JOURNAL

ROYAL ARCHITECTURAL INSTITUTE OF CANADA

VOL. 22 TORONTO, NOVEMBER, 1945 NO. 11

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JOURNAL

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J. F. SULLIVAN, PUBLISHER

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WE have a great sympathy for politicians who have made predictions about post-war conditions that did not come true. For our part we made three upon which we would have staked our worldly goods. We were confident that we should have a housing programme, and that at least one low rental housing scheme of about one thousand dwelling units would be ready, as a model, in the first year of peace. We made what seem now to be rather fatuous statements in which we pointed out the need for Town Planning as a safeguard for government expenditure on housing and public works. It was obvious, we used to write and say, that Provincial governments would be bound to pass Town Planning Legislation and we were encouraged to think so by the setting up of Government departments of planning. So far we have seen neither the planning legislation nor the educational programme, which should precede it. Thirdly, we saw a tremendous and immediate post-war interest in war memorials. In this connexion, we were uncertain as to the form they would take, but we took the attitude that a park on a National or Provincial scale, or a community building on a municipal scale, was more desirable than marble or bronze. In 1944 this was a live issue but, since the end of hostilities, press and radio have been silent on the subject, and few municipalities that we know of have embarked on a programme of a sufficiently definite character to the point of raising funds.

WITHOUT the evidence of a poll of public opinion, we would guess that the majority would favour the memorial that is sometimes, mischievously, called utilitarian. A park of several hundred acres, or a community centre, is utilitarian only in the sense that it will be used, and used greatly by thousands of citizens. Each will be used by thousands who would not otherwise have the use of it, and from it will come health and happiness, knowledge, and a deeper love and faith in this country. These are things worth fighting for, and are surely truer memorials than any monument.

HOWEVER, we can be certain there will be small monuments, as dull or as fantastic as any that followed the last war. We have heard already of one in Canada in which Mr. Churchill, with top hat and cigar, stands life size in cast iron on a red brick base—the ensemble surrounded by a picket fence. Future generations will remark on the standard of taste that produced the memorials of the last war, but we are too near in point of time, and to criticize, while the relatives of the fallen are still alive, would be unthinkable. We must criticize in advance, and prepare for the worst in obelisks and cairns, in undersized riflemen and mangy lions.

GOVERNMENTS will have decisions to make in regard to war memorials on a large scale in some form or other, and it may be undesirable for the Federal Government to give advice to municipalities as to the character that their memorials should take. We can see, none the less, a very great service that can be rendered by the appointment of a Federal committee to advise municipalities in matters of taste. If the citizens of a town vote for a monument of conventional form, the advice of such a committee as to design and setting might be invaluable. They would be under no obligation to be advised, but could obtain advice from this central committee without charge. Such a service would give a municipality confidence that its memorial was a worthy one, and would prevent the repetition of the banal and the ridiculous that were common in the years following the last war. The formation of such a committee of architects, sculptors and landscape architects would cost little to set in motion and, in our opinion, cannot be set up too soon. We are, at the moment, in the lull before the storm.

Editor.

MORE HOSPITAL BEDS NEEDED

By **HARVEY AGNEW, M.D., F.A.C.H.A.,**

Secretary, Department of Hospital Service, Canadian Medical Association, and Secretary, Canadian Hospital Council.

CANADA is about to launch on an era of hospital construction never equalled in its history. From coast to coast hospitals are planning extensions or entirely new buildings. In one of our largest provinces 84 per cent. of the hospitals are planning additions. Moreover, many communities now served inadequately or not at all are considering the erection of hospitals as "war memorials". Government sponsorship of combined rural hospitals and health centres, as in Manitoba and Saskatchewan, may well start a network of a new type of rural hospital right across the country.

For decades the number of beds required per thousand of population has been steadily rising as a result of several factors—increasing complexity of medical diagnosis and treatment, more intelligent appreciation of hospital facilities, better transportation, smaller and more crowded homes and the benefits provided by compensation boards and hospital care and other insurance plans. Because of war conditions the normal construction that could have been expected in the past six years has been badly disrupted. Not only must this lag now be made up but the Federal proposal to give generous contributions toward provincial health insurance plans, with hospital care one of the three benefits specified for the "first stage", may necessitate an unprecedented wave of hospital construction if the provinces take up this proposal.

To illustrate the situation which would be precipitated if hospital benefits be provided to all, two years ago the Ontario government proposed a province-wide plan of hospital insurance. It was soon found, however, that in not a single county were there sufficient beds for present needs much less for an enlarged demand under a plan of general hospital benefit. Steps are now being taken in that province to assist in the correction of this situation. In August of this year the Federal government, realizing the necessity of assisting hospitals and communities to provide adequate facilities, accompanied its health insurance proposal by an offer to provide low-interest loans for hospital construction. Undoubtedly these loans, with the financial assistance which the provinces and municipalities are now realizing must be given to hospitals, will go a long way to stimulate construction.

How much construction is needed? An estimate of national needs was prepared this spring by the Department of Hospital Service of the Canadian Medical Association.* This estimate was based on studies by provincial governments or hospital asssociation committees, reports from hospitals and other data. Construction required *to fully meet our needs* is as follows:

Hospital Beds Needed in Canada

	Present Number	Total Present Need	Total needed 10 years hence
Active	45,609 (public)	55,000	65,000
Chronic	2,632	13,500	16,000
Convalescent	900	2,200	2,500
Tuberculosis	12,060	19,560	19,560
Mental	38,928†	50,000	55,000
Communicable Diseases	1,437‡	3,000	3,000
Totals	101,566	143,260	161,060

† 43,443 in residence December 31, 1942.

‡ There are only 15 isolation hospitals in the whole of Canada.

It will be noted that the major need today is for accommodation for *chronically ill patients*. This has been a badly neglected field. Active hospitals normally have about 15 to 20 per cent. (or higher) of patients who should be housed elsewhere—mostly in hospitals for chronic or incurable patients. If these patients were properly housed elsewhere and if convalescent hospitals were erected in or near our larger centres, the need for more beds in active hospitals would be reduced by that amount. If hospitals for chronic patients are not erected in sufficient numbers, the figures given above for active hospitals should be increased. The augmented figures for a decade hence are on the assumption that a considerable degree of

*See *Journal* of the Canadian Medical Association, September, 1945. An amplified report of this study is given in *The Canadian Hospital* for the same month.

social legislation providing hospital care will likely be in force by that time.

This report hazarded a broad guess as to possible costs. Architects know only too well the difficulty of estimating costs these days and appreciate that any generalizations without a knowledge of many local factors can be but approximate, especially if a bed-basis be used for estimating costs. Realizing that individual jobs may range from $1,500 to $10,000 per bed, an average cost of $5,000 has been taken for active hospital beds. For chronically ill, convalescent and mental patients, a conservative estimate of $4,000 has been taken. On this basis the cost of construction, *if these required beds be provided,* would be as follows:

Cost of New Construction Required

	Immediate expenditure	Additional within 10 years	Total
Active - -	$ 46,955,000	$50,000,000	$ 96,955,000
Other - -	129,212,000	31,200,000	160,412,000
	$176,167,000	$81,200,000	
Grand total - - - - - - - - - - -			$257,367,000

Some Observations

There is scope in Canada for a distinctly Canadian style of hospital, designed especially for our climatic conditions. Much has been done to meet these conditions but we have not yet developed a hospital that is as distinctly Canadian as the new hospitals, say, in Mexico are Mexican.

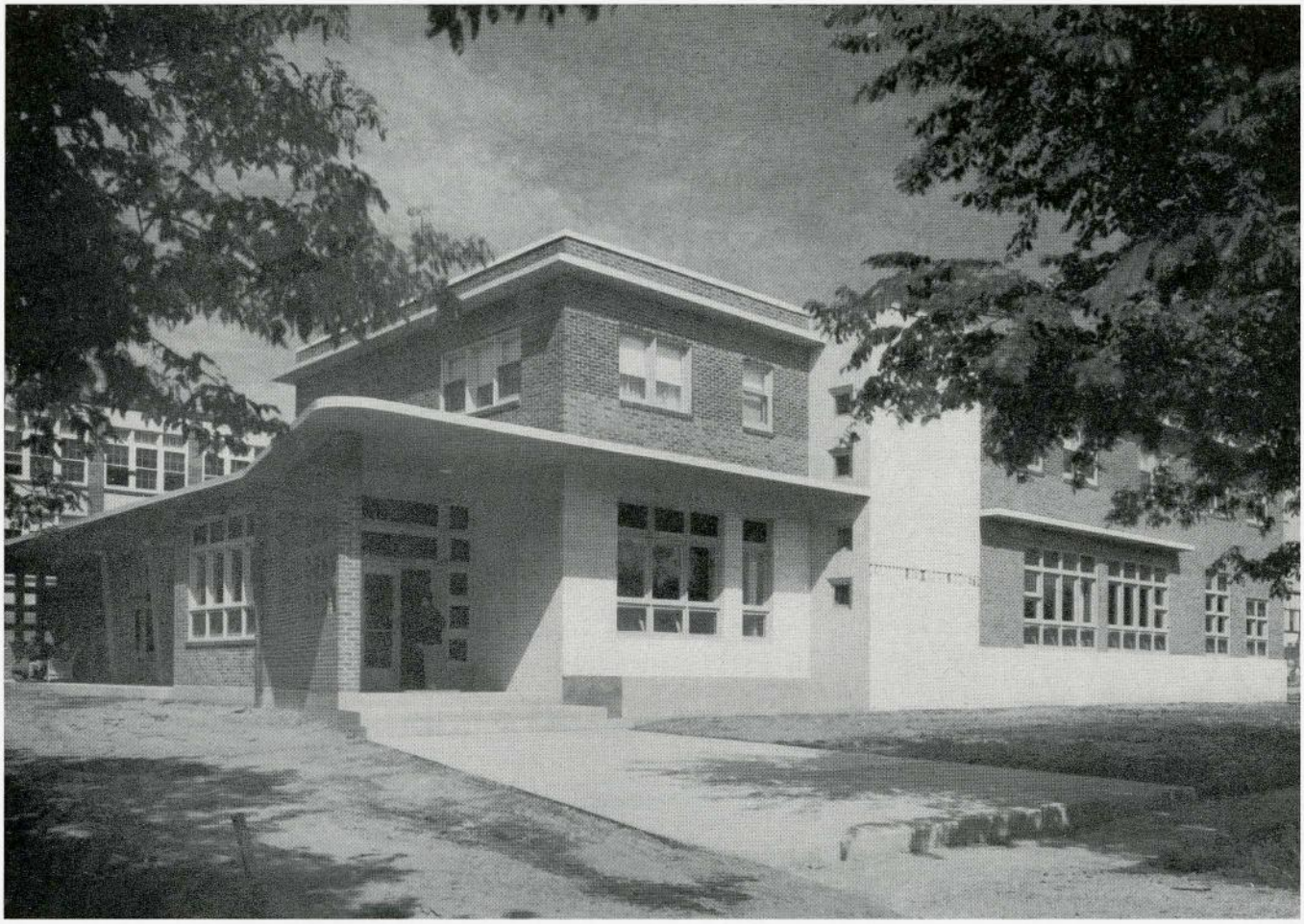
In cities and towns the next few years, as stated above, should see a great expansion of our hospitals for the chronic and the incurable. Will these be built like any other hospital, as is often the case, or will they embody special features specifically designed for the care, comfort and recreation of these long stay patients? Sunny wind shelters and solaria, library facilities, assembly hall with projection room, occupational therapy and easy internal transportation are among the features needed.

