Hospital were therefore “light and airy, and the amount of cubic air space to each patient quite in keeping with the approved plan of construction.”

The detached men’s ward was a model long ward.

The new Victoria Hospital that opened in 1899 was more obviously laid out on pavilion principles. Because the General Hospital had not in fact been very large (it was significantly smaller than the single building erected in 1869-70 to the London Asylum for the Insane or even that designed as St. Joseph’s hospital in 1892), it was treated as one of the pavilions in the overall plan of Victoria Hospital. Several additions to Victoria Hospital over the next 15 years created a series of pavilions that stretched along the south side of South Street over the full length of the block between Colborne and Waterloo Streets (see the composite view shown in figure 4). The buildings harmonized in materials (local white brick), style (variations on an Italianate/“Colonial” theme), size, and setback (with buildings at each end and in the middle of the block projecting forward towards the street). That the attractive landscaping of the grounds was considered important is suggested by the program for the Medical School commencement in 1929: along with valedictorian and those assigned to present the athletic prizes, the class picture, and a form of recognition to the May Queen are three students honoured with the planting of the Class Ivy. The custom explains the heavy ivy coating of the South Street buildings by 1930.

Figure 4: Composite view of the south side of South Street as it appeared after 1914. The photograph appears in the Nurses’ Yearbook of 1937, held in the University of Western Ontario Archives. The names printed under the photograph here are those by which the buildings were known in 1914. The names printed in dark red are those of buildings still standing in 2011.

4.3.1 Victoria Hospital

Always anxious to avoid spending money unnecessarily, the Victoria Hospital Trust agreed in November 1897 to allocate $45,000 for a hospital that would incorporate the old General Hospital and add four new pavilions for men, women, and contagious diseases. Pressure from the Jubilee Hospital Committee, the medical community, and several citizens urged a pavilion for paying patients, however, and the Local Branch of

29 London Free Press, 7 June 1875.
the National Council of Women, under the leadership of the forceful Harriet Boomer, strongly advocated a children’s ward. Choosing the occasion of the Countess of Aberdeen’s much publicized visit to London, the Council of Women sponsored a “hospital fair” at which Mrs. Boomer successfully garnered support for the children’s ward under the Countess’s banner, and, by the end of the three-day fair, the idea of a more inclusive hospital was generally accepted. Largely on the grounds of cost, designs by the local architectural firm of McBride and Farncombe were accepted by the Trust Building Committee from among the five firms invited to compete, and the City Council approved the choice in June 1898.  Although the children’s pavilion would not be finished until the following spring, the hospital opened on November 16, 1899 to tremendous community applause. According to the London Advertiser, “More than 10,000 people visited the new buildings during the afternoon and evening. They thronged the corridors and swarmed through the rooms . . . . On every had were heard expressions of satisfaction, approval, and delight.”

The London Free Press enthusiastically described the new hospital (“unequalled in any city of London’s size or even considerably larger on the face of mother earth”) as a “suite of buildings,” a “collection of pavilions,” all “closely connected” and “so arranged that from the [new] Administration Building all departments can be controlled with perfect ease and effect.” Housed in the central Administration building were an ornate hallway, where a stained glass portrait of the hospital’s namesake had pride of place on the stairway landing opposite the front door (figure 5); an elevator; a reception room;

---

31 Sullivan and Ball, 58-65; London Free Press, 31 May 1898.
32 London Advertiser, 17 November 1899.
the offices of the superintendent; a dispensary on the second floor; and the kitchen on the third. Other buildings were connected by long hallways: to the east were the paying patients and children’s pavilions; behind the Administration building were the women’s and men’s wards; to the west, the old General Hospital, which was scheduled to house nurses on the first floor and quarters for consumptives above; beyond that a relatively new operating room; then a building that had been erected for paying patients and was now to be used as a maternity ward; and furthest from the other pavilions, the ward for contagious diseases. Footprints of most of the wards can be seen on a site plan produced circa 1912 (figure 6). The plan followed Nightingale’s pavilion model not only in its use of long, open wards (see figure 7), but also in placing the wards on a north-south axis and making plentiful use of large sash windows with transoms, allowing the windows to be opened at the top as well as the bottom. The *Free Press* described the openness of the buildings with its usual exuberance: “A feature of the new hospital is its sun rooms. The whole building, for that matter, is a sun room. It is a sort of crystal palace. There are windows here, there, and everywhere – beautiful large, square panes that admit the sunlight in floods. But there are sunrooms in addition.” The sun rooms were located on the south end of each long ward, allowing patients, as the newspaper also noted, an uninterrupted view over the river valley and the farmlands to the south. To supplement the sunlight, the buildings also had electric light and steam heating.  

---

**Figure 6:** Site plan of Victoria Hospital produced circa 1912. From the LHSC Archives.

---

33 16 November 1899.
Undoubtedly echoing the architect, the newspaper described the building’s architectural style as “Colonial,” a term more commonly used to describe a revival in the United States of forms used before the War of Independence. McBride had used the revival forms of the Classical Revival buildings popular in early Ontario, but, like the architects of the Colonial Revival south of the border, he took the liberty of using them in some more contemporary and more idiosyncratic ways. The main building, for example, was fronted by an elaborate tower and *porte cochere*, which together featured a number of classical motifs, including Doric columns, oculi, and several round-headed arches, some placed within a Palladian framework (figure 8). The tower positively luxuriated in the building up of stages, however, featuring two open belvederes and terminating in an elongated bell roof. All buildings were constructed with the local buff-coloured “white” brick commonly found in London, but robust terra cotta trim on the front facades owed more to the Richardsonian Romanesque style than to the Classical Revival (see section 5.1.1). The result was a striking and distinctive collection of new buildings that could blend well with the classically based Italianate and Second Empire qualities of other structures already on the site (see figures 4, 9) and could also set a pattern for new building to come.
Figure 8: Stereoscopic View of Victoria Hospital circa 1900. (From the holdings of the University of Western Ontario Archives)

Figure 9: Postcard view of the Victoria Hospital circa 1904. (From the holdings of the University of Western Ontario Archives)
4.3.2 The 1905 Nurses’ Residence

Largely in response to Provincial Inspector Langmuir’s complaints about cleanliness and tidiness at the London General Hospital, a Superintendent of Nurses was brought from St. Catherines General and Marien in 1883 to train a better brand of nurse than found among the what Langmuir called the “old soldiers” then holding the post. The nurses’ training school started with three students in 1883, as it became the third such school in Ontario, all aiming to train nurses along the lines decreed by Florence Nightingale.35

By 1902, when Lady Superintendent Mayou arrived to direct the Victoria Hospital Training School for Nurses, she found what she considered an insupportable housing situation. The renovations to the old General Hospital that would turn it into a dormitory had not yet been made, and in a presentation to the Hospital Turst she argued that some nurses were even forced to sleep under the eaves, and that the overcrowding of their premises led to so much disease that at one point 41 of the 44 nurses on staff had been unable to work. A year later, in the first year of his term as Mayor of London, Adam Beck won Council’s approval of a $25,000 bond debenture for the building of a new nurses’ home, and five months later the Trust approved drawings by John M. Moore & Co. for a new nurses’ home (figure 10).36

Figure 10: Architectural drawings, produced by John M. Moore and Co., of the 1905 Nurses’ Home. (From the LHSC Archives)

---

35 Sullivan and Ball, 33, 34.
36 Sullivan and Ball, 77, 78, 80; drawings in the former archival holdings of the London Health Sciences Centre
The completed home was officially handed over to the Hospital Trust on May 18, 1905.37

The home was a three-storey building designed to house 60 nurses in relatively small bedrooms measuring eight by ten or eight by twelve feet; numerous dormers insured that twenty-six more bedrooms could be placed in the attic if need arose.38 Like McBride’s hospital buildings, the nurses’ home had a “Colonial” quality, its shuttered windows (with double sashes so as to get fresh air at the top and bottom) and its long verandahs reminiscent of Georgian domestic architecture. Two sections of the residence had a more formal quality: the frontispiece, surmounted by a gable with a Palladian window, and the southern two storeys, marked by the round-headed, small-paned windows of the dining room. The nurses’ home sat west of the old General Hospital, partly on the site of the earlier paying patients’ wing, and extended north towards South Street; thus it created a kind of forecourt to the Hospital buildings, bounded on the east by the private patients’ wing and on the south by the nurses’ new home (figure 11).

Figure 11: Composite photograph of Victoria Hospital circa 1905, showing the Nurses’ Home on the right. (From the University of Western Ontario Archives)

4.2.3 The Isolation Wards

An outbreak of smallpox in 1901, followed by more severe epidemics of diptheria and scarlet fever in 1903, proved all too quickly the inadequacy of Victoria Hospital’s new Contagious Diseases of Ward. It proved too small: by the end of October 1903 the contagious ward was overflowing and the Trust allowed two tents on the grounds for the lodging of affected patients. Moreover, as the Chair of the London Board of Health announced in the spring of 1904, there had been more incidents of contagious disease per capita in London than elsewhere in Ontario, partly because patients were discharged from the hospital too soon. The 1899 ward also failed to meet provincial standards, particularly regarding the required distance of an isolation hospital from neighbouring

38 London Free Press, 18 May 1905.
buildings. After another outbreak of smallpox in 1906, more overcrowding of the hospital, and the further unnecessary spread of the disease, City Council finally approved funds for the erection of an Isolation Hospital and the land on which to place it.\textsuperscript{39} As mentioned in section 4.1, the City expropriated the western end of the hospital block, to make room for the Isolation Wards just east of Waterloo Street. Plans were also made to close Nelson Street between Colborne and Waterloo Street in order to decrease dust and noise in the hospital environs, and, at the command of provincial authorities, to close Waterloo Street south of South Street, in order to protect the public against contagion.\textsuperscript{40}

Conflicts among the medical community, the hospital administration, the Victoria Hospital Trust, and City Council often complicated proposals for making changes to the hospital’s physical plant. Council’s attitude towards hospital building seems to have been unusually cantankerous during the latter part of the twentieth century’s first decade, possibly because, by the end of the decade, Adam Beck’s strong and trustworthy leadership as Mayor had been replaced by the more opportunistic approach of Mayor Stevely. When Council received the first round of tenders for a new isolation hospital, it was outraged at the $75,000 cost, and, at the expense of such niceties as cut stone foundations, costs were pared by the newly hired City Architect, Arthur E. Nutter, to a more acceptable $50,000.\textsuperscript{41} When Council visited the site during construction, it found fault with the wooden floors and framing, claiming that they had warped, and with the finish of the staircase and woodwork, claiming that it was “crude and unprofessional.” The Trust instructed Council to refuse to pay for the work until problems were corrected. It is difficult from available evidence to know how seriously to take these complaints and who was to blame for the problems.\textsuperscript{42} The City Engineer, A.O. Graydon, and Architect Nutter regarded the whole controversy as a tempest in a teapot, arguing that “there was little wrong with the building beyond those caused by issues with heating and that all problems were easily corrected, and that they had on their side the both the provincial health inspector and the provincial hospital analyst.\textsuperscript{43} But problems had been revealed regarding the purchasing of materials if not of their installation. Much of the lumber had been sold to the contractor by the Chairs of Committees responsible for the purchasing of building materials, and the Mayor had received part of the heating contract. While this was brought to light and much criticized, no remuneration was required nor were any penalties exacted from the officials involved.\textsuperscript{44}

Meanwhile the architect proudly and, it seems, correctly, reported on the features of the isolation hospital that made it a state-of-the-art isolation facility when the City handed over the hospital to the Trust on July 16, 1909 (though the facility was not ready to accept patients until early September).\textsuperscript{45} The patient facilities extended in two long wings, one designed mainly for the use of patients with diphtheria and the other for

---

\textsuperscript{39} Sullivan and Ball, 83-87; London \textit{Advertiser}, 22 June 1907.

\textsuperscript{40} London \textit{Advertiser}, 22 June 1907, 20 July 1907; London \textit{Free Press}, 20 July 1907

\textsuperscript{41} London \textit{Advertiser}, 18 February 1907, 2 April 1908, 16 May 1908; London \textit{Free Press}, 18 February 1907.

\textsuperscript{42} Sullivan and Ball, 87, 88.

\textsuperscript{43} London \textit{Advertiser}, 26 March 1909.

\textsuperscript{44} Sullivan and Ball, 88; London \textit{Free Press}, 26 March 1909.

\textsuperscript{45} Sullivan and Ball, 88.
patients with scarlet fever (see figures 6, 12). The second floor in each pavilion was to be used for patients with acute cases of the disease and the ground floors for convalescent patients; there were four private wards and one larger public ward on each floor. Large windows provided each room with fresh air and sunlight, and solariums were placed at the south end of each wing. The building was not dependent on windows for good ventilation, though: use of a “plenum” system for heating and ventilation ensured that all parts of the building experienced a complete air change every ten minutes. Fireproof connecting passages allowed escape from any threatened fire, though the connecting passages interfered as little as possible with the wards’ accessibility to fresh air. At the north end of each wing was a three-storey administration building; between these was a two-storey service pavilion (figures 13, 4). It was customary at this period to report on the number of bricks used in the building as a means of judging its size and solidity; Nutter reported that “nearly 500,000 bricks had been used,” and, either to emphasize his point or to mock the practice of providing this detail, he went a step further: “If they were laid one upon another, the bricks would form a monument 21 miles high.”

---

Figure 13: Facades of the Tuberculosis Ward and the Isolation Hospital, as shown in Figure 4.

The Administration pavilions, which served as the public fronts of the wards, were extremely handsome, using an old-fashioned Italianate style to blend in with the other hospital buildings. The service building between them was designed to be reminiscent of a vernacular Georgian building, its more modest style fitting its more modest function (see section 5.1.2).

As more effective treatments were found for treating the diseases that had caused the great early-century epidemics, the buildings occasionally served other purposes; for some time in the 1920s, for example, the complex served as a military building, and in the 1950s the west wing was an interns’ residence. The west wing was demolished circa 1990, destroying the symmetry of the two-pavilion facade, and the former east wards have been replaced by a larger structure that holds the Facilities Engineering Department. The east pavilion and the former services building still attest to Arthur Nutter’s architectural skill and to the “Colonial” architectural milieu of the pavilion hospital (fig. 13).

4.3.4 The Tuberculosis Unit

In addition to smallpox, diptheria, and scarlet fever, medical authorities in London were worried during the early 1900s about the many cases of tuberculosis in the area. A

47 “Plan Showing Proposed Alterations To & Extension of Existing Subway,” City Engineer’s Office, 4 April 1924; London Free Press, 20 April 1957.
48 Interview Bill Brown, 5 February 2011.
Provincial Act passed in 1900 provided for generous government grants for sanatoriums to treat consumptives, and London’s City Council responded with a plan to build a sanatorium in London, but for years the plan was neither developed nor implemented. In 1906, seven beds in the old General Hospital were allocated for the treatment of consumptives; the number was woefully inadequate, and the plight of a woman denied admission despite her hemorrhaging lungs stirred public interest without resulting in a new building plan.\(^49\) At a meeting in 1908, City Council considered the cost and possible place for a sanatorium, but no action was taken.\(^50\) Finally, in January 1909, Adam Beck convened a meeting of local and provincial officials to discuss his plan for a private sanatorium: located in a country area close to the city, it would offer suitable open air and activity for those able to benefit from such advantages, while “the most serious cases of consumption, usually set aside as incurable,” would be treated at Victoria Hospital. Those responsible for funding Victoria Hospital welcomed the plan because it would relieve them of a major building project and of the long-term convalescent costs associated with the disease.\(^51\) Thanks largely to the intense efforts of Adam Beck and his

---

\(^{49}\) Sullivan and Ball, 89-96.

\(^{50}\) London Advertiser, 16 May 1908.

wife Lillian, the Queen Alexandra Sanatorium opened near the village of Byron, along the banks of the Thames, in 1910.52

At Victoria Hospital, however, nothing was done towards creating a well designed space for the severe cases until 1913. At the meeting of the No. 2 Committee on May 5 of that year, the committee recommended “That the plans submitted by Col. Gartshore, then Chair of the Victoria Hospital Trust, of proposed alterations at Victoria Hospital be approved and that tenders be called for the work.” On May 26 the Committee recommended that “the tender of C. Insell & Son to do the whole work in connection with alterations to the Cosumptive Ward, Victoria Hospital,” be accepted.53 On February 21, 1914, the Advertiser ran a prominent article describing the ward. A third storey for the treatment of tubercular patients was to be added to the 1899 contagious diseases pavilion. The second storey would be fitted up to treat “general complaints,” while an eye, ear, nose, and throat department, complete with surgery, would go on the ground floor.

