Craigdarroch Military Hospital:  
A Canadian War Story

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Abstract

As one of many military hospitals operated by the federal government during and after The Great War of 1914-1918, the Dunsmuir house “Craigdarroch” is today a lens through which museum staff and visitors can learn how Canada cared for its injured and disabled veterans. Broad examination of military and civilian medical services overseas, across Canada, and in particular, at Craigdarroch, shows that the Castle and the Dunsmuir family played a significant role in a crucial period of Canada’s history.

This paper describes the medical care that wounded and sick Canadian soldiers encountered in France, Belgium, Britain, and Canada. It explains some of the measures taken to help permanently disabled veterans successfully return to civilian life. Also covered are the comprehensive building renovations made to Craigdarroch, the hospital’s official opening by HRH The Prince of Wales, and the question of why the hospital operated so briefly. By highlighting the wartime experiences of one Craigdarroch nurse and one Craigdarroch patient, it is seen that opportunities abound for rich storytelling in a new gallery now being planned for the museum. The paper includes an appendix offering a synopsis of the Dunsmuir family’s contributions to the War.
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Introduction

At the outbreak of WWI, there were about 8,000,000 people living in Canada. Roughly 600,000 of the country’s men and women joined the Canadian Expeditionary Force, and about 450,000 of them went overseas. Another 50,000 people in Canada joined British or allied armies. By the end of the war, 60,000 had been killed in action overseas or died from wounds, injury, and disease. 70,000 returned to Canada with varying degrees of sickness and disability.¹

The nature of the disabilities suffered by veterans varied widely. Some disabilities were directly attributable to war service, such as dismemberment, while others suffered from pre-existing ailments exacerbated by war service. Others simply became ill while overseas, for example, through catching tuberculosis or developing cancer. About 20% of Canada’s recruits were deemed unfit for service when they arrived in Britain. In some cases, men had understated their age on recruitment. These were the so-called “thirty-niners.”²

This paper begins by outlining the medical care provided to Canadian soldiers in Europe and at home during The Great War. More detail is provided on military hospitals operated in Canada by the Military Hospitals Commission (1915-1918), and its successor, the Department of Soldiers’ Civil Reestablishment (1918-1927).

After this background is provided, the paper’s focus becomes Craigdarroch Military Hospital. It explores renovations made to the building and how the Castle fit into the Canadian government’s strategy to care for wounded and sick veterans, helping them return to civilian life.

Craigdarroch Military Hospital opened in September of 1919, but closed in early 1921. By 1927, the Department of Soldiers' Civil Reestablishment, based in Ottawa, was renamed the Department of Pensions and National Health. Craigdarroch Castle and its surviving hospital-era building modifications can be seen as tangible evidence of Canada’s first major intervention into the health and welfare of its citizens. This intervention helped to build the foundation of the nation’s modern health care system.

I. Canadian Medical Services During the Great War
1. Route of Medical Care

Medical services provided to soldiers by the Canadian Army Medical Corps on and off the battlefield during World War I were generally very good. Like all Commonwealth medical corps organizations, Canada’s medical corps conformed to the British system. Medical doctor and military officer Sir Andrew Macphail, in his Official History of the Canadian Forces in the Great War 1914-19: The Medical Services, explains the system designed to process casualties on the battlefield:

The route of the wounded soldier was - regimental aid post, advanced dressing station, main dressing station, casualty clearing station, general hospital. From the general hospital, one of two routes was open to him according to the nature of his wound. If the condition were temporary and would after six months treatment permit him to return to active service, he went through a convalescent camp to a command depot. If his injury was more severe he went to an orthopaedic hospital, from which after a longer period he might return to duty, or if he were hopelessly disabled for any military service he would be discharged and pensioned.

“Field ambulances” were the mobile medical units that moved casualties from the front line of combat, through the regimental aid post and dressing stations, to the casualty clearing stations. (See detailed explanation of these stations below). If an injured man was able, he would walk (fig. 1). Otherwise, movement usually occurred via stretcher. Stretcher bearer posts were positioned in locations to ensure the rapid movement of casualties (fig. 2). At other times, casualties were moved by light rail (fig. 3), horse-drawn wagon (fig. 4), or motorized vehicle. In practice, an injured soldier might miss one or more steps in the route of treatment described above.

1.1. Regimental Aid Posts

The regimental aid post was at the front, close to the action. It could be found in a cellar, a dug-out, or at the end of a trench. More permanent posts had significant protection from bombardment in the form of stone or brick on top of sandbags placed on wooden beams with metal supports. The ideal aid post might consist of two or three rooms, with two doors covered by blankets offering protection from gas attacks. Here the regimental medical officer, a medical doctor, had his office, a room for two orderlies, and their stretcher beds. He oversaw a force of thirty-one men. There were no nursing sisters here.

The medical officer, through his subordinates, ensured the provision of clean water. He monitored the health of the men, watched for disease, and made sure small abrasions were monitored
and kept clean. In the absence of combat, the medical officer operated much like a family physician. During combat, medical orderlies provided first aid on the battlefield using materials they carried with them (fig. 5). In addition, every soldier carried a clean dressing in his tunic. The medical officer attended serious cases. If necessary to prevent imminent death, surgery took place in the regimental aid post without general anaesthetic. If antitetanic serum or morphine was administered, those facts would be noted on a medical card attached to the man’s tunic, and letters were marked in iodine on his forehead or wrist. The card also bore information on the nature of the injury and any treatment or operation performed.⁵

1.2. Dressing Stations

At the advanced and main dressing stations, casualties would have dressings applied or changed (fig. 6). Emergency surgeries also might take place at a main dressing station if the man was otherwise unlikely to survive transport to the casualty clearing station (fig. 7). Nursing sisters were not assigned to dressing stations.

1.3. Casualty Clearing Stations

Casualty clearing stations were situated outside the range of enemy artillery, and beside railways so that ambulance trains could service them. Some casualties recovered here and were returned to their units. Some cases required surgery before being moved down the line to a general hospital and evacuation. Casualty clearing stations were staffed with nursing sisters (fig. 8).⁶

Traveling by rail to the stationary hospital was preferred, though motor vehicles and horse-drawn wagons were sometimes used. Ambulance trains typically consisted of fifteen cars carrying up to 400 patients. Patients being evacuated from the hospitals to ships were conveyed in motorized ambulance vehicles usually driven by women of the Red Cross.⁷

It is difficult to overstate the danger of infection resulting from wounds during World War I. Battlefields were often seas of muddy filth contaminated with corpses, excrement and tetanus. In some cases, medical officers near the front chose not to fully close open wounds if they believed they might contain cloth or metal which could be detected only in the relative safety of the hospital, and where x-ray equipment was available. Keeping wounds irrigated and clean proved difficult. As Macphail has observed, “In ambulance trains and hospital ships it was quite impossible to observe the meticulous routine by which alone a constant irrigation was maintained, and as a result the cases would arrive with
1.4 Overseas Hospitals

Everything possible was done in the general or stationary hospital to heal a man back to fighting strength. Sometimes, this entailed surgery. If an injured man could not be returned to a state of health that allowed return to the fighting force, he was said to have a “Blighty.” This meant evacuation to Britain for further treatment, convalescence, and in some cases, discharge (fig. 9).

The efficiency of Canadian medical services, when everything worked as planned, bordered on the miraculous. For example, the Battle of Vimy Ridge began at 5:30 a.m. on April 9, 1917. By 2:00 p.m. that same day, the seriously wounded began arriving in London on ambulance trains.9

At the peak of the war, Canada operated sixteen general and eleven stationary hospitals in France, Belgium, Salonika, Cairo, Siberia, and Britain. Canadian Stationary Hospitals varied in bed capacity throughout the war, ranging from 200 beds to 1,090 beds. Canadian General Hospitals ranged from 520 beds to 2,182 beds.

In Britain, there were eight general, eight special, and eight convalescent hospitals operated by the Canadian Army Medical Corps during the war. In addition, Canadian personnel took over and operated ten British military hospitals situated in Britain. Finally, there were eighty-seven small or so-called “minor” Canadian hospitals in France and in Britain where Canadians were treated.10

Some of Canada’s military hospitals in Britain operated in large country houses and/or on their grounds. The estates were made available by patriotic citizens. One of the largest was Bear Wood Convalescent Hospital, also known as The Canadian Convalescent Hospital at Bear Wood Park, Workingham, Berkshire (fig. 10). It was the home of John Walter, chairman of The Times newspaper. The house and grounds made for pleasant surroundings (figs. 11 & 12).

Another was at Cliveden, the home of Waldorf and Nancy Astor, Viscount and Viscountess Astor. The hospital did not occupy the house itself, but rather, the grounds and some of the outbuildings. It was officially named The Duchess of Connaught’s Canadian Red Cross Hospital, but was commonly referred to simply as Taplow, due to its proximity to Taplow Village, Buckinghamshire. The hospital was reorganized as No. 5 Canadian General Hospital in 1917,11 and Ward buildings were constructed on the polo field (fig. 13). The covered tennis court was also divided into numerous wards (fig. 14). Early in the war, several nursing sisters from Victoria, B.C. served at Taplow, and were housed in Taplow Lodge (fig. 15).12

The Canadian Convalescent Hospital, Uxbridge, was situated at Hillingdon House, on the estate's
200-acre property. There were several outbuildings and a magnificent conservatory that had a therapeutic effect on the men recovering there (fig. 16).

2. Battlefield Conditions and Medical Staff

2.1. Medical Officers

Private daily diaries kept by Canadian soldiers at the front are rare. Contrary to regulations, an order was issued to the Canadian medical service recommending that its officers keep private diaries. Macphail used a diary kept by an unnamed officer to paint a clear picture of deplorable conditions at the front:

October 28, 1915 – Cold rain, so cold and so wetting; the earth is turned to black grease.

November 3 – With heavy rain the trenches have gone to pieces; the men are waist-deep in water; today 75 patients were admitted, not sick but exhausted, and in the last extreme of misery; the horses are sick to their hocks in mud.

November 7 - A whole battalion went sick and was withdrawn; five days is more than men can endure.

November 11 - It is quite dark at 7:30 in the morning, and again at 4:30 in the afternoon. The country is a sea of mud. It fills and covers shell holes. A man may ride into these holes, lose his horse, himself only escaping if he swim ashore. A horse in many places leaves a swathe in the mud as an otter does in the snow.

November 20 - The gun-lines a morass; a tall man on a horse drags his feet in the mud. The horse has become as cautious as a cat; he will thrust one foot forward testing the ground, and if he finds no bottom he withdraws.

November 27- Sappers digging a new trench cut away limbs of the buried as if they were roots of trees.”

Using the diaries of other medical officers, Macphail described the situation faced by soldiers of the 2nd Canadian Division at what became known as The Battle of the St. Eloi Craters in Belgium. The battle was preceded by British tunnelers placing mines beneath German positions and setting them off in an explosion said to be so loud that it could be heard in England. British soldiers rushed into the massive craters resulting from the explosions. The craters offered little protection from the enemy. Several days later, the Canadians relieved the exhausted British soldiers. The situation was hopeless – the ground so altered by the mines that no one knew where they were. German bombardment, rifle, and
machine-gun fire prevailed as the Canadians sought cover in the mud and cold water (fig. 17).

Macphail here again quotes an unnamed Officer’s diary:

Before moving out the 3rd British Division had exploded their mines, and there was a frightful struggle for possession of the craters. The paths and trenches disappeared, and in the confusion it was impossible to remove the wounded for twelve hours. Some were hysterical, and some maniacal, bound to their stretchers. One man had lain for four days with arm and leg broken; the wounded officers were gaunt with pain, loss of sleep, and the general horror. These conditions culminated on April 18 in a northwest gale of wind and rain.\(^{15}\)

Macphail, himself a Medical Officer at the front, observed:

Wounds cause no pain at the moment. They are received with a sense of wonder. A man who had his hand cut off by a piece of shell would examine the stump with the greatest curiosity...Wounds are almost bloodless. Most amazing of all is the silence of the newly wounded as they lie upon their stretchers, their apathy and unconcern...But the pain was not long delayed. It became atrocious and had best not be spoken of even in a history of military medicine. To witness this suffering which they could so imperfectly allay was the continuous and appalling experience of the nurses at the front and at the base (fig. 18).\(^ {16}\)

2.2. Nursing Sisters

Canada was the first nation in the world to assign an officer rank to women in military service. The rank of Nursing Sister was equivalent to that of Lieutenant, and the rate of pay was the same.\(^ {17}\) They were called “Bluebirds” by their brothers-in-arms because of their distinctive blue uniform. Nursing sisters were to be unmarried at recruitment, but contrary to what the rank title seemed to imply, it was not required that they belong to a religious order.\(^ {18}\)

Nursing Sister Elsie Dorothy Collis of Victoria, B.C., like some other officers in the Canadian Army Medical Services Corps, also kept a diary. On May 13, 1917 she was sent to No. 1 Canadian General Hospital at Etaples, France.\(^ {19}\) Her entries reveal the bravery and professionalism that nursing sisters brought to bear in the face of danger:

May 19, 1918 - Had a terrible air raid from 10:30 p.m. 12:30 a.m. Was a beautiful night – as light as day. Before I left for supper I heard distant guns but thought nothing of it. Had just got to the kitchen door when the bombs began to drop. There were several in the mess quarters and set the rows of huts on fire. Two dropped outside the [nurses’] club, another outside our new quarters. The whole place was wrecked – poor little “Bob” [nursing sister Gladys Wake] was buried, she had a fractured femur, a huge wound in the other leg and several smaller ones. A Miss [Katharine] McDonald was killed. She had a tiny wound but it must have severed the femoral artery as she died of haemorrhage almost immediately. Wounded were taken to G ward. Several
bombs dropped on the officer's [sic] lines. One on top of Hill 60. Killed one M.O. who was standing up with several others. There were about six of us in the kitchen on the floor. It was dreadful. We could see the fires through the window, hear the men shouting and calling. Hear bombs dropping, the guns would all stop for a minute until the machines came within range. All one could hear was their continual buzzing – then the guns again, then the bombs. The windows all fell in, dishes kept breaking, the plaster walls fell in, in places. We were sure the next one would hit us. When there was a lull, we hurried back to the wards. One badly hurt man had been brought to hut X almost dying – three planes returned – one dropped several bombs then left us alone. Several of the hill wards were hit, one destroyed. Where the HSD men slept a number were killed and as many wounded. The O.R. was busy the rest of the night. Private Wilson was killed.\(^\text{20}\)

Colonel G.W.L. Nicholson, in his book, *Canada's Nursing Sisters* (Toronto, 1975), elaborated on the enemy bombing of this hospital:

To add to the horror, at least one enemy aeroplane, taking advantage of the bright moonlight and the glare from the burning huts, flew low and machine-gunned those engaged in rescue work. Nearly half of those wounded were patients, and through the whole ghastly two hours that the raid continued, sisters went from hut to hut to attend them. The heavy casualties inflicted on the hospital’s male staff left the operating room without orderlies, but the nurses, assisted by some of the off-duty sisters, quickly prepared the theatre for action...Here, surgeons and sisters toiled through the night dealing with cases in urgent need of surgery. Of the 1156 patients in the wards when the enemy struck, 300 were suffering from fractured femurs. Anchored in their beds with immovable apparatus, they knew that the thin galvanized iron roof was no protection against bomb or bullet...In this nerve-wracking situation they were greatly sustained by the presence of the nursing sisters who stayed with them throughout the raid, encouraging and soothing them.\(^\text{21}\)

Two days after her May 19 entry quoted above, Collis wrote:

Miss McDonald was buried this a.m. A number of us went, also No. 7, all our men. Captain Hughes was also buried. These funerals are dreadfully trying. Saw “Bob” this morning. She looked terribly ill. Has most dreadful wounds, gangrene I’m sure from the odour. Miss Saunders came while I was there. Miss Wilson [No. 5 Matron] brought her from Le Treport. She was on a case, so glad she got here. Poor little ‘Bob’ died at 3 o’clock. Saw Miss Wilson for a few minutes.\(^\text{22}\)

And on the following day, Collis wrote, “‘Bob’ buried at 3 o’clock. We all went to the funeral. It was dreadfully trying. 46 of the boys were all buried together in one long grave” (fig. 19).\(^\text{23}\) A little over a year later, Collis was nursing at Craigdarroch Military Hospital.

3. The Work of Military Hospitals in Canada

3.1. The Military Hospitals Commission or Department of Soldiers Civil Reestablishment
Soldiers that were too badly injured or sick to continue serving in the military were discharged and pensioned. Early on in the War, government officials realized that it was the duty of a grateful nation to continue to care for men after their return to Canada. This duty not only entailed mending a man’s mind and body as completely as possible, but also in assisting him to return to civilian life. Some men would recover enough to return to their previous trades and professions, and would therefore require retraining. Some would obviously spend the rest of their lives in hospital. In May 1915, the Government of Canada formed the Military Hospitals Commission (MHC) to do this important work. It was renamed the Department of Soldiers Civil Reestabolishment (DSCR) in 1918.

The principal organizer and administrator of the Commission’s work was civil servant Ernest Henry Scammel. More than any other person, he could be described as the prime architect of what eventually became Canada’s modern health and welfare system.

The Commission was a quasi-military organization that administered hospitals and vocational training for invalided (discharged) officers and enlisted men in Canada. Its responsibility was soon expanded to include the treatment of officers and men on active service in Canada and Bermuda. By 1917, it had 2,800 employees, operated seventy-one institutions directly, and had patients in forty-four other institutions managed by provincial governments or private organizations. Some of the institutions provided general treatment, while others cared for men with special conditions such as tuberculosis, insanity, or nervous disorders. For example, Resthaven Military Convalescent Hospital in Sidney, B.C. specialized in the treatment of “mild nerve cases” (fig. 20).

3.2. The Journey Home

Each discharged soldier appeared before a medical board before being returned to Canada. These boards were comprised of three medical officers who took about thirty minutes to examine a man and complete paper forms documenting any disability, tests, specialist treatments, and other medical history (fig. 21).

Invalided soldiers returning to Canada generally arrived in Halifax at Pier 2 (fig. 22). During the winter, it was sometimes necessary to unload hospital patients at Portland, Maine, which also meant much less travel time to central Canada. A staff of sixty-three medical officers, eleven nursing sisters and twenty-four orderlies worked on the MHC’s various hospital trains. Each car could usually accommodate up to twenty-five cases (fig. 23). As the War drew to a close in 1918, a clearing services command was set up at each port through which troops passed into Canada. They saw to it that
medical and other documents for incoming troops were completed at sea so that the men could be “dispatched without delay to their various home districts.” The last hospital ship to bring Canada’s soldier patients home, the Araguaya, didn’t leave England until September 11, 1919.

3.3. Publicity

During the War, the Commission’s publicity branch wired good-news stories to all daily Canadian Press newspapers and about 150 weekly newspapers. Photographs of the Commission’s work with patients were produced for publication and displayed in shop windows. Some of the Commission’s photographs were converted into lantern slides, augmented with notes, and distributed for lectures in rural areas where daily newspapers were not available (fig. 24).

Anxious for Canadians to know what their government was doing for ex-soldiers and what the attitude of the invalided man should be, they distributed a poster titled: “What Every Disabled Soldier Should Know” (fig. 25). Work began on a motion picture illustrating the care of the wounded men in Britain and Canada. Writing in 1917, Scammell reported that “The object of the film is to arouse the interest of the soldiers in their own future so that their spontaneous cooperation will be accorded the methods adopted by the Commission for their benefit.”

The film was titled Canada’s Work For Wounded Soldiers, and had its first public screening in Canada in 1918. The publicity branch’s work helped to counter public criticism of the way returned soldiers were being cared for, and in some cases, for the way a small minority of them behaved in their spare time. Importantly, the Commission’s publicity aided in recruitment, because it revealed what sort of care an injured, sick, or disabled man might receive when he got home.

The glass lantern slides produced by the Commission’s publicity department remain today the most comprehensive visual record of military hospital work in Canada.

3.4. Curative Work and Retraining

During and after the period when a man’s most immediate physical needs were met through surgery, physiotherapy, the fitting of prosthetics, etc., it was essential that he do something productive that would help to restore his body and spirit. Canada’s military hospitals were at the leading edge of medical treatment and rehabilitation practice during and after the war. Certain aspects of the Canadian model were adopted by other nations—most notably, curative occupations and industrial retraining.
3.5. Hospital Ward Aides and Occupational Therapy

Ward aides were among the most critical members of hospital staff and a virtual God-send to disabled and despondent patients. These specially trained women helped men overcome mental and physical ailments through “occupations,” or more succinctly, through craftwork. Ward aides in Canadian military hospitals were at the forefront of what would soon be recognized as the profession of occupational therapy.