This applies also to the convalescent hospitals which are so badly needed in many cities. All too often those erected seem almost like any other hospital — in appearance, in routine and even in smell. A distinctive type of building is needed—one that would appear more like a country home or series of them than a hospital, that would provide quietness, privacy, easy access by gentle ramp to the lawns, sheltered areas for late fall, winter and early spring sunning, ample indoor and outdoor recreational facilities, physiotherapy and occupational therapy, reasonable segregation of private and public patients and one that could be built at a cost sufficiently low (a) to convince municipalities that a convalescent hospital is an economy, not an extravagance, and (b) to permit scrapping within twenty-five years if the expanding city encroaches too much upon the area.

The next decade should see many small units set up in rural areas. These will, in some instances, be community health centres combined with small emergency hospitals; in other instances they will be a doctor's office combined with a few beds for emergency work, obstetrics and tonsil cases. The flat-top one-storey building has become very popular in the United States. Architects must guide us in determining whether this is the ideal plan in view of our heavy snows and colder winters.

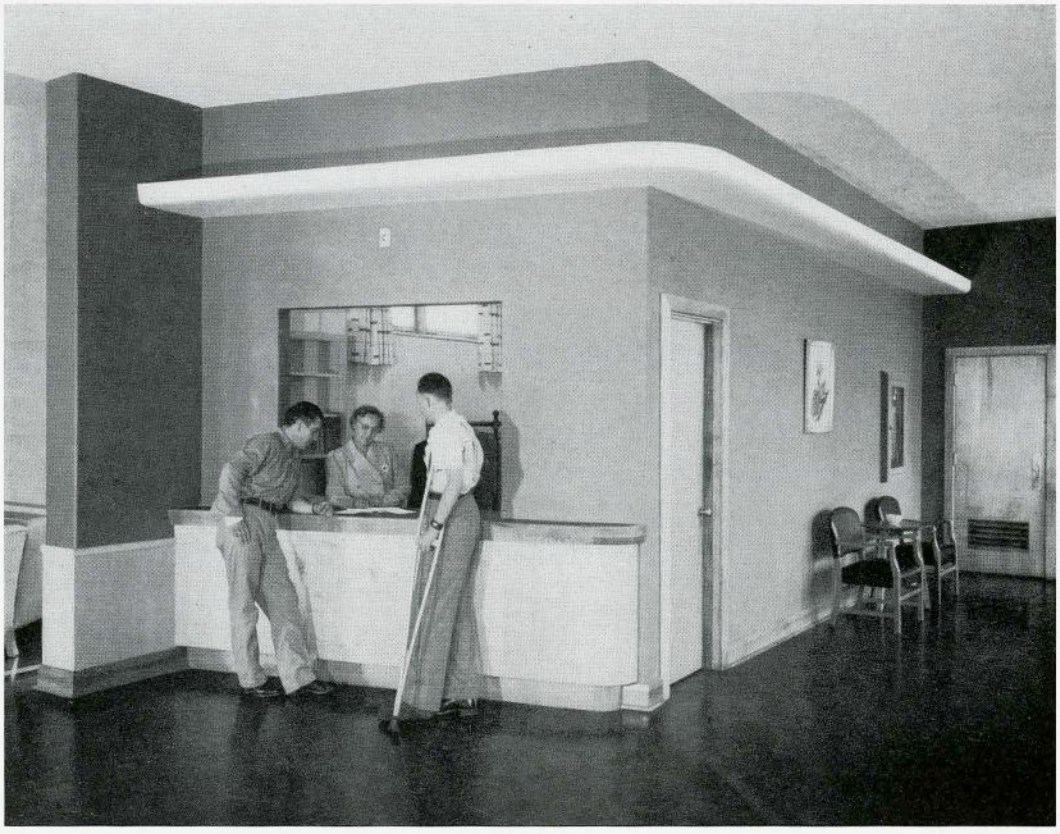
If social legislation should provide every individual with the right of selecting a private physician, the nature of our out-patient departments in larger cities would change immediately. Patronage as we now know it would dwindle rapidly. Some of them in strategic areas might be converted into diagnostic clinics for insured persons.

With changing methods of travel, new materials, different financial relationships with patients, a changing concept of methods of training nurses, a decreased tendency to provide housing for personnel, new clinical procedures and methods, greater likelihood of doctors having offices at the hospital, changing ideas toward the care of isolation cases, a possible closer relationship between rural and urban and between different types of hospitals, and with voluntary boards and municipalities often quite unable to finance the type of structure now considered essential, there is a strong desire expressed by many building committee members that we give recognition to a less permanent type of structure that is not so durable that it must be kept in use long after the evolution of hospital practice has rendered it hopelessly obsolete.



RED CROSS LODGE, DEER LODGE MILITARY HOSPITAL, ST. JAMES, MANITOBA

MOODY AND MOORE, ARCHITECTS



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ENTRANCE HALL

LOUNGE

A BIT OF CANADA IN ENGLAND

By **WING COMMANDER A. W. DAVISON**

East Grinstead is a pleasant English town in the Sussex Downs, about thirty miles from London, but to hundreds of Canadian airmen, as well as to their brothers in arms of Britain and the other dominions, the name will always have a special significance.

The real story of East Grinstead can only be told by these men whose bodies were rebuilt and whose will to live was regained through the work performed in, and by, this community.

Queen Victoria Hospital is on the out-skirts of the town and it was here that the Ministry of Health, under their Emergency Medical Scheme, decided to form a specialist centre to deal with burns and jaw injuries received by airmen during the war. Mr. A. H. McIndoe, C.B.E., was installed as consultant in plastic surgery and Mr. W. Kelsey Fry as consultant in dental surgery.

From the very beginning, Canadian airmen requiring this form of treatment were sent to this centre and, in January, 1942, a Canadian surgeon W/C. (now G/C) Ross Tilley, O.B.E., was posted to work on his fellow Canadians.

With the increase in tempo of the war the casualties received soon exceeded available beds and, largely through the interest of Air Marshal Harold Edwards, C.B., Air Officer Commanding-in-Chief, R.C.A.F. Overseas, funds were obtained from the Government of Canada to construct a Canadian Wing.

The land on which the wing was to be built was placed at the disposal of Canada by the Board of Management of the hospital.

In the summer of 1943, plans were started for the new project.

Sketches were completed by Mr. F. Gordon Troup, F.R.I.B.A., hospital architect, and with these as a basis, but with several modifications and changes, the final design was developed. In this, Major H. Moody and his staff of R.C.E.'s at Canadian Military Headquarters in London, and the writer, then Senior Works & Building Officer at R.C.A.F. Overseas Headquarters, worked together. Major Moody was, prior to enlistment, a member of the architectural firm or Moody & Moore of Winnipeg.

Specialist officers, under Major Moody, were responsible for the design of plumbing, drainage, electrical and heating lay-outs, and the R.C.E. Purchasing Branch procured the materials.

When Major Moody left for other duties with the army in the field, Major D. M. M. Ross of Toronto carried on in his position. Major Ross, at one time, was with the firm of Craig & Madill, Architects.

The work of construction was put in hand by an R.C.E. construction company early in the autumn of 1943.

On December 11th, the corner stones were laid by Air Marshal Edwards, in the presence of several prominent members of the British Government and the Services, including Mr. Clement Attlee.

Nature entered into the spirit of the occasion and, during the night before, a covering of snow fell throughout the whole area. This was most unusual for this part of England. Such a thing had not been known for several years. By the time of the ceremony, at 3 o'clock in the afternoon, the whole countryside was covered in white and presented a typically Canadian winter scene for a special Canadian occasion. By the next day the snow had disappeared and only slush and mud remained.

During the progress of the job, working personnel were kept enlivened by the passage overhead of flying bombs, as this was on one of the direct routes to London. On many occasions they were able to witness the chase of these "buzz bombs" by our fighters and, more than once, they saw one brought to earth followed by the all too familiar explosion.

It was in the early days of the work that a low flying enemy aircraft flew over the hospital about 5 o'clock in the afternoon one Friday and dropped a bomb in the town which had particularly pitiful consequences. It was just at the time when the children had finished school for the week and many of them had gone to the local cinema for a treat. This building received a direct hit and was almost completely demolished and with it nearly every family in the town was bereaved, for 150 children lost their lives, as well as many of their elders.

One of the features of the work with which the Canadian workmen had had no experience in Canada was the necessity of camouflaging, with large wire nets on which chicken feathers were stuck, the white interior brick partition walls during the course of construction.

The need for this was made the more apparent by the fact that a large bomb dropped about a half mile from the structure shortly after the work was under way.

The building was completed by mid-summer and, under its Officer Commanding, G/C. Tilley, and with a staff made up completely of R.C.A.F. personnel, it was officially opened in August, 1944.

The hospital was not only favoured in having highly trained specialists and special equipment for its purpose, but the people of the community, in spite of their own trials of war, were most helpful in the rebuilding of the lives of these casualties, who, in so many cases, had been horribly burned and mutilated. Many of these men had practically lost faces, hands, feet or other parts of the body and, in the rebuilding of them, there were stages in the long process when the effect was none too pleasant to look upon. However, the kindhearted people of this community took these men to their hearts, arranged entertainments for them, danced with them at parties, invited them for beers at "the local" and, in general, did the best thing possible for these fellows in that they accepted them in a matter of fact manner that gave no indication that they were considered any different than anyone else. This went a long way towards rebuilding their faith and desire to live and preventing them from

becoming psychological problems. Many Canadians will be ever grateful for the treatment they received at this hospital and at the hands of the local citizens.

The hospital is designed to accommodate 49 patients, of whom 9 are in private wards.

The general ward for 40 patients is divided into bays on either side of a corridor, each bay accommodating 4 beds. One of the special features in connexion with the treatment required here is the Saline bath equipment. Burns cases, where bandages and clothing have stuck to the burns, are placed in large bath tubs on supporting straps and a saline solution of fixed chemical content and temperature is passed over them until the bandages, etc., are washed free.

A Dressing Room is provided for minor surgical work, but there are special Operating Rooms in the main hospital for major surgery.

In this regard, a surgical wing is being constructed at the present time, largely at the expense of American friends of the institution.

The usual Kitchen arrangements are provided, together with Sitting and Dining Rooms for patients, nurses and orderlies.

Shortly after the opening, the war was brought close to home, when a Spitfire, diving in an attack on a flying bomb, gave forth a burst of 20 m/m ammunition, several bits of which hit the side of the new wing, spalling off the brick work and one bullet carried on through an open window, over the feet of one of the patients lying in bed and hit one of the vertical metal posts in the end of the bed. This it tore away and proceeded to smash up a wash basin on the opposite wall.

The construction is more or less standard for Canada, but not for England, in that a 9" solid brick wall was built rather than the usual English wall incorporating an air space.

The partition walls are also of brick and the exterior walls are furred, lathed and plastered. As a plaster base, and to provide insulation, a material made up of gypsum plaster and shavings, called Gypklith, is used, one inch thick on the walls and 1½ inch thick on the ceilings.

The concrete roof slab is covered with a type of roofing not usual in Canada. This is made up of a ⅝ inch thickness of mastic, trowelled smooth on top over one thickness of asphalt paper laid directly on the concrete.

Another non-Canadian feature is the use of cast iron eavestroughs and downspouts. They would not last beyond the first freeze-up in Canada. These eavestroughs, having a mould of good proportions, provide a neat finish to the edge of the projecting concrete roof slab.

Windows are of metal by the Crittall Company and, in the wards, are set low to the floor so the patients may have a good view of the pleasant rolling countryside. Doors from each bay in the general ward permit of beds being rolled on to the concrete terrace on sunny days.