Like the Isolation Hospital, the tuberculosis ward was designed for maximum medical effect and it possessed some significant engineering innovations. The Provincial Inspector of Hospitals had pointed out that sanatoriums did not need the same infrastructures as other hospitals; rather, “the one aim should be to provide for a maximum amount of pure air at minimum expense.” In the Victoria Hospital ward, windows created what was almost a wall of glass on the new third-floor rooms (figure 15), and successful cross ventilation was ensured by the insertion of the conventional transoms over the doors and less conventionally over windows (which also opened) in the walls between the rooms and the hallway. Roof ventilation “of the latest type” was supplied to each room, and patients could repair to sunrooms at the south end of the ward or, in good weather, to a roof garden made easily accessible by an elevator.54 To create more peace and quiet throughout the hospital, the old system of bells used to alert a nurse to a patient’s needs was replaced by the system, in use long after, a light shone when a patient pushed the requisite button.55

In addition to its third floor and its roof garden, the renovated building was fronted by an elegant three-storey administrative pavilion that was almost a mirror image of the pavilions at the north end of the Isolation Hospital (figures 14, 16). Because the resemblance is so close, it is tempting, and probably justified, to see the architect of the Isolation Hospital, Arthur E. Nutter, as the architect for the tuberculosis ward and the administrative pavilion fronting the building; Nutter was no longer City Architect by 1913, however, and the research undertaken for this study has not produced any direct evidence -- in published works, historic newspapers, plans, council records, or any other archival materials consulted -- that he was the architect of the tuberculosis wing. On the contrary, the available evidence points to a strong break between Nutter and the City in

---

52 Greta Toni Swart, *The Beck Memorial Sanatorium 100 Years after it opened*, 2010.
53 *Proceedings* of London City Council.
54 The elevator is still in the building, though no longer used.
55 London *Advertiser*, 21 February 1914.
the years immediately preceding the renovations of the former ward for contagious diseases.

Figure 15: “Side View of the New Ward at Victoria Hospital,” from the London Advertiser, February 21, 1914

Figure 16: The East Pavilion of the former Isolation Hospital and, beyond that, the former Tuberculosis Ward as they appear in 2011
The office of City Architect was established in 1908, and Nutter was its first incumbent. Among the structures he designed in that capacity were Fire Stations 3 and 4, the former Princess Alexandra School, Beal Technical School, and Lord Roberts School, as well as the Victoria Hospital buildings. On February 6, 1911, Council appointed him Inspector of Buildings, a position which seems to have encompassed that of City Architect among his new duties. On April 15, 1912, the Finance Committee of City Council recommended that “the By-law appointing Mr. A.E. Nutter Building Inspector be repealed” and that a new building inspector be hired, potentially at a somewhat lower salary. The recommendation spurred spirited opposition among Council members, who questioned replacing a very competent architect with a less qualified mechanic and wondered whether a significant amount of money would in fact be saved. In a Letter to the Advertiser on April 16, 1912, the recently retired City Engineer, Aquila O. Graydon, gave full vent to his anger with the Finance Committee, “narrow-minded, . . . cheese-paring aldermen,” for thinking a builder could fill the post as well as an architect. He also included a strongly worded commendation of Nutter’s abilities:

I do know that he is a very competent architect; more than that, I consider him a very superior one, who knows every branch of his profession in a very thorough manner, and combines with this practical and theoretical knowledge a very artistic power of designing buildings that are ornaments of the city.

Council returned the recommendation to the Committee for reconsideration, but in the end Nutter’s appointment was repealed, and in 1912 the office of City Architect was formally abolished.

The renovated Tuberculosis ward shows all the hallmarks of Nutter’s work – in the close stylistic resemblance between its north pavilion and those of the Isolation Hospital and in the combination of competent planning and innovative technical features found in the ward itself. It seems almost certain that the plans Colonel Gartshore carried into the meeting of the No. 2 Committee in May 1913 were produced by Nutter – either before his position was terminated, or afterwards at Gartshore’s expense. It also seems unlikely that Nutter could have directly overseen the work, however, and this may explain a few aspects of the pavilion design that seem somewhat less refined that that of the remaining Isolation Ward Pavilion.

4.3.5 The Hygienic Institute

The Hygienic Institute, which opened in 1911, was not technically a part of the hospital, though it served both the hospital and the university medical school in vital

---

58 City Council Proceedings.
59 London Free Press, 16 April 1912.
60 Municipal Handbook, 1913.
61 Later named the Institute of Public Health

NANCY Z. TAUSKY
Heritage Consultant
ways. By the beginning of the twentieth century enough had been learned about the causes and treatment of illness to make laboratory work essential – especially in relation to the communicable diseases the treatment with which the hospital was so deeply involved at the time. Until the Hygienic Institute was in working order, London relied on the Provincial Board of Health Laboratories in Toronto for all testing, a practice that slowed down the treatment of disease and limited the experience of London’s medical students. In 1905 Adam Beck, then M.P.P., proposed a bill whereby the Province would build in a London laboratory for work in chemistry, pathology, and bacteriology, with the understanding that it would undertake laboratory tests for the hospital and the Board of Health and also serve as a teaching facility for the Medical School. The bill passed, and the Province contributed $50,000 for the construction of such an institute.62

Despite some objections, on the grounds of depriving other buildings of sunlight, letting medical students work too close to the nurses’ residence, and distancing the facility from the medical school then on York Street, the site on the southeast corner of South and Waterloo Streets was selected for the Institute, and a very handsome building was constructed by 1910 (figure 17).63

Almost two years more elapsed before the building opened, however, while the Province and the City negotiated the responsibility of paying the operating costs of the facility. The Province finally agreed to bear the expense, but only after the Institute’s mandate was broadened. It would not only provide laboratory training for medical students; it would actually become a university teaching department, providing instruction in the

---

62 Sullivan and Ball, 96, 97
63 Sullivan and Ball, 97; London Advertiser, April 4, 1908.
When the Province agreed in November 1911 to outfit the laboratory and to pay an annual maintenance cost, the Free Press quoted Judge Meredith (whose family had made significant contributions to Victoria Hospital) on the Institute’s importance: in combining services to the hospital and the Board of Health, in undertaking agricultural researches for local farmers, and in operating as a university departement, it was “the first of its kind in Canada and one of the few on the North American continent.” As W.F. Tamblyn pointed out in his history of the university’s first sixty years, this agreement also represented the Province’s first contribution to Western.

The building blended well with the other buildings in the hospital’s “Colonial” streetscape, but it was much purer in its faithfulness to Classical Revival forms and motifs. Its treatment of the various storeys followed the Palladian villa, with a rows of protruding bricks at the level of the ground floor to represent the heavy classical basement storey, an elaborate Venetian window marking the traditionally formal prima mobile above, and the shorter attic storey, surmounted by a broad cornice ornamented with modillions. A balustrade fenced in the roof. When the building was demolished in 1969, there was pressure to preserve the Doric pillars, doors, and banded bricks of the entranceway for use in a future building, but, were they preserved, they have never been re-used.

4.4 North of South Street: Associated Buildings of the 1920s

Between 1917, when the first lots were purchased for a new medical school, and 1927, when a new Nurses’ Residence opened, three buildings intrinsically related to Victoria Hospital replaced the row of houses along the north side of South Street between Waterloo and Colborne Streets: the new medical school opened in 1921, the War Memorial Children’s Hospital in 1922, and the Nurses’ Residence in 1927. In some ways the character of the resulting streetscape is quite different from that across the street. The individual buildings present broader fronts to the street; they are faced with red brick rather than the local buff brick of the earlier buildings, and their designs were influenced by a later brand of Neoclassicism. Nevertheless, the streetscape on the north side of South Street shares with that of the Pavilion Hospital a concern with aesthetic harmony. The buildings are all of similar heights. All are built of “tapestry brick,” textured rug brick in a variety of subtly differentiated colours that give an overall impression of a muted red, and all have stone trim; while the Children’s Hospital is set back much further from the street than is the Medical School at the other end of the block, the Nurses’ residence in between creates an effective transition with a set back main wing and projecting side wings. The result is an unusually harmonious streetscape (figure 91), the more notable for its integrity: except for the introduction of a parking lot on the former lawns of the Children’s Hospital building, the facades and lawns of the three structures

---

64 William Ferguson Tamblyn, These Sixty Years, 1938, 36; Sullivan and Ball, 98.
65 London Free Press, 1 November 1911.
66 Tamblyn, 36.
have remained relatively intact. An aerial view dating from circa 1930 presents a view of the aesthetically harmonious hospital campus as it appeared then (figure 18).

Figure 18: Aerial view of Victoria Hospital circa 1930, from the holdings of Museum London

4.4.1 The Medical School

A Faculty of Medicine became part of the new Western University in 1882. The University then occupied a capacious structure on St. James Street built in 1864 to house Hellmuth Boys’ College, and later occupied by Dufferin College for Boys. It was initially expected that the Medical Faculty would hold lectures in the Large Hall and Chapel of the College Building and that a five-room cottage on the property would be used for dissecting “and other purposes,” but the Faculty soon found the lighting and heating of the main building inadequate for its purposes. For six years, from 1882 to 1888, the

Figure 19: Medical School built in 1888 at the corner of York and Waterloo Streets, from *A Century of Medicine at Western*, by Murray L. Barr (1977)
Medical School made its home in the five-room cottage: one room served as a lecture room (with benches but no desks), one as an office for the professors, one as a dissecting room, one as a histology and pathology laboratory, and the last as a home for the janitor. Although nominally connected to the university, the medical school was owned by its professors; in 1888 the professor-shareholders erected an imposing two-storey brick building (with a tower and dormers providing space for third-floor rooms as well) on the northeast corner of York and Waterloo Streets (figure 19). This structure provided more adequate Medical School facilities for the next three decades, but it did not allow the Medical School to fare well in the prodigiously influential Flexner report produced in 1910.

Commissioned in 1908 by the Carnegie Foundation to prepare a report on medical education, Abraham Flexner assessed 155 medical schools in the United States and Canada. Western’s school received a poor grade for its facilities: its laboratories, for example,

consist[ed] of a single room . . . whose equipment consists of microscopes and some unlabeled specimens – no microtome, cut sections, incubator, or sterilizer being visible – a wretched chemical laboratory, and an ordinary dissecting room. There is no outfit for physiology, pharmacology, or clinical microscopy, and no museum deserving of the name. There are a few hundred books, locked in cases to which the janitor carries the key.  

Western also received criticism for being a privately owned school, subject to its own standards and management rather than to those of the university to which it claimed an affiliation. Partly under some pressure from the Province, the Medical School responded promptly to these criticisms in a successful effort to upgrade its rating and to meet the real ideals of many of its owner-professors. By 1913, the Medical School was an official department of the University, and thus controlled by the University Board of Governors. The new Dean of Medicine, Dr. H.A. McCallum, argued convincingly against some of Flexner’s accusations (his failure to take notice of the Institute for Public Health, for example), but he nevertheless made his appointment conditional on the construction of a new building to house the Medical School.

Delayed by the First World War, the search for a new Medical School site did not begin until 1917, and the new school was not completed until 1921. The Medical Faculty considered it essential to be located near the hospital grounds for several reasons. First, students lost too much time because of the distance between the York and Waterloo site and Victoria Hospital. Second, the present facilities were no longer adequate for the growing class size and new technology. Third, a better-equipped and aesthetically impressive building was expected to draw new students and more funding from the provincial government, and also to improve the Medical School’s rating among others in

68 Tausky and DiStefano, 147, 147; Barr, 87, 117, 118.
69 Flexner, quoted in Barr, 203.
70 Barr, 203, 204; Sullivan and Ball, 104.
71 Barr, 334; Sullivan and Ball, 104.
North America and Britain. Furthermore, those visiting the hospital, including physicians, would be made aware of the institution’s presence.72

In 1917, as mentioned in section 4.1, land began to be purchased for a new school on the northeast corner of Waterloo and South Streets. The spacious new medical school building (figure 20), which stretched along nearly half the block on South Street with three wings extending north, easily accommodated the record enrollment of nearly 150 students anticipated in 1920.73 The new school offered space and laboratories to be used by the Departments of Anatomy, Pathology and Bacteriology, Physiology, Pharmacology, and Biochemistry. There were also “special laboratories” for experiments in electricity and X-ray, “applied to curative purposes.”74 The building itself, designed by the architectural firm Watt and Blackwell, was characterized by its large windows, meant to reduce the amount of artificial light required,75 and its tasteful Neoclassical stylistic allusions (see section 5.2.3).

Over the course of its 44-year occupancy of the building, research became an even more major function of the Medical Faculty. Owing partly to the discovery of insulin by Banting and Best in 1921 and the resultant government funding of research, an interest in clinical trials became a prerequisite for new faculty members, especially in the laboratory departments,76 and the school proved well designed for the inclusion of the additional laboratories necessitated. Among the best-known of the school’s contributions to research are the artificial kidney machine, the first in North America, built with the help of the Dutch researcher Dr. Jacobus van Noordwijk in 1948-194977 and the Cobalt Bomb, first used in 1951 (see section 4.4.2). In addition to these much-publicized discoveries, a long list of solid, productive, professionally recognized, and creative research was carried on by the members of the medical school during the school’s tenure on South Street. Areas of research carried on by the various faculty members are itemized in A Century of Medicine at Western, by Murray L. Barr.78 Among these research projects, for example, were Dr. Bruce Macallum’s projects dealing with carbohydrate metabolism (1924-1954), which earned him election as Fellow of the Royal Society of Canada; Dr. Russell Waud’s work in developing an electrocardiograph, a heart sound amplifier, and a heart-lung machine, as well as his contributions to an understanding of the cardiac effects of local flora (1029-1960); and the school’s war research into the “acute and chronic effects of exposure to low barometric pressure.”79 A plaque in the former medical school building commemorates the laboratories where Dr. Barr and Dr. Mike Bertram “first recognized in 1948 sexual dimorphism in human cells.”

In 1965 the Medical School moved again, this time to a new building on the campus of the University of Western Ontario (figure 21), where President G.E. Hall was

---

72 Barr, 335.
74 Barr, 339, 340; London Free Press, 16 March 1921.
75 Barr, 337; London Free Press, 16 March 1921.
76 Barr, 363.
77 Sullivan and Ball, 148-149.
78 Pages 347-383; 440-447; 468-471; 556-576.
79 Barr, 346-347, 359, 443.
forming a strong health sciences centre that already included the Kresge School of Nursing and the Cancer Research Laboratory. It would eventually have a Dental Sciences Building and, as its star feature, University Hospital, which opened in 1972.80 The South Street Medical School building was sold to Victoria Hospital; it subsequently functioned as a “health services building,” providing research space for the hospital and housing the Middlesex-London District Health Unit.81

Figure 20: Medical School, circa 1921. Archival photograph from the London Health Sciences Centre Archives

Figure 21: Medical complex at the University of Western Ontario, circa 1970. From A Century of Medicine at Western by Murray L. Barr, 1977

80 Barr, 577 ff.
81 Barr, 585; London Free Press, 5 November 1970; City Directories.
4.4.2 The War Memorial Children’s Hospital

London’s sick children were indebted to the city’s women for their medical facilities. As mentioned in section 4.3.1, it was the London Branch of the National Council of Women (NCW) that ensured the inclusion of a Children’s Pavilion in the 1899 Victoria Hospital. When this facility had become desperately overcrowded by 1919, the London Municipal Chapter of the Imperial Order of the Daughters of the Empire (I.O.D.E.) took on the building of a new children’s hospital as a memorial to those who had lost their lives serving their country in World War I, and to those “who, daring to die, survived” (figure 22).82

Figure 22: Plaque formerly installed in the War Memorial Children’s Hospital, now in the Archives of the London Health Sciences Centre. (The photograph is also from the LHSC Archives.)