Judith Friedland explains that “the idea of using occupations to raise morale, build self-esteem, and develop skills lies at the heart of occupational therapy.” In Canada’s military hospitals, the work of ward aides with patients often started at the bedside with a hand-loom (fig. 26). Eventually, work might progress to more complex embroidery, beadwork, light leather, metalwork, sculpture, stenciling, and design. If a patient was able to leave the ward and enter the hospital workshop, he might progress to heavier work such as carpentry, furniture-making and repair, metalwork or basketry. Small objects made at the bedside or in the curative workshops were typically children’s toys or household effects (figs. 27 & 28). These objects were often sold to augment the patients’ income or to fund the recreational pursuits of the general hospital population. Sales could only be made through commercial outlets. The buying of crafts from individual patients, so called “compassionate” purchases, were forbidden.

A positive health outcome was the prime purpose of ward occupations. Every hospital’s medical director (a medical doctor) would prescribe the occupation, and the ward aide would administer it. The occupations prescribed were related to the nature and extent of disability. For example, planing wood at a bench in the workshop would work a man’s arms, but have the added benefit of strengthening the larger muscles in the lower part of his body. Ward aides recorded all curative activities undertaken by the patient, and these records would reveal a man’s physical and mental adaptability should he be referred for vocational training later.

The major hurdle to overcome in recovery and the return to civilian life was often the mental attitude of the man. This is where the personality of the ward aide came into play. Alice Peck, co-founder of the Canadian Handicrafts Guild, and a champion and practitioner of ward occupations in Canadian military hospitals believed that “The practice of art in any form whatsoever tends to make men and women happy.” And on the teaching of crafts, she said, “To reach its utmost limit of good, it must ever be administered by women, for in its personal element lies one of its greatest benefits. It is when heart touches heart that melody is struck.” This was also the official view of DSCR’s director of
vocational training, Walter E. Segsworth: “It has been proven without a doubt that properly trained girls are the only ones who are uniformly successful in introducing the idea of work and bringing about the first mental stimulus at the bedside... Before the ward aide work was introduced the men in the wards were idle” (fig. 29).\(^{38}\)

The beneficial effect of craftwork for those suffering from mental illness was understood well before WWI. It was already being used successfully in asylums to treat mental illness. Renowned American artist and early occupational therapy proponent, Jessie Luther, described the pleasant state of “self-forgetfulness” that craftwork provided to her while institutionalized for nervous exhaustion in 1903.\(^{39}\)

The challenge then was to help the patient cease fretting about his condition and instead focus on making something beautiful and/or useful with his own hands (fig. 30). The actual quality of the item being made was far less important than engagement in the activity itself. Segsworth described ward occupations as “the agency by which the melancholy patient is induced to forget himself and take an interest again in people and other things.”\(^{40}\)

Mental illness was not well understood by military medical officers of the time. There was little sympathy for so called “shell-shock” cases (known today as Post-Traumatic Stress Disorder). Sir Andrew Macphail’s view was shared by other military doctors: “Shell-shock is a manifestation of childishness and femininity. Against such there is no remedy.”\(^{41}\) Desmond Morton points out that the CEF’s chief specialist in the condition thought that such men had “subconsciously willed themselves into a primitive state.”\(^{42}\) Psychiatrists disliked the term “shell-shock.” The most common diagnosis was “NYD-N” (not yet diagnosed-nervous). Other terms like “neurasthenia,” “functional disability,” and “battle neurosis” were sometimes used. Veterans diagnosed with insanity were simply locked in asylums. Morton notes that Lt-Col John McComb and Maj. John Russell, in advising Minister of Militia Sir Edward Kemp, apparently approved: “Individuals of constitutionally inferior type will form a class of tramps, ne’er do-wells and criminals that history shows has followed a war. If at large and allowed to procreate, they will beget their kind.”\(^{43}\)

When the Military Hospitals Commission evolved into the Department of Soldiers Civil Reestablishment (DSCR) in 1918, they helped Professor Herbert Haultain, District Vocational Officer for Ontario, set up a training school for ward aides at the University of Toronto. The students were typically middle and upper class women with an interest in the arts & crafts, who, as Friedland says, “might otherwise be doing charitable work.”\(^{44}\) One of the registrants in a special course offered for students from Western Canada was Dorothy Lougheed, daughter of Calgarian Senator James A. Lougheed, President of the DSCR. Patients sometimes called the women “green goddesses” because of
their distinctive uniform. Haultain said that it was bright and had a military cut: “It attracted the sick man. It was not hospital and it was not discipline” he said (fig. 31).\textsuperscript{45} By the end of the war, there were 350 ward aides in Canadian hospitals from coast to coast.

3.6. Vocational Retraining

Curative workshops were built at Canadian military hospitals for use by patients able to leave their beds and for day-patients living in the community. These workshops were not intended to provide men with vocational training, but rather, to further strengthen body and spirit through vocational activity, and thus hasten their return to civilian life and self-sufficiency. Doctors prescribed the activities, and hospital vocational staff administered them.\textsuperscript{46} Staff took note of a man’s attitude, aptitude, and physical impairments. Vocational Officers in the hospitals would steer men toward retraining choices that best suited their particular disability. Industrial retraining was available only to patients who, “through injuries received on, or aggravated by, war service, [were] prevented, by reason of their disability, from following their pre-war occupations.”\textsuperscript{47}

If a man qualified for industrial retraining he would meet with the Disabled Soldiers Training Board in his region. The Board consisted of an interviewer, a doctor, and one or more representatives of industry. The interviewer was ideally a former soldier with experience in “heavy” work.\textsuperscript{48} The Board helped the man choose his course of retraining and usually, the chosen trade would relate to his previous work. Trades for which a man had little aptitude or where employment was uncertain were discouraged. Industrial retraining lasted up to eight months and commenced only after the patient had been discharged from hospital.\textsuperscript{49} The retraining was paid for by the government, and students were paid to attend classes.

The MHC and its successor, the DSCR, operated a limited number of their own re-training schools, but usually the ex-soldier was placed in commercial industry. Vocational Officers monitored the progress of students, making sure they were present and succeeding, and that they were not being exploited by employers. Ideally, vocational instructors were also returned men. The DSCR administered retraining for former patients in 314 trades and professions.\textsuperscript{50}

The DSCR’s Director of Vocational Training, mining engineer Walter E. Segsworth, strongly believed that with proper help and guidance, a disabled veteran stood an excellent chance of successful return to civilian life. He was critical of those who disparaged his department’s work or questioned the resilience of students:

Among other misconceptions, [critics] have succeeded in creating the impression that all disabled
soldiers are physical or mental wrecks, mere human drift-wood, broken in mind, body and spirit and devoid of will. Once these disabled soldiers have overcome the state of institutionalism due to their long period in hospital, and are given an opportunity to learn a new occupation, they display more initiative, will-power, concentration and desire to learn than do civilians."  

The DSCR operated three of its own vocational retraining shops in Greater Victoria in the fall of 1919. At Esquimalt, seventy-five students were training in motor-mechanics and ten were learning to be boat-builders (fig. 32). Boat building proved so popular, that a larger facility was eventually opened at Rock Bay. At a former pickle factory on Fisgard Street, about seventy-five students learned shoe repair, carpentry and cabinet-making, or trained to be electricians.  

Some Victoria patients were retrained in iron moulding at the Albion Stove Works, a branch of the Albion Iron Works Company, a firm formerly controlled by the Dunsmuir family and once managed by Robert Dunsmuir Bryden (fig. 33). Other Victorians learned dental mechanics, lino-typing, and vulcanizing. Poultry raising and gardening were popular vocations chosen by patients. These wholesome pursuits were also curative activities encouraged at the hospitals, where the men could get exercise, commune with nature, and help grow food for the hospital (figs. 34 & 35). The Red Cross opened its first Canadian vocational workshop for veterans at the Dockyard in Esquimalt, and at one time employed twenty men. Some of these men had undoubtedly learned wicker and basketry work in hospital curative workshops—possibly even at Craigdarroch (fig. 36).  

University tuition was not covered for men seeking retraining in the advanced professions, even if they had been studying at university before enlistment. Exceptions were made for boys who had overstated their age at enlistment. They were deemed to have been immature when signing their attestation papers. The federal government’s position was that these men were owed more than a manual trade.  

3.7. Farming and the case of Matson Farm, Vancouver Island  

The MHC and its successor, the DSCR, usually provided vegetable gardens at hospitals for tending by patients as a curative occupation. Some of the larger hospitals had farms attached to them where men made the transition from curative therapy to full vocational retraining. A third type of farm was a stand-alone operation where students lived on-site for six to eight months while being retrained. Mixed farms combined the growing of crops with animal husbandry. A disabled man who had farmed before the war, but through injury was unable to engage in the same type of farming, could learn to specialize (fig. 37). A man unable to continue with a former trade, but who wished to take up farming for the first
time, was given retraining in that. Considerable sums were spent on DSCR farm operations. For example, at the farm attached to Speedwell Hospital in Guelph, officials spent an astounding $9,000 for a 50% interest in “Fairview Korndyke Boy” a Holstein bull of notoriety commensurate with his cost.57

By the fall of 1919, the numbers of invalided soldiers from Vancouver Island seeking retraining in farming had ballooned. About sixty of them were already placed on private farms and were not learning much. “J” District vocational officer George Deane observed that “The practical training and experience these men are receiving amount to virtually nothing, as their labour is being exploited to best commercial advantage of the farmer.” Vocational officers felt that the Department could do better. After careful research that included expert agricultural advice, Deane concluded that the DSCR should lease Sam Matson’s 350 acre farm at Cobble Hill, Vancouver Island. About twenty-five men could be housed there. A hundred acres were under cultivation, and the farm had the capacity for twenty-five head of cattle, twenty-five hogs, seventy-five sheep, and seven-hundred chickens. Deane and his colleagues failed to comprehend, or chose to ignore, the political ramifications of leasing property from the DSCR’s commissioner from British Columbia. In Ottawa, Liberal Opposition Leader William Lyon Mackenzie King noticed the apparent conflict of interest, and he was certainly not Matson’s political friend (figs. 38 & 39).58 59 Before the lease was even signed, he wrote to the commission president, Sir James Lougheed, hoping to find evidence of nepotism. He asked for details regarding “terms and conditions” of the lease, and wanted to be “furnished with this information at [the] earliest convenience.”60 Acting Deputy Minister N. F. Parkinson then wrote to the director of vocational training, “I would be glad to have from you as soon as possible, complete facts with respect to necessity for and use of Matson Farm as training provision in British Columbia.”61

Lougheed was only too pleased to provide Mackenzie King with his answer.62 He had seen the farm for himself. Parkinson had reported to him that there was insufficient space to meet student demand at the DSCR’s farm at Boundary Bay on the mainland. The climate at Matson Farm was different from the mainland, and Vancouver Island men needed to be trained in conditions similar to where they would be farming after completion of their study. Furthermore, the selection was made only after careful investigation by Department officers and after receiving advice from a number of experts: Dr. Tolmie, Provincial Minister of Agriculture; W.E. Scott, a former deputy minister of agriculture; and Mr. Rive, head of the dairy branch of the B.C. government.63 Lougheed quite understandably made no mention of the fact that Matson was in “urgent need” of money and that the lease required the Department to pay the full amount in advance.64

4. Administrative Problems in Canadian Military Hospitals
In October 1915, when MHC’s responsibility for injured and discharged soldiers expanded to include the treatment of soldiers on active service in Canada and Bermuda, the result was that control of the serving soldiers automatically rested with a civilian commission. The hospitals’ doctors were active militia members who kept their civilian practices going, or former officers of Canadian Army Medical Corps. The hospitals themselves were administered and staffed by civilians. Because some patients were still in active service, and others were already discharged, it made authority and control of the patients and the work of occupational therapists difficult. A doctor might order that a patient on active service was to engage in certain curative work, but he had no military authority over the ward aide or her patient. A demobilized patient was free to choose whether to actively participate in his own recovery, whereas his friend in the same ward was, by training, not expected to think for himself or make significant independent life decisions while under military authority. Some patients were idle, spending money on liquor, and disregarding instructions related to their healthcare and integration into civilian life. It was a flawed administrative arrangement.

The decision was taken in 1916 that MHC patients would become a special unit of the Canadian Expeditionary Force called a “Casualty Command,” under the overall command of Major J.J. Sharples. This meant they were awkwardly positioned between the Militia Department and the Commission. The new Military Hospitals Commission Command (MHCC) was staffed with returned officers “who had been distinguished for conduct and bravery.”

From the very beginning in 1915, the Military Hospitals Commission was presided over by Senator James A. Lougheed PC KC of Calgary (fig. 40), who was a Conservative minister without portfolio, and Government House Leader in the Senate. Commission members came from Canada’s thirteen military districts. From Military District No. 2 was Brig.-General Sir H.M. Pellatt, CVO of Toronto, builder of the famed pile named “Casa Loma.” From Military District No. 11 (also known Unit “J”) were F.W. Peters, the B.C. general superintendent for the Canadian Pacific Railway in Vancouver, and from Victoria, J.H.S. “Sam” Matson, publisher of The Daily Colonist and owner of the previously mentioned farm that had been of particular interest to Mackenzie King. He was also Joan Dunscurm’s former financial advisor and close friend to Mary Jean Croft (née Dunscurm).

The Commission’s hospitals were organized by military district. In B.C., the army officer commanding Military Hospitals Commission Command (MHCC) was Major (later Col.) James Swan Harvey, grandson of Robert and Joan Dunscurm (fig. 41). Harvey was serving with the 50th Gordon Highlanders in Victoria in 1914 and in February 1915, joined Princess Patricia’s Canadian Light Infantry. He was sent back to Canada in 1916 as a result of frostbite to both feet at Flanders on March
The new administrative arrangement between the Militia Department and the Military Hospitals Commission failed to resolve questions of authority and control. By February of 1918, the nagging matter was dealt with through three orders-in-council. The Military Hospitals Commission was renamed the Invalided Soldiers Commission. The new Commission fell under the newly-formed Department of Soldiers Civil Reestablishment (DSCR), and the medical care and vocational training of demobilized soldiers would be the DSCR’s responsibility in a number of their own hospitals. The Department of Militia and Defense was given complete control over their own hospitals and patients not yet discharged from military service. The DSCR would continue to provide ward aides and occupational therapy in these institutions, but under supervision of army medical staff.70

The Director of the MHC, S.A. Armstrong, advised Major J.S. Harvey of the orders-in-council by telegram on February 22. At 6:30 a.m. that same day Harvey telegraphed his superior, Lt. Col. J.J. Sharples asking, “Could you give me general idea how this will affect my unit as if [my] position is affected [I] am desirous [of] offering service to [the] new department.” Sharples replied that the change would mean that the military organization would be much larger and that any change in Harvey’s position would “be for the better.”71

News of the change in administration alarmed MHC Commissioner Sam Matson in Victoria. He wired MHC Secretary E.H. Scammell on March 7, 1918 pressing for details:

Militia Department here well supplied [with] copies [of] order in council creating new department. Does the Commission continue or is it to be abolished? Are the Commissioners entitled to copies of the order in council and any further information that they might require to place themselves in a position to give information to the public?

Scammell replied that copies of the orders in council had been mailed to him a week earlier and advised that the only change was that the name of the Commission had changed and that it had been placed “under the new Department.” Not satisfied, Matson asked Scammell again whether commissioners were being abolished.72 Matson’s fears were apparently justified. Two months later, Scammel wrote and submitted the Invalided Soldiers Commission’s Report to Parliament and listed the commissioners. But his subsequent annual reports as Secretary of the Department of Soldiers Civil Reestablishment reveal the demise of the commissioners. The new administrative arrangement saw eight of the ten institutions in B.C, pass to the Department of Militia and Defense, with only the sanatoria at Balfour and Kamloops (Tranquille) remaining under control of the DSCR.73

Once the war ended, and as the Department of Militia and Defense had completed the bulk of its
medical work with returned soldiers, it gradually discharged them from military service and transferred to the DSCR those men requiring further medical treatment and/or vocational retraining. The Militia Department also began transferring hospital buildings back to the DSCR. But so great were the number of invalided soldiers in 1918 that the DSCR struggled to manage them. Where necessary, special arrangements were made with provincial hospitals, but this wasn’t always practical, and civilian hospitals resisted the influx of invalided soldier patients. DSCR officials pressured the Militia Department to accelerate the pace at which they were transferring hospital buildings. The solution was sometimes new construction. But in Victoria, a large building suitable for renovation as a hospital sat vacant at the time of greatest need: Craigdarroch Castle.

II. Craigdarroch Military Hospital

1. A Hospital Takes Shape

The Castle had been built for the Dunsmuirs, a family that made a considerable contribution to the war effort (see appendix 4). When the DSCR considered using Craigdarroch as a hospital, it was owned by Solomon Cameron and his Westholme Lumber Company. He’d won it in a raffle in 1910. By 1918, it was heavily mortgaged to the Bank of Montreal. The Bank appears to have gained control of the Castle well before starting foreclosure proceedings in 1919, because they were negotiating with prospective lessees as early as December, 1918.

While The Great War drew to a close in the fall of 1918, the DSCR was renting space at the Shaugnessy and Fairmont Hospital buildings at Point Grey (Vancouver) that were owned and operated by the Department of Militia and Defense (figs. 42 & 43). Formerly known as Braemar and Langara Convalescent Hospitals, their names had been changed on recommendation from Major James Swan Harvey, who, as mentioned previously, was both the Commanding Officer of “J” Military District (British Columbia) and the grandson of Robert and Joan Dunsmuir. By October, the DSCR’s deputy minister and DSCR director, F.G. Robinson, had directed “J” Unit Assistant Director George H. Deane to prepare a case for permanent transfer of the Fairmont Hospital property to the DSCR. Robinson was also concerned about the growing number of “incurable” patients under the Department’s care. He asked Col. Bell, the Medical Branch’s Director of Medical Services, whether it would be possible to use a portion of Fairmont to house “incurables” whose homes were on the mainland. Planning for a new hospital on Vancouver Island for “incurables” was already underway. Robinson directed that
before any action was taken on the Island hospital, he was to receive a numerical breakdown of those “incurables” who normally resided on the mainland vs. those patients who normally resided on Vancouver Island. Bell replied that all “J” Unit medical directors had been asked to submit information on numbers of “incurables” needing care, but that in the meantime, incurables could be taken care of at Fairmont temporarily—that is—until a permanent home for them would become a “necessity.”

Of course, with the signing of the Armistice and the corresponding cessation of hostilities on November 11, mass de-mobilization began. Patients would be returning from Canadian military hospitals in Britain. By December 1, “J” Unit Assistant Director George H. Deane was growing alarmed at the prospect of overcrowding. He wired Ottawa about the “great need of more adequate hospital accommodation at Victoria and Vancouver.” Robinson replied three days later that the Militia Department was being asked to transfer Fairmont to the DSCR immediately. Further, he advised Deane that Messrs. Browne and McNiven of the DSCR’s Engineering Branch would meet him in Vancouver on about December 14 to arrange for an inspection and report on the “Victoria property” that Deane had previously expressed interest in. The “Victoria property” he was referring to was Craigdarroch Castle. Robinson asked Deane to ensure that ‘J’ Unit Medical Director Dr. A.P. Proctor was briefed on the Castle. He further directed that all those involved were to keep matters confidential. The secrecy was intended to keep the financial cost of securing Craigdarroch low. Robinson stated that more “satisfactory arrangements” could be made with the “head office bank” than with the local branch. He was of course referring to the Bank of Montreal, which had assumed control over Craigdarroch because of Solomon Cameron’s troubled finances.

On December 9, Proctor wired Col. Bell, Director of Medical Services, expressing concern that the Fairmont transfer appeared to be in doubt. He urged Bell to exert more pressure in Ottawa, warning that several of the DSCR’s patients were already straining resources at Vancouver General Hospital. At Victoria, he said, St. Joseph’s Hospital had told him they would no longer admit DSCR patients. Evidently, Col. Bell and other DSCR officials had been doing all they could in Ottawa. Senator The Hon. Sir James Lougheed, PC KC (Minister responsible for the DSCR) had himself written to the Minister of Militia and Defense on December 5 requesting the transfer of Fairmont. The Militia Department had no choice but to say no. Seventy-seven of their own patients would arrive there any day, and five hundred more would be admitted within a few months. Nonetheless, the Militia Department offered to accommodate a “certain number” of DSCR patients at Fairmont and on Vancouver Island—presumably at Esquimalt, Resthaven (Sidney) and Qualicum hospitals. Undeterred, Proctor next suggested to Bell that the DSCR could erect hutments on the grounds of
Fairmont. Bell responded that there was no guarantee that Fairmont would ever be turned over to the DSCR. The Department was not prepared, he said, to build additions to a hospital to which it might never obtain title. An attempt would be made to secure Fairmont after the peak of “military medical work” was done. He further noted that the influenza epidemic had likely peaked and that accommodation in Vancouver would probably be less-taxed soon enough. His message to Proctor had one positive note: “…I think there is a fair prospect of our securing Craigdarroch Castle, and recommendations in connection with this have already gone forward.”