Hot water heating is employed, using a steel boiler with stoker, recirculating pump and induced draft fan.

There are also radio outlets and signal switches at the head of each bed.

The flooring material, unusual for Canadians, is of Indian gurjan. It has somewhat the appearance of walnut and makes a most attractive floor. In most areas of the building this is laid in a herringbone pattern.

The exterior walls are laid up in Flemish bond in red clay brick trimmed with pre-cast concrete belt courses and sills.

Due to fluctuations in the water pressure, it is necessary to have a storage supply in the building and this is incorporated in the upper part of the "triumphal arch" on the top of the building. The chimney from the boiler room is contained in one leg of the arch and access to the tank in the other.

The colour scheme throughout is in a pastel shade of green with a slightly darker dado, and oyster white ceilings. In the service rooms the walls and ceilings generally are painted in white enamel.

One discordant note in the colour scheme is struck by the black-out curtains, which had to be carefully fitted around all windows and openings during the war period. Since there is a comparatively large window area in the general ward in particular, it means that there is (or was) a very funereal aspect about it all when the curtains were lowered.

In the Vestibule is a bronze plaque of Air Marshal Edwards by Mr. C. W. Dyson-Smith, leading British sculptor. This was installed by the hospital authorities.

In the main Hall are carved oak plaques with coloured crests and lettering, one of which lists private benefactors of the wing. Another tells the story of the design and building of the structure.

And because young Canadian airmen suffered pain, disfigurement and mental torture to do their share in healing the world of its sickness, and because skilled hands and devoted hearts did all they could to heal their wounds in turn, the third plaque gives us the keynote to this bit of Canada in England—

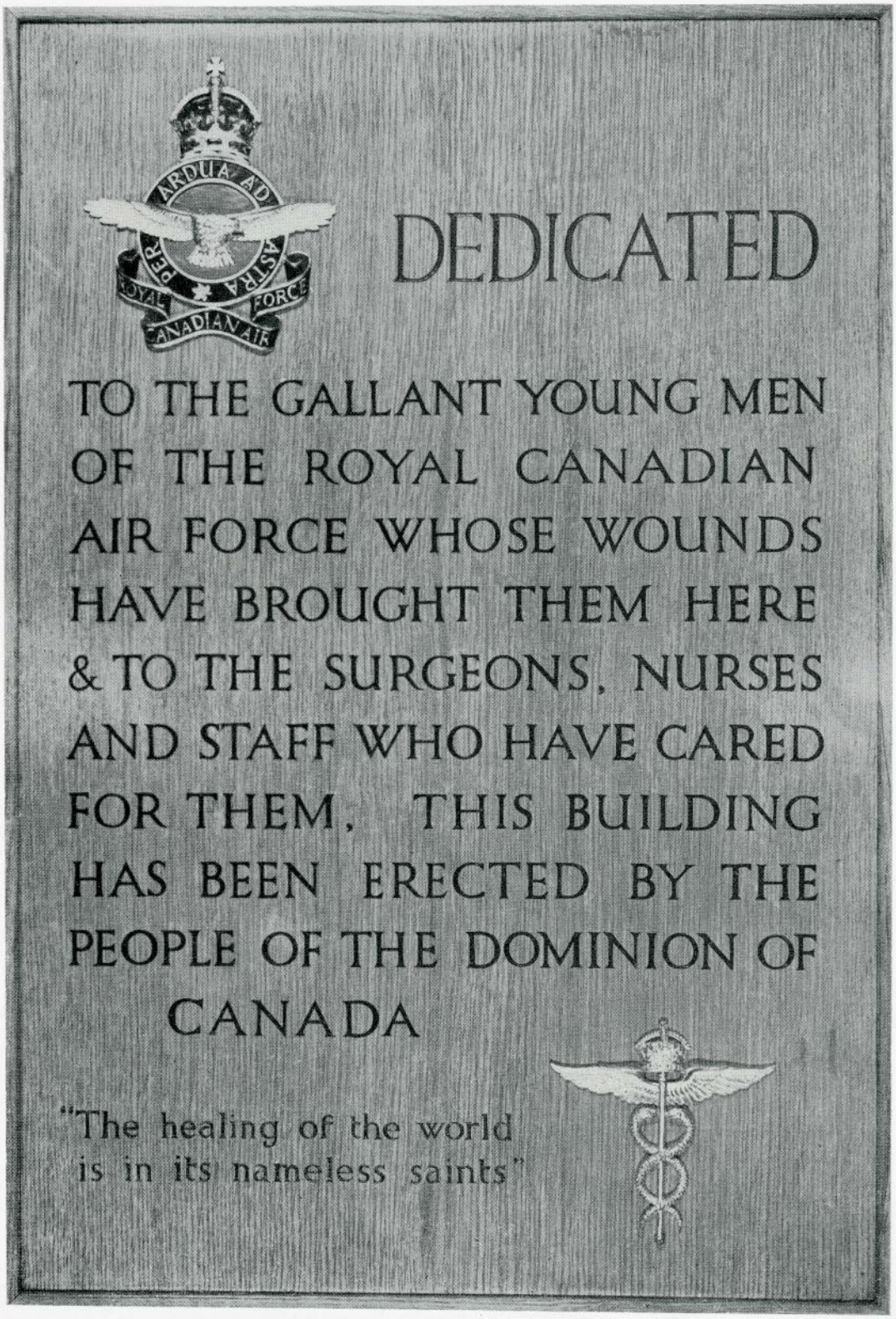
DEDICATED

"TO THE GALLANT YOUNG MEN OF THE ROYAL CANADIAN AIR FORCE WHOSE WOUNDS HAVE BROUGHT THEM HERE AND TO THE SURGEONS, NURSES AND STAFF WHO HAVE CARED FOR THEM, THIS BUILDING HAS BEEN ERECTED BY THE PEOPLE OF THE DOMINION OF CANADA."

"The healing of the world
is in its nameless saints."

On September 5th of this year, the building was formally handed over to the Board of Management of the Queen Victoria Hospital by the R.C.A.F. on behalf of the people of Canada as a perpetual memorial.


THIS BUILDING
ARDUA AD
ASTRA
PER
ROYAL
FORCE
CANADIAN AIR
DESIGNED BY THE STAFFS OF
R.C.A.F. OVERSEAS HEADQUARTERS
AND THE ROYAL CANADIAN
ENGINEERS - C.M.H.Q. - WORKING
IN CONJUNCTION WITH
F. GORDON TROUP, F.R.I.B.A.
WAS CONSTRUCTED BY THE
ROYAL CANADIAN ENGINEERS
AND COMPLETED IN JULY
1944
"Too low they build who
build beneath the stars"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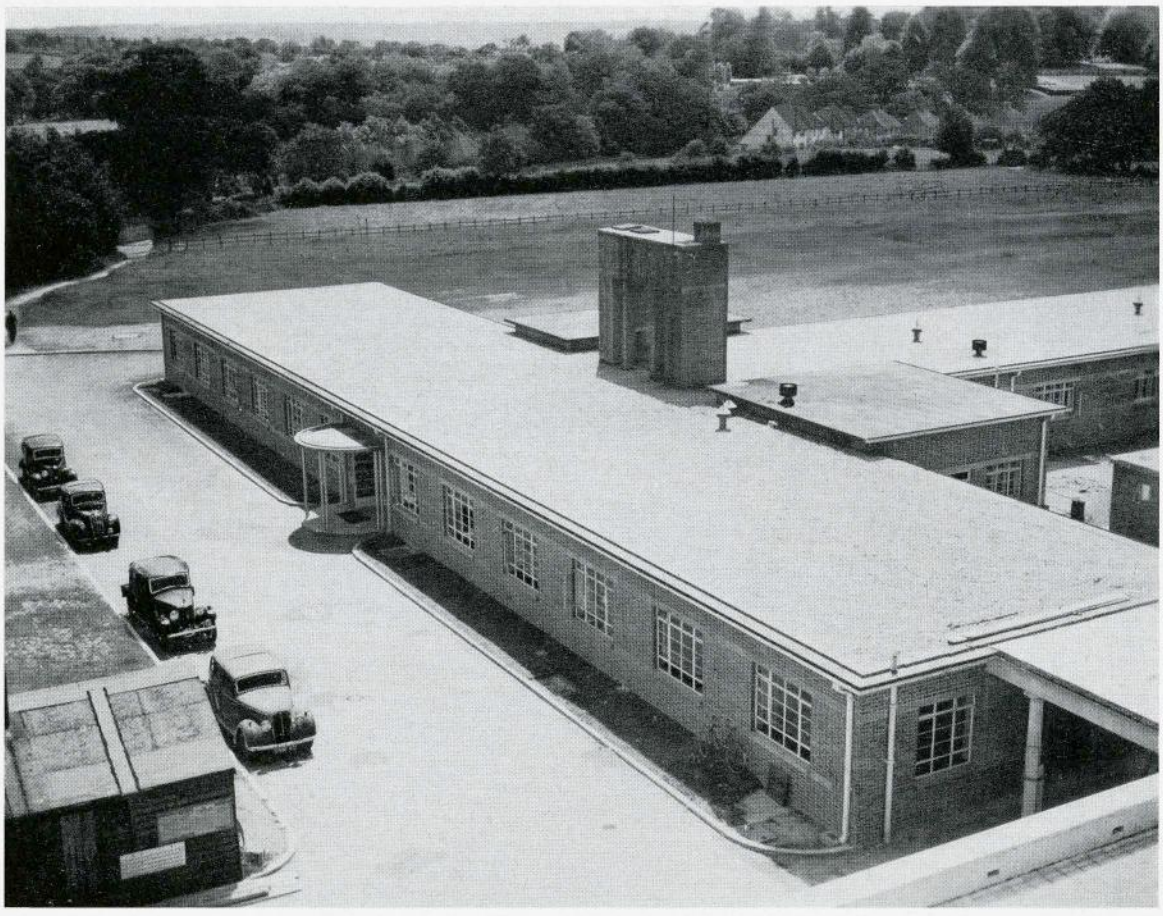
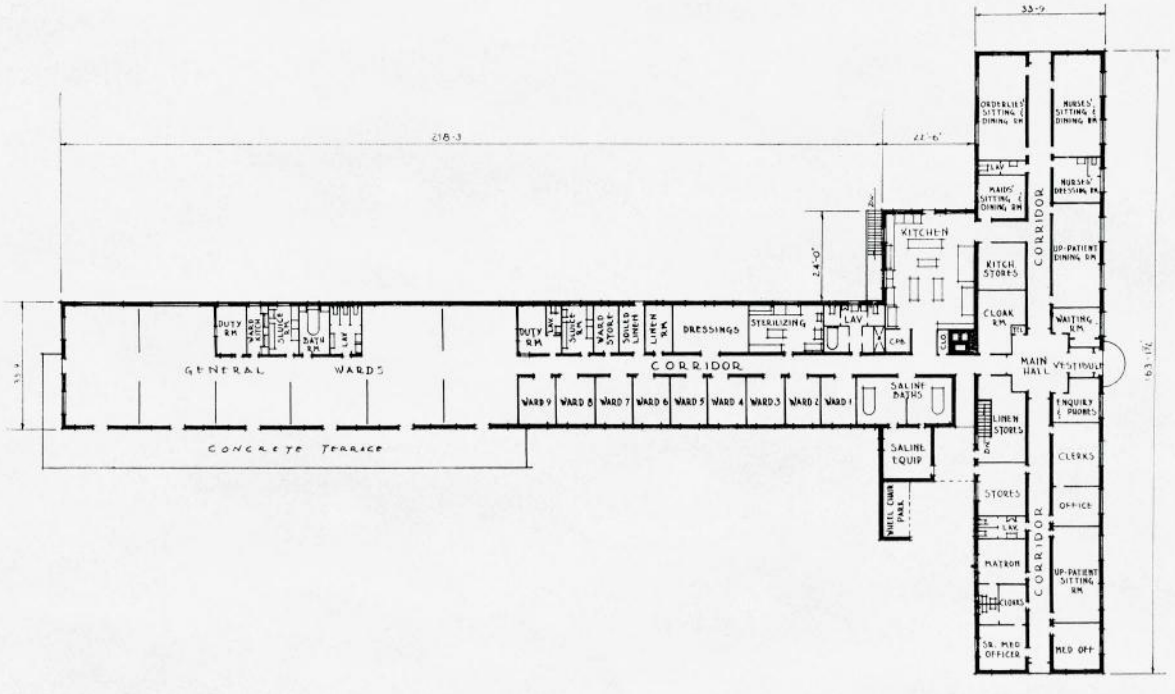
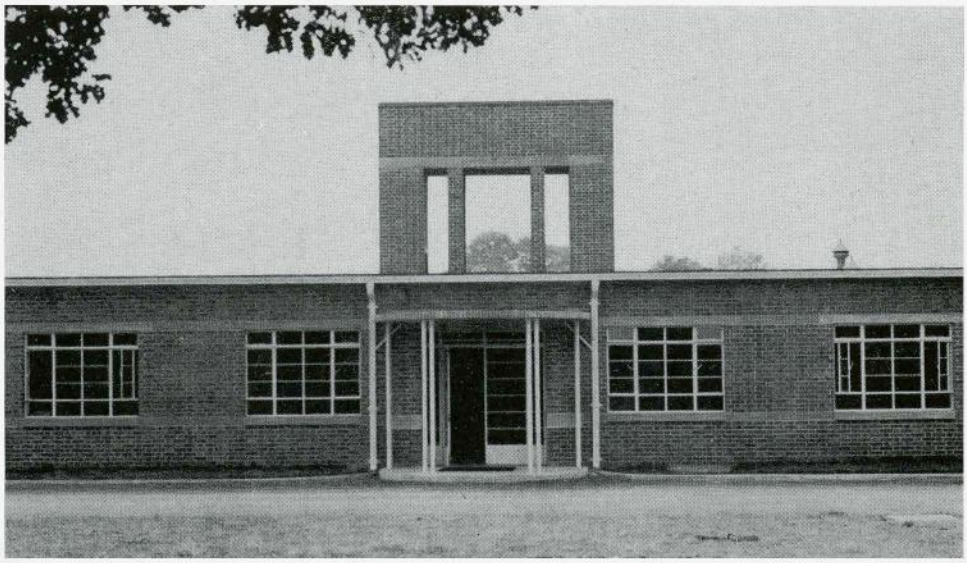