The Victoria Hospital Trust enthusiastically accepted the I.O.D.E. proposal in November 1919, and property on the northwest corner of South and Colborne Streets was obtained for the purpose. Plans for the building were drawn by Watt and Blackwell (figure 23).83 The local branch of the NCW was distressed, however, when tenders

---

82 Sullivan and Ball, 106, 107; Plaque originally placed in the War Memorial Children’s Hospital, now among the stored materials from the London Health Science Centre Archives.
83 Architectural drawings from the office of the London Heritage Planner.
proved the cost to be two and one-half times the estimated price. A determined new fund-raising campaign aimed to raise the required $250,000 by expanding its base: the London group first approached their nineteen sister branches in southwestern Ontario, who generously supported what was now seen as a memorial for the war heroes of the entire region. When inflation raised the cost another $50,000, 54 other charitable associations from the area, including many Mother’s Clubs and Women’s Institutes as well as men’s organizations such as the Shriners, Masons, and Rotarians, made up the difference. The hospital officially opened on October 29, 1922.\textsuperscript{84}

The memorial function of the hospital strongly influenced its architectural form. The I.O.D.E. chose a single imposing structure over the smaller pavilion plans still in fashion because the larger building better communicated the concept of a memorial.\textsuperscript{85} The architectural articulation of the centre bays, surmounted by four 3-foot high memorial urns is designed to articulate concepts associated with the idea of a cenotaph (see section 5.2.1). Cannon originally placed in the lawn fronting the hospital were a more explicit reminder of its function (figure 24).

\textsuperscript{84} Sullivan and Ball, 107.
\textsuperscript{85} Sullivan and Ball, 107.
Dr. H.A. McCallum, a retired physician who had played active roles in building the Medical School, delivered to the Rotary Club of London an eloquent address on the symbolic importance of the proposed children’s hospital:

In no other city on this Continent is there a Children’s Hospital being erected as a War Memorial. . . . The Daughters of the Empire have caught an inspiration . . . . And the age-long cenotaph of the pagans has been changed from an empty tomb to a structure containing living childhood – twentieth century idealism overshadowing the long past! Not only a memorial to the brave dead, but a life-saving measure for sick children! . . . .

Not alone is it to commemorate the dead: but also to save the lives of the children of those they loved, their brothers’ and sisters’ children. As the dead died fighting, so shall this Memorial institution give battle to every subtle foe of childhood, consenting to neither truce nor disarmament.86

When it was decided in 1945 to add a 60-bed on the north side of the hospital, the Women’s Committee of the hospital suggested that the addition be dedicated to those who served during the Second World War, a suggestion that was approved by City Council.87

---

87 London Free Press, 29 November 1945; Victoria Hospital Annual Report, 1951.

NANCY Z. TAUSKY
Heritage Consultant
It is perhaps fitting, given the symbolic emphasis that the War Memorial Children’s Hospital placed on turning the spoils of war to the benefits of peace, that the this facility became the first place in the world to use the Cobalt-60 Beam Therapy Unit (the Cobalt Bomb) in the treatment of a Cancer patient, on October 27, 1951 (figure 25).

Figure 25: The Cobalt Bomb Unit being prepared for the treatment of a patient. Photograph reprinted from the Victoria Hospital Annual Report, 1951

This unit allowed gamma rays to be focused directly on cancer cells and thus initiated the radiation therapy that transformed the treatment of cancer. Later that year, Ontario’s Minister of Health, Dr. MacKinnon Phillips, argued to an international gathering of top researchers, physicists, hospital administrators, and government officials from all over the world, gathered to view the unit and discuss the new therapy, that it comprised a “real contribution to mankind from the nuclear scientists, who in the minds of most people spend all their time developing war horrors – ‘A’ bombs and the like. . . . But now we have the ‘C’-bomb – another stepping stone in the fight to find the answers to the riddle of cancer.”

The London Cancer Clinic was located in the North Wing of the Main Hospital in 1951, but a special installation was required to hold the Cobalt-60 Beam Therapy Unit, and the room made available for the purpose was in the basement of the Children’s Hospital, along the east side of the building. As the Free Press described the installation, the room was lined with walls of concrete eight inches to one foot in depth, the ceiling was lined with lead, and the outer wall was protected with sandbags and with earth piled the height of the room. “The operator is protected by an additional half-inch of lead along one concrete wall and the patient is viewed through a six-inch lead glass brick mounted in the operation position.” The work was undertaken by Hyatt Bros. building firm.

The development of the Cobalt Bomb was the result of cooperation between numerous different scientists and organizations. During the war, scientists at Canada’s nuclear warfare laboratories at Chalk River had realized potential for peacetime

---

88 MacKinnon Phillips, quoted in the draft notes for remarks by Peter Neary and David Martell at the designation of the development of the Cobalt-60 Therapy Unit, 27 October 2001.
89 London Free Press, 4 October, 17 October 1951; Interview with Bill Brown, 4 February 2011; Dr. Jerry Battista, e-mail correspondence with Don Menard, London Heritage Planner, January 13, 2011.
90 London Free Press, 4 October 1951.
91 CD of work undertaken by the Hyatt Bros., supplied by the Heritage Planner
applications of their work. After the war, two teams had begun to investigate that potential, one based at the University of Saskatchewan, and the other at the Victoria Hospital Cancer Clinic composed of engineers from Eldorado Mining and Refining Ltd., members of the National Research Council, and medical doctors under the leadership of Dr. Ivan Smith.92 On the fiftieth anniversary of the unit’s first medical use, in 2001, the development of the Cobalt-60 Beam Therapy Unit was designated a National Historic Event by the National Historic Sites and Monuments Board of Canada, with the designation celebrated in both London and Saskatoon.93

4.4.3 The Gartshore Nurses’ Residence

By the 1920s the hospital had three times more nurses-in-training than in 1905 when its Nurses’ Home had been built, and stories of shocking overcrowding were again circulating. A 1922 Free Press article complained of nurses “crowded into corridors, attic rooms, and other places where it is possible to store a cot.” City Council was typically reluctant to put forward the money for a new residence, even suggesting that the number of nursing students should be reduced rather than to increase accommodation for them. The hospital responded with the equally ungenerous argument that to hire student nurses, who formed the great majority of the nursing work force, was much cheaper than to hire graduate nurses. The student nurses worked twelve-hour shifts for $3.00, $5.00, or $8.00 a month, depending on their year.94

No move was taken to build a new residence until a fire in 1924 destroyed part of the old Nurses Home, after which nurses found lodging in empty ward beds, a nearby vacated school, and private homes. Funds for a new residence that could house 130 students were eventually assured through a public vote on the issue in 1925; it was anticipated that another 60 to 80 students could eventually have rooms in the renovated 1905 dormitory.95 Plans for a new three-storey H-shaped nurses’ residence were prepared by architect John M. Moore.96 Even at this point, however, insufficient funding threatened to turn the H into U (with a main wing and two protruding front wings) until Colonel W.M. Gartshore, Chair of the Victoria Hospital Trust from 1911 to 1922 and again from 1926 to 1931, volunteered his private funds to pay for the rear wings (see figure 26). The sod was turned by Gartshore on May 26, 1926, and the building named in his honour opened officially on June 27, 1927.97

93 Brochure issued by the Historic Sites and Monuments Board of Canada at the Designation of the Development of the Cobalt Teletherapy Unit as a National Historic Event, 27 October 2001.
94 Sullivan and Ball, 108-110; London Free Press, 27 November 1922.
95 Sullivan and Ball, 110, 111.
96 Architectural Drawings, University of Western Ontario Archives.
97 “City Council Approves Col. Gartshore’s Offer of Nurses’ Home Wing,” London Free Press, 1926; Sullivan and Ball, 111; London Advertiser, 4 August 1926.
As mentioned above, Moore’s plans were for a quietly elegant building (figure 27; see section 5.2.2) that formed an effective stylistic bridge between the Medical School and the War Memorial Children’s Hospital. The main entrance led into a wing set well back from the road, as was the Children’s Hospital, allowing for a generous front lawn, while the protruding side wings reached towards the street, their front faces parallel with those of the Medical School. Ornamental urns surmounting the frontispiece echoed those terminating the pilasters of the Children’s Hospital, while the stepped parapets originally found on the wing facades reflected the shape of the parapet over the main entrance of the school.
The growth of the hospital and, consequentially, of the nursing school, forced additions to the Gartshore building in 1946 and again in 1962. The first addition, to the rear of the east wing, increased the capacity of the Residence by 60 beds. The second, a seven-storey addition which extended north from the west wing, added rooms for 100 nurses and students, classrooms, laboratories, reading rooms, and an auditorium.98

4.5 The Consolidated Hospital

It was expected, even when a new hospital was built between 1939 and 1941, that there would be later expansion towards the south, with the result that what most Londoners consider the main building of the hospital has always been referred to, by hospital employees, as the North Wing. Six storeys high and a third of the block long, the North Wing itself was emphatically larger in scale than the buildings of the pavilion hospital, and the Y-wing eventually built behind it was more monolithic and required the demolition of most of the earlier hospital buildings. Both in determining its style and its position the designers of the North Wing seemed indifferent to the rest of the hospital site and to the principles of the pavilion hospital.

The North Wing was an expression of a different attitude towards hospital design which recognized and accepted the necessity of larger units. One component in the new thinking derived simply from the greatly increased demand for services in urban hospitals, created by rising populations and by the many advances in medical science that

demanded hospitals treat a broader range of medical problems than in the past. Other, more theoretical issues also encouraged a different kind of hospital. The long wards of the pavilion hospital had been designed to provide needed ventilation and sunlight and also to allow for the efficient observation of several patients by a single nurse. While the North Wing had windows that opened and a narrow depth that allowed all patients access to an exterior window, more sophisticated ventilation systems and an awareness that miasma itself was not at the root of disease required much less natural ventilation. Electric monitoring devices allowed nurses to observe patients without being in the same room. Moreover, the demand for privacy had become a major issue for hospital patients – largely as a result of the fact that a higher percentage of patients came from middle class backgrounds at a time when privacy seemed essential to a sense of personal identity and dignity. When the superintendent of a New York hospital was asked in 1921 whether he preferred to see wards or private rooms in his hospital, he explained his choice of the latter on the grounds that a patient in a ward is, in his own mind, “no better than a convict who has lost his identity.” The rooms in the consolidated hospital were designed as private rooms or as very small wards, where beds could be separated by curtains.

Where the plan of the pavilion hospital centered around the idea of the ward, the plan of the more monolithic, high-rise hospital was built around the concept of efficient units in a highly technical environment. Writing circa 1920, Edward Fletcher Stevens, wrote on the difficulties even then of designing a hospital:

A hospital is not like any other building. It is an intricate and involved building operation in which, contrary to the usual practice, the architect is unable to commence his labors by the establishment of exterior design. On the contrary, his ingenuity is taxed to the limit in an endeavor to conform facades and elevations of symmetry and beauty, without waste or architectural superfluities, to a predetermined interior layout over which he has little control. The engineering features of a hospital, both structural and mechanical, are so involved and the design so complicated that the architect who is successful in obtaining low building costs, and incidentally low operating costs, must possess that degree of skill that will enable him to approach the problem from the functional standpoint, delaying the study of elevations and architectural exterior until floor plans are well worked out.

Similar assumptions are made in a description of the architect’s role in Hospital Design and Function by E. Todd Wheeler, published in 1964: “...[T]he architect...prepares lists by departments of all spaces to be included in the building...The essential relationships of the department being programmed are described, personal preferences for special features are recorded, plus all mandatory requirements.” Guides to hospital design published after World War II usually make no reference to architectural style. Given the emerging emphasis on plan over style, it is not surprising that the illustration of

---

99 Thompson and Goldin, 213.
100 See Adams, Chapters 4 and 5, and Thompson and Goldin, Chapters 7 -9.
101 Stevens, quoted by Adams.
102 Page 26.
of the new Victoria Hospital that appeared in the April 1942 issue of the Journal of the Royal Architectural Institute of Canada gave more space to the plans than to a photograph of the building (figure 28).\footnote{104}

Figure 28: First page of presentation regarding Victoria Hospital in the Journal of the Royal Architectural Institute of Canada. The second page showed plans for the second, fifth, and sixth floors.

Not surprisingly, it became customary early in the twentieth century to involve medical doctors in the process of designing a hospital. When considering the building of a new hospital on South Street in 1927, the Victoria Hospital Trust engaged two well-known American doctors to advise them on the needs and future direction of development: Dr. W.H. Walsh, executive secretary of the American Hospital Association, and Dr. M.T. MacEachern, association director of the American College of Surgeons.\footnote{105} It was as a result of Walsh’s advice that the new hospital was placed directly in front of several existing building facades. While later additions resulted in the

\footnote{104}{Pages 62, 63.}\footnote{105}{Sullivan and Ball, 113.}
demolition of most of the early buildings, even the present 2011 streetscape reflects the awkward spatial and aesthetic relationship between the consolidated hospital and the remnants of the pavilion hospital it gradually replaced (figure 29).

Figure 29: Victoria Hospital, viewed from the northwest

4.5.1 The North Wing

While building was rushing along north of South Street during the prosperous 1920s, plans were also in process for a larger hospital on the main hospital grounds. The most concrete plans revolved around the $170,000 bequest of Dr. Harry Meek, which became available to the University of Western Ontario Medical School and Victoria Hospital in 1928, to be used for a pathology laboratory in honour of Meek’s son. Elaborate plans for the laboratory were made, in connection with other hospital additions, but they were defeated by controllers of the fund who wished the Meek Laboratory to be associated with the university rather than the hospital. As a result, nothing was done towards building the laboratory, and when the economy worsened during the 1930s, the chances of getting funding for a major hospital addition seemed to recede.

The continual march of population growth and advances in medical science made more patient rooms and space for more specialized equipment and clinics increasingly essential, however. In 1932, a report by the assistant provincial inspector of hospitals, A.A. Allan, brutally attacked the Victoria Hospital facilities. Naming a few exceptions, he claimed, “The hospital consists of a number of two and three story, old, brick, non-

---

106 Sullivan and Ball, 115 123.
fireproof buildings in poor state of preservation and repair.” He noted that little had been done to maintain or improve the old buildings, and he strongly urged that his department support any move to erect a “modern building.” However, the difficulty of raising money during the following years of severe economic depression stifled any attempts to move ahead with the modern building until, in 1937, the Province agreed to provide $100,000 if the City of London would make a contribution of double that amount. The Meek Fund would contribute $100,000, on the understanding that room for the Meek Laboratories be made within the building (figure 30). The City gained $280,000 from

Figure 30: The door near the west end of the North Wing façade acknowledges the importance of the Meek Laboratory and bequest.

Elsie Perrin Williams’s fortune by breaking her will. It then redirected funds to the new hospital which she had intended for the maintenance of a museum based at her country estate (figure 31). Two local architectural firms, Watt & Blackwell and O. Roy Moore and Company, collaborated on plans for the new building, and, while further financial problems and differences of direction among the various controlling powers postponed construction for some time, Council issued building contracts for a modern building in September 1939. Formal opening ceremonies were held on May 26, 1941, though the North Wing was not yet complete. The first patients gained admittance in September 1941. Long range plans anticipated an E-shaped building, with three additional wings extending to the south.

107 London Advertiser, 5 December 1932.
108 Sullivan and Ball, 123, 124; Tausky, London: From Site to City, 134.
109 Architectural drawings in the holdings of Museum London and the University of Western Ontario Archives.
A description of the facilities in the 1953-54 University of Western Ontario calendar indicates their substantial superiority, in medical terms, over those previously at the hospital’s disposal. The surgeries, with observation galleries, occupied the sixth floor. The fourth floor was reserved for obstetrical cases and held “well-equipped delivery rooms” and “a large, modern nursery.” The Meek Memorial Laboratory occupied the second floor with laboratories designed for both routine diagnostic work and research towards “medical discovery” in the fields of clinical pathology, surgical pathology, and bacteriology. An autopsy room, the X-Ray Department, and the London Branch of the Ontario Cancer Clinic were found on the first floor. On the ground floor was located an extensive Emergency and Out-patient Department; the latter contained clinics in the fields of “Medical, Surgical, Allergy, Cardiac, Dermatology, Dental, Diabetic, Eye, Ear, Nose and Throat, Genito-Urinary, Gynaecology, Mental Health, Orthopaedic, Paediatrics, Pernicious Anaemia, Pre-Natal, Speech Therapy, Tuberculosis, Well Baby, and Venereal Disease.”\textsuperscript{110}

\textsuperscript{110} Page 10.
A somewhat stripped down Art Deco design was chosen for the façade (figures 28, 31). It displayed very little ornamentation within the general context of the style. The design nevertheless allows for an interesting play of planes in the movement between projecting and receding surfaces, and an effective balance between the horizontal massing of the structure and the verticality of the lines formed by the columns of windows, the pilasters, the tower, the projecting frontispiece, and the projecting masses around the secondary entrances. It is possible that the choice of a yellow tapestry brick as a facing material indicated some effort to blend with older, adjoining buildings on that side of South Street, and the lower five-storey side wings may have represented an attempt to transition to the height of the adjoining buildings, particularly the Colborne wing. Nevertheless, as mentioned above, the North Wing was clearly positioned not to amalgamate with the old hospital campus, but to replace it.