Precisely when the lease for Craigdarroch was executed is unknown. The document is either missing or was destroyed. Also unknown is whether Col. Harvey played a role in Ottawa’s selection of his grandmother’s Castle. Similarly, any part that former B.C. Commissioner Sam Matson played in the choice remains a mystery. In any event, the transaction was completed quickly, and the lease document included an option for the DSCR to purchase Craigdarroch from the bank. The takeover of Craigdarroch by the DSCR was announced to the public on January 29, 1919.

A little over two weeks later, Col. Bell was already asking Deane whether Craigdarroch Military Hospital was in operation. He was clearly unaware of the extent of the renovations required. Craigdarroch Military Hospital wouldn’t be ready for patients until September. Fortunately, work had started on the addition of a new wing to Shaugnessy Hospital to house DSCR patients. The DSCR finally gained control of Fairmont before the end of summer, 1919.

Converting mansions like Craigdarroch into military hospitals was something the DSCR and its predecessor, the MHC, had experience with. In Toronto, Euclid Hall, the former residence of Lillian Massey Treble, operated as a home for “incurables” (fig. 44). Euclid Military Hospital gained notoriety for its elegant interiors and for its extraordinary built-in pipe organ used to entertain patients (Fig. 45). And in Sydney, Nova Scotia, the DSCR was operating Moxham Castle as a convalescent hospital with seventy beds (figs. 46 & 47). The massive stone residence had been leased from industrialist Arthur James Moxham.

2. Craigdarroch Renovations

2.1. Overview

The conversion of Craigdarroch from house to hospital was complete in about eight months. “J” Unit Assistant Director George H. Deane visited the Castle with DSCR officials on January 29th and
reviewed the scope of work required to make it a suitable hospital. The Victoria Times optimistically reported that it would open within a few weeks, with the major focus of work on unspecified plumbing and on fitting up the kitchen. In fact, Craigdarroch Military Hospital did not officially open until September 25, 1919.

Precisely when work began is not known because little in the way of documentation appears to have survived. In 2003, relevant holdings of Library and Archives Canada (LAC), then known as the National Archives of Canada (NAC) in Ottawa, were examined. The search there included records of the Department of Veteran’s Affairs, the Military Hospitals Commission (Record Group 38), the Department of Public Works (Record Group 11), and the Department of National Defense (Record Group 24). The examination revealed no construction plans or contracts directly related to Craigdarroch Military Hospital. However, three extraordinary but unidentified exterior photographs were located that show Craigdarroch under renovation sometime during the first quarter of 1919 (figs. 48, 49, and 50).

A search of potential sources for information in Victoria has revealed very little on Craigdarroch’s hospital renovations. Records at Victoria City Hall have been helpful. A March 7, 1919, plumbing permit was issued to Solomon Cameron’s Westholme Lumber Company for the construction and connection of new plumbing in the Castle. A folio cover refers to the new purpose of the former Dunsmuir residence as a: “Home For Repatriated Soldiers of The Great War.” Not all of the DSCR’s plumbing work at Craigdarroch is documented in the City’s records. The records were either lost or destroyed by the City, or the DSCR did not deposit them. The City’s hospital-era plumbing plans only document the “nurse’s bathroom” (room 210, now the men’s room), the “1st floor facing south main bath and toilet room” (room 212 & 212.1, now the ladies room), the “2nd floor main bathroom” (room 307, now the registrar’s office), the “room above the nurse’s bathroom same shaped room” (room 308, now the 3rd floor restored Dunsmuir-era bathroom), and the “2nd floor SW room” (room 310, now the billiard room). Missing are plans documenting hospital plumbing work in the basement (particularly rooms 6, 8, 9, & 11), pantry (room 106), kitchen (room 107), and the new “diet kitchens” (rooms 205 & 304).

In May of 1919, plans for a new “vocational building” on the south lawn were completed by Victoria architect and veteran William D’Oyly Rochfort (fig. 51). A month later, Rochfort completed plans for a two-car garage on the Castle’s west lawn. Construction of the vocational building was completed within four months. The two largest rooms in the 2,100 square foot vocational building were used for a “machine shop” and a “wood working room.” The third largest space became a “basket room” (fig. 52) followed in size by the “office,” the “paint shop,” a “lavatory” containing two
washbasins, and finally, a small room containing one toilet. The activities undertaken in this workshop were overseen by the Vocational Branch of the DSCR.\textsuperscript{101}

The feverish preparations undertaken at Craigdarroch during the spring and summer of 1919 escaped the notice of the press almost completely.\textsuperscript{102} The first major article on Victoria’s new hospital didn’t appear until the September 3, 1919 edition of \textit{The Daily Colonist}. It provides the most comprehensive contemporary description of the renovations available:

A review of the numerous beautiful spots throughout Canada selected by the Department of Soldiers’ Civil Re-establishment could hardly discover anything more wonderful than the picturesque pile erected by the late Hon. Robert Dunsmuir about 30 years ago in what was then, as now, a point of vantage so far as viewing the city and surrounding landmarks are concerned…Whole walls have had to be torn down to extend some of the rooms to dimensions such as would follow out any practical scheme; repairs made necessary by the long period of desuetude which the building has suffered have been carried out…

Present accommodation allows for fifty or sixty patients, but this may be extended, if the need arises, to admit twice the number. The whole building is fitted with steam heating, a new plant just having been installed which will make possible unlimited facilities for heating water for baths in the upstairs wards as well as in the hydro-therapeutic room in the east basement.

The basement, it should be mentioned, will serve a very important part, as here are the rooms where much of the curative treatment will be carried out. The rooms are nicely lighted, and the remodeling having called for the white enameling of the walls, the effect is very bright and cheerful. The hydrotherapeutic equipment is already installed.

Abundance of Room

Already there has been received from Ottawa the regulation quota of furnishings—cots for the wards, china for the dining room, kitchen utensils, chairs, tables, etc. But the Red Cross has stepped in and offered to supply some of the “extras,” the little comforts which convert the atmosphere of such places from the cold official to the home-like. One of the first of the gifts to arrive is a graphonola, and twelve records, presented by the Victoria Purple Star Lodge, No. 104 Ladies Benevolent Association. This gift is much appreciated. Tennis, croquet, badminton, bowls, etc., will be provided by way of outdoor recreation for the patients, and it is hoped in the course of time that billiard tables and some indoor games will be provided. The Army and Navy Veterans, anticipating the needs of the residents, have offered their assistance in providing certain comforts, and it may have been noticed that that they have already supplied two seats, which have been placed at the Craigdarroch “wait” on the Fort Street car line.

Books are needed, easy chairs needed, carpets needed. But these things will undoubtedly come in time and give the nice air of comfort which is dear to the heart of everyone—especially soldiers who went without such luxuries for so long in France.

The Arrangements

The basement, as has already been explained, contains the heating plant and hydrotherapy
equipment. Entering the lofty hall on the ground floor an entirely new impression is given. Beautiful woods are employed throughout the building for wainscoting, paneling etc., and the grand stair, mounted by some six or seven flights to the topmost floor, gives an air of dignity and space and offers hints in the way of cozy corners and comfortable window seats. To the left of the front door is the library, with its long glass cases ready and waiting for books; to the right is the long room which is to be kept as a recreation hall. Further along, reached via hall and corridor, is the big kitchen with its massive range. Off this again is the pantry, connected, by means of a dumbwaiter, with basement and each of the floors above, where a corresponding room, known as “serving room” is fitted with appliances for keeping the food warm after it has been sent up. The dining room opens off the pantry, and is a particularly handsome salon finished in golden oak, and large enough to seat twenty-five patients at a sitting.

On the first, second and third floors are to be found the nurses and matron’s sitting room and offices, linen store, diet kitchen, etc. Above this come other floors with wards, the biggest of which will accompany ten patients...

A complete fire alarm system has been installed, with outside fire escape connecting with each floor, and the extinguishers in each corridor...

The grounds are being cleaned up as rapidly as possible, now that the major alterations have been completed, and by the time the Prince of Wales comes to make his inspection, the place should have the well-groomed appearance which comes with long residence by good tenants.”

Aside from the newspaper account above, almost no textual and visual information has survived to tell us how Craigdarroch Military Hospital looked inside. A few 1919 newspaper photographs exist. And in 1920, architect Percy Fox drew some “As-Present” floor plans of the hospital and some that showed some proposed changes that the DSCR was contemplating. These floorplans were discovered by a Victoria Bank of Montreal official in 1989 and promised as a gift to The Castle Society. They were subsequently lost by the bank (see appendix 1).

The following section examines how Craigdarroch was renovated.

2.2. Basement Changes (see appendix 2: current Craigdarroch Castle floorplans)

The hydrotherapy equipment described in the Colonist article above is believed to have been installed in room nine and possibly also in room eleven, though some other sort of therapeutic treatment such as massage and heat therapy may have taken place here. The floors of both rooms have drains and are finished in small white hexagonal tiles probably laid in 1919, indicating that water was probably used here in significant quantities. Craigdarroch’s hydro-therapy equipment might have resembled the apparatus depicted in fig. 53. No photographs of hydrotherapy equipment in use at any DSCR hospital in Canada are known to exist, but images of electrical heating cabinets used in patient treatment at Canadian military hospitals have survived (fig. 54).
2.3. First Floor Changes (see appendix 2: current Craigdarroch Castle floorplans)

In the case of Craigdarroch’s kitchen (room 107), one newspaper photograph has survived (fig. 55). It shows a food preparation table, a steam table with food compartments, and a four or five-shelf rack that are all very similar to those used in the kitchen at Earl Grey Sanatorium (fig. 56). Craigdarroch’s original cooking range was listed as ‘Lot #596’ in the 1909 Executor’s Auction Catalogue, and was therefore probably sold and replaced by the range depicted in fig. 55. There is a distinct possibility that the Dunsmuir’s range was not sold at the auction, and was instead retained and re-used by the DSCR. The fume hood depicted in fig. 55 might be the same one that the Dunsmuiirs used. The current red tile floor was laid by the DSCR. Cream and brown ceramic floor tiles were found in a cavity beneath the floor of room 107 by Frank Tosczak in 1990 and are probably fragments of the Dunsmuir-era kitchen floor.105

The DSCR kitchen renovation created one large room, probably replacing two smaller rooms and a corridor. The original configuration may have been something like the configuration of the same space immediately below in the basement, i.e., in rooms seven, eight, nine, and ten (see appendix 2). This theory is partially supported by the existence of a wall-width plaster repair on the ceiling of room 107 suggesting that a corridor once led from the exterior door to at least as far as the doorway into the back hall (room 105). This matter requires more physical exploration and study, because it is The Castle Society’s intention to present room 107, the kitchen, as it appeared during the Dunsmuir period.

In the pantry (room 106) the DSCR removed the original birch wood cabinetry.106 The original pantry flooring material—which was probably hardwood or tile—was replaced by the DSCR with the red tiles now in place. A new DSCR dumbwaiter from the basement to the third floor was accessible from this room, but it was disabled sometime after 1921, leaving the raised cupboard against the west wall that is there today (room 106.1). In the dining room (room 104), the DSCR installed a coffered plaster ceiling that incorporated the moulding profiles of the cornice moulding around the perimeter of the room.107

2.4. Second Floor Changes (see appendix 1: Bank of Montreal “at present” floor plans dated 1920; proposed changes floor plans dated January 1921; appendix 2: current Craigdarroch Castle floor plans)

Three rooms on the second floor saw major changes: In the Dunsmuir’s guest bedroom (room 202), the DSCR installed a coffered plaster ceiling that incorporated the moulding profiles of the cornice
moulding around the perimeter of the room. They also installed a doorway which allowed access into the new diet kitchen installed in room 205.

Room 205 became a diet kitchen. Food was delivered via the new dumbwaiter where it was kept warm in steam tables before being delivered to patients in the wards. The dumbwaiter shaft has been removed, but some pipes that serviced the steam tables are still concealed inside a cabinet on the north wall of this room. Also in room 205, a doorway was created to allow passage into room 202, but this opening is now covered up. And finally, the closet (204.1) was closed off and made accessible instead from hallway 204. Vestiges of a sign painted on the door of 204.1 indicate that it was the hospital’s dispensary.

In hallway 204, a small closet and washbasin was installed in the corridor leading to the north window. This required moving the west wall in room 206 about one metre to the east.

Room 212, an area that originally encompassed Joan Dunsmuir’s bedroom, bathroom, and closet, underwent enormous changes by the DSCR. Four toilet stalls were built along the east wall. Two shower stalls were placed against the southern side of the west wall, and a bathtub room was situated north of these showers. Finally, four washbasins and two dental basins were placed against the north wall. These various fixtures all required drainage, and so the entire floor was raised to create space for drain pipes (fig. 57).

In January, 1921 architect Percy Fox prepared a floor plan for the DSCR showing newly proposed walls and plumbing fixtures on the second floor. But the hospital closed and was vacated by March 31, 1921 before these changes were made. Fox drew these proposals because in late 1920, DSCR officials were planning to close Esquimalt Hospital and move its patients to the underutilized Craigdarroch (as explained later in this article). Instead, due to complaints from patients, families, and veterans organizations, they ultimately chose to close Craigdarroch, and retain Esquimalt instead.109

2.5. Third Floor Changes (see appendix 1: Bank of Montreal “at present” floor plans dated 1920; proposed changes floor plans dated January 1921; appendix 2: current Craigdarroch Castle floor plans)

On this floor, an elaborate bathroom was installed in room 307. It consisted of four toilet stalls along the east wall, two shower stalls along the south end of the west wall, and a separate bathtub room occupying the northwest corner of the room. This rendered the old closet inaccessible, and so its doorway was moved to the hall (now room 303). The closet was outfitted with a new slop sink.

The Dunsmuir bathroom (Room 308) was gutted by the DSCR. The Dunsmuir-era bathtub, toilet and sink were removed. Three new sinks and two dental basins were installed against the east wall.
Original floor tiles near the southwest corner of the room were removed and replaced with cream and brown tiles similar to those retrieved from a cavity beneath the old Dunsmuir kitchen floor. In 2011, The Castle Society replaced these old kitchen tiles with new reproductions of the Dunsmuir-era tiles.

In room 310, one dental basin and two washbasins were installed under the staircase. Faux wall-tiling was created in this space by scoring the plaster in a grid-like pattern while it was wet.

In January 1921, architect Percy Fox prepared a floorplan showing new walls and plumbing fixtures proposed for the third floor. As explained previously, the hospital closed and vacated the Castle by March 31, 1921 before these changes were made.

2.6. Fourth Floor and Tower (see appendix 1: Bank of Montreal “at present” floor plans dated 1920; proposed changes floor plans dated January 1921; appendix 2: current Craigdarroch Castle floor plans)

No significant renovations took place on the fourth floor or in the tower during the hospital occupancy. A DSCR-era fire standpipe once ran from the basement to the fourth floor, but this was removed by The Castle Society on all floor levels in April, 2007.

2.7. Exterior Changes

On the exterior of the Castle, the DSCR strapped a flagpole to the finial of the main west gable. A fire escape was installed on the west facade (fig. 58), and in accordance with the DSCR’s preference, it was made of metal. About one year after the hospital opened, another fire escape stairway was installed on the south facade, leading from room 309 to the second floor balcony. In addition, a metal framework supporting an awning was installed on the Castle’s southwest wall at the second floor balcony level in order to screen patients from the sun and rain. Wooden benches were made for patients to use on the first and second floor balconies. Some of these remained at the Castle after the hospital closed in 1921, and were used by Victoria College outside and inside the Castle. They are visible in many College-era photographs.

2.8. Interior Furnishings

Furniture and equipment of the type used inside Craigdarroch Military Hospital was used in MHC/DSCR military hospitals across the nation. The Government of Canada was focused on economy of scale. If a particular style of bed, cabinet, bathroom stall, or brand of food mixer was acceptable in
one hospital, it was likely be found in most hospitals. This mass-procurement is verified through analysis of photographs of MHC/DSCR hospitals across Canada. For example, identical beds can be seen at Craigdarroch (fig. 59), Esquimalt (fig. 60), and at a third unidentified DSCR hospital (fig. 54). The Federal Government produced a myriad of specifications and measured drawings for hospital equipment, furnishings, room layouts, cabinetry, and other finishing details. All of the plans deposited at LAC were examined by the author of this article. Many were copied and deposited in Craigdarroch’s curatorial library and are available for study (see appendix 3).  

3. A Royal Opening of Craigdarroch Military Hospital

DSCR officials sought to make Craigdarroch much more than just an efficient healthcare facility. The Department believed that a home-like environment would aid recovery, and hence, a quick return to civilian life for the soldier patient. Most importantly, it would quicken the end to a man’s need for government support.

Just weeks after the announcement was made that Craigdarroch was to become a hospital, a call was put out for the donation of two billiard tables and gymnasium equipment. At least one billiard table was acquired and installed in the former Dunsmuir drawing room (Room 110). Billiards, snooker, tennis, and related games were recognized to be helpful in re-establishing hand-eye coordination (figs. 61 & 62). As the hospital opening neared, an appeal for books and house plants was made.

The desire to have Craigdarroch Military Hospital in operation by mid-September was motivated by more than over-crowding in other B.C. hospitals. HRH The Prince of Wales was on a cross-Canada tour, and plans called for him to open Craigdarroch. The Prince and his entourage were visiting military hospitals in Newfoundland and every province in the Dominion. They travelled across the country in a special train provided by the Canadian Pacific Railway. With never fewer than twelve-cars, the train carried the Prince’s staff of military officers and personal aides, CPR executives, the royal automobile, and an assortment of Canadian and British journalists. The Prince occupied the last carriage, an elegantly-appointed palace on wheels owned by the CPR Chairman, Lord Shaughnessy.

The train reached Vancouver on September 22, 1919. That day’s programme sheds light on what was a typical big-city visit by the royal party. It included: a twenty-one gun salute at the C.P.R. bridge, a greeting from civic officials, a visit to the courthouse, inspections of returned soldiers, cadets, boy Scouts and girl guides, the presentation of medals and decorations to veterans and next-of-kin, an
inspection of Shaughnessy Military Hospital and meetings with patients, laying a cornerstone at the new Prince of Wales Elementary and Secondary School, a civic luncheon at the C.P.R.’s Hotel Vancouver; dinner at the Vancouver Club; and finally, a military ball at the Arena (fig. 63).116

Days like this one were thoroughly documented by journalists traveling with the royal party, by the C.P.R.’s own publicists, and by the local press. The Royal entourage included its own professional photographers, and at least one motion-picture camera operator.

On the following day, the Prince enthusiastically watched logs being sawn at the Hastings sawmill—all carefully documented by motion picture.117 He attended a reception at Vancouver City Hall, and then sailed for Victoria. An honour guard met him at the inner harbour, and he was whisked away to Government House for an official dinner.

Awaking in Government House the next morning, the Prince could not have missed the remarkable view through his windows. It was a brilliant, warm, sunny day. To the south, the Olympic Mountains rose from the shoreline 35 kilometers across the Strait of Juan de Fuca. And to the north, perched majestically on its green grass plinth, sat Craigdarroch, once home to the wealthiest woman in Western Canada (fig. 64).

After breakfast, HRH was driven to the Provincial Parliament Building and officially welcomed by B.C. Premier John Oliver and throngs of onlookers (fig. 65). Thanking the premier for his “most kind and loyal address,” the Prince declared:

The Province has proved its mettle once more in the last four years by its magnificent services in the great war. I have learnt of the very large proportion of your manhood which you sent overseas to fight for King and Empire, and I know from personal association in the field how gallantly your units acquitted themselves at the front. Your losses, alas, were heavy, and I wish to offer my lasting sympathy to all who have been disabled or bereft.118

The Prince then reviewed and presented decorations and medals to the assembled veterans of the Great War and next-of-kin (figs. 66 & 67). He walked down the north lawn toward the harbour.

It must have been a pitiful scene to those who understood the significance of what happened next. Little boys and girls who had lost their fathers in the War threw flowers onto the walkway before the Prince as he made his way to the dais closer to the harbour (fig. 68). He climbed onto a platform, and laid the cornerstone for a new monument dedicated to his great-grandmother, Queen Victoria. The royal blue Swedish marble cornerstone was part of an immense pedestal supporting the bronze statue of the sovereign who had named the colony of British Columbia (fig. 69).

After laying the cornerstone, the Prince attended a brief reception inside the parliament buildings (fig. 70). Then, after another official dinner at Government House, it was back to the inner harbour and
then to a ball at the Empress Hotel.