THE ROYAL CANADIAN AIR FORCE WING, QUEEN VICTORIA HOSPITAL
EAST GRINSTEAD, SUSSEX, ENGLAND

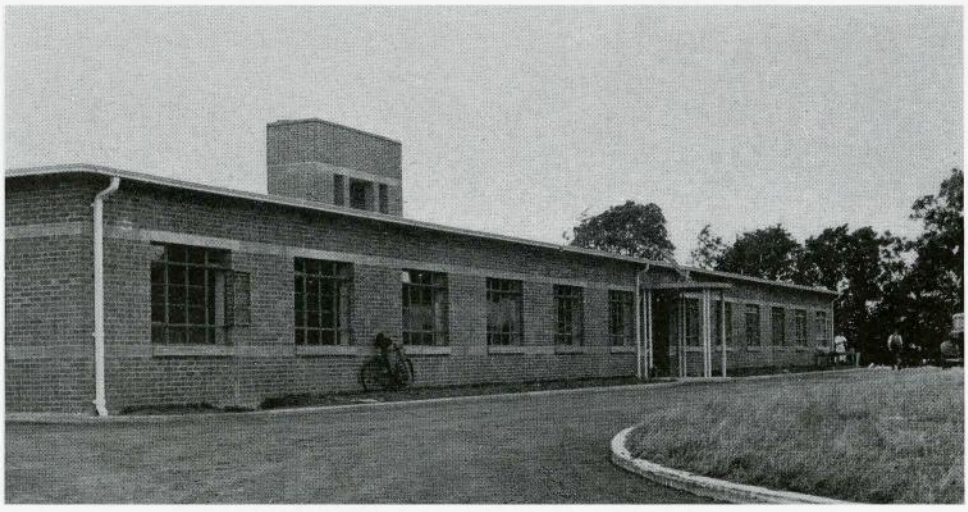


FIRST FLOOR PLAN

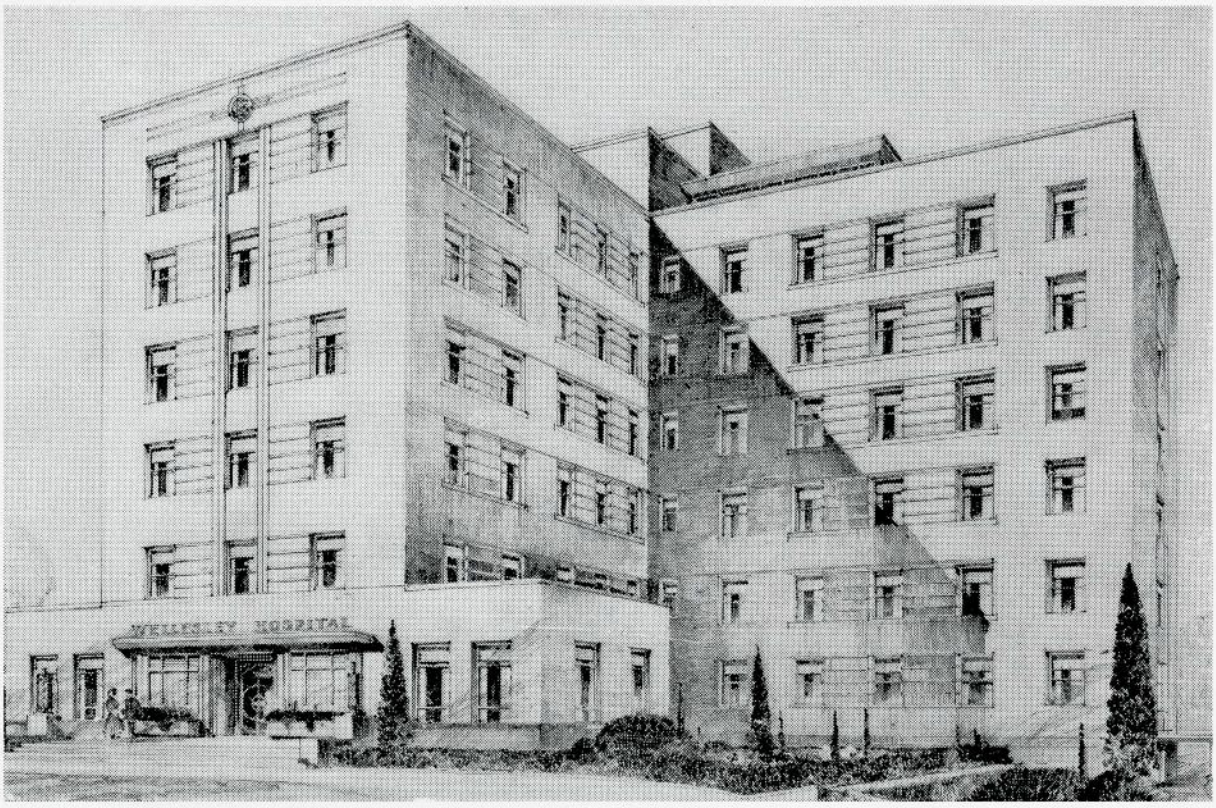


FRONT ENTRANCE

THE WARDS

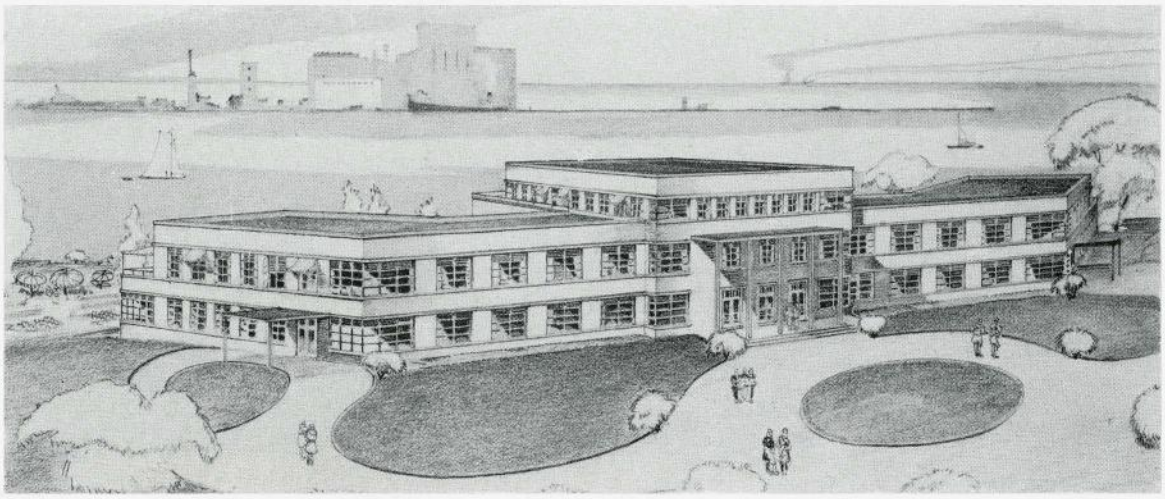


THE MAIN FRONT



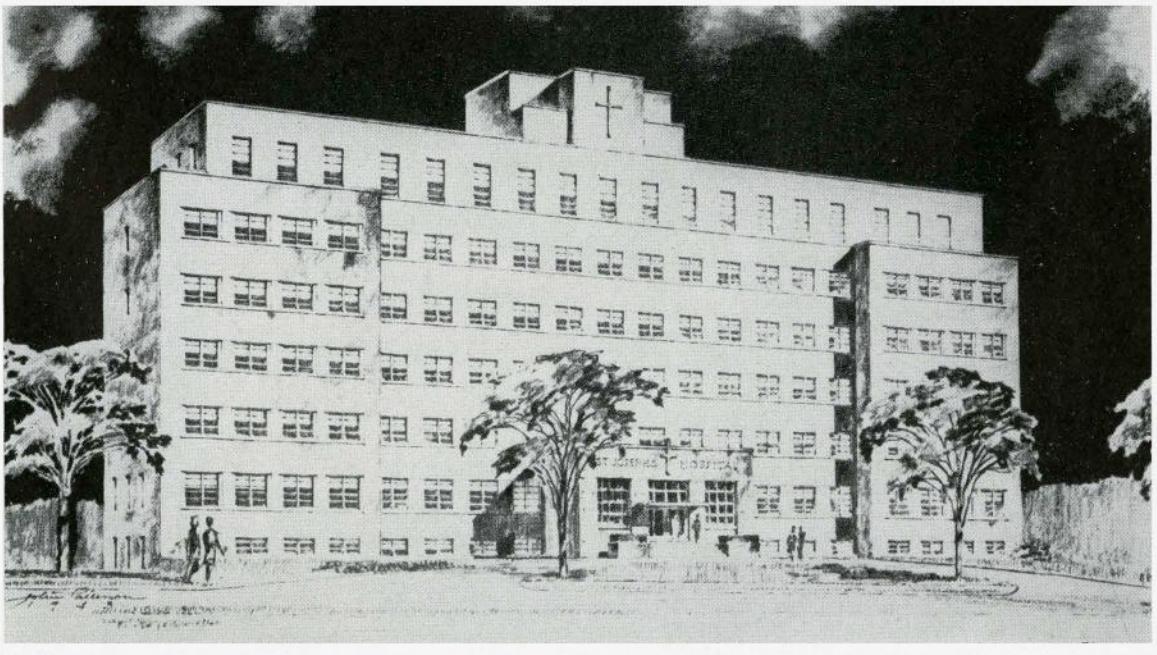
PERSPECTIVE DRAWING OF EXTENSION TO WELLESLEY HOSPITAL, TORONTO, ONT.
D. E. KERTLAND AND W. L. SOMERVILLE, ASSOCIATE ARCHITECTS