Figure 32: The façade of the North Wing, viewed from the southwest. The corrugated material along the crest of the walls and covering the side additions is of recent vintage.

The “temporary” relationship between the North Wing and the older hospital buildings undoubtedly owed much to the advice of Dr. W.H. Walsh, who had been consulted again in 1929 about the projected building programme. One point, a rather obvious one, he made then was that the planning needed to allow for the hospital to keep
functioning while the construction was underway. The hospital’s solution to this problem was simply to keep the old buildings intact, placing the new hospital directly in front of the Administration Building that had been the showpiece of the 1899 Victoria Hospital and of the old General Hospital (figures 33, 34). The North Wing also sits partially in front of the former Tuberculosis Ward. It is perhaps understandable, given this spatial organization, why the south side of the new wing displays no Art Deco features at all.

Figure 33: Construction photograph showing the building of the North Wing in process. The Victoria Hospital Administration Building, the former General Hospital, the end of the Nurses Wing, and the building housing the tuberculosis ward can be seen directly behind the frame of the North Wing.

Practical as it may have been at the time, the situating and designing of the North Wing initiated a radical change in the value placed on aesthetic concerns at Victoria Hospital. The building programme planned in the late 1930s was never carried out exactly as anticipated, and the older hospital structures stayed awkwardly in situ for years. The General Hospital was cut through with the building of the Y-wing in 1954. The Administration Building remained in place until the late 1950s, when it was demolished to make way for a Stores building. The former Tuberculosis Ward is still in

111 Sullivan and Ball, 114.
place, linked by a disfiguring concrete block passageway to the east pavilion of the former Isolation Ward and fronted by a concrete landing that obscures its proportions. Though such a result was undoubtedly not explicitly intended, the building of the North Wing ushered in a future of development where utility blatantly usurped aesthetic considerations.

Figure 34: Aerial view of Victoria Hospital circa 1945, from the holdings of the London Health Sciences Centre Archives

4.5.2 Post-War Planning and Expansion

With the coming of a period of hope and prosperity after the ending of World War II, Victoria Hospital embarked on a period of ambitious planning and very much needed expansion. A master plan developed by John M. Watt and L.G. Bridman in 1947 (figure 35) anticipated, among other facilities, a six-storey Y-shaped clinical and ward building, later to be linked to the North Wing by an eight-storey stem; a new convalescent ward along Colborne Street, new laundry and cold storage facilities, and a further extension of the Nurses’ residence. It also showed the then recent extensions to the Nurses’ Residence and the War Memorial Children’s Hospital.\textsuperscript{112}

\textsuperscript{112} London \textit{Free Press}, 31 July 1947.
Delays in arranging funding and getting materials resulted in such overcrowding that, in 1952, a temporary white frame “annex” was erected west of the North Wing (figure 36). It held 65 patient beds until 1955, after which it provided office space for the maintenance department and treatment spaces for out-patients.\textsuperscript{113}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure36}
\caption{Temporary building, 1952-1965}
\end{figure}

\textsuperscript{113} London \textit{Free Press}, 31 December 1964.
Finally, between 1954 and 1964, a great deal of new building transformed the hospital complex. The shape of some of the new development was anticipated in the 1947 Master Plan, and some grew from the new plans that were always in the making. In 1954-1955, the proposed Y-wing became a reality (figure 37). The Y-wing, designed by architects John M. Watt and Peter F. Tillman, comprised an eight-storey structure that included the connection to the North Wing and held room for 550 new beds, an enlarged Cancer Clinic that included accommodation for the Cobalt-60 Therapy Unit within the clinic, a physiotherapy department – with the most modern equipment for muscle and nerve treatment by baths and massage, a larger maternity ward with new nurseries, a post-operative recovery space, and accommodation for psychiatric patients. A brochure produced to mark the opening of the new wing particularly presented as a particularly “important innovation . . . a pneumatic tube system for dispatch of medicine from floor to floor – and to and from the older parts of the hospital and the children’s hospital [via a tunnel under South Street],” which “saves thousands of steps and thousands of dollars each year.” The brochure also emphasized the passing of the long ward era, emphasizing that there were no wards holding more than four beds, and that “the emphasis on privacy extends throughout.” The building officially opened on May 12, 1955.

Figure 37: Aerial photograph of Victoria Hospital, showing the Y-wing, from the brochure produced to celebrate the “Opening of the 530-Bed and Auxiliary Services Addition, 1954.” From the Ivey Family London Room in the London Public Library.

114 “Opening of the 550-Bed and Auxiliary Services Addition,” Victoria Hospital, Canada, 1954. From the holdings of the University of Western Ontario Archives; Architectural drawings dating from 1953 and 1953 in the holdings of Museum London.

115 Sullivan and Ball, 148.
In 1955, as well, a new concrete block laundry was constructed by the Hyatt Brothers between the former Tuberculosis and Isolation Hospital wards (figure 38).\textsuperscript{116} 1958 saw a new stores building between the Y-Wing and the Colborne wing, in the location formerly occupied by the Victoria Hospital Administration Building (figure 39).\textsuperscript{117} In 1959 a Crippled Children’s Treatment Centre (later the Thames Valley Children’s Centre and now the day care centre Growing Concern) was erected between Hill Street and the back wing of the Children’s Hospital (figure 40).\textsuperscript{118} In 1961 Thameswood Lodge, a hostel for out-of-town patients undergoing treatment for cancer was constructed (figure 41). As described above (section 4.4.3), 1962 saw the completion of an extensive addition to the Nurses’ Residence. A building to house the maintenance department (now Engineering Facilities) replaced the east ward of the Isolation Hospital in 1964 (figure 42).\textsuperscript{119} In 1964, a major eight-storey addition to the eastern section of the Y-wing, designed by local architect Gordon Glover, added another 110 beds and larger accommodations for the Cancer Clinic (figure 43).\textsuperscript{120}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{figure38.png}
\caption{Looking north between the 1855 Concrete block laundry building and the renovated tuberculosis ward}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{figure39.png}
\caption{The 1958 stores building, between the Y-wing and the Colborne wing}
\end{figure}

\textsuperscript{116} CD recording Hyatt Bros. construction projects, from the office of the London Heritage Planner
\textsuperscript{117} London \textit{Free Press}, 30 April 1957, 6 May 1958; List of Hospital Buildings 2008, Planning Department, London Health Sciences Centre.
\textsuperscript{118} London \textit{Free Press}, 20 April 1957, 28 April 1960; List of Hospital Buildings, Planning Department, London Health Sciences Centre.
\textsuperscript{119} List of Hospital Buildings, Planning Department, London Health Sciences Centre.
\textsuperscript{120} Sullivan and Ball, 152; London \textit{Free Press}, 5 December 1964.
Figure 40: The former Crippled Children’s Centre, seen from the window of the War Memorial Children’

Figure 41: Thameswood Lodge

Figure 42: Maintenance Building, now Engineering Facilities, built in 1964
A new power plant was erected in 1971. Otherwise, no significant building occurred after the construction of the eastern annex of the Y-Wing. A plethora of expansion plans were created, revised, and often dropped during the 1950s and 1960s, but various obstacles, most frequently related to cautiousness on the part of provincial funding agencies, kept any of the hospital’s additional ambitions from being realized. Among the grander plans were additions to both ends of the North Wing (see figure 44); a Centennial Building, also designed by Glover, that was to contain a nine-storey tower and an adjoining four-storey wing to the west of the North Wing, and a new Children’s Hospital west of the Centennial Building (see figure 45). One deterrent to the latter proposal was the refusal of the Upper Thames River Conservation Authority to allow building on the flood plain.

---

121 London Free Press, 5 October 1971.
122 See, e.g. Sullivan and Ball, 153-158.
Figure 44: Plan by Nolan and Glover for east and west additions to the North Wing

Figure 45: Illustration from the London *Free Press*, March 12, 1970, showing the then anticipated locations of the Centennial wing (no. 2) and a new Children’s Hospital (no. 1)
The 1947 Master Plan placed a good deal of emphasis on landscaping: “Increased hospital grounds and gardens are intended to remove the ‘institutional’ appearance.”\(^{124}\) By 1955, however, the “grounds and gardens” on the south side of South Street had contracted to a line of grass and trees along the road and protected grounds in the fork of the Y-wing; the rest of the site had been largely given over to parking lots (see figures 46). By \textit{circa} 1970 even more green space had been paved over (figure 47). In following years even the once valued river-front area south of the Y-wing was partially filled by utilitarian one-storey structures.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure46.png}
\caption{Aerial View of Victoria Hospital, \textit{circa} 1960. From the holdings of the University of western Ontario Archives.}
\end{figure}

The increasing lack of concern about the aesthetic values of the grounds seems to have been echoed in the attitude towards the design of the later buildings. The area holding the stores building (now containing a burn unit, among other facilities) is a mishmash of various unreconciled additions (figure 48), and the different parts of the Y-wing, while dignified on the fork side of the Y by horizontal rows of windows given matching stylistic treatment, are less uniformly treated on the more public sides facing parking lots (figures 49, 50). As plans have been made in the last quarter-century to vacate the hospital, even less attention has been given to maintenance of either the buildings or the grounds.

Figure 47: Aerial photograph, *circa* 1970, from the holdings of the University of Western Ontario Archives

Figure 48: Between the Colborne Wing and the Stores Building
Figure 49: Within the branches of the Y-wing

Figure 50: The Y-wing viewed from the southeast
4.6 Vacating the South Street Hospital Complex

When Victoria Hospital officials presented a revised Master Plan to the provincial Ministry of Health in 1972, the Ministry advised putting the plan on hold until a comprehensive study of London health facilities, including those at Westminster Hospital, designed to serve veterans, could be completed. As a result of the study, the Province negotiated with the federal Department of Veteran Affairs for the ownership of the Westminster lands, and in 1974 it was decided that Victoria Hospital would be relocated on the 80-plus acres of land northeast of the corner of Commissioners and Wellington Roads.\(^{125}\)

Once that decision was made, the only substantial building effort in the South Street Hospital Complex was the expansion of the emergency area in 1978.\(^{126}\) Otherwise, changes in the complex over the last twenty-seven years have represented a gradual process of controlled desertion rather than the carefully planned growth of former days. Nothing unessential has been done in the line of either building or maintenance.

Some efforts have been and are being made to carry the spirit of the old Victoria Hospital setting into its new home. Stained glass windows from the old complex (including the portrait of Queen Victoria from the first Victoria Hospital) [figure 5], and historic photographs of the early grounds will adorn the walls of the new hospital. The new children’s ward is called the War Memorial Children’s Hospital. But the old buildings, according to David Crockett, Integrated Vice-President of Facilities Management for LHSC, “cannot be adapted to the new [hospital] world.”\(^{127}\)

---

\(^{125}\) Sullivan and Ball, 157, 158.
\(^{126}\) London Free Press, 29 September 1978.
5.0 SIGNIFICANT EXISTING BUILDINGS

This assessment finds eight buildings in the South Street Hospital Complex to be of heritage significance, identified by the names and numbers on the LHSC South Street Hospital Site Plan (figure 51): the Colborne Wing\textsuperscript{128} (originally the Paying Patients’ and Children’s Pavilions of the 1899 Victoria Hospital), no. 67; the east pavilion of the former Isolation Building, no. 59; the Pastoral Care building (formerly the Isolation Hospital Service Pavilion), no. 58; the eastern Maintenance Building (formerly the Tuberculosis Ward), no. 61; the North Wing of the Main Building, no. 65A; the southern wing of the War Memorial Children’s Hospital, no. 52; the southern wings of the former Nurses’ Residence, no. 51; and the Health Services Building, no. 50. All are in fact worthy of designation under the Ontario Heritage Act on the grounds of their historical significance alone, and, as this section of the report explains, all also have architectural and contextual claims as well.

\textbf{Figure 51: “South Street Hospital Site Plan,” 2008. Produced by London Health Sciences Centre Facilities Planning and Development.}

It should be noted that, while this list includes all of the buildings facing South Street between Waterloo and Colborne Streets on both the north and south sides of the street, it does not include any of the post-1950 building towards the river, nor does it include the earlier storage building, no. 62. Not only were most of these buildings

\textsuperscript{128} In this section of the report, the titles given to buildings are those currently used by the London Health Sciences Centre.
constructed at a later date than those listed above, but they lack the architectural interest and, in some cases, the historical importance of the earlier structures. Also omitted from this list are the two remaining parts of the 1899 passageway that linked the various buildings. One such remnant is just west of the Colborne building (figure 52).

Figure 52: Fragment of the 1899 passageway, seen from the north between the Colborne Wing and the more modern Stores building. Note that the third storey of the passageway not part of the original building.
The other fragment of an 1899 hallway is found on the south side of the passageway immediately east of the former Tuberculosis building (figures 53, 54). These fragments are not part of an independent structure warranting assessment, although they could be considered for reuse in a new architectural context.

Figure 53: Fragment of the 1899 passageway, north side of hall east of former Tuberculosis Ward

Figure 54: Interior view of the 1899 passageway east of the former Tuberculosis Ward

The eight buildings included in this section are described under the following headings: address, history, architectural design (exterior), architectural design (interior), state of preservation, and assessment. Addresses, when provided, are from a list of buildings, dated August 25, 2008, provided by David Crockett, Integrated Vice-President of Facilities Management at London Health Sciences Centre, in 2010. Because the histories of all eight buildings have been discussed in some detail in section 4.0, only a cursory summary is given here.

The assessment is based on the criteria provided in Regulation 9/06 associated with the Ontario Heritage Act and the City of London Official Plan (see section 2.2). There are certain qualifications shared by all of the buildings, however, and therefore not repeated.
separately in each entry. As part of the history of a major hospital that was also a major research and teaching facility, the buildings have all made a significant contribution to the community and to an understanding of the community. All reflect the work of an architect who is important in the history of London. Each building has also served to define and maintain the character of its specialized hospital setting. (see Regulation 9/06, 2i, 2ii, and 3i). This report suggests priorities for each building in keeping with the practice of the City of London Inventory of Heritage Resources, but because few of the buildings have separate addresses and because the descriptions of the buildings presently in the Inventory are somewhat confusing, it has not been possible to compare most of the suggested priorities with those that may already have been assigned.

Each analysis contains notes on a building’s state of preservation, e.g., the extent to which it retains original features, but not with its condition. This report is not intended to deal with the condition or the structural soundness of the buildings; nevertheless, it should be noted that none of the buildings is in good condition and that conservation will require considerable renovation. Hospitals are by definition forward looking institutions, working to accommodate not only changing populations of patients but also rapidly changing technical requirements. Throughout the history of Victoria Hospital, the response to new needs was to build a new facility, and, although most structures were conscientiously built according to the soundest understanding of the best materials, techniques, and needs of its time, updates and maintenance have generally been regarded as provisional measures and undertaken as economically as possible. The masses of wiring and ductwork required increased as technological requirements changed, for example; therefore, in all of the older buildings these have been been squeezed above a lowered ceiling, even when, as was inevitably the case, the lowered ceilings cut across the window transoms. To give just one more example, none of the older buildings has storm windows. This tendency towards minimal maintenance has, of course, been exacerbated within the last 27 years with the knowledge that the entire complex would be abandoned.

The following analyses are organized around the various cultural models discussed in section 4.0 because those models provide a context for understanding the styles as well as the plans of the buildings studied here.

5.1 Along the South Side of South Street

5.1.1 Buildings from the Pavilion Hospital

5.1.1.1 THE COLBORNE WING (No. 67), formerly the Paying Patients’ and Children’s Pavilions

Address: Unknown

History: What is now called the Colborne Wing was part of the 1899 Victoria Hospital; the northern end of the wing constituted the Paying Patients’ Pavilion and the southern end the Children’s Hospital. Both were parts of the hospital for which citizens of London assumed considerable responsibility. When the hospital opened on November
16, 1899, the *Free Press* observed, “Private citizens who are generously cooperating have painters and others busily engaged in tintoing walls and putting furnishings in place.” The London Branch of the National Council of Women was mainly responsible for financing and furnishing the children’s pavilion (see section 4.3.1). Paying patients were meant to be relatively independent of the rest of the hospital, so their wing had its own surgery and outside doors, the most formal of which faced west towards the Administration Building.

Figure 55: The Colborne Building, viewed from the southeast. The door in the south end is a later addition.

**Architectural Design (Exterior):** The massing of the Colborne Building clearly distinguishes between the parts assigned to its original uses. The three-storey northern section comprised the paying patients’ pavilion; the lower sections belonged to the children’s pavilion, the decagonal south end forming part of the children’s sun room.