The next day, Thursday, September 25, the Prince’s morning engagement was just a block away from Government House at Craigdarroch. Perhaps his press entourage decided to take the morning off. No official photographs or film footage of his visit to the Castle seem to have been taken. Only one professional-quality image of that day at Craigdarroch exists, taken by a local photographer standing at the far southwest corner of the great lawn (fig. 71). That morning, Joan Crescent was closed to traffic. Shortly before the Prince arrived in his open limousine, returned soldiers assembled on the driveway and formed a line on each side of his intended path.\(^{119}\) The royal car arrived at 10:30 a.m., but contrary to plans, the Prince stepped out of it and onto Joan Crescent. He walked onto Craigdarroch’s grounds through the newly made concrete gates and under an archway of purple and white bunting, laurel leaves, and fir branches surmounted by his royal crest.\(^{120}\) As he walked with his staff along the north driveway and toward the Castle’s south side, he was crisply saluted by numerous Highland sentries (fig. 72). Hundreds stood cheering and waving as he appeared before the assembled crowd. At the south side, he climbed the Castle’s broad granite steps onto the south verandah (fig. 73) before passing through the west garden entrance and into the building.

The September 26, 1919 edition of the *Victoria Daily Colonist* described what happened next:

At the foot of the steps, His Royal Highness was met by Major A.D. Macdonald, of the Soldiers Civil Reestablishment Board, who presented Dr. Proctor, unit medical director; C. C. Tunnard, Island Representative of [D] S.C.R.; Dr. Pearce, assistant medical director; Dr. Taylor, medical superintendent of the hospital; T. Barclay, assistant director’s representative; and Miss MacLeod, matron.

The Prince was escorted around the veranda and entered the western door. In the rotunda, he signed the visitor’s book and then proceeded to the second floor to inspect the wards, Nursing Sisters Sinnett, Moore, and Collis being presented to him as he entered. All the upper patients stood by their cots, and four veterans, who were badly crippled, remained in bed. The Prince shook hands with each man and spoke to him, and questioned any man wearing South African medals or ribbons of honor, as to what unit and what engagements he had served in and how he had won his decoration. He showed a keenly sympathetic interest in the bed patients, paying them particular attention.

Following his inspection of the wards, the Prince climbed the stairs to the tower, from which vantage point he viewed the city. He was greatly pleased with the panorama and was enthusiastic in his admiration of the City and its immediate environs. Returning to the main floor, he inspected the recreation rooms and the dining room, where Miss Nickell, the dietician, was presented to him.

As His Royal Highness was about to step into his car, and while the cameras were clicking with feverish rapidity, three cheers and a Tiger were called for and given by the crowd in the same lusty manner that has characterized the cheering for the Royal visitor on every occasion during his stay in Victoria. He drove off, acknowledging each cheer with a smart salute and waving his hat in his boyish, genial way.\(^{121}\)
One would think that if “cameras were clicking with feverish rapidity,” there would be many photos of this event to look at. Sadly, no trove of photographs has yet been discovered.

The Prince then motored to Esquimalt Military Hospital to meet with patients and hospital staff there. While in the Dockyard, he toured the Red Cross vocational workrooms and was welcomed by the employees of Yarrows Ltd., noted shipbuilders (fig. 74 & 75). Later that evening, the Prince dined at Hatley Park, the Colwood residence of Hon. James and Laura Dunsmuir. Their son James had died en route to join his regiment when a German submarine torpedoed the RMS Lusitania.

The Prince’s Vancouver Island itinerary continued the next day with visits to Duncan, Ladysmith, Nanaimo, Qualicum Military Hospital, and Courtney, where he had the distinct pleasure of watching tree stumps being blown up under the auspices of the federal Soldiers Settlement Board (figs. 76 & 77). The Board was providing loans and land to non-disabled returned soldiers who wished to become farmers. His stop at Qualicum was timely. A couple of weeks earlier in Winnipeg, he’d sought medical treatment for what newspapers called “Western Canadian Grip,” a condition caused by too many exuberant handshakes. By the time he got to B.C., the condition was troubling. At Qualicum Military Hospital, he was given a therapeutic hand massage. Photographic evidence of the royal malady is found in photographs and motion picture film footage of him in western Canada in which he is shaking hands using his left hand.

Meanwhile, back at Craigdarroch, sadness prevailed. Only one day after being visited by the Soldier Prince, the new hospital’s first patient death occurred. Corp. James Kneale, No. 317773, a native of Ramsey, Isle of Man, died of lung cancer at age 43. Rear Admiral Halsey, Chief of Staff to HRH The Prince of Wales, wrote to Corp. Kneale’s widow Annie from Government House, expressing His Royal Highness’s “greatest sorrow” at the news of her husband’s death (fig. 78).

4. Craigdarroch Hospital Operations

The DSCR reported to Parliament that Craigdarroch Military Hospital had capacity for 110 patient beds. There is no evidence that the Castle ever operated at full capacity. Craigdarroch’s official designation as one of three hospitals in Canada dedicated for “long-treatment cases and incurables” warrants scrutiny. While there can be no doubt that the designation was accurate, other patients not “incurable” or requiring “long treatment” were housed at the Castle and some were treated as outpatients. The reason to question the absoluteness of Craigdarroch’s designation for “incurables” can be found in the bed numbers at Canada’s two other hospitals designated for “incurables.” Euclid Hall in
Toronto had only thirty-six patient beds and Mount Royal in Montreal had only thirty-five. The combined general population of the Maritimes, Ontario and Quebec greatly exceeded the population of Western Canada in 1919. Craigdarroch was therefore probably intended for “general treatment,” “long treatment,” and “incurable” patients normally resident on Vancouver Island. In a report to Parliament in 1920, the DSCR declared Craigdarroch to be a “long-treatment hospital.”130 But it was also a hospital that veterans living in the community came to for medical examinations, physiotherapy, treatment, and to engage in curative occupations taking place in the Castle and in the occupational workshop on the south lawn (fig. 79).131

Virtually no records survive that describe how Craigdarroch Military Hospital operated on a day-to-day basis. As a quasi-military institution, it operated like other DSCR hospitals in the country. Of course, institutional operations varied everywhere, depending on patient numbers, geography, hospital building type, and the extent of curative and vocational work being undertaken.

The MHC/DSCR’s official reports to Parliament and its internal communications (letters, telegrams, inventories, etc.) shed light on nation-wide hospital operations and staff functions. Craigdarroch Military Hospital is mentioned very briefly in reports to Parliament, but its institutional files have apparently not survived. An exhaustive search by the author at Library and Archives Canada in Ottawa (including records recently transferred from the Department of Veterans Affairs) failed to locate them. However, references to Craigdarroch were found in the files of other “J” District (B.C.) hospitals, and those files are referenced elsewhere in this article.

The Victoria Daily Times and The Daily Colonist newspapers are the principal sources of textual and visual information on hospital operations at Craigdarroch. Various articles discuss changes to the building and the activities of patients, staff, and visitors.

After only five months of operation, the DSCR compiled statistics on Craigdarroch Military Hospital as part of a broader analysis of institutions under their control. The statistics are informative. They prove that Craigdarroch operated considerably below the previously reported capacity of 110 beds. It is also obvious that many patients resided elsewhere and came for daily treatments and curative vocational work:132

<table>
<thead>
<tr>
<th>DSCR Statistics on Craigdarroch Military Hospital</th>
</tr>
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<tbody>
<tr>
<td>Table 1</td>
</tr>
<tr>
<td>Name of Institution:</td>
</tr>
<tr>
<td>Class of institution:</td>
</tr>
<tr>
<td>Location:</td>
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<tr>
<td>Unit:</td>
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<tr>
<td>Statistics compiled:</td>
</tr>
</tbody>
</table>
Patient beds equipped: 70
Number of beds occupied: 68
Number of clinical treatments provided per week: N/A
Total number of patients treated: 812

Analysis of Staff employed

Medical superintendent: 1
Medical officers: ? [No information provided]
Matrons: 1
Day & night nurses: 5
Day & night orderlies: 5
Masseurs & masseuses: 3
Dieticians: 1
Cooks: 2
Maids & Waitresses: 8
Clerks: 1
Engineers & Firemen: 3
Storekeepers: ? [No information provided]

Capital Expenditures

Buildings: ? [No information provided]
Equipment: $6,956.67

Operating Expenses

Administration: $2,713.35
General House Expense: $13,370.47
Kitchen & Dining Room: $3,469.72
Care of Patients: $10,963
TOTAL: $30,516.60
GRAND TOTAL: $37,473.27

Number of Patient Days: 8,431
Cost per patient day: $3.62

5. Staffing

Almost all employees at Craigdarroch Military Hospital would have served in the military. DSCR policy was to employ doctors, nurses and medical orderlies with overseas experience wherever possible. Hospital masseurs were usually blind invalided soldiers trained either at St. Dunstan’s Hospital for Blinded Soldiers and Sailors in London (UK), or at the Commission’s school of physiotherapy at its Hart House facility in Toronto. The names of many employees at Craigdarroch
remain unknown because DSCR records for Craigdarroch have not survived. The names of some hospital staff members appeared in newspapers and other publications:

Employees of Craigdarroch Military Hospital

(Table 2)

Alexander, Nursing Sister (*Victoria Times*, December 24, 1920, 12.)

Andrews, Nursing Sister (*Victoria Times*, December 24, 1920, 12.)


Brice, Miss, probably a ward aide (*Victoria Times*, December 24, 1920, 12.)


Crompton, Frank, masseur (*Daily Colonist*, August 27, 1920.)


Hammond, Miss, dietician (*Victoria Times*, December 24, 1920, 12.)

Hansford, Miss B., dietician (*Daily Colonist*, Sept. 7, 1919.)

Hinchcliffe, Canon (also spelled Hitchcliffe), Padre* (The Daily Colonist*, October 12, 1919, 25; *Victoria Times*, December 24, 1919, 5.)

Holmes, Miss, was probably a ward aide supervisor because she was documented as being in charge of basket-making and metal-work. Miss Holmes might have been officially employed as a ward aide. (“Craigdarroch, the Island Home of the S.C.R.” *The Gold Stripe*, No. 3, 2nd edition, December, 1919 (Vancouver: Weekly Gazette), 127.)

McBride, Miss, Matron (*Victoria Times*, December 24, 1920 12; *Victoria Times*, December 29, 1920, 8.)

MacLeod, Miss L.F., Matron (*Daily Colonist*, Sept. 7, 1919.)


Moore, Miss Maye, nursing sister (Daily Colonist, September 3, 1919); (Victoria Daily Times, September 25, 1919.)


Pearce, Dr., Medical Superintendent (“Craigdarroch, the Island Home of the S.C.R” The Gold Stripe, No. 3, 2nd edition, December, 1919 [Vancouver: Weekly Gazette], 127.)


Taylor, Dr., Medical Superintendent (The Daily Colonist, September 26, 1919; “Craigdarroch, the Island Home of the S.C.R” The Gold Stripe, No. 3, 2nd edition, December, 1919 [Vancouver: Weekly Gazette], 127.)

Warren, Mr. W. C. (aka M.C.), Storekeeper (Daily Colonist, September 3, 1919.)

Of all the staff in Canada’s military hospitals, it was the nurses who had the greatest impact on the patients. The men preferred to be cared for by nurses who were, like them, war veterans. To the men, nursing sisters were sisters-in-arms. They had served near the battlefields, were wounded, and sometimes, killed in enemy action. They had looked after the dying and wounded men as they flooded into casualty clearing stations. They steadfastly managed the heart-wrenching and physically exhausting aftermath of war-fighting. Put simply, they understood what their patients had been through. This gave the men considerable comfort.

After the armistice, nursing sisters continued to serve in Canadian military hospitals in the UK and in Canada. Gradually, Canadian soldiers and medical staff returned home. Elsie Dorothy Collis, the nursing sister who had buried her nursing sister friend Gladys (“Bob”) Wake in France, moved back to her native Victoria to work at Craigdarroch Military Hospital. She was a graduate of the nursing programme at Victoria’s Royal Jubilee Hospital in 1911.136 Collis joined the Canadian Army in 1915 (fig. 80), and sailed to Britain with No. 5 Canadian General Hospital that September. While No. 5 “Overseas” General Hospital waited to be deployed, Collis served at Shorncliffe British Military Hospital.137 She sailed to Egypt with her fellow officers in December, and after more than a month of pleasant sight-seeing, travelled to Salonika.138 Collis survived Salonika and the dangerous trip back to Britain before being sent to No. 1 Canadian General Hospital at Etaples, France. (See her account of the bombing of the hospital on pages 9-10 above).
The names of all ward aides at Craigdarroch are not certain, but The Gold Stripe mentions that “Miss Holmes” was “in charge” of basket-making and metal work instruction at the Castle. The author of The Gold Stripe, J.E.M. Bruce, elaborated that the work could be considered to be bedside occupational therapy. Miss Holmes probably had assistants.139

6. Daily Life for Patients of Craigdarroch Military Hospital

Local newspapers of the day offer a small glimpse into what the pleasant side of life was like at Craigdarroch. These stories paint a picture of life at the Castle the way people outside the hospital wanted to imagine it, and are replete with descriptions of brimming libraries, games and parties all organized for the amusement of Craigdarroch’s steadily recovering ex-servicemen (see appendix 5 for a selection of articles). The pain and anguish of suffering patients and their loved ones make little appearance in Victoria’s dailies, which offer a rather optimistic telling of the real situation. Some patients were terminally ill. In some cases their illnesses were not directly attributable to military service, but in other cases men were seriously disabled by profound physical and psychological war injuries from which they would never recover.

7. Craigdarroch Patients

7.1. Patients Who Died at Craigdarroch Military Hospital

At least six veterans died in the Castle: Corp. James Kneale, Regimental No. 317773, a native of Ramsey, Isle of Mann, died of lung cancer on September 27, 1919. He was forty-three years old, and had served in the Imperial (British) Forces. Before the war, Kneale was a seaman and rigger based in Victoria. He was survived by his widow, Annie Kneale (nee Whinhame), four year old daughter C. Kneale, and a brother, Charles William Kneale, also of Victoria. Interment was at Ross Bay Cemetery, Victoria, B.C.

Spr. George Cowdry, Service No. 509747, a native of Ash, Hampshire, England, died of cirrhosis of the liver on December 20, 1920. He was fifty-eight years old. Mr. Cowdry was a blacksmith by trade, and served in the Royal Artillery (later known as Royal Field Artillery) from 1895 to 1902. He joined the Royal Engineers in 1917 when his residence was in San Francisco, CA. Interment was at Ross Bay Cemetery, Victoria, B.C.
Pte. William Annadale Taylor, Service No. S-152, a native of England, died of respiratory paralysis on November 24, 1920. He was forty-four years old. He was a soldier in the Canadian Army Service Corps (permanent active militia) from 1916-17 and a member of British forces sometime prior to the War. At the time he joined the Canadian army, he was a salesman. He was survived by his mother, Louisa Taylor of London, England, and his wife, Florence Helen Taylor of Victoria, B.C. Interment was at Ross Bay Cemetery, Victoria, B.C.

Frederick William Millar, Regimental No. 506803, a native of Nanaimo, B.C., died of cancer of the larynx on October 22, 1920. He was forty-four years old. He had served in the No. 4 Tunneling Company of the Canadian Expeditionary Force in France for three years. Before the war, he was employed as a coal miner and bartender. He was survived by his mother, Mrs. Stevens of Ketchikan, Alaska, and one sister, Mrs. Reid of Ladysmith, B.C. Interment was at Ross Bay Cemetery, Victoria, B.C.

John Sixsmith, Regimental No. 60557, a native of England, died of stroke on September 30, 1920. He was fifty-three years old. From 1910 to 1919 he served as a warrant officer in the Royal Canadian Navy, and served in the Royal Navy from 1882 to 1907. He left a widow, and is buried at the Naval Cemetery, Esquimalt.

William John Reed, Regimental No. 100402, a native of Catalina, Newfoundland, died of cancer of the throat on October 8, 1919. He was forty-three years old. Before the War, he was a sailor. On his military attestation paper, Mr. Reed names his step-father, William Knight of Brighton, Massachusetts as his next-of-kin. The author of this article was not able to discover his final resting place.

7.2. Patients Treated at Craigdarroch and Discharged

F.W. Webber, Regimental No. 826790, was a disabled vocational student at Matson Farm when he was sent to Craigdarroch Military Hospital for observation on September 28, 1920.140 His military service record reveals that he was a “fruit grower” who normally resided at 1670 Dallas Road, Victoria, B.C. Mr. Webber had been exposed to prolonged shell fire at Passchendaele and Amiens. This was believed to have caused his deafness. His “Medical History of An Invalid” form completed on October 30, 1919 describes his “vacant expression,” “shuffling and unsteady gate,” “yellow skin,” “defective teeth” and “small chest.” His general diagnosis was “debility.” Mr. Webber had convalesced at Bear Wood Canadian Conservation Hospital in England (fig. 11) in 1918 before being sent to Strathcona Military Hospital in Edmonton. He was also a patient at Esquimalt and Resthaven in 1919 before his placement at Matson Farm. Mr. Webber had two sons and a daughter. He died in Victoria on February 29, 1940.
Pte. Ralph Forrester, Regimental No. 524673 was an out-patient at Craigdarroch. His story follows later in this article.141

7.3. Probable Craigdarroch Patients

Because almost no DSCR records directly related to Craigdarroch Military Hospital operations and its patients appear to have been saved by federal departments, it is necessary to glean information on Craigdarroch from the records of other hospitals, from newspapers, and from other sources.

Patient names are difficult to confirm. There were many of them: from September 25, 1919 to April 30, 1920 there were 812 patients treated at Craigdarroch.142 Some of them were bed patients in the wards, but others lived in the community and came to the Castle for treatment (fig. 82). The names of the following men appear in local newspaper articles describing social activities at Craigdarroch between 1919-1921, and are believed to have been patients. Some of the names are no-doubt duplicates. The names of men who were obviously there as guests are not included.

Patients of Craigdarroch Military Hospital

(Table 3)

Barbour (see Daily Colonist, November 20, 1919.)
Berwick, J. (see Victoria Daily Times, December 29, 1920, 8.)
Bristow (see Daily Colonist, October 19, 1920, 6; Daily Colonist, December 18, 1920, 10.)
Brown (see Daily Colonist, December 20, 1919, 6.)
Burnett (see Daily Colonist, November 27, 1919, 7; Daily Colonist, December 3, 1920, 6; Daily Colonist, December 18, 1920, 10.)
Burns, Harry (see Daily Colonist, January 30, 1920, 6.)
Byrne (see Victoria Daily Times, October 14, 1919.)
Carter (see Daily Colonist, October 19, 1920, 6.)
Chester (see Daily Colonist, December 20, 1919, 6.)
Coomber (see Daily Colonist, November 4, 1920, 6.)
Coomber, F. (see Daily Colonist, October 19, 1919, 25.)
Crabtree, H. (see Daily Colonist, October 22, 1919.)
Creed (see Daily Colonist, December 24, 1919, 5.)
Cross (see Daily Colonist, December 24, 1919, 5.)
Cross, A. (see Daily Colonist, November 27, 1919, 7.)
Cullen (see Daily Colonist, December 18, 1920 p10; Daily Colonist, December 18, 1920, 10.)
Donaldson (see Victoria Daily Times, October 14, 1919.)
Essler, H. (see Daily Colonist, October 22, 1919.)
Faulkner (Daily Colonist, December 24, 1919, 5.)
Firth (see Daily Colonist, November 27, 1919, 7.)
Fitzmaurice (see Daily Colonist, October 19, 1919, 25.)
Firth (see Daily Colonist, November 4, 1920, 6.)
Goodsell, J. (see Daily Colonist, October 22, 1919.)
Hadley (see Daily Colonist, January 30, 1920, 6.)
Hawkes (see Dailey Colonist, October 19, 1920, 6.)
Hawkes, T. (see Daily Colonist, December 20, 1919, 6.)
Heaton, (see Daily Colonist, November 20, 1919, 6.)
Hunt (see Daily Colonist, December 24, 1919, 5.)
Jones, M. V. (see Daily Colonist, November 20, 1919, 6.)
King, (see Daily Colonist, November 27, 1919, 7; Daily Colonist, December 24, 1919, 5; Victoria Daily Times, December 29, 1920, 8.)
King, Mr. (& Mrs.) (see Daily Colonist, December 24, 1919, 5.)
Marshall (see Daily Colonist, January 30, 1920 p6)
McDonald, Jack (see Daily Colonist, November 20, 1919, 6.)
McDonald J.J. (see Daily Colonist, December 24, 1919, 5.)
McLaughlin, J. (see Daily Colonist, October 22, 1919.)
Mindenhall, J. (see Daily Colonist, October 22, 1919.)
Mossey, H. (see Daily Colonist, December 18, 1920, 10; Daily Colonist, December 18, 1920, 10.)
Newnes (see Victoria Daily Times, October 14, 1919.)
Oliver (see Daily Colonist, December 20, 1919, 6.)
Patterson (see Daily Colonist, December 18, 1920, 10; December 18, 1920, 10.)
Patterson, O (see Daily Colonist, December 10, 1920.)
Pollard (see Daily Colonist, November 4, 1920, 6.)
Pollard, E. (see Daily Colonist, October 22, 1919; Daily Colonist, December 3, 1920, 6; December 10, 1920.)
Pollack, John (see Daily Colonist, October 19, 1920, 6; Daily Colonist, December 10, 1920.)
Pollock (see Daily Colonist, November 27, 1919, 7.)
Pollock, J. (see Daily Colonist, October 22, 1919; Daily Colonist, December 10, 1920; Daily Colonist, December 18, 1920, 10.)
Potts (see Daily Colonist, December 24, 1919, 5.)
Ramsay (see Daily Colonist, December 24, 1919, 5.)
Rolston (see Victoria Times, October 14, 1919)
Rosebank (see Daily Colonist, November 27, 1919, 7.)
Smith, R. (see Victoria Daily Times, December 29, 1920, 8.)
Thompson (see Daily Colonist, November 27, 1919, 7; Daily Colonist, November 4, 1920, 6.)
Thompson, A. (see Daily Colonist, December 3, 1920, 6; Daily Colonist, December 18, 1920, 10.)
Thomson, W.E. (see Victoria Daily Times, December 29, 1920, 8.)
Thornley (see Daily Colonist, November 20, 1919, 6.)
Tucker (see Daily Colonist, Nov. 4 1920, 6; Victoria Daily Times, December 29, 1920, 8.)
Webb (see Daily Colonist, December 24, 1919.)
Wilmot (see Daily Colonist, Nov. 4 1920, 6.)
Wilmot, H. (see Daily Colonist, October 22, 1919; October 19, 1920, 6.)