PRELIMINARY PERSPECTIVE STUDY, NEW HOSPITAL FOR SICK CHILDREN, TORONTO, ONTARIO
GOVAN, FERGUSON AND LINDSAY, ARCHITECTS

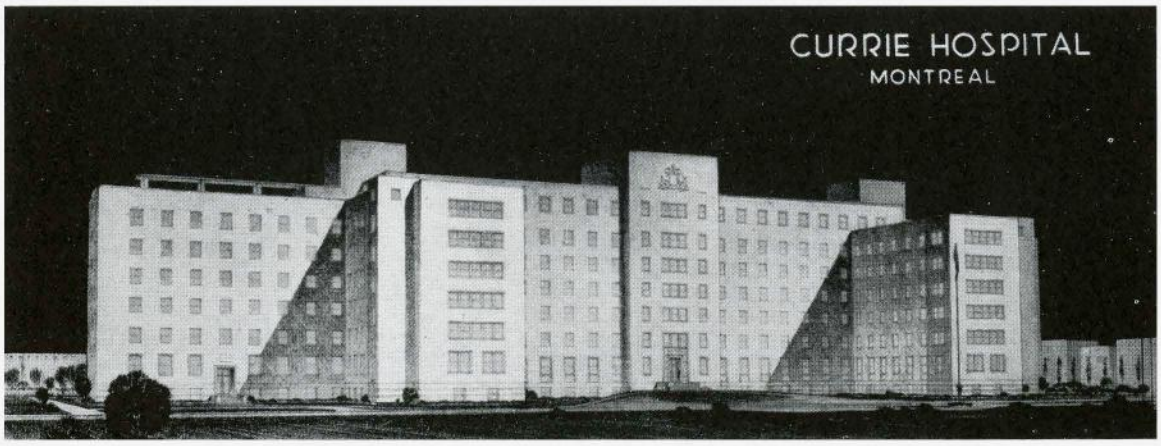


PERSPECTIVE DRAWING OF MEMORIAL HOSPITAL, PORT COLBORNE, ONTARIO
CHESTER C. WOODS, ARCHITECT

PERSPECTIVE DRAWING OF KING'S COUNTY MEMORIAL HOSPITAL, SUSSEX, N. B.
ALWARD AND GILLIES, ARCHITECTS

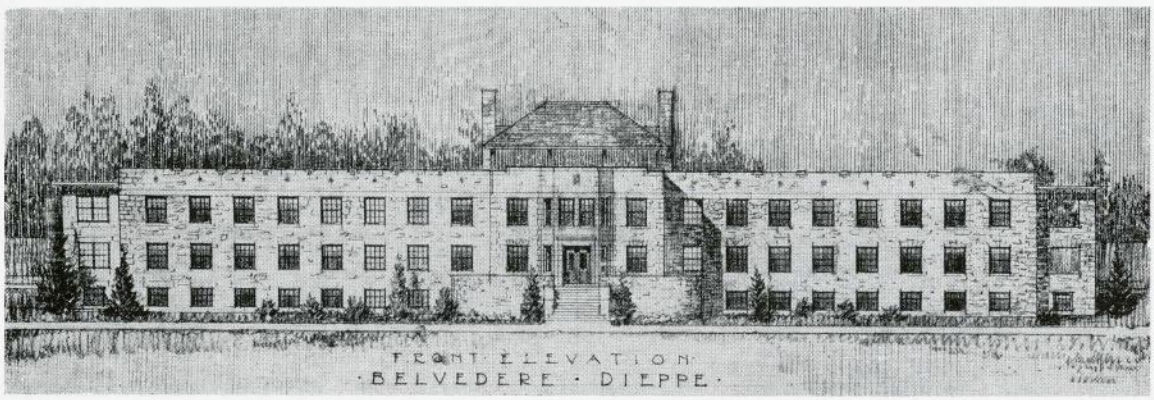


PERSPECTIVE DRAWING OF ST. JOSEPH'S HOSPITAL, SARNIA, ONTARIO
O. ROY MOORE AND COMPANY, ARCHITECTS



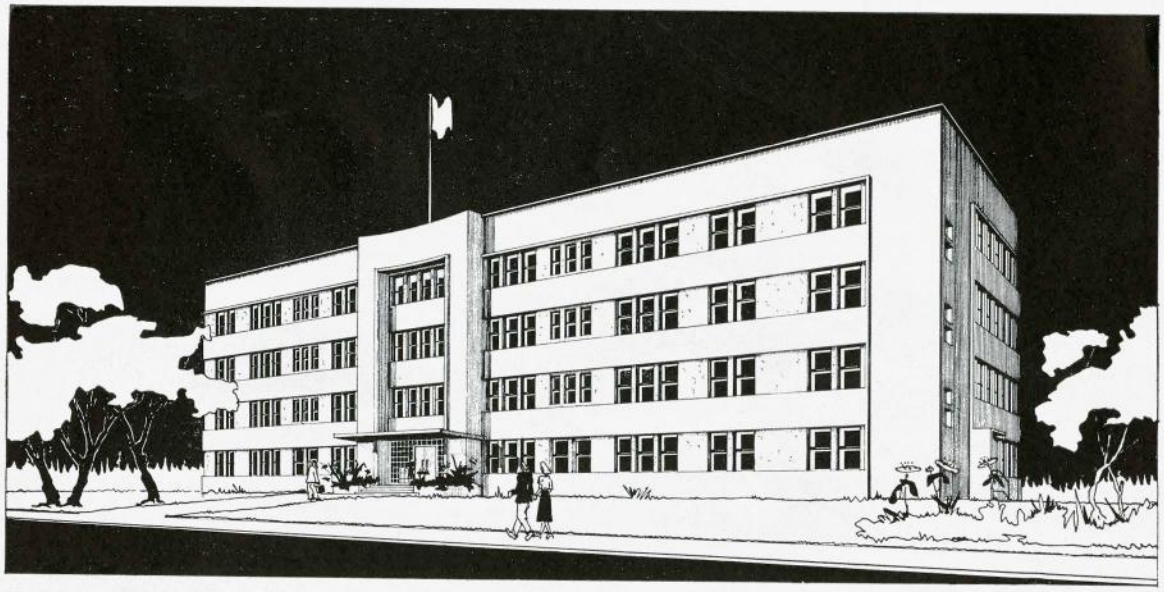
PERSPECTIVE DRAWING, CURRIE HOSPITAL, MONTREAL, QUEBEC

CHARLES DAVID, ARCHITECT



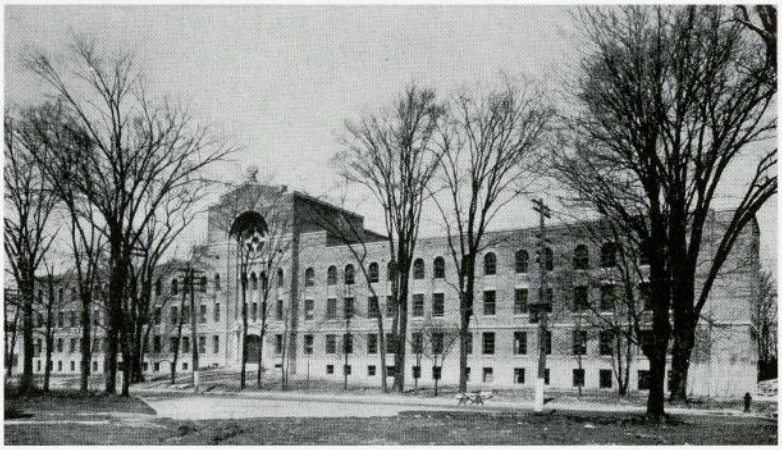
PERSPECTIVE DRAWING OF DIEPPE HOME FOR EPILEPTICS, ST. HILAIRE, QUEBEC

LAWSON AND LITTLE, ARCHITECTS



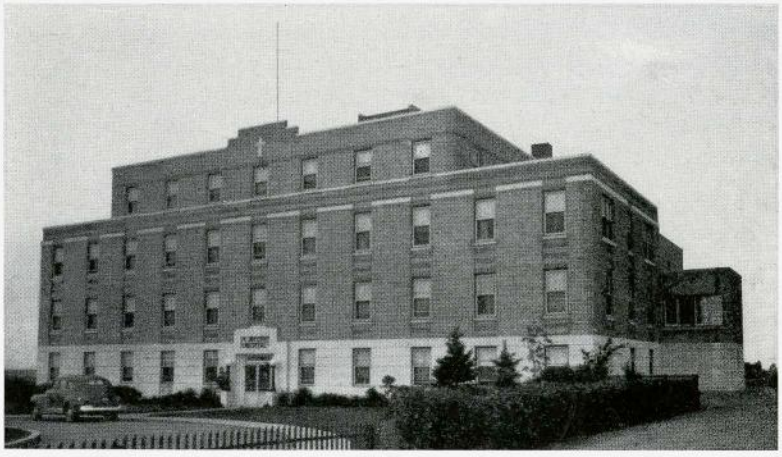
PERSPECTIVE DRAWING OF NEW JUBILEE HOSPITAL, VERNON, B. C.

GARDINER AND THORNTON, ARCHITECTS



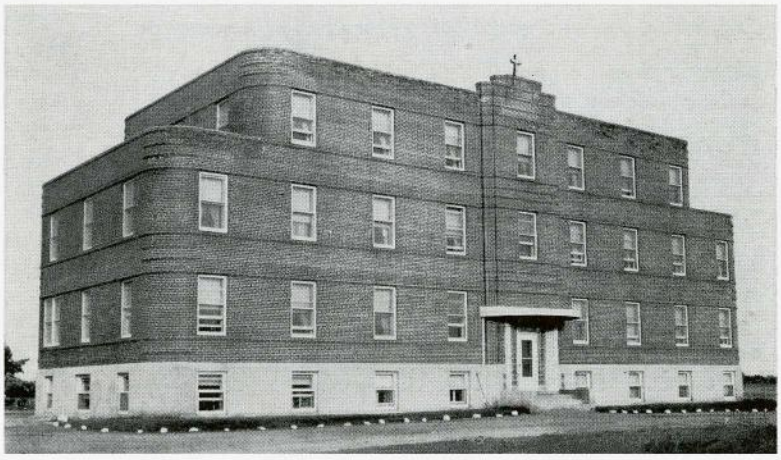
HOSPITAL NOTRE DAME DE LA MERCÉ, MONTREAL, QUEBEC

J. O. MARCHAND, JOSEPH SAWYER, ASSOCIATE ARCHITECTS



ST. JOSEPH'S HOSPITAL, ESTEVAN, SASKATCHEWAN

VAN EGMOND AND STOREY, ARCHITECTS



ST. PETER'S HOSPITAL, MELVILLE, SASKATCHEWAN

VAN EGMOND AND STOREY, ARCHITECTS

NORTH WING, GRACE HOSPITAL, WINDSOR, ONTARIO

J. P. THOMSON, ARCHITECT; SHEPPARD AND MASSON, ASSOCIATE ARCHITECTS

EVOLUTION OF SANATORIUM ARCHITECTURE

By **J. H. HOLBROOK,**

Medical Superintendent, Mountain Sanatorium, Hamilton, Ontario

Sanatoria in Canada have a history of less than half a century, the first Canadian sanatorium having been erected in Muskoka in 1897, while the Mountain Sanatorium, Hamilton, was established in 1906.