The corner location of the paying patient’s pavilion made it a focal point within the hospital grounds, and it therefore received a more elaborate architectural treatment than the other patient wards. Like the former administration building of Victoria Hospital, it has walls built of local buff-coloured brick, stone foundations, and distinctive reddish-brown terra cotta trim (see figure 55), now, curiously, painted pale pink; some idea of the original colour of the trim can be gathered from the tinted photograph in a postcard dating from circa 1910 (figure 56), and the bold lines it created can be seen in the view featured in figure 11. Following the freely interpreted classical theme of the 1899 hospital, the paying patients’ pavilion is articulated along Palladian lines with a pronounced foundation and a smaller attic storey. The foundation is made prominent by its flared lines, its incorporation of robustly rock-faced stone, and its explicitly designed coursing, with two narrower courses inserted between three heavier layers (figure 57). The terra cotta trim is used to as the finely moulded window trim, corner quoins at the northern end of the building, and a protruding string course marking off the attic storey.
The eaves and cornice are decorated with classical modillions, dentils, and egg-and-dart moldings (figure 58).

Figure 55: Peeling paint on the window surround and the string course at the north end of the Colborne Wing reveal the underlying terra cotta trim.

Figure 56: Postcard, based on a tinted photograph, of Victoria Hospital circa 1910. Note the terra cotta trim on the main administration building and on the corner (to the left) of the Colborne building. (From the holdings of the University of Western Ontario Archives)
Figure 57: The foundation of the Colborne building along the side facing Colborne Street

Figure 58: Cornice and eaves of the Colborne building

Figure 59: Southern end of the former children's pavilion. Note the uncoursed stone foundation.
The children’s pavilion is somewhat more modest in its decoration as well as its size. Along the Colborne Street side it shares the elaborate stone foundation of the paying patients’ pavilion, but varicoloured, uncoursed stone is used on the back (figure 59), and the shallower cornices are decorated only with dentils.

There have been two skillfully integrated additions at the north end of the paying patients’ pavilion. Early photographs, such as those in figures 9 and 11, show a bay window, an asymmetrical complex of windows around the main door, and then two columns of paired windows as one proceeds north along the west side of the building. In 1912 the city hired the original building’s architect, H.C. McBride, to design an addition.\textsuperscript{129} He added a rectangular, three-storey, hip-roofed structure section with three windows on each side. Later still, a further, somewhat recessed, addition extended the building one deep bay further to the north allowing for doors on the northeast corner (figure 60). Documentary evidence uncovered in connection with the report proves the

\textbf{Figure 60: The Colborne Building, viewed from the northwest}

\textsuperscript{129} City Council \textit{Proceedings}, 6 June, 3 September, 30 December 1912.
second addition to have been in place by 1940 and suggests that it was added after 1924.\textsuperscript{130} It is tempting to think that the third addition must have been in place soon after 1924 and that McBride oversaw that as well, because both additions are so seamless. They share the same intricate foundation, elaborate cornice and eaves treatment, and terra cotta trim as that found in the original structure; the second addition even sports terra cotta quoins like those in the original building that the new part obscured. Roof lines have been skillfully integrated. The only perceptible difference between the original walls and those built later is in the bonding pattern. The later walls are laid in a somewhat obtrusive English common bond pattern where every sixth course consists of headers. The earlier walls used a more subtle pattern in which every sixth course consisted of alternating headers and stretchers.

\textit{Architectural Design (Interior):} The paying patients’ pavilion was meant to allow its clients to be treated in as much comfort as possible. Not only were the rooms individually decorated, but they were spacious, 15 feet long and varying in width from 10 to 15 feet, and each had its own fireplace.\textsuperscript{131} The high sash windows had transoms above, although these are now obscured by the lowered ceilings. Woodwork was relatively simple for the period, but wide enough to give a sense of substance to the trim. Window and door surrounds consisted of flat boards stepped to rise towards the outer edge of the casing or the upper edge of the apron (figure 61). Doors featured five horizontal panels; a deep transom above the frame opened to allow the requisite flow of air (figure 62). Stair railings featured spindles with a square profile, and the newel posts were also square and surmounted by a beveled plate (figure 63)

\begin{figure}
\centering
\includegraphics[width=0.5\textwidth]{figure61.jpg}
\caption{Detail of window surround and apron, First Floor, Colborne Building}
\end{figure}

That complaints that were made over many decades about the fireproofing of the Colborne building may be understood by the early fire “extinguishers” still found in the halls (figure 64). The building is now protected by a sprinkler system.

\textsuperscript{130} The addition is not shown on the 1924 site plan found in the LHSC Archives; it is clearly indicated on the Fire Insurance Plan revised to 1940.

\textsuperscript{131} London Advertiser, 17 November 1899.
Cultural Heritage Assessment:
Buildings in the South Street Hospital Complex, London, Ontario

Figure 62: Door and transom, first floor, Colborne Building

Figure 63: Newel posts and stair rail, Colborne Building

Figure 64: Fire hose, first floor, Colborne Building
**State of Preservation:** The luxurious patient rooms disappeared as the building was adapted for various uses over its long history. All fireplaces and mantelpieces have been removed (as have the chimneys). The side walls of rooms have been moved as rooms were subdivided, and, as a result, new doors have been pierced through the hall walls. Lowered ceilings obscure the original window transoms. Because walls have been moved or, as is very often the case, covered with shallow wood paneling, little remains of the original deep baseboards. But most original windows and doorways retain their original surrounds, and the stair railings and newel posts have not been changed.

**Assessment:** The Colborne building has design and physical value because of its fine interpretation of the 1899’s “Colonial” style, because of the unusually skillful integration of the original building with its additions, and because of the way in which it integrates and differentiates between the original paying patients’ and children’s pavilions. It is of historical interest because of its historic stylistic relationship with the administration building of the 1899 Victoria Hospital and because it illustrates the work of Hubert Carroll McBride, a respected London architect whose other works include the former Huron & Erie Loan and Savings Co. on Richmond Street and the Lawson & Jones Printing Company on Clarence Street. In addition to the reasons for contextual value mentioned in section 5.0, the building is of especial importance because its position on the corner of the former Victoria Hospital site gives it a landmark quality.

**Recommended Priority rating in the Inventory of Heritage Resources: 1.** This report concurs in the priority rating of 1 already assigned to the building.

5.1.1.2 EAST PAVILION, FORMER ISOLATION HOSPITAL (No. 59; figure 65)

**Address:** Unknown

**History:** The east pavilion and the former supplies building directly to the west are the only parts left of the Isolation Hospital opened in 1909 in the wake of severe outbreaks in London of diphtheria and scarlet fever (see section 4.2.3). They are significant parts, however: designed by then City Architect Arthur E. Nutter, they display his refined design sense, just as the hospital they once fronted spoke of his technical ability.

**Architectural Design (Exterior):** The east pavilion originally had a twin building in the pavilion situated at the front of the west wing (see figures 12-14). Together they formed a distinguished public front for the hospital behind (see figure 66). With their shallow hipped roof, broad, bracketed eaves, and slightly arched windows, the pavilions were reminiscent of an Italianate house of an earlier era. Their domestic quality was typical of buildings in the pavilion hospital, and the Italianate allusions create an architectural bond with the earlier parts of the hospital campus. Nutter has nevertheless given the east pavilion, like its former mate, a more formal and more contemporary

---


NANCY Z. TAUSKY
Heritage Consultant
Figure 65: The East Pavilion of the former Isolation Hospital, viewed from the northeast.

Figure 66: Photograph of the East Pavilion *circa* 1925, when the former Isolation Hospital was being used by the Military. From the holdings of the Ivey Family London Room, London Public Library.
quality through his use of proportion, ornamental detail and an imposing front entranceway.

The buff brick building is proportionately tall for an Italianate structure, and the sense of height is intensified by the high stone foundation; the tall, narrow windows; the vertical lines of the projecting side bays terminating in pediment-shaped gables; and even the deliberate crowding under the eaves of the third storey windows. Among the contemporary features that also qualify its Italianate leanings are the modillions under the eaves, the voussoirs formed by three rows of brick headers, and the insistently linear treatment of the front entranceway, despite the segmental arch of the transom (figure 67).

Figure 67: Upper part of front entranceway, East Pavilion of the former Isolation Hospital

The stone voussoirs, for example, though arched below, are cut off above with straight, horizontal edges. The front entranceway has a stone surround with a pale, golden tint, the stones flanking the front doorway laid in alternately deep and shallow courses. The oversized dentils at the top of the frame echo in a striking way the tiny dentils in the woodwork below. In each upper corner of the stone surround is a modified stone cartouche, featuring a delicately carved scroll, a freely shaped shield, and a wreath of leaves (figure 68). Like the building, the entranceway is tall, made to seem still higher by the stone trim above. If the pavilion as a whole looks familiarly domestic, the entranceway announces the building as an important civic site.
Figure 68: Cartouche in upper western corner of the East Pavilion door surround
Cultural Heritage Assessment: Buildings in the South Street Hospital Complex, London, Ontario

Architectural Design (Interior): Given the elegance of the pavilion’s exterior design, it is somewhat deflating to walk into an interior space that appears always to have been emphatically utilitarian (figure 69). The pavilion initially held two detention wards, A bathroom, and quarters for the superintendent on the ground floors, with rooms for nurses and maids on the floors above. Alterations have been made to the interior over the years, but it appears that the concrete floors of the entranceway and the utilitarian trim were original to the building. Doors and windows on the first floor are recessed within embrasures with rounded corners, the surrounds composed of narrow frames, with a rounded profile, squeezed between the windows or doors and the jambs (figure 70). On upper floors, some older trim appears to have been replaced.

State of Preservation: The exterior of the building is in an excellent state of preservation, with the exception of the front door which has been replaced by a modern glass door. Numerous alterations have been made inside; because most ceilings have not been lowered, however, the full windows and transoms are visible.

Assessment: The property has design value because of the considerable artistic merit of its exterior design; it has historical importance as the work of architect Arthur E. Nutter, and contextually because of its close links in design and history with the adjoining Isolation Hospital supplies building to the west and the pavilion of the former Tuberculosis Ward to the east.

Recommended Priority rating in the Inventory of Heritage Resources: 1.

Figure 69: First floor hallway, northeast Pavilion

Figure 70: Door frame, first floor of East Pavilion

5.1.1.3 PASTORAL CARE BUILDING (No. 58), formerly the Isolation Hospital Service Pavilion (figure 71)

Figure 71: Former Isolation Hospital Service Pavilion. The door at the end once led into a hall between the Service Pavilion and the West Pavilion.

Address: Unknown

History: Designed to provide a variety of services for the two wings of the Isolation Hospital that it bridged (see figures 12-14; section 4.2.3), the Service Pavilion held a general kitchen, with pantry and food stores, separate dining rooms for maids in the diphtheria ward and those serving scarlet fever patients, and, on the upper floor, dormitories and bathrooms for maids and cooks, also designed to keep those catering to the diphtheria wards from those serving the patients with scarlet fever. In the basement was the “heating chamber” for the isolation complex. 134

Architectural Design (Exterior): In keeping with its more lowly function within the isolation hospital, the service pavilion is much simpler in design than the east and west pavilions that flanked it. It shares the brick facings and stone foundations of its remaining neighbour; it also has a shallow hipped roof and the same three courses of

headers acting as voussoirs. The service building was only two storeys high, however, and possessed few architectural elaborations. While the administrative pavilions looked back to Italianate influences, the style of the service pavilion derives from Georgian forms. The six-bay facade is symmetrical with a projecting two-bay frontispiece, surmounted by a shallow, pediment-styled gable. Pronounced return eaves define the lower edge of the gable. The relatively simple cornice features classical moldings. There is no front door, the usual showpiece of a Georgian structure, because the rooms of the Service Pavilion were linked instead with the buildings to either side. Despite its simplicity, the building has very pleasing proportions and a satisfying silhouette. It was designed to balance the two taller buildings it bridged, and it is unfortunate that the symmetry of the grouping has been destroyed by the demolition of the west pavilion.

Architectural Design (Interior): Some remaining windows suggest that the interior once resembled that of the East Pavilion (e.g., figure 72). Most of the doors and windows feature a plain rounded moulding that appears to be the result of extensive remodeling.

Figure 71: Interior view of first-floor window in the frontispiece of the Service Pavilion. Note that the ceiling has not been lowered, allowing the full transom to be visible.

State of Preservation: The exterior of the building is extremely well preserved; the interior has some original features, but appears to have been extensively renovated at some point in its history.

Assessment: The Service Pavilion has design value because of its pleasing proportions and silhouette and because of its historic relationship with the East Pavilion of the Isolation Hospital. In addition to the reasons listed in section 5.0 above, this building has historic value because it was designed by prominent local architect Arthur E. Nutter. It has contextual value because of its relationship with the East Pavilion, although its context has been vitally affected by the demolition of the former West Pavilion.

Recommended Priority rating in the Inventory of Heritage Resources: 2

5.1.1.4 OLD SURGERY BUILDING BUILDING (No. 64), formerly housing the Tuberculosis Ward (figure 73)

Address: Unknown

History: The upper floor and the front pavilion were added to this building in 1913-1914 to create a ward for serious and terminal tuberculosis cases. The lower two storeys comprised the contagious diseases ward for the 1899 Victoria Hospital; when the
TB ward was added, the second floor was adapted for the treatment of general cases and the first floor for the treatment, including surgery, of eye, ear, nose, and throat problems (see figures 15, 16; section 4.2.4).\textsuperscript{135}

Figure 73: The building renovated in 1913-1914 to house a tuberculosis ward.

Architectural Design (Exterior): The 1899 walls, like those of the additions, are of the local buff brick, with stone foundations, found elsewhere in the pavilion hospital; they are pierced with the tall sash windows, surmounted by transoms, that were so important for ventilation in the early wards. Air flow was deemed even more essential in the treatment of tuberculosis, however, so the 1914 third floor had more windows, closer together, than those found below. It also had a sunroof, accessible by an elevator,\textsuperscript{136} to allow patients more access to fresh air in suitable weather. The front pavilion added in 1913-1914 was designed as an administration building and bears such a strong architectural resemblance to the neighbouring east pavilion that it is probably reasonable to assume it was also designed by Arthur E. Nutter (see section 4.2.4). While extremely similar to the East Pavilion, the pavilion fronting the tuberculosis ward (figure 74) is in some ways less refined – a phenomenon that may result from a different architect’s attempt to copy Nutter’s work or, much more likely, from the fact that Nutter was not supervising the construction.

The TB and Isolation Ward pavilions share the same striking cornice treatment, the same brackets framing the third-storey windows, and similar symmetrical three-bay facades with almost identical front entranceways. The TB pavilion is shallower, however, with only two bays and with no gabled wall projection on the east and west

\textsuperscript{135} London \textit{Advertiser}, 21 February 1914.
\textsuperscript{136} The elevator still exists, though it is no longer in use.
sides. The roof is somewhat steeper. The vertical thrust of the East Pavilion is less pronounced here, countered in part by the paired centre windows of the façade. Finally, the workmanship on the main entranceway is slightly less polished, as seen most overtly in the skilled but less delicate carving of the each cartouche (figure 76).

Figure 74: Front pavilion, 1914 Tuberculosis Ward

Figure 75: Cartouche, stone surround of front entranceway of the front pavilion, Tuberculosis Ward

Architectural Design (Interior): The building retains many original interior features that appear to date from the 1913-1914 renovations. Window and door surrounds match those of the East Pavilion, with narrow rounded wood frames between windows or doors and the jambs of a recessed embrasure. Most ceilings have not been lowered, so that the transoms are accessible.

What is particularly striking about the building, however, is the design of the third floor, which is relatively intact. Patients here were housed in private or semi-private rooms with windows grouped in sets of two or three so that, in keeping with the preferred method of treating tuberculosis victims with constant exposure to fresh air, they cover a good deal of wall space (figure 76a). More striking are the interior devices for creating a constant flow of air through the building. Doors have transoms, of course, but each room also has a window that opens into the centre hall (figures 76b-c). A relatively intact laboratory, with wooden countertops, is also found on the third floor (figure 77).
To make the buildings more fireproof, interior walls were made of brick or concrete. In many cases, the plaster was applied directly to these materials, on both interior and exterior walls (figures 78). Interestingly, while the bottom two floors featured corner fireplaces in most rooms, the tuberculosis patients enjoyed no such luxuries.