7.4. One Patient’s Story

Craigdarroch Military Hospital patient Pte. Ralph Forrester, Regimental No. 524673, came to the attention of this article's author through an email from his grandson, Dr. Hugh Whitney, chief veterinary officer for Newfoundland and Labrador. Dr. Whitney's mother, Mary Whitney, subsequently visited the Castle in 2004 and shared her father’s story. A few years later, Dr. Whitney shared his research on his grandfather Forrester. His research and his mother’s recollections inform the following paragraphs.
Though born in Mexico, Ralph Forrester emigrated to Canada from Oldham, Lancashire in 1911. His wife Violet and young daughter Edith joined him in New Westminster three months later. They moved to Qualicum Beach (Vancouver Island) two years later, where Ralph pursued his trade as a master painter. Two more children had been born by the time The Great War started.

Mr. Forrester joined the Canadian Army Medical Corps Militia immediately. He was called for active duty in January 1916, serving as a Private in the 7th Canadian (Cavalry) Field Ambulance of the Canadian Cavalry Brigade (7CCFA) (fig. 83). Soon after he left for Europe, his fourth child, Ralph, was born (fig. 84). By May, 1916 he was a stretcher bearer at Blingel, France.

Forrester’s work at the Front began affecting his health as early as June, 1917. The diagnosis was mild debility and mild dysentery. Symptoms included shortness of breath “on moderate exertion, palpitations, dizzy spells, general weakness, [poor] appetite” and despondency. He was hospitalized in Europe until September. But for Pte. Forrester, the worst was yet to come.

On March 30, 1918, Forrester provided medical support at the famed Battle of Moreuil Wood. Part of that battle included what historians have called “the last great cavalry charge.” Canadian Captain Gordon Muriel Flowerdew, with sabre drawn crying “It's a charge, boys; it's a charge!,” led seventy-five mounted men of Squadron C of Lord Strathcona’s Horse against two lines of Germans who were armed with mortars, machine guns, and supported by artillery. Of Flowerdew’s men, twenty-four were killed on the battlefield, fifteen died of wounds later, and most of the remainder were wounded (fig. 85). Forrester and his fellow stretcher-bearers dealt with the aftermath.

Two days later, at nearby Rifle Wood, Forrester and his friend Private Gideon Broderick (AKA “Blondie”) were evacuating a wounded man with three other comrades when a shell landed five feet away. Three of them were killed instantly. Forrester was knocked unconscious. The others were wounded. With Blondie’s help, Forrester regained consciousness. His hearing was damaged, he was missing four teeth, bleeding from the mouth and nose, and his body lacerated by small chunks of granite. He’d also been shot in the left leg. Although certain that he himself would soon die, Forrester determined that he could muster just enough strength to carry the man on the stretcher to safety. Blondie’s chest and shoulder had been showered with shrapnel. Somehow, they managed to evacuate the man on the stretcher and help the other survivors to safety.

The Battle of Moreuil Wood saw 305 allied men killed and wounded, and the loss of 800 horses. Ralph Forrester, Gideon “Blondie” Broderick and horse driver Richard Langford were awarded the Military Medal for bravery in battle. His pension files include this record:

While acting as a stretcher bearer with three of his chums a shell exploded on No. 1 road, killing
a British Officer and two British Tommies and wounding the three men mentioned and himself; and he was unconscious for some time, and coming to, found himself bleeding at the nose and mouth and pitted with little bits of what appeared to be granite. He assisted his three chums back to the dressing station but refused to be evacuated himself.

Captain Flowerdew had died of his wounds the previous day. King George V later presented the Victoria Cross to Flowerdew’s mother. The citation read:

For most conspicuous bravery and dash when in command of a squadron detailed for special services of a very important nature. On reaching his first objective, Lieutenant Flowerdew saw two lines of enemy, each about sixty strong, with machine guns in the centre and flanks; one line being about two hundred yards behind the other. Realizing the critical nature of the operation and how much depended on it, Lieut. Flowerdew ordered a troop under Lieut. Harvey, VC, to dismount and carry out a special movement, while he led the remaining three troops to the charge. The squadron (less one troop) passed over both lines, killing many of the enemy with the sword; and wheeling about galloping on them again. Although the squadron had then lost about seventy percent of its members, killed and wounded from rifle and machine gun fire directed on it from the front and both flanks, the enemy broke and retired. The survivors of the squadron then established themselves in a position where they were joined, after much hand-to-hand fighting, by Lieut. Harvey’s part. Lieut. Flowerdew was dangerously wounded through both thighs during the operation, but continued to cheer his men. There can be no doubt that this officer’s great valour was the prime factor in the capture of the position.143

The Battles of Moreuil Wood and Rifle Wood caused a major decline in Forrester’s health. After recovering from his wounds, he was reassigned as groom for the officer in charge of the 7th CCFA (Lt. Col. W.A.G. Bauld). Whenever he heard the sound of artillery or aircraft, Forrester would instinctively dive to the ground, his heart pounding furiously. He was diagnosed with disordered action of the heart, also known as “soldier’s heart.” When the armistice came on November 11, 1918, Forrester stayed on in Belgium to help displaced citizens.

His condition did not improve with the cessation of hostilities. Repatriation to Canada was slow. In March 1919, he was admitted to the Duchess of Connaught Canadian Red Cross Hospital in Taplow (Fig. 14) for his heart condition. On returning to Canada in 1919, he was diagnosed with neurasthenia (also known as shell-shock), valvular disorder of the heart (soldier’s heart), otitis media (inflammation of the middle ear), and cataracts to his right eye.

Daughter Edith recalled:

Our dad returned to us sometime after the war ended, via Parksville. A friend drove Mum and me to the train depot there to meet him. Mum wondered what kind of condition he would be in and didn’t want a lot of Qualicum eyes peering at him... The First World War was over and our men were returning home. Some with hardly a scratch and others, like our dad, a shell-shocked remnant of the man who a few years previously had played soccer for the famous Manchester
United soccer team. His military medal hardly compensated for his broken physical condition.

Upon his return to B.C., Mr. Forrester lived briefly in Saanich with his family while an outpatient at Craigdarroch. His treatment included occupational therapy in Craigdarroch’s carpentry shop. During his treatment, he often went downtown to pick up damaged pieces of furniture, bringing them back to the Castle workshop for repair. Since he had been a master painter before coming to Canada, he probably used Craigdarroch’s paint shop during this repair work.

He took some vocational re-training as an auto painter. Eventually it was determined that nothing more could be done to help him, and he was sent home to Qualicum Beach. Doctors told him “not to expect to live more than one year,” recalled his daughter, Mary. A doctor at Craigdarroch told him that he could smoke “roll-your-owns, but not tailor-mades” (cigarettes).

Ralph lived much longer than the doctors predicted. He worked intermittently as a decorator, specializing in custom paint finishes. He was a devoted husband and father whose main purpose was to provide for his family. His small pension helped him through the Depression, but endless fighting with government pension officials eventually wore him down.

Memories of the War continued to haunt him. Pension records indicate that he was manic depressive and had suicidal thoughts. There was a special room in the house where he would retreat to recover if disturbed by loud noises or other excitement.

I must avoid outside noises. Even slamming a door upsets me. I’m very irritable. Unable to talk or associate with individuals with squeaky voices. I’m fine with my children who are all musical and cleaver. I’m living for them. Every dollar goes to help the kids in their schooling and music. We never go to picture shows. I read very little. Excitement, gruesome stories upset me greatly.\textsuperscript{144}

Worst of all were the recurring nightmares of the battlefield: “At times there is on my right a man whom I carried out of a wood overseas, he dying immediately afterwards. This troubles me considerably. Excitement always upsets me.”\textsuperscript{145}

His daughter Mary remembered the mornings that he appeared at the breakfast table, ashen-faced, and deeply distressed. He would look at his wife and quietly say, “I went over the top again last night.”\textsuperscript{146}

8. Closing Craigdarroch Military Hospital

The decision to close Craigdarroch Military Hospital was taken in the fall of 1920, just a little more
than a year after it had opened. Many other hospitals across the country were also being closed by that
time. The primary reason was that patients were gradually being discharged. The peak for DSCR
inpatients had been February, 1920 when there were 7,618 bed patients. This had dropped to 5,893
by December 31. Department staffing levels diminished accordingly. In March 1920, the Department
employed 9,035, and by December 31, that number was 5,779, a reduction of 36%. Seventeen DSCR
hospitals and sanatoria were closed in 1920.

In Victoria, the DSCR was operating only Craigdarroch and Esquimalt Military Hospitals by the
end of 1920. In November, the Department announced that Esquimalt Military Hospital would close at
the end of the year so that blasting for the new drydock at the adjacent Skinner Cove could commence.
The ninety-one displaced patients were to be transferred to empty beds at Craigdarroch, St. Joseph’s,
and the Royal Jubilee hospitals, and if necessary, to Vancouver. This news was not well-received by
The Great War Veterans’ Association and the Veterans of France organization. For the patients, the
prospect of their Island families having to travel to Vancouver to visit them was unpopular to say the
least. Letters of protest were sent to Ottawa. The optimistic response was that after Craigdarroch was
filled, only about ten of Esquimalt’s patients would be transferred to the Jubilee Hospital, with a small
remainder being sent to Shaughnessy Hospital in Vancouver.

A week later, the Department apparently had a change of heart. The monthly cost for leasing
Craigdarroch from the Bank of Montreal was about to increase. Deputy Minister Major N.F. Parkinson
met with veterans’ organizations at the Empress Hotel, who made a case for keeping Esquimalt open
and for closing Craigdarroch instead. Parkinson admitted that any inconvenience presented by
construction of the drydock was not the main consideration of the Department in wanting to close
Esquimalt. It ultimately was about having “surplus accommodation.” The Department had closed
eighteen hospitals that year, and the Victoria and Vancouver hospitals were not full. He agreed that if
Craigdarroch was closed, the displaced patients could probably be housed at Esquimalt. After stating
that the prospect of increased rent at Craigdarroch would likely influence the decision of officials in
Ottawa, he assured the men that “the decision arrived at would meet with their approval.” The
Victoria Daily Times soon confirmed that it was Craigdarroch that would close.

The Castle was vacated and its valuable medical equipment transferred to Vancouver by the end
of March, 1921. Craigdarroch’s role in Canada’s first nation-wide intervention into the health and
welfare of its citizens was over.

It must have come as a shock when, on March 29, The Victoria Daily Times announced on its
front page that Esquimalt Military Hospital would close in ten days. Major Proctor of the DSCR said
that he had only just been informed that blasting was about to start for the new drydock. Patients
housed there were at risk of injury or death. Proctor promised that the DSCR planned to keep as many patients in Victoria as possible, but that the remainder would be sent to Shaughnessy. Reflecting on this unexpected turn of events, the *Times* observed: “If this information had been available, then it [is] possible that Craigdarroch Hospital might have been kept in operation.”

Conclusion

Craigdarroch Castle was home to veterans of the Great War for only sixteen months. Hundreds of injured and sick patriots were treated here, and some of them died within its walls. The Castle and its surviving military hospital-era building fabric provide tangible evidence of the sacrifice made by Canada’s military men and women during WWI. This evidence also reveals the response of a grateful nation. It was a response that grew into the health and welfare system that all Canadians benefit from today.

The Craigdarroch Castle Historical Museum Society intends to tell the story of these brave men and women. This will be done in various places throughout the Castle and in a special new permanent gallery dedicated to Canadian veterans of the Great War.
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Fig. 29: Ward Aides use basketry as a curative therapy at an unidentified DSCR hospital, circa 1919
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Fig. 35: Craigdarroch Military Hospital detail, circa September 1920 (Craigdarroch Castle Collection 2007.9).

Fig. 36: Wicker tray, the verso stamped: “Made by Disabled Soldiers Red Cross Workshop Victoria, B.C., Canada,” circa 1919. Its plywood floor supports a postcard depicting Victoria’s W.J. Pendray mansion (AKA Loretto Hall). HRH The Prince of Wales visited the workshop on September 25, 1919 after opening Craigdarroch Military Hospital (Craigdarroch Castle Collection 2013.5).

Fig. 37: A Canadian veteran demonstrates how to shovel a vegetable patch with his prosthetic arm, circa 1917 (LAC PA-214103).

Fig. 38: Sam Matson, September 5, 1904. A financial advisor to Joan Dunsmuir and her daughters, Matson represented B.C, on the Military Hospitals Commission from 1915-1918 (Alastair Cousland Collection).

Fig. 39: Sam Matson’s boater’s hat (Craigdarroch Castle Collection 2007-18-14).

Fig. 40: Sir James Alexander Lougheed, PC KCMG, KC. Senator Lougheed was the minister responsible for the Military Hospitals Commission, and its successors, the Invalided Soldiers Commission, and the Department of Soldiers Civil Reestablishment (LAC PA-5104).

Fig. 41: Colonel James Swan Harvey, circa 1918 (Robert James Harvey Collection).

Fig. 42: Shaughnessy Hospital, Point Grey, bowls (LAC PA-214120).

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Fig. 44: Euclid Hall Military Hospital, Toronto. Euclid Hall housed an average of thirty-six patients. Today the house is known as the Mansion Keg restaurant (LAC PA214059).

Fig. 45: Euclid Hall Military Hospital, Toronto. Patients enjoy the renowned pipe organ in the converted residence (LAC PA214076).

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Fig. 47 Moxham Castle Military Hospital. Entertainment at Canada’s military hospitals was commonplace. Similar events took place at Craigdarroch Castle during its hospital years (Beaton Institute 87-960-17490).

Fig. 48: Craigdarroch, early 1919 during DSCR renovations (LAC PA-212338).

Fig. 49: Craigdarroch, early 1919 during DSCR renovations. A long ladder connects the former Dunsmuir dance hall to the bay window of a second floor bedroom (LAC PA-212339).

Fig. 50: Craigdarroch, early 1919 during DSCR renovations. A concrete wall would soon be built along the sidewalk. A stained glass window (now missing) flanks the east side of the dining room fireplace. This photograph will be used to aid in the design of a replacement window (LAC PA-212340).

Fig. 51: Vocational Building, Craigdarroch Military Hospital, circa 1920. In reality, the purpose of the “vocational building” at Craigdarroch wasn’t to provide patients with real training in the trades. Like other workshops at DSCR hospitals across Canada, its purpose was to provide curative treatment through occupations. Small items made here by Craigdarroch’s patients were sometimes sold off-premises and the proceeds diverted to individual patients or to the patients’ amusement fund (CFB Esquimalt Naval and Military Museum VRP993.334.109).

Fig. 52: Craigdarroch Castle Vocational Building, basketry shop, 1919-21 (CFB Esquimalt Naval and Military Museum VRP993.334.108).

Fig. 53: Electric Heat Cabinet—Ontario Military Hospital, Coburg. A hydrotherapy apparatus appears in the right foreground (LAC PA-214062).

Fig. 54: Electric Heat Cabinet. This unidentified veteran undergoes treatment at an unidentified Canadian military hospital, circa 1917 (LAC PA-214063).

Fig. 55: Craigdarroch Military Hospital kitchen (R.L. Pocock photo, The Daily Colonist, September 7, 1919).

Fig. 56: Earl Grey Sanatorium kitchen, Regina, 1917 (LAC PA-212343300).

Fig. 57: Plumbing plan for room 212, 1919. This is one of several Craigdarroch plumbing plans deposited by the DSCR at Victoria City Hall as part of Plan #8362. Returned soldier architect D’Oyly Rochfort signed the plumbing plans for Room 212, confirming that his role in the hospital renovation involved more than designing the vocational building on the south lawn and the garage on the west lawn.

Fig. 58: Craigdarroch Military Hospital postcard (detail), photo circa 1920 (Craigdarroch Castle Collection 2005.6.1).

Fig. 59: Craigdarroch Military Hospital Ward 5, the former Dunsmuir guest bedroom now known as room 202 (R.L. Pocock photo, published in The Daily Colonist, September 7, 1919).

Fig. 60: “Esquimalt Ward,” Esquimalt Military Hospital, circa 1918 (LAC PA-214064).
Fig. 61: Military Hospitals Commission patients play billiards at unidentified hospital. Military doctors encouraged patients to play games that would enhance their strength and coordination as well as lift their spirits (LAC PA-214099).

Fig. 62: Patients play tennis on Craigdarroch’s south lawn. A large vegetable garden tended by patients is next to the south wall. Esquimalt Naval and Military Museum (VRP993.334.66).

Fig. 63: Hand-tinted invitation to the Military Ball held at the Arena, Vancouver, B.C., September 22, 1919 (Craigdarroch Castle Collection 2013.23).

Fig. 64: Craigdarroch, circa 1904. The 135’ flagpole to the left of the tallest chimney was installed by Joan Dunsmuir in 1898 and removed a few years before the hospital opened. (Sisters of St. Ann Archives P1689).

Fig. 65: HRH Prince of Wales listens to the greeting from B.C. Premier John Oliver on the steps of the Provincial Parliament Building, Victoria, B.C. September 24, 1919 (LAC PA-003212).

Fig. 66: HRH Prince of Wales Presenting Medals to Veterans on the Lawn of the Provincial Parliament Building, Victoria, B.C. September 24, 1919 (LAC PA-022359).

Fig. 67: HRH Prince of Wales Inspecting Veterans on the Lawn of the Provincial Parliament Building, Victoria, B.C. September 24, 1919 (LAC PA-022292).

Fig. 68: HRH Prince of Wales with B.C. Lieutenant Governor Sir Frank Barnard (left) and Premier John Oliver (right) walks on flowers strewn by children who lost their fathers in the War. September 24, 1919 (LAC PA-022389).

Fig. 69: HRH The Prince of Wales lays the cornerstone for the monument of his grandmother, Queen Victoria on the lawn of the BC Parliament Building, Sept 24, 1919. The monument was designed by the famed British sculptor, Albert Bruce-Joy, R.H.A., F.R.G.S. (Craigdarroch Castle Collection 2013.24).

Fig. 70: Invitation to the Royal Reception at Victoria’s Parliament Building, September 24, 1919 (Craigdarroch Castle Collection 2013.22).

Fig. 71: Craigdarroch Military Hospital Opening September 25, 1919. (Postcard by Trio) Ernest W.A. Crocker, photographer (Craigdarroch Castle Collection 2007.23).

Fig. 72: Two members of 50th Gordon Highlanders Regiment at east entrance when HRH Prince of Wales visited Craigdarroch, September 25, 1919 (Craigdarroch Castle Collection 987.20.2).

Fig. 73: HRH Prince of Wales climbs the south verandah stairs at Craigdarroch, September 25, 1919. He is at the tops of the steps wearing a white-topped naval hat. The verso reads “The only picture I got of Edward” (Craigdarroch Castle Collection 987.20.1).