From the historical standpoint the chief interest in sanatorium architecture comes not so much from the architecture itself, as from the evidence that it presents of the gradual improvement in facilities for the treatment of tuberculosis.

It is my purpose, therefore, to give a brief description of this gradual progress in the type of architecture of Mountain Sanatorium and to show that this continuous improvement in building construction ran parallel with the demand for more scientific hospital care.

The beginning of sanatorium treatment followed fairly closely upon the discovery of the tubercle bacillus by Koch in 1882, and came with the first sign of a spirit of hope that the ravages of the great white plague could be controlled, through the simple and natural expedients of fresh air and intensive feeding, with the chief reliance being placed on milk and eggs.

Today we place Rest first in order of importance, but at that stage the public was most impressed by the surprising gains in weight that had already been made by patients living in the open air with only a tent for shelter, and so it is not surprising that the first institutional buildings were of the shelter or shack type, with facilities for living twenty-four hours of every day in the fresh air.

And so our first buildings for treatment of patients were the men's and women's shacks of cheap wooden construction with the fronts open to the weather. While the fronts were open, and faced south, a measure of protection from winter storms was provided by the erection of wooden doors, hinged to the top beam of this front opening and hooked to the ceiling. This made it possible, in case of severe snow-storms, to unhook and drop the doors, but the faith in fresh air and the institutional morale, made it possible for many winters to count on the fingers of one hand the number of times these doors were lowered.

Near these two frame shacks was a dining-room to which all patients went for their meals, for nursing, in the modern sense, except in the event of some serious emergency, such as a hemorrhage, was considered quite unnecessary.

Usually, also, during the day, at least two additional trips were made to this dining-room for lunches, at which time milk and eggs were freely provided.

From the outset an after-dinner rest hour was compulsory but once it was over, the recreation hall was available for all patients, and it was only after bitter experience with hemorrhages or other complications that the need for special nursing facilities and for an infirmary building, where this could be provided during both day and night, came to be recognized.

And so the early idea of a Sanatorium was that it should be a place where the patient would be provided with a chance to get back to a "close to nature" existence, and the changes that have followed have arisen from the gradual realization that while fresh air is beneficial and nourishing food is necessary, yet the chief essential of treatment is rest to the diseased part; and that nursing care, to provide this need, is just as essential for the tuberculous, as for patients suffering from any other acute illness, and must be maintained for a much longer time than with the more acute diseases.

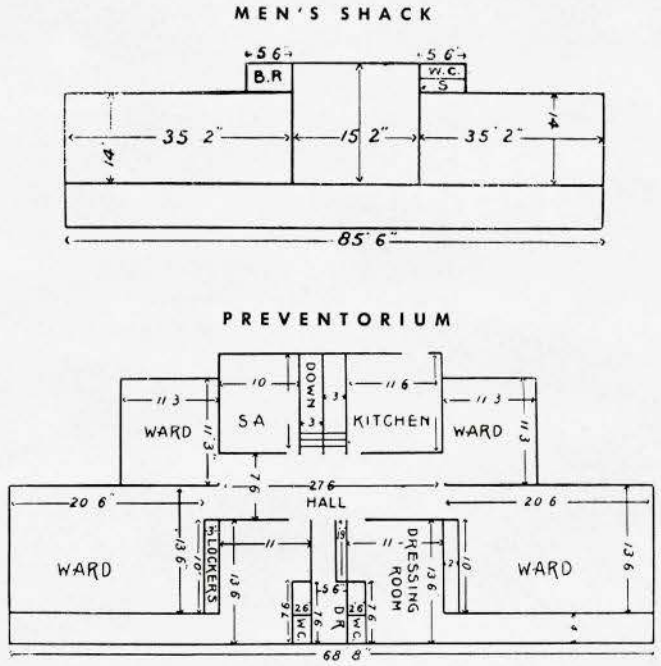
At first it was thought that every form of surgery for the tuberculous should be avoided, if at all possible, but gradually it has come to be realized, not only that surgery for non-tuberculous emergencies was necessary, but the surprising developments of recent years have demonstrated the use of surgery to the diseased area, either to procure more complete rest, or to compress areas of disease and especially of cavitation, with the result that, in addition to the facilities for routine fresh air treatment, it has been necessary to add all the facilities for surgical treatment that are to be found in any modern general hospital.

As a result it is now generally agreed that the requirements of a modern sanatorium are the same as those of any other modern hospital with the additional requirement of special facilities for the provision of fresh air to all wards.

As a matter of fact, chest surgery while of recent development, is very highly technical, ranking with brain surgery in its need for all modern facilities, and, in addition, many patients under treatment for bone or joint tuberculosis are immobilized on splints or are otherwise unable to move themselves, thus increasing the need for the protection of a fire-proof building. Added to this it is necessary to have adequate steam for sterilizing, together with the combination of heat for surgical wards and fresh air for all wards.

With this background it becomes very easy to understand the reasons for the gradual evolution from the simple and inexpensive frame buildings, of the early days, to the modern hospital type of building, with the added factors of set-back verandahs and south-eastern exposure to ensure a maximum of fresh air and sunlight.

To illustrate this gradual development I am first presenting the ground floor plan of the shack for 12 men, built in 1906, and a frame building for 20 children, the nucleus of the Preventorium built in 1910, and will follow with illustrations of two of the modern buildings.



Ground Floor Plans of Two Early Buildings

During this early period the institution was without adequate water and sewage facilities, being dependent for water upon drilled wells that invariably soon become exhausted, and for sewage disposal upon septic tanks and filter beds, which, unfortunately, were most unsatisfactory, owing to the heavy clay soil, in which the beds were laid.

These first ten years could very well be called the experimental period and no better plan could have been adopted for this purpose than to undertake the building of an institution out in the open country.

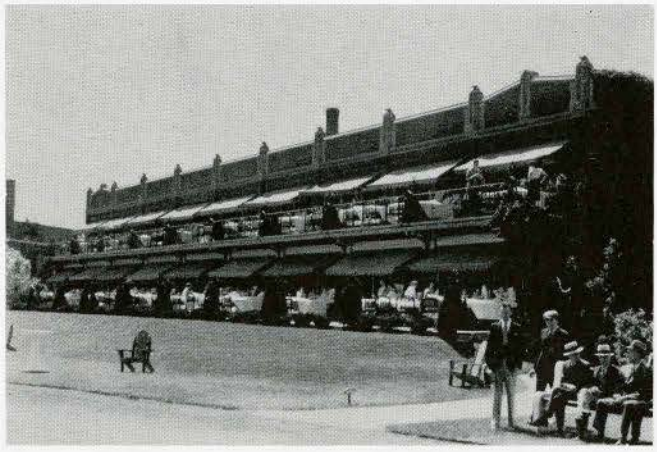
In 1915, when the decision was definitely made to build a fireproof infirmary at the Brow, the first step in preparation was the laying of water mains from the city, in order to provide water supply for the mixing of cement. This took the most of the summer, with the result that the infirmary was not started until 1916 and was not completed until December 1st of that year.

By this time such a large number of soldiers were being invalided home with pulmonary tuberculosis that the Federal Department became alarmed and appealed to our Board for assistance. This led to the arrangement by which the greater part of the building was quickly filled with soldiers, and at the same time permission was given for the erection of additional buildings, of a cheaper type of construction, to be used for exercise patients, and to include pavilions, a dining-room, a vocational building and even a limited number of frame shacks.

These additional buildings were erected with all possible speed during the spring and summer of 1917, on ground to the rear of the Main Infirmary, but, unfortunately, their location here made it quite impossible to add two wings to the Infirmary that had been proposed, when the building was originally planned. This, in the end, was probably fortunate, for this was our first experience, in the erection of this type of building, and naturally great room for improvement was soon discovered. In preparing the plans, extensive investigations were carried out but at that time there were very few outstanding sanatoria from which to gain practical ideas. Considerable assistance was obtained from the sanatorium of the Metropolitan Life Insurance Company, at Mount McGregor, N.Y., but when the next opportunity came to build we were glad to abandon not only this type of building but the mountain brow site as well. Perhaps most serious was the fact that the building faced the north-east, thus cutting off the direct sunlight for the greater part of the day. At that time we thought this lack would be compensated for by the wonderful view over the valley, with the city and the lake beyond, but shadows are depressing, and, in addition, we were just entering an era in which the popularity of sunshine, in the cure of surgical tuberculosis, gained world-wide popularity, through the work of Rollier in Switzerland.

Thus far, too, both in this Infirmary and in the frame shacks, the position of the bed was such that the patient always faced the light, but by this time we had begun experiments with educational work, both as an aid to treatment, and as a measure of rehabilitation, and we were discovering that this constant facing the light, with the added factor that the book was constantly in shadow, was a persistent cause of eyestrain that discouraged study and would have to be remedied if this plan was to succeed.

By this time the National Sanitarium Association, after a great deal of study and investigation, had erected a new infirmary at Gravenhurst, one of the outstanding features of which was a four-bed unit, with beds not facing, but parallel to the light. This, we at once recognized as the solution of our eyestrain problem, and so we attempted a one-storey building, incorporating this idea of the four-bed unit. This was followed in 1928 by the Southam Pavilion, a two-storey structure, of the



Southam Pavilion, Built 1928

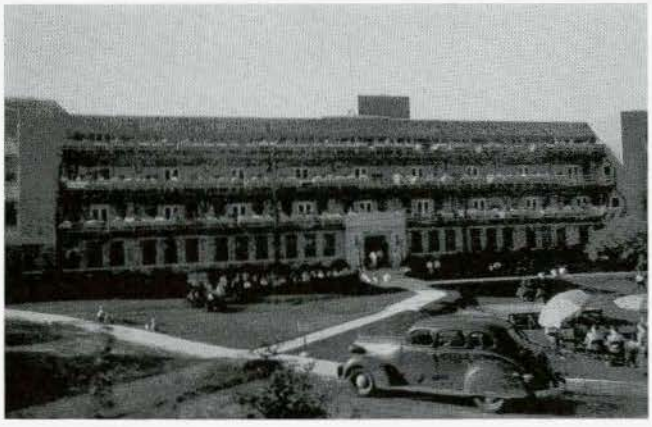
four-bed unit type, in which the set-back verandah plan, as advocated by the consultant architect to the Federal Department of Soldiers' Civil Re-Establishment was used. Also in this building, for a first time, the plan was tried of giving the building a south-eastern exposure, for this gave plenty of sunshine in summer and with the prevailing winter winds coming from somewhat south of west, it was found that this very considerably improved the comfort of the unheated wards. This plan has been followed in all later buildings.

The next addition came in 1932, when, through the assistance of federal and provincial unemployment funds, a larger building of three storeys, based upon our experience with four-bed units and including set-back verandahs to the three floors

was erected. This building, known as the Evel Pavilion, had a basement at the ground level which was utilized chiefly for medical administration and as a centre for clinical investigation, while in addition, a part of the top floor contained the operating rooms for the department of chest surgery.