**State of Preservation:** Both inside and outside, the building itself has changed remarkably little since 1914. This is especially true of the third floor, built as the tuberculosis ward. The setting of the building has deprived the front pavilion of much of its dignity, however: a large concrete slab and a concrete ramp lead to the front door, partially obscuring the entranceway from ground level, and an unsympathetically designed passageway now connects this building with the maintenance building (the former east pavilion) to the west. The entire structure is partially hidden from the street by the North Wing. Because it has now been neglected for some time, it needs substantial renovations.

Figure 76a: Patient’ room in the third-floor tuberculosis ward. Note the grouping of three windows along the wall and the narrow, recessed window frames that seem to be typical of the buildings Arthur Nutter designed.
Figure 76b: View along hallway in the tuberculosis ward, affording a view of the transoms above doors and the windows between the rooms and the centre hallway.

Figure 76c: Window seen from inside one of the rooms in the tuberculosis ward. Note the simple rounded window trim and the device for opening the window, operated by a wire that can be pulled from below.
Assessment: The following considerations, in addition to those listed in section 5.0, contribute to the heritage value of the building. It has design significance because of its own aesthetic virtues and because of its obviously planned similarity to the East Pavilion. It has historic and contextual significance because of its direct or indirect reflection of the work of architect Arthur E. Nutter. Its greatest source of importance lies in the largely intact arrangements of the former tuberculosis ward. Because none of the early buildings that once formed part of the Queen Alexandra Sanatorium (later the Beck Memorial Sanatorium) is still standing and none of the extant buildings there possesses similar features,137 this ward appears to be the only example in London of an early hospital space specifically designed for the treatment of tuberculosis.

Recommended Priority rating in the Inventory of Heritage Resources: 1

5.1.2 The Consolidated Hospital: the North Wing (No. 65A; figure 79)

Address: 375 South Street

History: Constructed between 1939 and 1941, the building of the North Wing represented a desperately needed expansion of the hospital’s facilities as well as a great deal of determination on the part of hospital and city officials who managed to find funds for the hospital during a period of economic depression. It offered badly needed space both for patient beds and for the various new fields and new technical facilities that had developed in the previous two decades (see section 4.5.1).

137 Interview with Greta Toni Swart, 21 January 1911.
The north façade of the North Wing became the figurehead of Victoria Hospital until the hospital began to be associated with the new buildings on the Westminster Campus. Although many of the births, deaths, and happy cures associated with the hospital took place in rear wings or associated buildings, it functioned as the symbol of the city’s largest hospital and one of the most respected teaching and research institutions in the country. On the occasion of the hospital’s 100th anniversary in 1975, the *Free Press* listed some of Victoria Hospital’s claims to fame (some of which predated the building of the North Wing, but all of which came to be symbolically associated with it): Victoria Hospital (then the London General Hospital) was associated with one of Canada’s first medical schools, and the country’s third nursing school was established there; the first x-ray machine in Southwestern Ontario was put into use at Victoria Hospital in 1908; the hospital operated the only blood bank in Western Ontario during the Second World War; in 1949, North America’s first kidney dialysis machine was developed there; the cobalt bomb was first used to treat cancer at Victoria Hospital in 1951; the hospital operated Ontario’s first registered nurses’ assistants program and its first school for medical technologists.  

It must be mentioned that the hospital building into which the North Wing expanded, complete with its Y-wings, served as the inspiration for two remarkable

---

paintings by artists Jack Chambers and Greg Curnoe respectively, both artists who contributed actively to the creation of a vibrant art scene in London around the 1960s and 1970s. Chambers’s Victoria Hospital (1969-70) and Curnoe’s View of Victoria Hospital, Second Series (1969-70) were both begun in Curnoe’s studio at his home on Weston Street, looking north towards the hospital. In very different ways, the two paintings explore general ideas about perception, space, and time, with which both artists were then concerned, but the image of the hospital is central to both works, literally and figuratively. Jack Chambers was admitted to Victoria Hospital in July 1969, where he was diagnosed as suffering from acute myeloblastic leukemia, the disease from which he died in 1978. Victoria Hospital (figure 80) sets the hospital building within the panoramic view of a winter landscape that embraces the natural world of the river flats in the foreground and the sprawling city of London behind. The entire landscape is infused with the almost mystical act of perception that, for Chambers, linked man with the natural world and enabled him to see the real world.\textsuperscript{139} The colours are muted by the season and, perhaps, by Chambers’s newly realized sense of the imminence of death, but the pervasive greys and browns are lit by tinges of a golden light, and it is difficult not to read some symbolic meaning in the green trees (a literal part of the landscape) that appear to point towards the hospital.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure80.jpg}
\caption{View of Victoria Hospital (1969-70), by Jack Chambers. Downloaded from www.ccca.ca.}
\end{figure}

At first glance, the bright colours and pop art forms that appear in Victoria Hospital, Second Series (figure 81) make Curnoe’s work seem almost diametrically opposed to Chambers’s painting: a vital celebration of the act of living, encapsulated in an artistic universe where the bounds of reality are blatantly blurred by imaginative vision. The painting is completed by a series of panels that constitute a legend, explaining the circled number on the visual component of the work. They include a

description of the highlighted phenomenon and, in almost all cases, a note as to the time
when the particular phenomenon was seen: e.g., “0. SHADOW OCCURS AT 4:40 OR
SO E.S.T.,” “5. A DROP OF WATER RUNNING DOWN THE OUTSIDE OF THE
RIGHT WINDOW PANES. MAR. 24 – 12:45 P.M.,” “34. THREE BUTTERFLIES
AUG. 26 – 10 AFTER 2 P.M.,” “49. NOTICED INSECTS IN THE BROWN BOTTLE
-- 0 TO 4. P.M.” The legend turns the painting from a portrayal of something seen to a
portrayal of the act of seeing; the hospital itself becomes less the focus of the painting
than a background against which the transient ephemera of life can be seen, measured,
and recorded. Like Chambers’s painting, Curnoe’s Victoria Hospital is about perception,
which is understood largely in terms of the specifics of time and space. But there are
some entries in the legend that are not so neatly timed: e.g., “7. JACK WAS HERE.
JULY 15 – APPROX.” AND “18. DAD IN OBSERVATION ROOM WAVING –
SOMETIMES IN APR.” They allude to events that reverberate beyond the moment are
are intrinsically tied to the function of the hospital at the centre of the picture, where the
limits of perceptual reality are tested.

Figure 81: Victoria Hospital, Second Series (1969-70), by Greg Curnoe. Downloaded from
www.ceca.ca.

Both paintings have been hailed by reputable critics as extraordinarily important. In his essay “Jack Chambers’ Paintings – The Last Decade,” José L. Barrio-Garay of the
Department of Visual Arts at the University of Western Ontario wrote in 1980 of Victoria Hospital, “The painting’s largeness of conception, transcendent intentionality and
mastery of execution make it nothing less than monumental and unparalleled in modern
Canadian painting.” In 1971, Toronto Daily Star critic Peter Wilson wrote of Curnoe’s

141 Barrio-Garay, 11.
**Cultural Heritage Assessment:**
*Buildings in the South Street Hospital Complex, London, Ontario*

*View of Victoria Hospital* that it made “this unremarkable local landmark [the hospital building] into a national cultural monument.”142

**Architectural Design (Exterior):** Although the design of the Art Deco façade of the North Wing is relatively sparing in its use of the bas relief, abstract, and symbolic ornamentation usually associated with the style, it makes effective use of the geometric shapes and subtle variations in heights and planes that are also characteristic of Art Deco buildings (see figures 28, 32, 78). The strongly horizontal massing of the building is balanced and counteracted by its strong vertical lines. The height of the basic six-storey (plus basement) structure is varied with the eight-storey central tower and the five-storey projections near the ends of the façade and at the ends of the buildings. Over the two side doors is a projecting vertical column, featuring an inset column of glass blocks, that rises above each five-storey front projection (note figure 30). Among other advantages, this variation in heights makes the building seem somewhat less monumental and more in keeping with other aspects of its streetscape. These more obvious surface projections work with the shallow pilasters between bays to give the building a constant sense of movement as light shifts and the eye moves. It should be noted, however, that the positioning of the building very close to the street fights against a viewer’s ability to appreciate its composition. It should also be noted that no significant effort was made to carry the Art Deco theme to the south face of the building, possibly because when built the south face was largely obscured by existing buildings. The Y-wings added in the 1950s and 1960s gave the south face of the building a much more monumental appearance – which is significant in relation to the Curnoe and Chambers paintings.

Some of the few decorative features are worthy of note: of particular interest are the Art Deco light fixtures in front of the main entranceway and next to the doors in the subsidiary entrances (figure 82), the deep grooves of the fluted stone pilasters flanking the front entranceway (figure 83), and the geometrical design in the bronze panels over the front doors. The building is faced with a dense, smooth yellow-blend tapestry brick that forms a fitting decorative element in itself: like the constant variation in surface planes, the variation in colour moves the eye, intensifying the moving, almost kaleidoscopic quality that the building can in times of shifting light (figure 84).

![Figure 82: Main entrance to the north wing.](image)

Figure 83: Pilaster forming part of the front entranceway complex, North Wing. Note the brass panels on each side of the pilaster.

Figure 84: Smooth tapestry bricks facing the North Wing.
Architectural Design (Interior): The front door of Victoria Hospital leads into a small vestibule with a terrazzo floor, a short stairway, walls paneled with marble tiles, and a shallowly paneled ceiling (figure 85) that are almost entirely original. Beyond that point, one must ascend to the third floor to find a section of the hospital that has not been radically changed, but there are several wards towards the top of the building that have retained most of their 1940s features. There are largely authentic wards on the third and fifth floors. The floors are terrazzo, the doorways splayed, the unpaneled doors of wood (figure 86), and the sash windows have narrow plank surrounds and marble sills (figure 87). The most important original features are those found on the sixth floor, in the surgical wing. Until the ward was recently vacated, doctors washed up in the 1941 porcelain sinks (figure 88a) and operated in rooms generously lit by high voltage lamps and large windows, the marble sills of which extend into shelves hold operating equipment (figure 88b). The floors are covered with infrequently seen terrazzo tiles. Walls adjacent to the operating rooms are of a polished green stone, now painted (figure 89).

---

143 Interview with Perry Schwab, January 2, 2011.
Figure 88a: Washing-up room, sixth-floor surgical ward, North Wing

Figure 88b: Operating room, sixth floor, North Wing. Note the terrazzo tiles on the floor
Possibly the most interesting features are the observation rooms accessed by narrow stairways leading from the operation theatres. In the observation rooms, students watched operations through a row of windows above the operating table (figure 89).

Figure 90: Observation room over surgery, North Wing. The sign above the observation windows reads, “Patients resent the presence of onlookers. Please keep away from the windows while the patient is still awake.”

The accommodations seem less comfortable than the row of seats traditionally found in operating amphitheatres, but students were able to get a closer and more direct view of the operations, and they would be less visible to patients. In the former recovery room, notes on the walls by former employees (“It’s been a great twenty years.” “This place ROCKS!”) show the attachment some of its employees felt to the hospital.

One other relatively intact section of the North Wing is the basement morgue (figure 90).

State of Preservation: The exterior of the North Wing, particularly its north façade, is well preserved, with the exception of a corrugated synthetic material now used to cover crumbling bricks at the top of the building and spaces for mechanical equipment at the sides. Except for the vestibule, third- and fifth-floor wards, and the surgical floor mentioned above, the interior has been radically altered.
Assessment: It is difficult to arrive at a definitive assessment of this building. Architecturally, its exterior design has many commendable qualities, but in itself it is not sufficiently outstanding to give the building a top rating. Inside, as mentioned above, the sixth-floor surgeries and the observation rooms above are important, but most of the interior fittings have been changed over the history of the hospital, and even those that have not represent characteristic hospital fittings. The building has historical value because it is more closely associated with more medical developments than most of the hospital buildings, because it reflects the work of two important local architectural firms (Watt & Blackwell and O. Roy Moore), and because it forms the subject of the ideas (and the important works) of two significant London artists. Contextually, its long history as London’s main hospital makes it a local landmark.

Many of these statements need to be qualified, however. It is actually the back of the hospital, with its monumental Y-wings, that is featured in both the Chambers and Curnoe paintings. While these wings were important to these artists because of the view from Greg Curnoe’s studio and the fact that the east Y-wing held the Cancer Clinic, the
perspective of the paintings is not one with which most Londoners are familiar. Moreover, while the hospital may be a landmark to most local people, it is not clear that it is a highly valued one. A survey taken among a relatively small and unsystematically random sample of London citizens did not provide a consensus. Some people questioned valued the hospital as the place where they or their children had been born or successfully treated; others thought it should be torn down as quickly as possible. It was surprising to discover that a relatively high proportion of those questioned preferred the older and smaller Colborne Building, Tuberculosis Ward, and remnants of the Isolation Ward. For a number of people questioned, especially younger people, the South Street Hospital Complex carried no emotional ties, since their hospital experience had centered around University Hospital, St. Joseph’s Hospital, or the Westminster Campus of Victoria Hospital. Because of these qualifications, this report does not assign the North Wing a first priority rating, recognizing, however, that a more systematic survey of the building’s landmark status could justify a priority rating of 1.

**Recommended Priority rating in the Inventory of Heritage Resources: 2**

5.2 North of South Street: Associated Buildings of the 1920s

As mentioned in section 4.4, the buildings on the north of South Street between Colborne and Waterloo Streets form an unusually unified streetscape, sharing similar heights, materials, and dates of construction (figure 91).
5.2.1  THE WAR MEMORIAL CHILDREN’S HOSPITAL (No. 52), Southern Wing (figure 91)

Figure 92: The former War Memorial Children’s Hospital

Address: 392 South Street

History: The Municipal Chapter of the Imperial Order of the Daughters of the Empire determined on a children’s hospital as a fitting memorial to those who had served or lost their lives in the First World War, and the War Memorial Children’s Hospital was the result of their efforts. When it opened in 1922, the hospital was lauded as a unique and beautifully conceived monument, which memorialized the dead by saving the living. A rear wing added in 1945 was dedicated to the local “heroes” of World War II. The hospital’s theme of mourning loss by curing lives was appropriately if accidentally applied in an entirely new direction when it became the first site in the world for the use of Cobalt-40 Radiation Therapy (colloquially known as the “Cobalt Bomb”) to be used in the treatment of a cancer patient. The discovery of the “bomb” revolutionized cancer treatment (see section 4.4.2).

Architectural Design (Exterior): As mentioned in section 4.4.2, the I.O.D.E. rejected a pavilion plan for the children’s hospital on the grounds that a single large
structure would be more fitting for a memorial. The chosen design of the building, by architects Watt & Blackwell, clearly expresses its commemorative function (see figures 23, 24, 91, 92). The hospital building appears more massive than it is because, although

the façade is very wide, the hospital is relatively shallow; even the width is made to appear greater than it is by the sunrooms at the ends of the building and the relative narrowness of the frontispiece. It is the frontispiece, however, that most clearly expresses the memorial character of the building (figure 94). It forms a tight, formal composition, largely defined by the stone facing of the first storey and the stone pilasters framing the middle three bays. Stone pilasters frame the front entranceway; a flagpole rises from a pedestal in the broken pediment over the door. The four tall pilasters rising above the first storey appear to continue above the cornice to form the plinths of the four funerary urns at the top of the frontispiece (figure 95): the three-foot height of the garlanded urns and the organization of the stone work involved in this decorative complex are shown in a detailed architectural drawing (figure 96). Triumphal wreaths fill the blind transoms of the second floor windows in the frontispiece (figure 97), and windows throughout the frontispiece recall the classical period it draws on through their small panes.