Fig. 74: HRH Prince of Wales visits Esquimalt Dockyard, September 25, 1919 (LAC C-003212).

Fig. 75: HRH Prince of Wales greets workers at Yarrows Ltd., Esquimalt, September 25, 1919 (LAC PA-22287).
Fig 76: HRH Prince of Wales arrives at the Duncan train station September 26, 1919 (LAC PA-022331).

Fig. 77: HRH Prince of Wales visiting the land clearing at Courtney, B.C., September 26, 1919 (NAC – PA-22312).

Fig. 78: Letter of condolence to Mrs. James Kneale from Rear Admiral Sir Lionel Halsey, Chief of Staff to HRH Prince of Wales. (Craigdarroch Castle Collection)

Fig. 79: These men on Craigdarroch’s south lawn stairs were probably out-patients working in the Castle’s workshop. (Esquimalt Naval and Military Museum VRP993.334.123).

Fig. 80: Royal Jubilee Hospital graduate nursing sisters at Macaulay Plains, Esquimalt, August 1915. Nursing Sister Collis is standing at right. *Victoria Daily Colonist*, August 8, 1915. 12.

Fig. 81: Canon Joshua Hinchcliffe. Hinchcliffe was a chaplain in the Canadian Expeditionary Force. A stone mason and carpenter, he later served as Minister of Education and Minister of Lands in the B.C. (Government. B.C. Forest Service photo).

Fig. 82: An unidentified patriot in bed in Craigdarroch's Ward 7, the former Dunsmuir billiard room. Beside him is Tom Hawkes, the creator of the album this photograph comes from. He might be the “T. Hawkes” cited in *The Daily Colonist*, December 20, 1919, 6 (Esquimalt Naval and Military Museum VRP993.334.124).

Fig. 83: Pte. Ralph Forrester, circa 1916.

Fig. 84: Ralph Forrester’s family while he was in France. From left: Ralph Jr., Violet, Jack, Violet Jr., Edith.

Fig. 85: *Charge of Flowerdew's Squadron*, 1918 by Sir Alfred James Munnings, KCVO, PRA. 50.7 cm (20 in) X 61.3 cm (24.1 in) (Canadian War Museum Beaverbrook Collection of War Art Accession No. 19710261-0443).

Fig. 86: Major Audain (centre foreground) explains a distant scene to Maharaja Bhupinder Singh of Patalia while at the Front with Indian and Belgian Officers (Craigdarroch Castle Collection 2005.16.3.108).

Fig. 87: Major Audain (second row from bottom, fourth from left) with Indian and British soldiers at the Indian Military Depot, Milford-on-Sea, England (Craigdarroch Castle Collection 2005.16.26.6).

Fig. 88: Rear Admiral Sir Arthur Bromley, Eighth Baronet, KCMG KCVO (Arabella Andrup Collection).

Fig. 89: Reginald Spencer Chaplin with daughter June Chaplin (left), and niece Dorothy Musgrave (right) (Sir John de Trafford Collection).

Fig. 90: Henrietta Maud Dunsmuir (Mrs. Reginald Chaplin) with her husband Reggie, circa 1925 (Sir
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Fig. 91: Certificate of service to Mrs. R.S. Chaplin from the Canadian Red Cross (Sir John de Trafford Collection).

Fig. 92: Hon. James Dunsmuir, Lieutenant Governor of British Columbia (1906-1909) (Craigdarroch Castle Collection 992.7.14).

Fig. 93: Lt. James Dunsmuir, circa 1915 (Craigdarroch Castle Collection 989.6).

Fig. 94: Kathleen Euphemia Dunsmuir, circa 1921 (Craigdarroch Castle Collection 2007.4.51).

Fig. 95: Mary Jean Dunsmuir, circa 1914 (Craigdarroch Castle Collection 989.15).

Fig. 96: The Honourable Sir Somerset Arthur Gough-Calthorpe, GCMG KCB CVO, dated 1923 (Craigdarroch Castle Collection 991.5, document file).

Fig. 97: Robert Oliver Dunsmuir Harvey, age 16. This photo was taken prior to his time at Willows Fairgrounds (Robert James Harvey Collection).

Fig. 98: James Swan Harvey, circa 1915 (Robert James Harvey Collection).

Fig. 99: Arthur Seldon Humphreys, circa 1915 (Craigdarroch Castle Collection 2007.4.55).

Fig. 100: Alastair Douglas Macdonald (Janet Andreae Collection).

Fig. 101: Percival Henry Stevenson (Craigdarroch Castle Collection 2007.4.41).
Appendix 1

Bank of Montreal “at present” floor plans, Dated 1920
Appendix 2

Current Craigdarroch Castle floor plans
Appendix 3

Standard Construction Details for Canadian Military Hospitals

RG 11 Department of Public Works acc. #79003/42, items 1-6178; 1855-1969. The collection of 197 architectural drawings described in this transcribed record of Ontario buildings includes WWI military hospitals. There is a finding aid indexed by building type and architect and a project list arranged alphabetically by location. The finding aid was thoroughly examined by the author of this article. There were no plans related to Craigdarroch. There was an entire series of plans described as “standard details for military hospitals” in Canada, dating from 1917 to 1919. Copies of the following plans were obtained and could prove useful for research, presentation, or educational purposes.

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<th>NMC#</th>
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<td>Standard cafeteria counter in dining room, 1917</td>
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<td>5930</td>
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<td>5934</td>
<td>039636</td>
<td>Military convalescent home, London, Ontario, first floor, 1917</td>
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The following are cited as “Standard Details for Military Hospitals, R.C. Wright, Chief Architect. Copies were obtained.

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<tr>
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<td>Shelves and cupboards in nurses room, 1918.</td>
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<td>040262</td>
<td>Broom closet, 1918.</td>
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<td>5953</td>
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<td>Shelving in cafeteria, 1918.</td>
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<td>5954</td>
<td>040281</td>
<td>Cafeteria counter, 1918.</td>
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<td>5955</td>
<td>040282</td>
<td>Bread cupboard in general stores, 1918.</td>
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Refrigerator, 1918.
Refrigerator racks, 1918.
Screen in dispensary, 1918.
Shelving in daily store rooms, 1918.
Drw.26 shelves and cupboards in the serveries, 1918.
Drw.27 counters, shelving, in canteen, 1918.
Drw.28 cupboards and mirrors in the barber's shop, 1918.
Drw.29 counter in QM office, 1918.
Drw.32 shower heads and mixers, 1918.
Drw.36 marble w.c. Enclosures, 1918.
Drw.38 pack store shelving, 1919.
Drw.39 hall bench, 1919.
Drw.40 bins in laundry, 1919.
Drw.41 tray rack, 1919.
Drw.42 wall cupboard, 1919.
Drw.43 tray rack, 1919.

P.P.W. R.C. Wright, Acting Chief Architect; W.L. Symons, Architect for Military Hospitals. Standard Details. Copies were obtained.

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<td>040315</td>
<td>¾=1' and 3'' = 1' Shelves and cupboards, 1918</td>
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<td>5976</td>
<td>040308</td>
<td>Sheet #1 Shelving and wall tables in linen rooms and daily store rooms; the word “cancelled” written on the plan, 1918.</td>
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<td>5977</td>
<td>040309</td>
<td>Sheet #1 Shelving and counters, 1918.</td>
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<td>Sheet#2 Shelves and cupboards, 1918.</td>
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<td>cupboards and workbenches, 1918.</td>
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<td>Sheet#3 motion picture booth platform, 1918.</td>
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<td>Sheet#15 cafeteria tables, 1918.</td>
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<td>Sheet#16 laboratory counter, 1918.</td>
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<td>5992</td>
<td>040294</td>
<td>Sheet#17 pack store shelving and lab mirrors; counter in quartermaster’s office; screen in undressing room, 1918.</td>
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<td>5993</td>
<td>040293</td>
<td>Sheet#18 Screens in dentists rooms; coat room wicket and dining room table, 1918.</td>
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<td>5994</td>
<td>040251</td>
<td>Sheet#39 Rack for daily stores, 1918.</td>
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\[\frac{3}{4}^\prime = 1' \text{ 1919.}\]

5996 040318 Sketch for typical guard room; Elevations and ground plan, \(1'' = 4'\), 1918.

5997 040325 Details of solariums with casement sash, 1918.

5998 040326 Details of eaves, full size, file 108, 1918.

5999 040305 Shelves and cupboards in nurse’s room, diet kitchen, and staff pantry, no date.

6000 040279 Isometric view of bunks, no date.

6001 040306 Shelving and pack stores (description removed), no date.

6002 040278 Type design of bunks, (description removed), no date.

6003 040248 Plan of stove plan, no date.

6004 040302 Detail of motion picture booth

6005 040319 Roof structure details

6006 040303 Work counters and barber’s dresser (description removed), no date.

6007 040304 Details and description removed, no date.
Appendix 4

Dunsmuiers and The Great War

Dunsmuir family members played significant roles during The Great War. Below is a very brief summary of each of them:

**Audain, Guy Mortimer (1864-1940).** Married to Sarah Byrd “Byrdie” Dunsmuir, a granddaughter of Joan Dunsmuir of Craigdarroch and daughter of former B.C. Premier and Lieutenant-Governor Hon. James Dunsmuir, Major Audain provided liaison between the British and Indian armies during the War. Through his pre-war service in India, Audain became fluent in the Hindi/Urdu and Punjabi languages. (figs. 86 & 87).

**Bromley, Arthur (1876-1961).** Married to Laura Mary “Maye” Dunsmuir, a granddaughter of Joan Dunsmuir of Craigdarroch and daughter of former B.C. Premier and Lieutenant-Governor Hon. James Dunsmuir, Royal Navy Captain Bromley was Flag Captain to Vice-Admiral Napier on HMS Courageous (1916-19). After the War, Sir Arthur Bromley, 8th Bt., KCMG KVCO was Gentleman Usher to Edward VIII 1936, George VI 1937-52, and the Queen 1952-61(fig. 88).\(^{156}\)

**Chaplin, Reginald Spencer (1872-1940).** Married to Henrietta Maud “Maud” Dunsmuir, Lieutenant-Colonel Chaplin, O.B.E., came out of retirement from the 10th Royal Hussars (Prince of Wales's Own) to serve with the British Remount Commission in England, Montreal, and Chicago.\(^{157}\) He was based in Montreal.\(^{158}\) Of interest is that Chaplin’s son John Robert Chaplin (1901-1970), grandson of Joan Dunsmuir, although too young to have fought in the War, became an officer in the 10th Royal Hussars (Prince of Wales’ Own) in 1922.\(^{159}\) He went on to serve as Aide-de-camp to Canada’s 12th Governor General, Field Marshal Julian Hedworth George Byng, 1st Viscount Byng of Vimy, GCB GCMG MVO who had commanded the Canadian Corps in 1916-17 (fig. 89).

**Dunsmuir, Henrietta Maud (1872-1950)** The youngest child of Joan Dunsmuir of Craigdarroch, Maud cared for sick and wounded Canadian soldiers in Britain from 1914 to 1919 (figs. 90 & 91).

**Dunsmuir, James (1851-1920).** A son of Joan Dunsmuir of Craigdarroch, Hon. James Dunsmuir lost his son Lt. James Dunsmuir Jr. in the sinking of the RMS Lusitania in 1915. Too old to fight, James Dunsmuir Sr. made substantial cash contributions to the war effort during the entire period of conflict (fig. 92).\(^{160}\)

**Dunsmuir, James Jr. (1894-1915)** A grandson of Joan Dunsmuir of Craigdarroch, and son of former B.C. Premier and Lieutenant-Governor Hon. James Dunsmuir, James Dunsmuir Jr. resigned his commission as a lieutenant in the 2nd Canadian Mounted Rifles Battalion in Victoria on 19 April, 1915 in order to join a regiment that would see action at the front as soon as possible. He sailed for England from New York aboard the RMS Lusitania and was lost at sea when German U-boat 20 torpedoed the steamer off the coast of Ireland on May 7, 1915. 1,193 passengers lost their lives in the sinking, including other Victorians, resulting in rioting on Victoria streets and the destruction and looting of businesses with German-sounding names (fig. 93).

**Dunsmuir, Kathleen (1891-1941).** A granddaughter of Joan Dunsmuir of Craigdarroch, and daughter
of former B.C. Premier and Lieutenant-Governor Hon. James Dunsmuir, Kathleen Dunsmuir funded, organized, and operated a “motor kitchen” for British troops in and around Le Havre, France early in the War.\footnote{Services like this provided enormous comfort to the men. During the Second World War, Kathleen Dunsmuir was a driver of a mobile canteen at Aldershot and Farnborough (UK). She paid the ultimate price for her service in that war—killed by a Luftwaffe bomb at London’s Café de Paris on March 8, 1941. Her death “due to War operations” was certified in Britain (fig. 94).} Services like this provided enormous comfort to the men. During the Second World War, Kathleen Dunsmuir was a driver of a mobile canteen at Aldershot and Farnborough (UK). She paid the ultimate price for her service in that war—killed by a Luftwaffe bomb at London’s Café de Paris on March 8, 1941. Her death “due to War operations” was certified in Britain (fig. 94).\footnote{She paid the ultimate price for her service in that war—killed by a Luftwaffe bomb at London’s Café de Paris on March 8, 1941. Her death “due to War operations” was certified in Britain (fig. 94).}

**Dunsmuir, Mary Jean (1862-1928).** A daughter of Joan Dunsmuir of Craigdarroch, Mrs. Croft (also known as Mrs. Henry Croft) raised considerable sums of money for the war effort singly, and also as a senior member of the Imperial Order Daughters of the Empire (I.O.D.E.). As a result, she was named Lady of Grace in the Order of the Hospital of St. John of Jerusalem (fig. 95).

**Gough-Calthorpe, Somerset Arthur (1864-1937).** Married to Effie Dunsmuir, daughter of Joan Dunsmuir of Craigdarroch, Vice-Admiral Gough-Calthorpe commanded the Royal Navy’s 2nd Cruiser Squadron (1914-1916), was Commander-in-Chief in the Mediterranean (1917-1919), and High Commissioner at Constantinople (1918-1919). The Honourable Sir Somerset Arthur Gough-Calthorpe, GCMG KCB CVO, was named Admiral of the Fleet in 1925 (fig. 96).\footnote{He was a great grandson of Joan Dunsmuir of Craigdarroch, at age 15, he managed to join the 50th Regiment (Gordon Highlanders) and was training at Victoria’s Willow’s Fairground when he fell sick with pneumonia. His next-of-kin was notified—his mother—and she reported his true age. He was promptly “mustered out” of the service, which was extremely distressing for him. His son told the author of this article that people would see him on the street and curtly suggest that he should be in uniform—the “white feather stuff, and all that.” Eventually, Harvey re-joined but did not make it to Europe. He finished his service at the 2nd Depot Battalion of the B.C. Regiment at the rank of Sergeant and attended law school when the war ended (fig. 97).}

**Harvey, Robert Oliver Dunsmuir (1900-1958).** A great grandson of Joan Dunsmuir of Craigdarroch, at age 15, he managed to join the 50th Regiment (Gordon Highlanders) and was training at Victoria’s Willow’s Fairground when he fell sick with pneumonia. His next-of-kin was notified—his mother—and she reported his true age. He was promptly “mustered out” of the service, which was extremely distressing for him. His son told the author of this article that people would see him on the street and curtly suggest that he should be in uniform—the “white feather stuff, and all that.” Eventually, Harvey re-joined but did not make it to Europe. He finished his service at the 2nd Depot Battalion of the B.C. Regiment at the rank of Sergeant and attended law school when the war ended (fig. 97).\footnote{He was a great grandson of Joan Dunsmuir of Craigdarroch, at age 15, he managed to join the 50th Regiment (Gordon Highlanders) and was training at Victoria’s Willow’s Fairground when he fell sick with pneumonia. His next-of-kin was notified—his mother—and she reported his true age. He was promptly “mustered out” of the service, which was extremely distressing for him. His son told the author of this article that people would see him on the street and curtly suggest that he should be in uniform—the “white feather stuff, and all that.” Eventually, Harvey re-joined but did not make it to Europe. He finished his service at the 2nd Depot Battalion of the B.C. Regiment at the rank of Sergeant and attended law school when the war ended (fig. 97).}

**Harvey, James Swan (1872-1932).** A grandson of Joan Dunsmuir of Craigdarroch, Colonel Harvey was a Lieutenant in Princess Patricia’s Canadian Light Infantry in France. His medical records indicate that he suffered frostbite to both feet at Flanders in March, 1915. Later records describe this as “trench foot.” Despite lengthy hospitalization in France and England, he was invalided home to Canada where he continued military service.\footnote{A grandchild of Joan Dunsmuir of Craigdarroch, Colonel Harvey was a Lieutenant in Princess Patricia’s Canadian Light Infantry in France. His medical records indicate that he suffered frostbite to both feet at Flanders in March, 1915. Later records describe this as “trench foot.” Despite lengthy hospitalization in France and England, he was invalided home to Canada where he continued military service. He was the officer commanding “J” District (Military District 11) for the Military Hospitals Command during demobilization, and was discharged on October 31, 1919. Col. Harvey never fully recovered from injury to his feet. War had perhaps also disabled his spirit. His grandson told the author that family members felt that he suffered from what is today called post-traumatic stress disorder (fig. 98).}

**Holme-Sumner, Berkeley (1872-1943).** Married to Margaret Joan Harvey, a granddaughter of Joan Dunsmuir of Craigdarroch, Commander Berkeley Holme-Sumner, OBE served as a divisional naval transport officer in the Royal Naval Transport Service during The Great War and was based in Rouen, France.

**Holme-Sumner, Patrick Somerset (1897-1974).** A great grandson of Joan Dunsmuir of Craigdarroch, he received a commission in the 42nd Royal Highands (Black Watch) Regiment of the British Army in 1915.\footnote{According to his family, he was given a medical discharge in 1917.}

**Hope, John Alexander Henry (1882-1938).** Married to Elizabeth Maude “Bessie” Dunsmuir, a
granddaughter of Joan Dunsmuir of Craigdarroch, and daughter of former B.C. Premier and Lieutenant-Governor Hon. James Dunsmuir, Major Hope served in the militia with the 72nd Seaforth Highlanders of Canada. In 1916, he signed on to the 16th Battalion Canadian Expeditionary Force as a Captain. He suffered a fractured rib from an accidental blow from a fist in 1916—likely a training injury. He went on to fight at the Battle of Vimy Ridge on April 9, 1917 where he sustained a superficial wound to his left hand, a shell fragment lodged in one leg, and a barbed wire laceration on his other leg. He was hospitalized, and by August he still suffered significant pain in knee. A medical board recommended an additional month of leave due to “nervousness.” Major Hope was mentioned in dispatches, and in 1918 was awarded the Distinguished Service Order (DSO).169

Humphreys, Arthur Seldon (1880-1966). Married to Kathleen Dunsmuir, granddaughter of Joan Dunsmuir of Craigdarroch. Major Humphreys was Deputy Assistant Quartermaster General with the British Army Service Corps at Le Havre when he met Kathleen Dunsmuir.170 Major Humphreys was mentioned in dispatches and was awarded the Distinguished Service Order (DSO).171 He retired in 1917 and moved to Victoria (fig. 99).

Jameson, Thomas Ormsby (1892-1965). Married to Joan Moira Maud Musgrave, a granddaughter of Joan Dunsmuir of Craigdarroch. Lt. Jameson served with the 6th Battalion Rifle Brigade (Prince Consort's Own), an infantry rifle regiment of the British Army during The Great War.172

Macdonald, Alastair Douglas (1874-1948). Married to Joan Olive Bryden, granddaughter of Joan Dunsmuir of Craigdarroch. Major Macdonald served with the Royal Artillery of the British Army during World War I.173 He was invalided back to Victoria after the Battle of The Somme and was active in the Great War Veterans’ Association. In May, 1918, he was appointed Assistant Director of the DSCR for British Columbia and based in Vancouver.174 A year later he returned to Victoria as the special Vancouver Island representative for the DSCR.175 It was in that capacity that Major Macdonald welcomed HRH The Prince of Wales to Craigdarroch Military Hospital on September 25, 1919. Macdonald was a supremely effective advocate for so-called “imperials”—Canadian residents who had volunteered in British regiments. From Victoria, he tirelessly pressed officials in Ottawa and Britain to extend to imperials the same rights and privileges enjoyed by men who came from the Canadian Expeditionary Force (fig. 100).176

Stevenson, Percival Henry (1881-1922). Married to Joan Marion “Marion” Dunsmuir, a granddaughter of Joan Dunsmuir of Craigdarroch, and daughter of former B.C. Premier and Lieutenant-Governor Hon. James Dunsmuir. Capt. Stevenson served in the British Army with the King’s Own Scottish Borderer’s Regiment. He was promoted to Lieutenant-Colonel and commanded a battalion of Northumberlander Fusiliers during the War. He was mentioned in dispatches and awarded the Distinguished Service Order (DSO) in 1917 (fig. 101).177
Appendix 5

Daily Life at Craigdarroch Military Hospital

Note: The two starred paper excerpts below contain offensive racist language which has been preserved here for the sake of historical accuracy, and also so as not to pretend that such attitudes did not/do not exist.