Up to this time every building was provided with its own heating unit, but two years later a central heating plant was built, with the result that at last, in addition to its other advantages, an ample supply of steam for sterilizing of surgical supplies and for other hospital uses was available.

All this proved to be a valuable experience, in preparation for what is to date our final building attempt, for in 1938, Mr. C. S. Wilcox made the bequest of a quarter million of dollars for the erection of a new modern pavilion to replace the older frame buildings at the Orchard.



Wilcox Pavilion, Built 1938

This building followed fairly closely the plan of the Evel Pavilion, with a basement floor at ground level, and with three floors for patients, again following the plan of four-bed units with set-back verandahs, but it also provided 24 single rooms and 12 two-bed rooms, and perhaps most important of all, the building was of a much better type of construction. Also, by giving this building a south-eastern exposure, in relation to the Southam and Evel Pavilions, it provided an element of symmetry to the general ground plan that had previously been sadly lacking.

The first great war found our country quite unprepared for the great need for accommodation for tuberculous patients, both civilian and military that developed, and thus the inter-war period was marked by fairly steady expansion both here and elsewhere in Ontario. In this process all sanatorium boards gathered ideas wherever they could obtain them, but throughout this entire period the trend in architecture has fairly consistently kept pace with the advances in treatment.

As a result, in this latest building, the Wilcox Pavilion, we had the advantage of a third attempt to put into effect our ideas of the requirements of the modern sanatorium, though to provide a complete service, in a single building, some features of the surgical and X-ray facilities of the Evel Pavilion, would have to be included, and unfortunately, none of the buildings have nearly enough single rooms for our requirements.

While we have been studying this problem other centres have been equally active. It is therefore most gratifying to us to note that some of the basic ideas, incorporated in the Southam and later pavilions, have been included in the plans of buildings or extensions at St. Catharines, Freeport, Fort William and Cornwall.

Also, more recently, the Department of Veterans' Affairs of British Columbia, in preparing plans for their new Hospital for Chest Diseases at Shaughnessy Heights, have made considerable use of these plans in a single building, which, for comfort of patients and efficiency of management, would appear to be almost the last word in this type of hospital construction.

Thus we believe that we have both gained valuable assistance from other sanatoria and have contributed something tangible to the advance in sanatorium construction. This, however, does not mean that there are no more problems to solve, for in our own institution we are face to face with the problem of deciding between our original system of relying upon the "back to nature" method of using unheated wards, or whether we should sacrifice this plan to meet the demand for greater comfort, and incidentally greater expense in the treatment of chest diseases. This change has already been adopted on the wards where patients are recovering from major surgery operations, and this has created an increasing argument in favour of heating all wards.

Finally, we are very sure, from our experience with the difficulties met with in administration in a 700-bed sanatorium, that our own institution, composed as it is, of many separate units, would be able to operate much more efficiently, if the buildings were sufficiently compact to be connected by underground or covered passage ways, built, if possible, to a universal level, which leads directly to an elevator service in every building. This would mean that the conveyance of food, by means of food waggons, directly from the kitchens to the service rooms, would be made possible, without the great difficulties which we now encounter at all times and especially during winter months. If, in addition, these passage ways would enable orderlies to convey patients by suitable carriages from wards to the X-ray and other departments for clinical investigation, and for dental and other special types of treatment, our very expensive service between buildings, calling for an ambulance and two full-time employees, would be replaced by a service which would combine considerably less cost with much greater efficiency.

In all these efforts to serve our patients, their interests have ever been uppermost, and it is a source of very great satisfaction that we have been able to, in this way, pool our experiences so that each institution has been able to contribute its share toward the development of the ideal sanatorium of the future.

And now, while I have described this gradual evolution of Mountain Sanatorium construction from the point of view of the medical man interested in improving the treatment of his patients, it must be very apparent that the chief responsibility for transforming ideas into hospital accommodation, is the skilled architect and his staff, and even he requires the wholehearted co-operation of the builder. From this standpoint we have been most fortunate from the very outset, for Mountain Sanatorium is essentially the expression of a community effort in welfare work.

DUTY ON PLANS, DRAWINGS AND BLUEPRINTS

DUTY ON DRAWINGS AND SPECIFICATIONS IMPORTED INTO CANADA

DEPARTMENT OF NATIONAL REVENUE, CANADA
(Customs Division)

APPRAISERS' BULLETIN
(Miscellaneous Series)

For the Guidance of Customs and Excise Officers

Index Subject: Plans, Drawings, Blueprints.

H. D. SCULLY,
Commissioner of Customs,
Ottawa, 20th June, 1939.

File No. 195607

Plans, Drawings and Blueprints

Note: Specifications when bona fide handwritten or typewritten are duty free as "manuscript", under tariff item 172, plans, drawings and blueprints are subject to duty under tariff item 180.

Valuation of Architects' and Engineers' Plans, Drawings and Blueprints

1. *(a) Architects'* plans or drawings of buildings or additions to or alterations of buildings, or blueprints as substitutes therefor, are to be valued for duty *provisionally* at 3 per cent. of the *estimated* cost of such construction to be erected, when the estimated cost is $10,000 or over.

(b) When the estimated cost of the building is less than $10,000, the plans or drawings and blueprints thereof are to be appraised at the architects' usual charge for furnishing same.

2. *Engineers'* plans or drawings or blueprints as substitutes therefor covering engineering work such as plant layouts, foundations for machinery and other plant equipment, structural supports and towers and similar outside structures, dams, spillways and other hydro construction, wiring, piping, platforms, ladders, stairs, etc., and buildings for housing any part of such engineering construction work, but not including machinery and non-mechanical plant equipment, when for paper mills, mining and smelting plants, steel mills, refineries, power plants, and plants of other heavy industries, are to be valued for duty *provisionally* at 1 per cent. of the *estimated* cost of such construction work.

3. When the construction, as referred to in 1 *(a)* and 2 above, is completed, the entries are to be adjusted by refund claim or by amending entry, as the case may be, based on an appraised value representing 3 per cent. of the *actual* cost of such completed construction in the case of *architects'* plans or drawings and blueprints, and 1 per cent. of the *actual* cost of such completed construction in the case of *engineers'* plans or drawings and blueprints.

4. Collectors are hereby instructed to establish a record of importations of plans or drawings and blueprints subject to appraisal under 3 above, and to require importers to file promptly, after completion of the construction, an affidavit as to the actual complete cost thereof.

5. Blueprints or copies of architects' or engineers' plans may be entered at the cost of production thereof after duty has been once paid on the originals or copies thereof in Canada, under the foregoing regulations, upon proof of such payment to the satisfaction of the Collector at the port of entry.

6. Competitive plans imported for inspection may be entered for warehouse, subject to payment of duty within sixty days unless then rejected and ex-warehoused for exportation. They may be inspected in Customs warehouse only (on Customs premises or in a special bonded Customs warehouse temporarily established in premises satisfactory to the Collector, where plans are to be viewed and selection made), but the plans must not be permitted to be released to the importers.

Valuation of Plans, Drawings and Blueprints of Machinery and Non-mechanical Plant Equipment

7. Plans of drawings and blueprints of machines and other articles of equipment specially engineered to order, including standard designs which have been adapted by alterations thereto, may be appraised at the cost of producing same (design engineering, material, labour and draughting-room overhead) plus an advance of 25 per cent., provided that the value for duty shall not be less than the actual selling price to the importer, not including the value, if any, of—

(I) the specifications,

(II) engineering supervision in Canada and the travelling, living and other expenses incidental thereto,

(III) the rights to manufacture and market the machines or other articles of equipment.

Blueprints of standard designs which in the ordinary course of business have been used in the country of export in the production of standard models of machines and other articles of equipment may be appraised at 75 cents per pound. The value of 75 cents per pound may also be accepted for entry of blueprints when the machines and other articles of equipment are imported.

THE PROVINCE OF QUEBEC ASSOCIATION OF ARCHITECTS
620 Cathcart Street, Montreal

April 30th, 1945.

Miss Constance Griffith,
Secretary,
The Royal Architectural Institute of Canada,
74 King Street East,
Toronto 1.

Dear Miss Griffith,

Pursuant to yours of the 25th inst., please find herewith attached copy of Appraisers' Bulletin of the Customs Division for the valuation of Architects' plans, drawings and blueprints.

I believe this Bulletin is self-explanatory and gives the information required on imported plans whether they are printed black on white or white on blue or black. Please note that the valuation for duty is set at 3 per cent. of the estimated cost and that one copy of the plans or drawings is to be left with the Customs official for adjustment with the Department by the Architect in charge of the construction when completed.

The custom duty is 20 per cent. of the valution, 10 per cent. for war exchange and 8 per cent. sales tax on duty paid value.

The investigation on United States duty on such documents is not completed and will be forwarded to you as soon as available.

Yours very truly,
Maurice Payette.

July 11th, 1945.

The Collector of Customs and Excise,
Department of National Revenue,
1 Front Street West,
Toronto, Ontario.

Re: Customs Duties on Plans for Buildings

Dear Sir:

I have before me a copy of the Regulations of your Department setting forth the rules for appraisal of Architects' and Engineers' plans for customs purposes and would like to have two or three points clarified by you.

Question 1

Supposing that a foreign firm proposes to erect a building in Canada and to export to this country the necessary plans and specifications prepared outside this country.

Under Regulation 1, these plans if prepared by an Architect would be appraised for duty at 3 per cent. of the cost or if the cost were less than $10,000.00 then at the usual Architect's charge for their preparation.

But under Regulation 2, if the plans were prepared by an Engineer and the building contained, as it undoubtedly would, such things as ladders, platforms, stairs, wiring, piping, machine foundations and other equipment then the plans would be appraised for duty at only 1 per cent. of the cost; and it would be to the advantage of the Owner to employ for the design an Engineer rather than an Architect.

The question is whether or not I have interpreted these two Regulations correctly.

Question 2

Under Regulation 2, plans for machinery and non-mechanical equipment for certain heavy industries are excepted from the rule for appraisal at 1 per cent.

Are such plans admitted duty free?

Question 3

Are mimeographed copies of specifications treated as bona fide typewritten manuscript?

I should be glad if you would give me the answers to the above questions at your earliest convenience.

Yours very truly,

A. S. Mathers,
Convenor, R.A.I.C. Committee re Duty on Plans.

NATIONAL REVENUE,
CANADA CUSTOMS AND EXCISE DIVISIONS
Toronto, Ont.

July 17th, 1945.

A. S. Mathers, Esq.,
Convenor, R.A.I.C. Committee
re Duty on Plans,
The Royal Architectural Institute of Canada,
74 King Street East,
Toronto, Ont.

Dear Sir:

I acknowledge receipt of your letter of July 11th, 1945, requesting clarification on two or three points concerning the duty applicable to plans for buildings.

Your letter was referred to Mr. Appraiser L. Lloyd in whose Division the importation of Architects' and Engineers' plans is handled, and, for your information, I am quoting hereunder his reply, which you will find self-explanatory.

Question 1

Regulation (1). The Importer's interpretation of this item would appear to be correct.

Regulation (2). This covers Engineers' plans of plant layouts, foundations for machinery and other plant equipment, structural supports, and similar outside structures, and buildings for housing and *part* of such *engineering* construction works, *i.e.*, that part which would usually and ordinarily be considered as engineers' work. The building proper would be subject to the provisions of Regulation (1).

Question 2

Plans for machinery and non-mechanical equipment, such as are excluded from the provisions of Regulation 2, would appear to be fully covered by Regulation 7.