Like its neighbours, this building is faced with heavily textured red tapestry bricks (i.e., bricks in a variety of colours that collectively produce the impression of a somewhat muted red) which rise above a stone foundation. The foundation consists of five courses of ashlar, the two top courses protruding and supported by chunky modillions; the foundation is interrupted by two secondary doors, one towards each end of the building (figure 98).
Figure 94: Frontispiece of the War Memorial Children’s Hospital
Cultural Heritage Assessment:
Buildings in the South Street Hospital Complex, London, Ontario

Figure 95: Urn surmounting frontispiece, War Memorial Children’s Hospital

Figure 96: Detail of architectural drawing, by Watt & Blackwell, showing the organization of the stonework at the top of the frontispiece. From the office of the Heritage Planner

NANCY Z. TAUSKY
Heritage Consultants
Figure 97: Wreaths above second floor windows, War Memorial Children’s Hospital

Figure 98: Secondary door, façade of War Memorial Children’s Hospital
Architectural Design (Interior):

Elaborate architectural detail was left for the outside of the Children’s Hospital. Once at the top of the imposing stairs leading to the first floor, one entered a short hallway with an office on the left and a waiting room on the right. Most of the first and second floors were given over to quite spacious patients’ rooms (the private rooms were generally about 10 by 16 feet and the wards 18 by 44 feet; see figure 99). The oversized toy soldier in an archival photograph of a ward (figure 100) suggests that attempts were made to keep the rooms cheerful; the photograph also shows the transoms of the windows and the proximity of the sunroom (to the left; see figure 101). The third floor was mainly devoted to surgical facilities, and the basement to various services, including a kitchen from which a dumbwaiter (which still exists) delivered food to the floors above. Patients’ rooms had wood floors; the main hallway, eight feet wide, was terrazzo (figure 102). Doorways to patients’ rooms were generally 3 feet wide and held paneled wood doors. The wing added in 1945 had a somewhat wider hallway (figure 103) and equally spacious rooms. The hallways in the addition featured terrazzo skirting boards, but the flat area was covered with the then popular “battleship” flooring, a rubber-like material, which was deservedly said to be endurable. The doors in the addition are of natural wood, with no panels, although some have windows in the upper parts, and they are generally recessed, with splayed walls leading to the door openings. Windows throughout the building had simple but substantial wood frames and marble sills. Protruding side boards had slots to hold pieces of wood on an angle, so that air from the open sash windows could be directed upwards, away from the children’s bodies (figure 104). The stairways have straight, square metal spindles and newel posts, but the posts

---

144 Interview with Perry Schwab, 10 January 2011.
are dignified by architect-designed moulded metal caps, with decorative drops, and stair balustrades with wooden rails (figure 105).

Figure 100: Archival photograph of ward in the original wing of the War Memorial Children’s Hospital, from the holdings of the London Health Sciences Centre Archives.

Figure 101: Former sunroom in the War Memorial Children’s Hospital
Figure 102: Main hallway, second floor, original wing of the War Memorial Children’s Hospital

Figure 103: Hallway, 1945 addition to the War Memorial Children’s Hospital
Figure 104: Window in original wing of the War Memorial Children’s Hospital. The grooved board at the right was designed to hold a piece of wood so that air from the open windows would not flow directly onto the patients.

Figure 105: Newel post and rail of stairway in the War Memorial Children’s Hospital.

State of Preservation: The building exterior is generally very well preserved, though some windows have been blocked in and some parts of the foundation have been pierced to accommodate vents, additional windows, etc. Inside, some alterations have been made in the floor plan. The former wards, for example, were made into private
rooms, and several of the private rooms were divided into two smaller rooms. Rooms were lost on each floor in order to connect the 1945 wing to the older part of the building. Some further alterations have been made to accommodate children’s and seniors’ psychological counseling services. Nevertheless, many of the original features and much of the original plan is well preserved, if not well maintained.

Assessment: The War Memorial Children’s Hospital is important architecturally because of the intrinsic merits of its design and because of the design’s purposely commemorative quality, an uncommon attribute in a hospital building. It has historical value because of its function as a war memorial and because of its association with the architectural firm Watt & Blackwell; it is also important as the site where the cobalt bomb was first used for medicinal purposes. The building has contextual value not only for its proximity to the main hospital buildings (see section 5.0), but also, and even more importantly, for its relationship to the streetscape it anchors.

**Recommended Priority rating in the Inventory of Heritage Resources:** 1

5.2.2 **THE NURSES’ RESIDENCE (No. 51), Southern Wings (figure 106)**

![Figure 106: Photograph of the Gartshore Nurses’ Residence circa 1925, from the holdings of the University of Western Ontario Archives](image)

**Address:** 370 South Street

**History:** In response to acute overcrowding, the Gartshore Nurses’ Residence was built in 1926-1927 to plans by John M. Moore, Architect; its name honours Col. William Gartshore, who chaired the Victoria Hospital Trust from 1911-1922 and again
from 1926 to 1931 and who contributed the money to build two back wings matching those that protrude in front of the building (see figure 26). An additional wing was added in 1946 and a much larger seven-storey wing, extending to and along Hill Street, was added in 1962. While the 1927 and 1946 buildings were designed exclusively as residences, the 1962 addition included classrooms, laboratories, reading rooms, and an auditorium (see section 4.4.3).

**Architectural Design (Exterior):** The original Nurses’ Residence was H-shaped, with the cross-wing, well set back from the road, holding the main entrance and the side wings creating a sheltered, landscaped courtyard (see figures 27, 106, 107). Both in practical and symbolic terms this plan was appropriate for a nurses’ home. It allowed all rooms to look out onto a landscaped yard, and it meant that the entrance and the main common room (across from the front door) were roughly in the middle of the building. It also gives the sense of a sheltered though hospitable accommodation.

![Figure 107: Former Gartshore Nurses’ Residence, 2011](image)

The focal point of the building is the protruding frontispiece of the centre wing, which is outlined by stone corners and surmounted by a graceful, shaped pediment gable (figure 108). Initially, the corners of the parapet above the frontispiece were surmounted by urns that echoed those on the War Memorial Children’s Hospital, and stone garlands filled two of its recessed panels (figures 27, 106, 109). The large centre panels were inscribed with the name of the building. By and large the well-proportioned lines and the decoration of the building are relatively quiet, so that the other major adornment on the frontispiece, its front entranceway, has the dramatic character of a sunburst. The front entranceway, initially holding two beveled glass doors, is immediately flanked by paired Doric stone columns that support a Doric entablature; above that, the shape of a round-
headed fanlight with elegant metal tracery is echoed in a series of concentric stone circles. The outline of the whole complex is further reflected in adjoining quoins and voussoirs (figure 110).

Figure 108: Frontispiece, Gartshore Nurses’ Residence

Figure 109: Front elevation, by John M. Moore, Architect. From the holdings of the University of Western Ontario Archives
Other ornamental details are more subtle but also striking. Along walls that face the courtyard, the parapet is indented at regular intervals. A stone course and stone coping define the upper and lower edges of the parapet. Non-functional stone quoins give definition to the corners of the building, but in a quietly playful way: though placed at regular vertical intervals, they are of several different horizontal lengths. Small stepped parapet gables once at the fronts of each wing were decorated with garlands. The high ashlar foundation forms a strong base for the building.

As mentioned above (section 4.4.3), the Gartshore Nurses’ Residence, built shortly after the Medical School to the west and the Children’s Hospital to the east, was designed so as to unify the streetscape it centered. It is faced with a red tapestry brick similar to that found on its neighbours. The setback of the centre cross-wing relates it to the War Memorial Children’s Hospital, while the protruding wings share the shallower setback of the Medical School building. Its urns and garlands echoed the decorative program of the children’s hospital while the outlined parapet and the stepped gables on the front wings subtly reflected the forms used in the Medical School building.

Architectural Design (Interior): The Nurses’ Residence was meant to be both appropriately imposing and comfortably domestic. Major public and utilitarian rooms were placed in the centre core of the building. On entering the main door, one finds, at the top of a further flight of steps, an irregularly shaped entrance hall (see figure 26) where a Greek key design decorates the cornice, serried moldings form a deep cove, and plaster pilasters mark corners and set off doorways (figure 111). The inventive capitals
Figure 111: Vestibule of main entrance, looking upwards towards the entrance hall of the Nurses’ Residence

Figure 112: Pilaster capital and cove, hallway of the Nurses’ Residence

of the pilasters augment the classical theme with egg-and-dart designs, beaded designs, and variations on the acanthus leaf (figure 112). Angled double doors originally led from the hall into a “reception room” (figure 113); with beamed ceilings, a fireplace with a
Cultural Heritage Assessment:
Buildings in the South Street Hospital Complex, London, Ontario

stone mantel, persian rugs on its hardwood floor, and upholstered furniture, the room was clearly designed to offer a relaxed meeting place for the nurses as well as a welcoming room for their visitors. Above the reception room, on the second floor, is a room that

Figure 113: Photograph of the reception room in the Nurses’ Residence from the 1937 Year Book of the Nurses’ School. From the holdings of the University of Western Ontario Archives.

seems originally meant for a lounge/library, which still exemplifies the fine detailing that characterized the more public rooms. A fireplace and bookshelves line the south wall of the lounge (figure 114a); the fireplace is surrounded by fine period tiles and the mantelpiece features a Greek Key pattern similar to that in the reception hall below (figures 114b, c). An unusual early ceiling fixture combines unshielded electric light bulbs with a rosette similar to those cast in plaster on Victorian ceilings (figure 114d). Opening off the lounge is a sunroom with a tile floor and finely moulded casement windows lining the north wall (figure 114e). Below the reception room, in the basement, is the tile-floored kitchen, now no longer in use (figure 115).
Figure 114a: Fireplace wall in the second-floor lounge/library. (Photograph compliments of Don Menard, London Heritage Planner).

Figure 114b: Tiles surrounding fireplace in lounge of Nurses’ Residence (Photograph compliments of Don Menard, London Heritage Planner)
Figure 114c: Mantel detail, Nurses’ Residence Lounge/Library
(Photograph compliments of Don Menard, London Heritage Planner)

Figure 114d: Ceiling fixture, Nurses’ Residence Lounge/Library
(Photograph compliments of Don Menard, London Heritage Planner)
The rest of the Nurses’ Residence was devoted to private rooms for the students. Rooms generally measure 10'-12 feet wide and fifteen feet long, with a clothes closet built into that space. Hallway floors were terrazzo. The rooms were initially entered through a varnished wood door with two unfielded panels (figure 116a); a transom above the door could be opened with a metal rod (figure 116b). When not enveloped by deep jambs, doors throughout the building have articulated lintels with a protruding
upper moulding. The rooms had wood floors. High beveled skirting boards protected the walls (figure 117a). Sash windows opened at the bottoms but did not have transoms above. As in the hospital buildings, narrow, rounded surrounds occupied the narrow space between the wooden window frames and the deep jambs, and the sills were marble. Nurses could be contacted regarding phone calls and visitors by a central intercom system connected to each room (figure 117b).

Figure 116b: Machinery for opening and closing the transom in nurses’ rooms; note the moldings defining the lintel.

Figure 116a: Door to private room in the 1927 section of the Nurses’ Residence. Note the paneled terrazzo flooring in the hallway.

Figure 117a: Skirting board around the closet in a nurse’s room

Figure 117b: Intercom in nurse’s room
Upper rooms can still be accessed by the building’s original elevator (figure 118).

Figure 118: Elevator in the 1927 Nurses’ Residence

Figure 119: Medicine cabinet in the 1946 wing of the Nurses’ Residence

Although the 1946 wing is technically not in the study area, it is worth mentioning its interior layout and fittings because they are so similar to those in the 1927 building. The rooms are the same size, with almost identical closet spaces and intercoms. The main differences are that the hallway is covered with battleship brown flooring rather than terrazzo, and rooms feature a built-in mirrored medicine cabinet (figure 119) and window sills of wood rather than marble.

State of Preservation: The exterior is extremely well preserved except in the crucial areas of the gable ornamentation. When crumbling stone required replacement in recent years, the replacement materials consisted of a dense foam-like substance. While the original shapes of the parapet and gable were maintained, the new material is too lightweight to accommodate the bas-relief work that existed before or to support the former urns. The small stepped parapet gables of the building’s front wings have also been removed.

145 Interview with Perry Schwab, 2 January 2011.
Inside, most centre and front parts of the main floor, including the former reception room, have been turned into offices (figure 120), a process that has involved some remodeling but often keeps to the basic plan and retains many original features. The back wings and the upper floors are largely intact.

Assessment: The property has considerable design value because it displays a high degree of artistic merit and was designed by a prominent local architectural firm. The second-floor lounge/library is notable for its period components. The building’s considerable historical value derives from its connections to the nursing school, Victoria Hospital, Colonel William Gartshore (one of London’s most influential citizens), and to John M. Moore (one of the city’s most influential architects). The former Nurses’ Residence is also significant contextually: it has played a crucial role in determining the character of the hospital precinct, and it forms the centerpiece and important connecting link in establishing the remarkable continuity of the streescape north of South Street between Colborne and Waterloo Streets.

Recommended Priority rating in the Inventory of Heritage Resources: 1

5.2.3 THE HEALTH SERVICES BUILDING (No. 50), the former University of Western Ontario Medical School (figure 121)

Address: 346 South Street

History: Inspired by the growth in medical knowledge, in the increasing enrollment at the medical school, by the school’s new affiliation with the Western University, and by the determination of the school’s new dean, supporters worked hard to achieve the new building for the medical school that opened at the corner of South and Waterloo Streets in 1921 (see section 4.4.1). The school remained in that location until 1965, when it moved to the main campus of the University. During that period the Western Medical School became recognized as a leader in its field, and its students and

NANCY Z. TAUSKY
Heritage Consultant
professors consistently participated in important medical research, much of which was conducted in this building. In the early 1970s the building was adapted to serve as a health services centre.

Figure 121: The former Western Medical School, viewed from the corner of South and Waterloo Streets

Architectural Design (Exterior): Watt & Blackwell’s design for the Medical School was in many ways characteristic of the period’s school architecture: the building is E-shaped, with three wings extending towards the rear; it features rows of large windows clustered into groups; and even the pavilion massing of its broad façade is a not uncommon characteristic. Its good proportions and its refinements make it a notable example of the type, however. The textured red tapestry brick surface is set off throughout with an ashlar foundation, frontispiece, sills, pilasters, cornice, and parapet coping of Indiana limestone. The stone frontispiece rises through the pronounced cornice to the parapet, where it holds a simple cartouche that acts as the stand for a flagpole (figure 122). The pilasters of the corner pavilions, like those of the all-stone frontispiece, have stone bases and capitals, the latter featuring a geometric design influenced by the contemporary Art Deco movement (figure 123); deco-inspired stone blocks and

146 It should perhaps be explained that the term “pavilion is applied in a somewhat different sense here than in earlier discussions of pavilion hospitals. It refers to the projecting ends wings – or pavilions -- along the facades of classical facades.
diamonds also decorate the cornices and parapets of the pavilions. Brick soldier courses define the upper limits of the foundation and the first-floor windows. The wooden exterior surrounds of the window frames are distinguished by elaborate moldings (figure 124).

Figure 122: Frontispiece, former Western University Medical School

Figure 123: Upper storey of west pavilion, former Western University Medical School
Two storeys high, the building was designed so that a third storey could be added if necessary; as built, the roof carried quarters for what the London *Free Press* labeled its “experimental zoo.”¹⁴⁷ Former laboratory facilities and cages for the resident animals still inhabit their former roof spaces (figure 125).

¹⁴⁷ 16 March 1921.
Architectural Design (Interior): The Medical School was designed to be a state-of-the-art facility, both as a school and as a centre for medical research. The main entranceway led into a foyer and, behind that, a relatively elegant auditorium. East of the auditorium, the first floor held administrative offices, a library, and the histology and embryology section of the Department of Anatomy. To the west were rooms used by the Department of Pathology, including what Murray Barr described as “a spacious pathology museum, a walk-in refrigerator, and a constant-temperature incubation room.” On the second floor were facilities for the Department of Physiology, the gross anatomy section of the Department of Anatomy, the Department of Pharmacology, and the then new Department of Biochemistry. Each of the three lecture rooms (two on the first floor and one on the second) could hold 50 students. Laboratories on the second floor were lighted by skylights as well as the large windows. In the basement were a gymnasium (under the auditorium), a students’ common room, lockers and shower rooms, a morgue, a carpentry and machine shop, a heating plant, and living quarters for, at first, the stationary engineer and, later, the building superintendent, with their respective families.

The building underwent considerable change during its time as a medical school, when new departments were introduced, numbers of students and faculty increased, and research required different facilities. More changes were introduced as the building was adapted for use as a medical science centre. Many rooms formerly used for educational purposes have been adapted for office use or clinic use (figure 126), though some hallways retain their terrazzo floors and skirting boards and most doorways their relatively plain surrounds (featuring a single-piece casing with a simple squared backband; figure 127) and their transoms (though many transoms have been nailed or painted shut). Although the ceilings have typically been lowered, a pleasant feature about the building is that they have been slanted up around the outside walls, so that the window transoms can still provide light (figure 127); the result is a series of brilliantly light rooms. Window sills are of wood, with moderately deep aprons (figure 128).

Figure 126: Converted classroom in southeast corner of the former medical school. To the left can be seen the walls of one of the three offices cut out of the former classroom space.