**Appeal for Books for Craigdarroch.** … Among the many arrangements made for the entertainment and comfort of the men is a handsome library, whose shelves, however, are void of books. In an endeavor to remedy this deficiency, the Red Cross is appealing for gifts of books of fiction and standard literature. As many of the men who will be accommodated at the home are disabled, they are thrown largely upon their own resources for amusement, and reading is one of the favourite forms of recreation.

While every convenience and comfort has been furnished by the military authorities, the institution lacks those little extra touches which convert any house into a home. The presence of growing plants imparts an inviting atmosphere to a room and Victorians desirous of continuing their patriotic work on behalf of the returned men are reminded that gifts of books and plants will be welcomed. Donations may be left at Craigdarroch at any time and will be gratefully received by the Matron. 178

**Patients Arrive at Craigdarroch. Twenty-five Disabled Veterans Start Treatment in New Hospital Completed by S.C.R – Books Needed.** Craigdarroch Hospital, the stately home which has been prepared under the direction of the Department of Soldiers Civil Re-establishment for the reception of men who were disabled in action overseas, today will take into residence its first quota of patients. Prepared to accommodate, to commence with, about fifty men, the hospital will start with about half this number gathered from the convalescent home at Esquimalt and from the military wards at the Jubilee and St. Joseph’s Hospitals. As the staff numbers something between twenty-five and thirty, there will be quite an air of activity about the long-deserted building, and those who have been watching the course of preparations during the past few months will be impressed with the orderly atmosphere of the place now that the carpenters and workmen have completed the chief part of their duties.

In response to the appeal for books to fill the shelves of the library, already quite a number of volumes have been received, and it is hoped that still more will be contributed to supply the needs of so many readers. 179

**The Girl Guides.** Six Girl Guides representatives of Victoria companies visited Craigdarroch yesterday afternoon with a gift of cushions for the use of inmates. They were kindly shown over the hospital, and very much enjoyed the view from the tower… 180

**Entertain Inmates of Craigdarroch. Kindly Activities Help Enliven Things for the Boys and Attention Are Appreciated.** Signs are not lacking that the coming Winter evenings at the Soldiers’ Civil Re-establishment Hospital at Craigdarroch are going to be anything but dull for the boys. Already several lady visitors have graciously arrived in the evenings after 8 o’clock, and enlivened things with music and singing.

Last evening Mr. and Mrs. Archibald Hunt and their daughter, entertained the boys, and a
great treat was assuredly given them, as all who know this talented musical family can imagine.

Monday next a whist drive is scheduled to take place, when each patient is expected to bring a partner, it is not stated, but it doubtless is intended to be inferred that they will be members of the fair sex. On the Wednesday following a regular concert party [they] are, it is understood, billed to appear at the hospital.

The first billiard handicap tournament has just been pulled off. Quite a lot of interest was evinced in the match. No very brilliant feats were performed. About twenty players took part, F. Coomber and G.S. Fitzmaurice reached the finals, which after a good close game, was won by the latter. There being a first and second prize, both players went away happy. The prizes, by the way, were most kindly donated by two well-known business firms in the city, Messrs. W.H. Wilkerson, jeweller, and T.L. Boydon, electrical engineer.

Chess, which was started tentatively a short while ago by a few enthusiasts, inspired by the popular late overseas padre, Canon Hitchcliffe, is being taken up keenly, a tournament being mooted as likely to come off shortly (fig. 81).¹⁸¹

**Holiday Gaiety at Craigdarroch.** Already since its opening a month ago, the S.C.R. Hospital at Craigdarroch, has had several social gatherings. Last evening, however, was the first whist drive to be held, and the boys were a little perturbed as to the possibility of bringing it off without a general mix-up. However, everything went like the proverbial marriage bells, and a most enjoyable evening was spent, the games all being contested keenly. There were quite a number of ladies present, although to make up all the tables a few of the boys had to “camouflage” themselves as members of the fair sex.

The games finished towards 10 o’clock, when excellent light refreshments were served, during which the prizes were presented to the fortunate winners. The ladies prize was won by Nursing Sister H. Miller, of the Jubilee Hospital, and the gentleman’s prize was won by W. Fletcher, both being visitors. The prizes were most kindly donated by Mr. W.S. Terry of Terry’s Drug Store. Messrs. Donaldson, Newnes, Rolson and Byrne, ably attended to their duties as members of the entertainment committee, while Matron Macleod together with some of the other ladies of the staff most kindly attended to the refreshments, the Ladies Auxiliary of the Great War Veteran’s Association providing a plenteous supply of cakes.

It may be mentioned that Craigdarroch did not forget that yesterday was Thanksgiving Day. A special and most dainty dinner was served to the boys at noon, each being furnished with a charming little souvenir menu together with a rosebud, the gift of the Instructor and pupils of the Domestic Science Branch of the Normal School. The little menus were hand-painted by the girls themselves, and were delightfully quaint and original and will be valued by the boys immensely.¹⁸²

**Entertainment at Craigdarroch.** Patients at Craigdarroch Hospital were entertained on Tuesday evening with a delightful programme of varied character, the first section of which was made up of songs and recitations, the second, dancing. Commencing at 8 o’clock promptly, with Canon Hinchcliffe in the chair, the entertainment included songs by Mr. Heaton, Miss Taylor, Miss Turner, Mr. W.V. Jones, Mr. Thornley, and Mr. Jack McDonald; recitations by Mr. Barbour, Mr. Thornley; and a duet by Mr. and Mrs. King. To begin and conclude the formal part of the programme, there were selections by Heaton’s orchestra. About forty guests from outside the hospital, friends of the residents, were present in the audience, and remained to join in the dancing which concluded the pleasant evening.¹⁸³

*Patients Enliven Life at Castle. Craigdarroch Inmates Spent Cheerful Evening as Hosts to Friends at Informal Dance.** The spirit of cheerfulness, so carefully fostered in the life of
the inmates of Craigdarroch Hospital, was manifested in an elaborate fashion on Thursday night when the patients acted as hosts for several hours to their wives, sisters, and friends.

The proceedings began with a whist drive, a dance following. The big drawing room was transformed into a card room with the assistance of Messrs. King, Thompson, Pollock and Burnett, while the nursing staff attended to the floral decorations. The drive began with thirteen tables occupied, the players being regaled by candies during the course of play, sent to the hospital by the St. Barnabas Candy Booth.

The winners were announced as Mrs. E. Villers and Mrs. Mabel Allen among the ladies, and Mr. Rosebank and Mr. A. Cross among the gentlemen. The “boobies” fell to Miss Leigh and Mr. Firth. The prizes, which had been purchased from the patient’s amusement fund, were a perfume sprayer and a novel by Edith Dell for the ladies, and a fountain pen and a razor strop for the gentlemen. The “booby” prizes were a Kewpie [Note: this is likely a Kewpie which was a type of baby doll based on a comic strip] and a nigger doll.

After refreshments had been served the entire company adjourned to the dining room for the dancing. The success of the evening was largely due to the forty lady visitors whose presence did so much to brighten the somewhat monotonous hospital life. Another whist drive will be held in the near future.184

Craigdarroch Held Christmas Revels. Soldier-Patients and Kiddies Entertained Yesterday in Happy Fashion. The Christmas season was celebrated in happy fashion yesterday at Craigdarroch Hospital when the patients and children of the married men held high revelry and welcomed Santa Claus in boisterous fashion. Over one hundred children gathered in the hospital at 2 o’clock all agog with excitement which did not abate until a round of blissful happenings had brought the hour of departure and the little folks went away tired but wonderfully happy.

First of all, there was a very delightful “movie,” which the Y.M.C.A. very kindly provided, the recreation room being used as the theatre, and the bigger children explaining to the smaller ones, as the picture progressed, just what it was all about. At about half past three all the little guests were ready for dinner, a sumptuous repast served in the dining room. Last of all came the climax of all ecstasies—the Christmas tree and Santa Claus, the former aglitter from base to summit with lights and tinsel and dancing ornaments. Father Christmas gave with lavish hand, dolls, books, blocks, and all manner of toys, not a boy or girl being forgotten.

In the evening, the grown-ups held their celebration, about two-hundred patients and their friends enjoying the excellent entertainment provided for their delectation. Christmas decorations of scarlet-berried holly, greenery and Christmas bells made vivid and effective splashes of colour, forming a charming background for the gaiety which commenced at 8 o’clock and proceeded with a swing until the hour of midnight.

Songs both comic and romantic alternated with dances, Milbray’s band (comprising Messrs. Milbray, Rolls, Vincent and Smith) furnishing the music for the latter. Those taking part in the excellent musical programme were Miss Turner, Miss White, Miss Taylor, Mr. and Mrs. King, Messrs. J. J. McDonald, Faulkner, Ramsay, Hunt, Webb, Creed, and Potts. Most of the numbers were encored by the audience which crowded the hall and grand stairway during the singing. The members of “J” Unit Chapter were again the “good fairies,” this splendid body of women providing liberally for the children’s dinner and the delicious supper for the grown-ups, the latter including an especially toothsome Christmas cake over the cutting of which Mrs. North, the Chapter’s regent presided. The pupils and teachers of the High School staff contributed a generous gift of toys for the children and the Order of the Eastern Star sent a box of delicious candy for each child.

At the close of the day’s festivities a warm expression of thanks was conveyed to the “Padre,” Canon Hinchcliffe, Miss MacLeod, the matron, and the nursing-sisters, to Mr. Barclay,
the assistant-director’s representative, and other members of the staff, and to the Soldier’s Civil Re-Establishment, in acknowledgement of their share in the success of the entertainments.

Christmas Day at Craigdarroch is to see further festivities, as a special dinner has been planned, and a supply of presents provided by the Red Cross and the Knights of Columbus will be distributed. Before the holidays are over it is understood that the patients are to be taken en masse to Pantages Theatre. 135

Some sixty employees of Gordon’s Limited, Yates Street, made a surprise visit at Craigdarroch Hospital on Wednesday evening and furnished a most delightful entertainment and a supper which could not have been improved upon by the most skilled professional caterer. Arriving at 8 o’clock they took complete charge of the hospital, by assent of the Matron, Miss McLeod, and the officer in charge, Mr. Barclay and the following in the course of the evening provided the splendid programme of music and dances: Mrs. Elliot, Miss Holdsworth, Miss Tonks, Miss Dooley, Miss Carter, Miss Savage, and Miss Johnson. Miss MacIntyre’s dancing of the Irish reel and Sailor’s hornpipe was a special pleasure. Dancing, which is one of the particularly popular pastimes of the patients at the hospital, was reserved to the last part of the evening, and it was 11 o’clock before the entertainers departed after receiving three hearty cheers from the Craigdarroch inmates and staff. 136

Delightful Entertainment Given by “J” Unit Chapter at Craigdarroch Military Hospital.

That the efforts of the “J” Unit Chapter to relieve the tedium of convalescence is genuinely appreciated by the soldier patients in the local hospitals was again demonstrated on Wednesday evening, when a large party of chapter members and their friends received a rousing welcome at Craigdarroch Hospital. About thirty members comprised the original party, which reached the hospital at 7:30, but this number was gradually supplemented during the evening as other members arrived, until the visitors numbered about seventy and the main reception rooms were taxed to their capacity.

Under the direction of Mrs. W.P. McDonagh, a particularly pleasing concert programme was given, the billiard room and the main sitting room serving as the auditorium. [Note: this passage confirms that the Dunsmuir’s drawing room (#110) was used as both a sitting room and a billiard room.] Canon Hinchcliffe presided as chairman, his witticisms and entertaining stories creating much mirth and contributing to the spirit of comradery which pervaded the gathering.

The programme included a vocal duet by Mrs. Gales and Mrs. McDonagh, who also gave individual numbers with much charm; recitations by Miss Vivienne Charlton; comic songs by Mr. Bligh, whose number, “Eh Dad, Don’t You Know” evoked an answering response from the “fathers” present; Harry Burns, whose Irish imitations and stirring recitations were received with the warmest enthusiasm; Mr. Marshall, who scored the hit of the evening with his cleverly rendered comic songs; Mr. Hadley, whose humorous number, “Henry the Eighth I Am” in the chorus of which the audience joined with evident gusto, was warmly encored; Messrs. Bligh, Watt, and Carmichael, whose string orchestra contributed several popular melodies. Mrs. Gales made a very efficient accompaniment for the vocal numbers.

At the conclusion of the concert, the chairman, on behalf of the patients, extended to Mrs. North, the Regent, their sincere thanks to the Chapter and assisting artists for the delightful entertainment provided, in which sentiments the patients showed their whole-hearted concurrence by prolonged and hearty applause.

A dainty supper, provided by the chapter members and their friends followed, after which the floor was cleared for dancing, the enjoyable affair concluding at 11 o’clock, when the visitors left for home. Messrs. Corckle and Fanthorpe furnished the attractive programme of dance music,
receiving warm applause from the dancers.”

This afternoon at the Royal Victoria Yacht Club, Cadboro Bay, the members of Gonzales Chapter, I.O.D.E., will entertain the convalescent men of Craigdarroch Hospital. They are hoping for a fine day in order that the men may enjoy an outing on the water, and tea will be served informally at the clubhouse. The men are to leave the hospital about 2:30 and will probably arrive at the Bay at 3 o’clock, returning homewards early in the evening. A large turnout of Chapter members is anticipated.”

*Patients Enjoyed Musical Programme. Professor Plowright’s Orchestra Rendered Splendid Vocal and Instrumental Numbers at Craigdarroch.* The patients at Craigdarroch enjoyed a great treat on Thursday when Professor Plowright’s orchestra paid a visit to the hospital and for an hour and a half entertained them to a delightful programme of music. The orchestra was stationed outside on a balcony of the second floor and the windows were opened so that all the patients could hear the music.

Three numbers in particular proved especial favourites, a vocal selection “On Miami Shore” by Miss W.V. Redfern; a banjo solo, “Darkey’s Dream,” by Mr. Menelaws, and a selection by the orchestra, “Highland Laddies.”

The patients entertained their visitors to supper. The programme was as follows:

March—Westward Ho, Lansing.
Selection—Chimes of Normandy, Planquette.
Melodie—Les Adieux, Sarasate.
Banjo Solo—Darkey’s Dream, by Mr. Menlaws, Lansing.
Song—The Rosary, by Miss W.V. Redfern, Nevin.
Selection—Old Favourites, Tocaben.
Song—On Miami Shore, by Miss W. V. Redfern, Jacobi.
Selection—Highland Laddies, Tocaben.
Hawaiian Song—Aloha, H.M. Queen Liliuokalani
March—Home Town Band, Weidt. God Save The King.

**Concert and Dance Held for Patients. Are Entertained for Several Hours by Ladies Auxiliary of Army and Navy Veterans.** The Castle walls of Craigdarroch rang to the sound of revelry full many a time and oft. The ladies of the Women’s Auxiliary of the Army and Navy Veterans had gathered in force early in the evening, and easily fulfilled their intention of giving the soldier patients the time of their lives. The sixty inmates had spread the news, and a full house greeted the ladies on arrival.

The earlier portion of the evening took the form of a concert, Canon Hinchcliffe making an excellent chairman. Mrs. Roberts and Mrs. Ridgard pleased the audience with a finely-rendered duet of piano and violin, Mr. Dobie following with a well-received song. Mrs. Smith also sang, and was encored repeatedly, but finally gave way to Miss Aileen Hanley, whose violin easily won her a place in the hearts of the audience. Mr. Askey then appeared, and delighted everyone with another song, to be followed by a piano solo by Miss Bernice Ruddock. Mr. Young, the indefatigable Secretary of the A. and N. Veterans, was also there, his voice having lost none of the old excellence. Tom Obee was again on the spot, and further songs were given by Mr. Tibbitts. A piano solo by Miss Flitton, and an Irish jig by Miss Eva Ruddock terminated a delightful programme.

On the conclusion of the musical numbers, the floor was cleared for the dancers, who
regarded not the flight of time until well into the night. The gathering broke up eventually with a hearty offering of thanks to Mrs. Ruddock and Mrs. Savill, conveners of the entertainment and to Mrs. Richdale, president of the Women’s Auxiliary to the Army and Navy Veterans.190

**At Craigdarroch.** The Women’s Auxiliary of the G.W.V.A. entertained the patients of the Craigdarroch Hospital on Wednesday night in a very pleasant and varied manner, the contributing artists including Mrs. H. Pooley, Messrs. Morrison and Gore, and Mrs. Gibson as pianist. Carveth Wells also figured among the entertainers with his accounts of life in the wildest parts of the Malay Peninsula. Col. Winsby acted as chairman and Mrs. Lewis was convener.191

**Patients Held Dance.** The dance by the patients of Craigdarroch Hospital, S.C.R., last night at the Alexandra Ballroom proved a most enjoyable event, and owing the untiring efforts of the committee, which consisted of Messrs. Carter, Wilmot, Bristow, Pollock, and Hawkes, every detail was seen to that ensured a pleasant evening. Heaton’s Orchestra supplied the music, and a delicious supper was served. There was such a large attendance that the supper was arranged in classes. The proceeds from the dance will be devoted to the amusement fund for Craigdarroch Hospital.192

**Hospital Patients Entertained.** On Tuesday evening a number of patients from Craigdarroch Hospital were entertained by the Army and Navy Veterans in the club headquarters, Hamley Building. The main attraction of the evening was a billiard tournament between six of the patients and six of the veterans. The former were represented by Comrades Wilmot, Pollard, Thompson, Frith, Tucker, and Coomber; the veterans by Comrades Warden, Stephens, Taylor, Turner, Smith and Brown. The result was a sweeping victory for the veterans, who won all the matches. The patients, however, had a good time, and departed homewards feeling that they had spent a most pleasant evening.193

**Craigdarroch Boys Express Gratitude to Generous Friends.**
Evidencing their appreciation of the generosity of those who have not forgotten the boys who still linger in hospital as a result of injuries acquired “over there.” The patients at Craigdarroch desire to go on record as instructing their committee, Messrs. King, Pollard, Thompson and Burnett, to thank, through the medium of the press, those citizens of Victoria who continually stand by the boys and endeavor to make their lives brighter.

It was unanimously agreed that thanks were especially due to the Mildred Page Players for their open invitation to Saturday matinee; Miss Campbell, for weekly gift of cakes for Sunday tea; Knights of Columbus, for continual issue of tobacco and cigarettes; Pantages, for open invitation to matinee; Mr. Goforth, of Y.M.C.A., for showing at the hospital, weekly, his portable moving pictures; Mrs. Genge, Miss Mara and Miss Finlayson, for the constant use of their automobiles for country trips for lame and disabled men; Mrs. Holley, for her unfailing hospitality; Miss Thain, Mrs. Gleason and Mrs. Simpson, for their kindness in arranging for and supplying music for dances; also those who anonymously keep up a constant supply of current books, magazines and papers, that have beguiled many a weary hour.194

**Songs and Cards Entertain Patients at Craigdarroch.** Pupils of the Columbian School of Music under the direction of Mrs. Burdon-Murphy last night gave an interesting entertainment at the Craigdarroch Hospital, when patients and their relatives enjoyed a concert, whist drive and informal dance.

Songs were contributed by Mrs. C. Harding, Mrs. Adams and Mrs. Todd, Miss Cook and Miss Mathews. J. Pullen contributed two violin numbers and Miss Eva Howard and R. Heard
rendered piano solos.

Cards began at nine o’clock, with fourteen tables for whist and an overflow table of bridge, the winners of whist being: Ladies, Miss Greaves, who scored 81, and Mrs. C.F. Simpson, 77. Gentlemen, Mr. O. Patterson and Mr. E. Pollard, who tied with a score of 76. The ‘boobies’ fell respectively to Mrs. Elliot and Mr. John Pollack. The prizes purchased from the Patients’ Amusement Funds were: Ladies, wicker fruit tray, copper ash tray with Indian head engraved, and the head butterfly were made by the patients in the Hospital shops.