Question 3

Copies of specifications mimeographed or produced on similar duplicating machines are considered to be Printed Matter N.O.P., and are dutiable at 27½ per cent. under tariff item 181. They are also subject to the War Exchange Tax of 10 per cent., and Sales Tax of 8 per cent., levied on the duty-paid value.

Yours truly,

E. D. Lennie,
Collector of Customs and Excise.

NATIONAL REVENUE
CANADA CUSTOMS AND EXCISE DIVISION

Toronto, Nov. 1st, 1945

The Royal Architectural Institute of Canada,
74 King Street East,
Toronto 1.

Attention Secretary

Dear Sirs:

I acknowledge receipt of your letter of October 26th, 1945, in which you state that it has been brought to your attention that a Canadian who recently purchased plans from Garlinghouse Plan Service, Topeka, Kansas, U.S.A., was required to pay duty charges of $4.50 only. You state that the cost of the plans in this case was $15.00 and the cost of the building was estimated at $12,000.

In reply I have to advise you that Mr. Appraiser L. Lloyd reports that such stock blue prints or plans of a type produced by Garlinghouse Company, and others, which are stock items advertised and openly sold in the home market or elsewhere at specified fixed prices, are considered to be regular commodities and, consequently, the fair market value at which such articles are offered for sale for home consumption, is held to be the value for duty purposes. Prints and plans of this type are classified under Item 180.

Yours truly,

W. F. Guthrie,
A/Collector of Customs and Excise.

(Continued on page 242)

THE PROVINCIAL PAGE

AEDIFICAVIT

LYNDEN Y. McINTOSH

It is a pleasure to write a note about Mr. Lynden McIntosh. He is one of the many architects who carry the flag of architecture and professional integrity far from metropolitan cities. We see them too rarely at Annual Meetings, but we know their interest in the Institute and its affairs is as keen as that of an architect in the Capital, or in any great Canadian city. Just how important these men are to the life and future of Canada no one can tell, but we feel it is very great. When we think that at the time of Confederation the cities of Vancouver, Calgary, Edmonton, Regina, Saskatoon, Fort William, Verdun and others did not exist, we can speculate on the growth of Fort William in another seventy-eight years. For Mr. McIntosh practises in Fort William. He was born in 1908, and was educated in Fort William. He received his professional education at the University of Minnesota, from which Institution he graduated in 1933. Prior to practice in 1938, he was associated with Mr. Stafford M. Hodder in Port Arthur.

Prior to the war, Mr. McIntosh was active in organizing a Lakehead Chapter of the O.A.A., but plans for that were dropped, as members, of whom there were seven, were in various ways absorbed in the war effort. We are sure the O.A.A. would welcome a Lakehead Chapter, and we hope that, with the return of his colleagues, Mr. McIntosh will be encouraged to start again.

ALBERTA

Here, as doubtless elsewhere all over Canada and in other parts of the world, many building schemes are being eagerly discussed as part of widely entertained hopes of better conditions of life and of society. These better conditions are not as yet much in evidence anywhere, but it may be hoped that they will in time arrive. It is interesting to notice what particular classes of buildings popular ambitions are most concerning themselves with. The overwhelming need is, of course, for housing. That problem alone is so general and the means towards a solution so small that it may seem idle to consider anything else. Yet discussions of a quite lively nature are taking place that go far beyond that crucial subject. As the next most pressing matter the need for more and better hospitals and schools is widely recognized. But, of course, schools for children and hospitals for sick people cannot of themselves fill the picture of a whole society ambitious to live a more expansive life. Ambitions towards that wider life find verbal outlet in the expression "Community Centre". This expression is somewhat vague inasmuch as it covers a multitude of varying ideas. These range from some simple physical sport such as a neighbourhood open-air skating rink to a highly cultural centre devoted to literature and the fine arts. Small local centres naturally concentrate on physical sports, which, however, at the same time have a definite social value and should not be underrated. In our climate open-air exercise in wintertime is a wide physical necessity which it would be perilous to neglect, especially when the health of children is considered.

There is so great a demand for centres both for physical and cultural ends, and ideas are so many and varied that it will be necessary for cities to undertake comprehensive organizations for those purposes. The idea of a fine spectacular civic centre may be said to stand in place of first importance. But it cannot stand alone. There must be local centres with some definite contributory relationship to that. A large auditorium suited for concerts and first-class dramatic performances will not of itself fulfil the needs and ambitions of all the citizens. Some such thing on a smaller scale may suit a small town. For a larger one there must be a number of local centres on an intermediate scale and besides these again there must be smaller neighbourhood centres. Each of these will be devoted to physical and cultural needs in varying proportions. In general, the smaller neighbourhood centres will cater more to physical needs. But it must be always borne clearly in mind that all of these do at the same time contribute in a high degree to a great social need. As what may at first appear as an extreme example of this we may consider a small neighbourhood airing ground where, in all seasons, mothers may bring their babies and small children for the necessary daily fresh air. This is a very nursing ground of society in a cultural sense. No class stands more in need of social intercourse and mutual aid than young mothers unless it be young children learning for the first time to play together on friendly terms.

We have been accustomed to think of community centres as belonging to towns and cities, but the voice of the countryman is making itself heard in the land. Villages are putting forward what seem overly ambitious schemes for community centres. The background of this is interesting. They want a hall for meetings. What sort of meetings and what size of hall? Generally dances and picture shows with some small club rooms are in their minds. When the size is considered, the request is at first surprising. The size asked for will accommodate the whole village population, man, woman and child and then some. And yet this may be quite reasonable, for the place may be the centre of a flourishing farming district whose population far exceeds that of the village. The demand really comes from the farmers. The cost is far beyond the means of the village, but the farmers have the cash and want to pay. The farmer with money wants an outlet for that money that will add interest to his life for at least one day in the week. It may not be an intellectual interest that he wants, though he may seek that too. He is probably not seeking a purely physical outlet for his energies. It is above all a social interest that he wants. This seems a legitimate and laudable aim deserving of serious consideration. It is to be hoped that the advance of the embattled farmers will have a wholesome influence on the social structure. They should at least preserve our attachment to the green earth.

Organized sport has become an important social element. In large cities it becomes necessary to make a special department of this. This raises the question of how far sport should be a civic service paid for by the city taxes. There are advocates for purely civic provision. There are limits to this. A neighbourhood that controls its own provision for sports is like an individual who owns his own house as compared with one who is merely a tenant. The tenant cannot make the adjust-

ments and repairs that suit him. He must accept what the owner thinks proper. A neighbourhood that manages its own local sports area has a much freer hand in providing what suits its particular needs and capacities.

Cecil S. Burgess.

ONTARIO

These are a few notes on some building experiences in Italy while in command of the Canadian Reinforcement Group there.

When we took over a town called Avellino for our training centre, shortly after the allied armies had captured it, we found it partially destroyed from allied bombing. This town is situated in the midst of the Appenine Mountains and it is the provincial capital of the province of the same name. It lies about 40 miles north-east of Naples and is reached by a road that winds over a mountain pass.

The public buildings included an artillery barracks, an agricultural college, a tuberculosis sanitarium, a tobacco factory, several schools and a Mussolini youth centre—all of which we took over for quartering our 12,000 Canadians.

All our buildings had their roofs damaged, since a bomb exploding near a tile roof blows the tiles off as though they were playing-cards. But because roof tiles are made locally and everyone seemed to be able to lay them, we were quickly under cover. The only other building material in good supply was the local sandstone, which is easily cut from the local quarry in rough blocks and is faced up on the job by the mason himself. We found that most of the local rustics were good masons and could turn neat arches, lay quoins and corbel out for cornices. They seemed to have an instinctive sense of proportion. The stone is very soft when first set but hardens in time. It must be coated with stucco as it soon disintegrates if exposed. The stucco is painted in a variety of fierce colours, the favourite being a sort of box-car red.

There is very little timber in the country. Our local trees were mainly olive and hazel nut with a few pines, poplar and plane trees. The building lumber seemed to come mainly from Scandinavia. This made the problem of obtaining frames, sash and doors very difficult until we hit on a happy solution. Any building that was badly damaged, we "cannibalized" by removing everything we needed to make good the rest. This created a certain amount of adverse comment from the local authorities but we had to have protection for the troops against the ceaseless winter rains.

The public buildings were designed either on the traditional Renaissance manner or in Mussolini's modern style. This latter type of design was very effective especially when used in barracks and hospitals. Some Roccoco enthusiast must have flourished in the past because there was quite a rash of fantastic curvilinear planning with its weird curved walls and false fronts.

The Italians are extremely good road builders and as the supply of tar and crushed stone is unlimited, there is no difficulty in getting good surfaces.

I could not help but feel that a Canadian Architect would have a great deal of enjoyment in building for himself in Italy. All the expensive things that he would like to do in masonry in Canada are within easy reach in a country where your gardener is your mason and the stone supply is close at hand. There are no foundations to worry over and lots of fun is to be had in building walls, gateways, arcades and garden buildings in stone with tile roofs or copings.

On returning to Canada and viewing the production of speculative buildings of Italian descent, I cannot help but feel that the impact of democracy has had a strange effect on their attitude towards building design.

E. W. Haldenby.

DUTY ON PLANS, DRAWINGS AND BLUEPRINTS

(Continued from page 240)

DUTY ON DRAWINGS AND SPECIFICATIONS IMPORTED INTO THE U.S.A.

TREASURY DEPARTMENT
United States Customs Service

Office of the Deputy Collector

Toronto 1, Ont.
February 13th, 1945.

The Royal Architectural Institute of Canada,
74 King Street East,
Toronto 1, Ont.

Attention of the Secretary

Sir:

Receipt is acknowledged of your letter of the 10th. inst., in which you state that you are desirous of ascertaining full particulars regarding the costs involved in exporting architectural drawings to the United States. You allude to both drawings and blue prints.

Kindly be advised that in most cases, such drawings would have to be assessed duty upon the cost of production value, determined in accordance with Section 402 (f) of the Tariff Act of 1930, which provides for the inclusion of all costs of material and labour, packing charges, and an allowance for general expenses (overhead) of not less than 10 per cent., and a profit of not less than 8 per cent., but not less than the usual profit on such or similar articles.

It will thus be observed that the cost of the time of the person making the drawings enters into the value; and in valuing blue prints, all costs of the original drawings as well as all costs of making just the blue prints, plus the amount of overhead and profit, as stated above, must be taken into consideration in arriving at the dutiable value of blue prints.

The duty upon both drawings and blue prints, upon importation into the United States is 25 per cent. ad valorem. All such should be marked to show the country of origin, as "Made in Canada". If the value of a shipment of such articles exceeds $100.00 in value, same must be accompanied by a Consular Invoice, certified before an official of the American Consulate General's Office, 102 Bay Street, City.

Should any further information be desired, may we suggest that on so complicated a matter, you send a representative to this office where the matter may be gone into more fully and with more definiteness.

Yours truly,

J. E. Knapp,
Deputy Collector.

COMMENTS

By A. S. Mathers

Careful reading of the above printed documents and letters show that with respect to the Canadian Customs:

(a) specification should not be multigraphed or mimeographed unless importer is prepared to pay a substantially higher rate of duty.

(b) engineers' and architects' drawings and specifications are treated alike, it being the purpose of the documents which establishes the rate not the profession of their producer.

Experience with the Canadian and American Customs has been that both are reasonable in dealing with the transmission of drawings and specifications back and forth across the border between Client and Architect when the Architect is employed on a building in his own country and the transmission is solely for the purpose of communicating information between them.