---

148 The skylights have now been covered by subsequent roofing.
149 Barr, 339, 340; London Free Press, 16 November 1921.

NANCY Z. TAUSKY
Heritage Consultant
Figure 127: Door surround, first floor of former medical school. The mottos, needless to say, are not original to the building.

Figure 128: Slanted outer edge of lower ceiling, allowing light to shine into the room (see figure 125) through the window transoms

Figure 128: Window surround, sill, and apron
Many rooms are still used as laboratories or retain laboratory equipment, though the equipment postdates the construction of the building. Other later additions of note are the lively murals, one signed by Bryan Jones and Irene Gotz, used to provide a cheering atmosphere for children visiting the Medical Centre (figure 130). Stairways throughout the building are given more style than those in other hospital buildings through the organization of the spindles (figure 129).
The most architecturally significant parts of the building are the entrance foyer and the auditorium behind it. In the foyer, paneled wood posts (figure 130) support a coffered ceiling (figure 131; note that the ceiling of the front section of the foyer has been lowered).

The auditorium, entered by three wood veneer doors (of which one has been replaced, figure 130), features a stage with an elaborate proscenium arch (figures 132, 133), ornamental pilasters (figures 134, 135), and a deep cornice that blends the moldings of the cove. Form and function are effectively combined in ceiling latticework that allows for ventilation and in the historic acoustic tiles that fill the wall panels and lie between the decorative moldings of the ceiling (figure 136). The auditorium is currently used as a gymnasium, and the floor has been raised to accommodate the change.
Figure 132: Stage and ceiling, former Medical School auditorium. The lamp is similar to lamps designed by Watt & Blackwell and O. Roy Moore, Architect, as shown in architectural drawings in the holdings of the University of Western Ontario Archives.

Figure 133: Base of proscenium arch, medical school auditorium
Figure 134: Pilasters in the auditorium of the former Medical School, with historic acoustic tiles filling the panel between them.

Figure 135: Cornice and cove, medical school auditorium
State of Preservation: The building is well preserved externally, and its windowed outer walls with the original window surrounds, the foyer, the auditorium, and the stairwells represent generally well preserved internal features. There are also several well-preserved internal doors, door surrounds, and terrazzo floors.

Assessment: While very competent, the external design of the medical school is less impressive than that of the former Nurses’ Residence or War Memorial Children’s Hospital; its architectural value is augmented, however, by the relatively well-preserved character of the auditorium and by the positive ways in which the large windows of the building affect its internal space. The building also has historical value because of its 44-year service as the University of Western Ontario Medical School, its resulting connection with important medical research, and its association with Watt & Blackwell, Architects. Contextually, while the former medical school is architecturally somewhat less distinguished than its neighbours on the block, it plays a key role as one of the three structures in a remarkably well integrated, unique, and handsome streetscape.

Recommended Priority rating in the Inventory of Heritage Resources: 1. The building is currently given a rating of priority 3 in the Inventory.

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

Within the bounds of the study area (figure 1), this study finds all eight of the buildings facing South Street along both its north and south sides worthy of designation under the Ontario Heritage Act. All have important histories as part of the institution that comprised London’s main hospital campus for over 100 years and was, in addition,
affiliated throughout its entire history with medical and nursing schools that were among the leaders in the country. All were designed by major local architects, and the North Wing inspired major works of art. In addition to these common attributes, some of the buildings have additional, more particular significance. The very well designed Colborne building is reminiscent of the original 1899 Victoria Hospital in style. The building redesigned in 1914 to hold a tuberculosis ward still contains that ward in a well-preserved state. The War Memorial Children’s Hospital was regarded as important when built because it combined the concepts of a memorial with that of a life-giving institution, and its architectural design was meant to communicate the idea of a commemorative structure; the Children’s Hospital is also important as the site where the Cobalt-40 Radiation Therapy Unit was used for the first time in the world. For reasons explained more fully in section 5.0, this report concludes that all eight of the buildings merit a priority rating of 1 or 2 in the City of London Inventory of Heritage Resources.

With the exception of the former tuberculosis ward and the former children’s wing of the Colborne Building, none of the structures towards the river were considered worthy of listing or of conservation. These include the present stores building, the Y-wing and the one-storey structures attached, the Maintenance/OPD Building, and the storage building behind it.

The architectural history of the site included in this report (section 4.0) found that buildings were erected in three phases. The earliest buildings (1875 to 1915) constituted a pavilion hospital, with buildings two or three storeys in height, that eventually occupied all of the area between South Street and the south branch of the Thames River: the Colborne Building, the building holding the former Tuberculosis Ward, and the remaining parts of the former Isolation Hospital all date from this era. All of the buildings forming the pavilion hospital were of local buff-coloured brick with stone foundations and all self-consciously employed styles derived from the classical tradition. During the 1920s, three buildings on a larger scale and using imported red tapestry brick were built along the north side of South Street: the Medical School, the Nurses’ Residence, and the War Memorial Children’s Hospital. While differing in scale and materials from those across South Street, they shared with the earlier pavilion hospital a concern for the aesthetic development of the streetscape and for purposely sympathetic architectural designs. The building of the North Wing in 1939-1941 introduced a radically different concept of hospital design, that of the more monolithic urban hospital laid out to accommodate more sophisticated technology and scientific investigation in the treatment of illness. As the 1941 hospital grew, the need for increasing space and increasingly sophisticated technology within the hospital and for greater accommodation of the automobile on the grounds outweighed aesthetic concerns in both architectural and landscape design.

Ideally, these historical considerations should act as a guide to a conservation program for the buildings comprising the South Street Hospital Complex. The streetscape formed by the buildings along the north side of South Street merit conservation as a group: they form a remarkable collection of structures which possess individual historic and architectural importance and which also cohere in an admirably
well integrated streetscape. All have remarkably well-preserved exteriors, and all are sufficiently large, especially if the rear wings are included, to be adapted to a wide variety of uses.

The buildings south of South Street form a more problematical picture because of the ideas underlying their historical development. Those buildings that remain from the pavilion hospital are intrinsically sympathetic to each other, and could form the basis for a cohesive low-rise development on the site. The North Wing sits very awkwardly with the earlier buildings, however, especially with the former Tuberculosis ward and the buildings once associated with the Isolation Hospital. On aesthetic grounds, the conservation of the earlier buildings would act as an argument against the conservation of the North Wing, and vice versa.

Conservation of the buildings north of South Street and of either the older buildings or the North Wing on the south side of the street is recommended on the basis of ecological and heritage concerns. However, while this report does not deal with the condition and structural stability of these buildings, it should be noted here that the buildings have not been well maintained for a variety of reasons. It has been planned, for nearly four decades, to vacate the buildings. Moreover, because the hospital was concerned, throughout its entire history, with the necessity of expansion, more attention has always been given to new building and to the replacement of buildings than to the maintenance of those that existed. While most buildings represented state-of-the-art facilities when built, upgrades have generally been accomplished as economically as possible, and some seemingly logical means of improving the buildings appear never to have been undertaken. For example, none of the older buildings in the complex has storm windows, despite recurrent concerns throughout their history with the costs of heating. This report recognizes that, because of problems deriving from the structure and the condition of the buildings, a program of conservation as extensive as that recommended here may not be possible.

It is important that the original site of Victoria Hospital and the process of its development be commemorated on the grounds of the South Street Hospital Complex. The hospital has been a local landmark for over one and a quarter centuries. It is the site of major medical developments, treatments, and education. The buildings it comprises are significant as architectural and historical entities. As part of this commemoration, attempts should be made to conserve at least the most important buildings. There should also be some form of interpretation on the site, which could take the form of a small museum, interpretive signs, or commemorative works of art. Hospital memorials in other cities have taken such forms as memorial walls, paving stones outlining the former walls of a structure, and the recycling of older building materials and architectural features in new buildings. It has been suggested that the large collection of historical plaques found in these buildings could form part of an interesting exhibit. A memorial park would be appropriate, given the scenic riverbank setting of the complex.
6.2 Recommendations

This report therefore makes the following recommendations.

1. That the following buildings be, or continue to be, listed in the City of London Inventory of Heritage Resources, with the priority ratings given below. (The primary names, numbers, and addresses of buildings refer to the LHSC South Street Hospital Site Plan in figure .)

   A. The Colborne Building, no. 67, address unknown – priority 1,
   B. The Old Surgical Building (location of the 1914 Tuberculosis Ward), no. 64, address unknown – priority 1,
   C. Old Isolation Building (the northeast pavilion of the Isolation Hospital), no. 59, address unknown -- priority 1,
   D. Pastoral Care (the supplies building for the Isolation Hospital), no. 58, address unknown – priority 2,
   E. North Wing of the Main Building, no. 65A, 375 South Street – priority 2,
   F. Health Services Building (former University of Western Ontario Medical School), no. 50, 346 South Street -- priority 1,
   G. Nurses’ Residence, no. 51, 370 South Street – priority 1,
   H. Old War Memorial Children’s Hospital, no. 52, 392 South Street -- priority 1.

2. That the entire streetscape along the north side of South Street between Colborne Street and Waterloo Street be conserved.

This remarkable streetscape consists of three buildings, each important in itself for architectural and historical reasons, which are and were obviously designed to be architecturally sympathetic. They are all faced with highly textured red tapestry brick, with Indiana limestone used for the exterior foundation facings and for other forms of exterior trim. Each is two or three storeys high. All have centre frontispieces that give distinction to the main entrance, and all have parapets outlined with stone cornices and copings. The middle building, the former Nurses’ Residence, is designed to reconcile the difference in setback between the former Medical School to the west and the former War Memorial Children’s Hospital to the east. The buildings are sufficiently large to be adapted in a wide variety of ways.
2A. That the exterior walls on the east, south, and west sides of the buildings be restored to their original condition, allowing, where necessary, for alterations necessary to achieve greater accessibility for disabled persons.

The exteriors of the buildings are very well preserved. Exceptions include somewhat disfiguring east and west additions to the former Nurses’ Residence and some blocked or altered windows in the former War Memorial Children’s Hospital. All original wood windows and frames should be preserved or restored.

2B. That selected interior features and spaces be retained and restored: vestibules and reception halls of the Nurses’ Residence and the former Medical School, the auditorium in the former Medical School, and the sunrooms in the former War Memorial Children’s Hospital. Where lowered ceilings cut across windows, the original ceiling heights should be restored. It would be desirable, but not essential, to retain one or more typical nurses’ rooms.

3. That, along the south side of South Street, the following buildings be conserved.

i. Serious attempts should be made to conserve the exterior walls of the Colborne Building, the Old Surgical Building (location of the 1914 Tuberculosis Ward), the Old Isolation Building (the northeast pavilion of the Isolation Hospital), and, if plausible, the Pastoral Care facility (the supplies building for the Isolation Hospital). Interior features and spaces to be conserved should include the original doors, door and window surrounds, and fire protection equipment in the Colborne Building, and the extensive remnants of the 1914 layout, including especially the positioning of doors and windows in the third floor of the Old Surgery Building which was designed to accommodate a tuberculosis ward.

ii. Alternatively to option 3i, the North Wing of the Main Building should be conserved. The exterior walls of the front façade and the east and west ends of the building should be restored, and the east and west additions removed. Inside, the front vestibule and one of the sixth floor surgical rooms, with its attendant observation room and washing-up room, should be conserved.

This report finds the buildings listed in alternative 3i more important in relation to architectural value and in relation to some historical concerns, and it has therefore assigned a higher priority to the Colborne Building, the Old Surgery Building, and the northeast pavilion of the former Isolation Hospital. As section 5.1.2 makes clear, however, strong claims can be made for the importance of the North Wing in terms of its landmark status, and, since this report does not include a systematic survey of public opinion, it is possible that the hospital plays a more important role as a valued landmark than this report recognizes.
4. That, should it be impossible to follow any of the first three recommendations, buildings in the South Street Hospital Complex should be considered for conservation in the order below, subject to a report on the condition and structural integrity of the structures. Note that two buildings are listed in the third position. Both the Nurses’ Residence and the Old Surgical Building (containing a purpose-built TB ward in its upper storey) are important, in very different ways. The Nurses’ Residence is noteworthy for its excellent architectural design and the Old Surgical Building for its relatively intact exemplification of an early twentieth-century hospital and tuberculosis treatment facility. It must be noted, too, that the Old Surgical Building gains importance from its close resemblance to the elegant east pavilion of the Old Isolation Hospital (no. 5 in the list below).

Prioritized List

1. The Colborne Building
2. The Old War Memorial Children’s Hospital
3,4 The Nurses’ Residence
3,4 The Old Surgical Building
5. The Old Isolation Building
6. The Health Services Building (formerly the Western Medical School)
7. The North Wing of the Main Building
8. The Pastoral Care Building (formerly the Isolation Hospital Supplies Building).

5. That any buildings in the South Street Hospital Complex for which conservation is now anticipated or for which conservation may be considered in the future should be protected in the following ways:

i. By keeping the buildings tenanted,

ii. With the installation of a good security system,

iii. With all repairs necessary to prevent water infiltration and to provide adequate ventilation, and

iv. By preventing the removal of any original or significant features of the relevant buildings.

6. That a detailed conservation plan be prepared, by the City of London and a qualified restoration architect, for each building to be conserved.

7. That, should any of the buildings listed in recommendation no. 1 above not be conserved, the building should be more thoroughly documented than has been appropriate in this report, with complete photographic documentation of the building’s older features and with measured drawings that indicate as much as can be discerned of the original layout, where such drawings do not already exist.
It should be noted that complete sets of architectural drawings for three of the original buildings do exist. Those for the North Wing and the Nurses’ Residence are in the holdings of the University of Western Ontario Archives. Drawings for the additions to the North Wing are in Museum London. Drawings for the War Memorial Children’s Hospital are currently in the office of the Heritage Planner.

8. That consideration be given to designating as a heritage cultural landscape or a Heritage Conservation District the streetscape within the study area north of South Street and the area including any conserved buildings within the study area south of South Street.

9. That some form of interpretation be installed as a means of commemorating the history and importance of the hospital site.

Among the forms such interpretation could take are a small museum, interpretive signage, commemorative works of art, memorial walls, paving stones, or, a less appealing option, the recycling of older building materials and architectural features in new buildings. It would be fitting, given the profound nature of the hospital’s association with life and death and, given too, the scenic location of the hospital site, for a small, passive park to be part of the interpretive plan.

10. That with the permission of the City of London and the Local Advisory Committee on Heritage, this report should be made publicly accessible with copies placed in the University of Western Ontario Archives and the Ivey Family London Room of the London Public Library.
Sources Cited

Books and Journal Articles


Barr, Murray L. *A Century of Medicine at Western: a centennial history of the Faculty of Medicine, University of Western Ontario.* London, Ont.: University of Western Ontario, 1977.


**City Directories**
(Note: Directories consulted are from the microfilm collection in the London Room, Central Library, London Public Library. Full bibliographic data is not included in this list.)


**Government and Institutional Documents**

City of London. *Inventory of Heritage Resources.* 2003.


*Statutes of Ontario* 7 Edward VII, Chapter 73.


**Newspapers**

*London Advertiser*: 27 March 1873; 28 May 1874; 22 June 1874; 19 May 1905; 18 February 1907; 22 June 1907; 20 July 1907; 2 April 1908; 4 April 1908; 16 May 1908; 26 March 1909; 17 July 1909; 21 February 1914; 4 August 1926; 5 December 1932


“War Memorial Hospital for Children.” *McClary’s Wireless*. March 1921.

**Maps and Architectural Drawings**


“South Street Hospital Site Plan.” London Health Sciences Centre. September 15, 2008.

“Victoria Hospital: London, Canada.” Site plan, circa 1912. London Health Sciences Centre Archives.


Interviews and Email Correspondence

Battista, Dr. Jerry (Professor and Chair, Medical Biophysics, University of Western Ontario), correspondence with Don Menard (Heritage Planner, City of London), 13 January 2011.

Brown, Bill (former Chief of Maintenance, South Street hospital complex, current Director of Planning, Victoria Hospital). Interview with Nancy Tausky, 5 February 2011.

Schwab, Perry, Manager of Facilities Engineering at LHSC. Interviews with Nancy Tausky. 2 January, 10 January 2011.

Swart, Greta Toni. Interview with Nancy Tausky, 21 January 2011.

Web Sources

Centre for Contemporary Canadian Art, Faculty of Fine Arts, York University. The Canadian Art Database. www.ccca.ca


NANCY Z. TAUSKY
Heritage Consultant
Unpublished Materials

City of London. Office of the Heritage Planner. CD of work undertaken by Hyatt Bros.