Refreshments under the direction of Sister Mowbray were served at the tables, the younger generation then adjourned to the dining room to waltz and foxtrot for an hour to music furnished by Miss Thain, Mr. Vernon Smith and Mr. Albert Uden.¹⁹⁵

What was probably the most interesting billiard handicap ever played at Craigdarroch Hospital was commenced December 6, when 22 patients entered the lists to discover champion. By elimination Burnett and Mossey, Patterson and Cullen, Thompson and Pollock were brought into the semi-final, and that round resulted in victories for Mossey, Thompson and Cullen. After a draw, by which Mossey was awarded a bye, Thompson beat Cullen but was himself defeated in a hard fought game when he met Mossey yesterday for the championship.

The handicap was organized by the Amusement Committee and the prizes, $3 to H. Mossey and $2 to A. Thompson, were paid from the amusement fund. The handicapping worked out by Mr. George Burnett was most successful.¹⁹⁶

**Soldier Patients Observe Christmas. Craigdarroch Gay With Decorations; Dietician Presents Surprises.** Christmas is being celebrated at Craigdarroch, the home of the maimed and sick returned men. Numerous gifts have been bestowed on the boys by the citizens of Victoria. Holly and fern, ivy and arbutus, pine and fir have been intricately woven to give the hospital a fitting garb for the festal season. Led by Sister Alexander who is responsible for decorating the hall, Sister Andrews, Miss Holmes and Miss Brice decorated the great staircase and Sisters Mowbray and Murray, the wards. The dining room was transformed into a corner of the Ritz, the tables being gay with colour and decorated with choice chrysanthemums.

The thanks of all were expressed to Miss Hammond, the dietician and her staff for the preparations so successfully carried out. At the close of the dinner Miss McBride, the matron, and Dr. Taylor were presented by the boys with a slight token of the esteem in which they are both held.”¹⁹⁷

**Craigdarroch Holds Final Social Event Before Closing.** “Should Auld Acquaintance Be Forgot” was bravely sung last night by patients, nurses, staff and friends at Craigdarroch, where many a man has been nursed back to health and friendship, and though it was but a prelude to bringing down the curtain, nothing could be more appropriate with the last social event ere Craigdarroch ceases to be a hospital.

Over one hundred and fifty guests assembled at the Castle, friends of the patients, friends of Craigdarroch, nurses and patients from Esquimalt, representatives of the returned soldiers’ associations, among them being Rev. Col. Andrews, G.H. Dean, head of the S.C.R. in British Columbia, and Mrs. Dean, Dr. and Mrs Taylor, Miss McBride, Dr. Pearse, Mrs. Genge, Mrs. Holley, Mrs. Simpson, Messrs. Neary and Garnett, of the Knights of Columbus. Canon Hinchcliffe was unavoidably absent from town.

A whist drive in the drawing room commenced at 8 o’clock with twelve tables, and ten hands were played, the winners announced by Mr. King being Miss Laura Macklin and Mrs Holley, R. Smith and W.E. Thomson, the “boobies” falling respectively to Miss A. Moseley and J. Berwick, the prizes being wicker fruit baskets made in the hospital and a box of fancy
stationary for ladies, cigarettes for gentlemen, and “kewpies” for boobies.

At nine o’clock, to music furnished by Miss Thain at the piano, Vernon Smith, violin, and John Uden, jazz drum, waltz and fox trot ran without intermission till midnight, save for two well-rendered songs by Mr. Patts of the hospital staff.

As a social event this last entertainment at Craigdarroch will be, as was intended by the Patients’ Amusement Committee, a long remembered event in the minds of all who partook of Craigdarroch hospitality.¹⁹⁸
Primary Sources

Primary sources for this paper were Library and Archives Canada—Department of Veteran’s Affairs, the Military Hospitals Commission (Record Group 38); the Department of Public Works (Record Group 11); the Department National Defense (Record Group 24); the Department of Veteran’s Affairs Collection, National Photography Collection (this accession part of R1183-7-0-E Accession #1981-043; Record Group 150; articles from The Daily Colonist and the Victoria Daily Times from between 1915 and 1921. A longer list of bibliographical materials follows.


Secondary Sources


Segsworth, M.E. Walter E. *Retraining Canada’s Disabled Soldiers*. Ottawa: J. de Labroquerie Taché, Printer to the King’s Most Excellent Majesty, 1920.

Ibid., 25. New recruits were required to be between the ages of 18-45. Many overage men said they were 39.  
Ibid., 134.  
Ibid., 123.  
Ibid., 127.  
Ibid., 111.  
Ibid., 128. Vimy Ridge is roughly halfway between Arras and Lens in the Nord-Pas-de-Calais region of France.  
Ibid., 214-23.  
Ibid., 222.  
Macphail, 49.  
Macphail, 55-56.  
Macphail, 61.  
Macphail, 136.  
Macphail, 225. Militia Order No. 20, dated 25 Jan 1900, gave Canadian military nurses the rank of Lt. with the same pay and allowances of that rank.  
Duffus, 120.  
Duffus, 131.  
Nicholson, 92-93.  
Duffus, 132.  
Duffus, 132.  
Duffus, 132.  
Duffus, 132.  
Morton and Wright, 88.  
Macphail, 401.  
Morton and Wright, 62.  
MacPhail, 326.  
MacPhail, 323-24.  
Macphail, 325.  
LAC R1187-0-6-E; formerly RG38-C “Department of Pensions and National Health Fonds,” 1921-1944. Vol. 287 Minutes of the Commissioners (1915-1917) and memos and reports (1916-1920), Report to the President, Military Hospitals Commission from E.H. Scammell, Secretary, 14 November, 1917.  
Suzanne Evans, “Canada’s Work for Wounded Soldiers on Film,” *Canadian Military History* 19.4.5 (2015). A print of this film had not been found as recently as 2016.  
Walter E. Segsworth, M.E., *Retraining Canada’s Disabled Soldiers* (Ottawa: J. de Labroquerie
Taché, Printer to the King’s Most Excellent Majesty, 1920), 40.

35 Ibid., 43.
36 Ibid., 126.
37 Friedland, 76.
38 Segsworth, 35.
39 Friedland, 70.
40 Segsworth, 36.
41 Macphail, 278.
42 Morton and Wright, 78.
43 Morton and Wright, 96.
44 Friedland, 114.
45 Friedland, 124-26.
46 Segsworth, 17.
47 Ibid., 25.
48 Ibid., 54.
49 Ibid., 12.
50 Ibid., 14.
51 Ibid., 5.
52 The Daily Colonist, November 2, 1919, 34.
53 Segsworth, 97.
54 Segsworth, 11.
56 Morton and Wright, 134.
58 LAC Veteran’s Affairs Fonds (RG38-D2), Subject Files, 1915-1952 Vol. 158, File: Matson Farm, Vancouver Island.
60 LAC Veteran’s Affairs Fonds (RG38-D2), Subject Files, 1915-1952 Vol. 158, File: Matson Farm, Vancouver Island. Letter dated January 21, 1920 from Mackenzie King, M.P to Hon. Sir James A. Lougheed, K.C.M.G.
61 Ibid., Letter dated February 2, 1920 from Acting Deputy Minister to Director of Vocational Training.
64 Ibid., Telegram marked “Private and Confidential” from “J” District Vocation Officer George Deane to Acting Deputy Minister N.F. Parkinson, dated February 10, 1920.
65 Macphail, 316-17.
66 Morton and Wright, 36.
69 Lt. James Swan Harvey Service File. LAC RG 150, Accession 1992-93/166, Box 4136–10 Item
Morton and Wright, 90.

LAC RG38 Department of Pensions and Health. Vol.163 File 8346: Transfer of Hospitals.

Ibid.


NAC VS-638 Box 513, File Title: Hospitals—Shaunessy Hospital Vancouver, B.C. Vol.2. Telegram dated 4 December signed “Director” to Asst. Director, DSCR, Board of Trade Building, Vancouver. It wasn’t until May 26, 1919 that the Bank of Montreal began legal proceedings to recover $322,613.81 from Soloman Cameron and his Westholme Lumber Company and associates for various debts. (Lis Pendens, In the Supreme Court of British Columbia. 26 May, 1919. B.C. Land Titles Branch). The Court’s judgement in favour of the Bank wasn’t handed down until June 29, 1921, and the award included Craigdarroch Castle and its adjoining land as well as other real estate in Victoria and Prince Rupert. (Order by Mr. Justice Clement. In the Supreme Court of British Columbia, 29 June, 1921).

NAC VS-638 Box 513, File Title: Hospitals- Shaunessy Hospital Vancouver, B.C. Vol.2. October 19, 1918 letter from General Superintendent, Engineering Branch, DSCR-ISC to Chief Accountant, DSCR-ISC.

Ibid., Letter dated July 9, 1917 from Officer Commanding “J” Unit to Secretary, Military Hospitals Commission. Shaugnessy and Fairmont hospitals had previously been known as Braemar and Langara Convalescent Hospitals. When the DSCR’s predecessor, the Military Hospitals Commission (MHC) sought to change their names in 1917, Harvey wrote from Esquimalt to Ernest Scammel (DSCR Secretary and Assistant Deputy-Minister) in Ottawa stating, “In my opinion it would be a mistake in naming these two hospitals jointly ‘Shaugnessy A and B,’ as the use of the letters A and B might easily lead to confusion in our records. I am enclosing a copy of my answer to Mr. Peters in which you will see that I have suggested the use of the names ‘Shaugnessy’ and ‘Fairmont’ respectively for Braemar and Langara."

Ibid., Memorandum dated 26 October, 1918 from DSCR Director Robinson to Medical Branch

Ibid.

Ibid., Memorandum from Director of Medical Services Col. Bell to Mr. Robinson, Director I.S.C. dated 30th October, 1918.

Ibid., Telegram Cross Reference Sheet for transmission made December 1, 1918.

Ibid., Telegram dated 4 December signed ‘Director’ to Asst. Director, DSCR, Board of Trade Building, Vancouver.

Ibid., Telegram dated December 9, 1918 signed A. Proctor to Colonel F. MacKenzie Bell.

Ibid., Letter dated December 10, 1918 from office of the Minister of Militia and Defence to Hon. Sir James Lougheed, P.C., Minister of Soldier’s Civil Re-Establishment.

Ibid., Telegram dated December 20, 1918 from A.P. Proctor to Director of Medical Services.

Ibid., Telegram dated December 27, 1918 from DSCR Director of Medical Services to “J’ Unit Medial Director, Vancouver, B.C.

In 2001, the National Archives of Canada’s Martin Lanthier, Reference Archivist, Reference Services, advised the author that he and colleague Michael MacDonald had searched Craigdarroch’s “area of interest.” In RG11, they found a reference to file 8461-3, “Craigdarroch castle lease.” Lanthier reported that the file seemed to have been destroyed because he could not find it in the volume
containing files in the same range.

88 NAC VS-638 Box 513 File Title: Hospitals—Shaunessy Hospital, Vancouver, B.C. Vol.3 Memorandum dated October 11, 1919 from Deputy Minister to Mr. Bower (Superintendent of the DSCR’s Engineering Branch).
89 “Craigdarroch Castle will be used again,” Victoria Daily Times, January 29, 1919. The story stated that Craigdarroch would be used by the DSCR for “men who have been discharged from the army, but are incapacitated for taking part in civil life...Totally disabled men, it is understood, will find a permanent home in the Castle, which has been vacant for several years”.
90 NAC VS-638 Box 513, File Title: Hospitals—Shaunessy Hospital Vancouver, B.C. Vol.2. Telegram dated February 14, 1919 from DSCR Director of Medical Services to “J’ Unit Medial Director, Vancouver, B.C.
91 Ibid., Telegram dated August 16, 1919 from “J’ Unit Medial Director Deane, Vancouver, B.C. to Deputy Minister.
92 LAC Military Hospitals Commission. Memoranda and Reports 1916-1920. Letter from Scammell dated 18 September, 1917. Of Euclid Hall Hospital in Toronto, Scammell states, “For some time past, it has been deemed advisable to open a Home for incurables. Happily the number of these men, apart from those suffering from tuberculosis, is small. Through the generosity of the Massey Treble Estate, the residence of the late Mrs. Massey Treble has been placed at the disposal of the Commission. A number of incurables are now in residence there. The accommodation is 40”.
93 Morton and Wright, 27.
95 LAC Veteran’s Affairs Fonds (RG38-D2), Subject Files, 1915-1952, Volume 158, File: “Hospitals: Moxham Military Convalescent Hospital, Sydney, NS.” The content of this file reveals the sort of wear and tear that hospital operations caused to large houses leased by the Commission. The Moxham family complained about missing books and furniture. Patients were lighting their matches on the calcimined walls. The family wanted compensation. A July 19, 1933 memorandum in this file exposes the reckless management of hospital records: “Recently, Mr. Hay, our investigator was investigating some cases in Sydney and he had occasion to go the Moxham Castle which, during the war had been used as a hospital. He states that on the furnace floor, of this building, is scattered a number of old army records, and has forwarded a few as examples, which we are enclosing herewith for your perusal. Kindly advise if you consider these papers of any importance, and if we should endeavour to have someone check them over for any information which may be of value” (signed, R.H. Curran for Pension Medical Examiner, Board of Pension Commissioners). Perhaps Craigdarroch Military Hospital records were treated in a similar manner, thus explaining why they have not survived.
96 Victoria Times, January 30, 1919, 4.
97 Victoria Daily Times, September 25, 1919, 1.
98 LAC Canada Dept. of Veteran’s Affairs Collection. National Photography Collection. This accession part of R1183-7-0-E Accession #1981-043. The collection consists primarily of photographs of hospitals operated by the Department of Veterans Affairs and Military Hospitals Commission from 1917-1963. There was no finding aid, and so each box was opened and examined. They contained loose photographs, bound albums, or both. Most images depicted 1950’s era veterans’ hospitals and documented building defects, such as boiler cracks, failing pipe insulation, etc. In box (bar code #) 2000783629, a black leather photo album was opened and found to hold three previously unidentified 8” X 12” photographs of Craigdarroch. Stamped on the verso of each was; “Harold Fleming, late Fleming Bros. Commercial Photographer, Government St., Victoria, B.C.”.
99 City of Victoria Engineering Department, Victoria, B.C.
The author of this article was contacted by Fred Cornborough, the manager of the main Victoria branch of the Bank of Montreal in 1989 when the Castle floorplans were found in the basement vault of the branch being closed at the corner of Government and Yates Streets. The author met Mr. Cornborough in the vault and took photographs of the plans. He was told that the Bank would donate them to The Castle Society at an imminent gathering of media representatives. A few months later, the author contacted the Bank and was told that the plans could not be found. The author has contacted various bank officials about the plans during the past 25 years. On October 15, 2013, Bank of Montreal Corporate Archivist Yolaine Toussaint confirmed in an email to the author that the plans were not found despite a careful search at her office, at the Bank’s Real Estate Western Canada office, and a new search at the main Victoria branch personally conducted by the then branch manager. Former Bank of Canada Branch Manager Fred Cornborough has indicated that the architectural firm of Wade Stockdill Armour and Blewett was overseeing the work at the Government and Yates Branch when the plans went missing, and that they might have kept them. On December 18, 2013, the author corresponded with that firm’s retired architect, Terrence Williams, who then advised that he was cataloging, with help from Martin Segger, the firm’s papers which had been donated to the University of Victoria. He assured the author that if the plans are found, The Castle Society will be notified. The author’s photographs of the plans were lent to the City of Victoria Engineering Department for copying in 1991 and then lost by them. Poor photocopied versions survive and form Appendix #1.

Robert Baxter, Comprehensive Analysis and Restoration Study, (Victoria: Holovsky Baxter Mansfield Architects & Planners, Ltd., 1991), 6. Mr. Tosczak told the author that the tiles were found two feet south of the room’s ceiling beam and two to six feet west of the east wall.

A fragment of crown moulding used for cabinetry in this room during the Dunsmuir period has survived, and it matches perfectly the birch wood pantry cabinetry crown moulding at the Pabst Mansion House Museum in Milwaukee, WI. The building permit for the Pabst Mansion was issued in 1890. Notably, is that both Craigdarroch and the Pabst Mansion contain Willer’s patented hardwood window blinds manufactured in Milwaukee. A Willer Blind Company catalogue in Craigdarroch Castle Collection (accession 2016.1) confirms Willer’s Craigdarroch contract, and the Pabst Mansion records confirm their Willer contract. The significance of the connection is that a conjectural restoration of the Dunsmuir-era pantry could reasonably be based on the Pabst example.

finding aid was thoroughly examined by the author of this article. There were no plans related to Craigdarroch. There was an entire series of plans described as “standard details for military hospitals” in Canada, and they date from 1917 to 1919. Copies of some plans were obtained and could prove useful for research, presentation, or educational purposes. They form Appendix #3.

112 *The Daily Colonist*, February 21, 1919.


116 *The Daily Colonist*, September 13, 1919, 1.


118 *Victoria Daily Times*, September 24, 1919.


120 *The Daily Colonist*, September 25, 1919, 1.

121 *The Daily Colonist*, September 26, 1919.

122 Ibid.


124 *The Daily Colonist*, September 27, 1919.

125 *The Daily Colonist*, September 30, 1919, p.18. Corp. Kneale was survived by his widow, Mrs. Annie Kneale, and daughter, age 4, and one brother residing in Victoria. Interment was at Ross Bay Cemetery.


127 Eighty patients were listed in *10-11 George V - Sessional Paper 159 Return to an Order of the House of the 26th April, 1920* (Ottawa: Parliament of Canada). Other references to patient numbers at Craigdarroch confirm the hospital never operated at full capacity.


129 Ibid., 21.

130 *10-11 George V - Sessional Pape 159 Return to an Order of the House of the 26th April, 1920* (Ottawa: Parliament of Canada).

131 Whitney, Mary. Interview by Bruce Davies. Curator’s office, Craigdarroch Castle. February 9, 2004. Mrs. Whitney was the daughter of Pte. Ralph Forrester, regimental service #524673. Her father was an out-patient at Craigdarroch.

132 “10-11 George V - Sessional Paper 159 Return to an Order of the House of the 26th April, 1920” (Ottawa: Parliament of Canada). The order was “for a Return showing: 1. What institutions are at present under the jurisdiction and management of the Department of Soldier’s Civil Re-establishment. 2. Number of patients in each institution. 3. Number of employees in each institution. 4. Cost per year of each institution. Presented May 12, 1920.”


134 Segsworth, 134-35.

135 A “Padre” was a chaplain.

136 Anne Pearson, *The Royal Jubilee Hospital School of Nursing* (Victoria: The Alumnae
Association of the Royal Jubilee School of Nursing, 1985), 165.

Duffus, 35.
Duffus, 55.


LAC Veteran’s Affairs Fonds (RG38-D2) Subject Files, 1915-1952—Volume 158, File: Matson Farm, Vancouver Island.

Informants: Pte. Forrester’s daughter Mrs. Mary Whitney, and grandson Dr. Hugh Whitney.


*The London Gazette*: (Supplement) no. 30648. April 23, 1918, 4968.

From Private Ralph Forester’s pension file, Ottawa.

Ibid.


Mrs. Whitney was the daughter of Pte. Ralph Forrester, regimental service #524673.

Morton, 131.


Ibid., xvi
Ibid., 2.


*Victoria Daily Times*, March 29, 1921, 1.

Burke’s Peerage and Baronetage, 1969, 379.


Supplement to *The London Gazette*, 26 January 1922.


Audain, 185.


Marjory Holme-Sumner file, Craigdarroch Castle Historical Museum Society curatorial library.

John Alexander Hope military service file. Library and Archives Canada RG 150, Accession 1992-93/166, Box 4488–5 Item 458822


Sir O’Moore Creagh and E.M. Humphris, *The Distinguished Service Order 1886-1923* (London:
J.B. Hayward & Son, 1924), 273.
172 The London Gazette, 19 December, 1912.
174 The Daily Colonist, May 31, 1918, 4.
175 The Daily Colonist, May 16, 1919, 6.
176 The Daily Colonist, December 14, 1919, 4.
177 Debrett’s Peerage, Baronetage, Knightage, and Companionage, 1920.
178 Victoria Daily Times, September 15, 1919, 9.
179 The Daily Colonist, September 18, 1919.
180 The Daily Colonist, October 5, 1919, 6.
181 The Daily Colonist, October 12, 1919, 25.
182 Victoria Daily Times, October 14, 1919.
183 The Daily Colonist, November 20, 1919, 6.
184 The Daily Colonist, November 27, 1919, 7.
185 Victoria Daily Times, December 24, 1919, 5.
186 The Daily Colonist, January 16, 1920, 8.
189 The Daily Colonist, July 24, 1920, 12.
190 The Daily Colonist, August 20, 1920, 13.
191 The Daily Colonist, September 24, 1920, 6.
192 The Daily Colonist, October 19, 1920, 6.
196 The Daily Colonist, December 18, 1920, 10.
197 Victoria Daily Times, December 24, 1920, 12.
198 Victoria Daily Times, December 29, 1920, 8.