

15 Dodd Street, Fenelon Falls

Heritage Designation Evaluation

Fenelon Falls

PLAN 100 PT LOT 13 RP57R2322 - PART 1

6315-70338

March 2022



Statement of Cultural Heritage Value or Interest

The subject property has been researched and evaluated in order to determine its cultural heritage significance under Ontario Regulation 9/06 of the Ontario Heritage Act R.S.O. 1990. A property is eligible for designation if it has physical, historical, associative or contextual value and meets any one of the nine criteria set out under Regulation 9/06 of the Act. A heritage evaluation of the property has determined that 15 Dodd Street, Fenelon Falls has cultural heritage value or interest and merits designation under the Ontario Heritage Act.

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

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

The property is a representative example of a Regency cottage and includes the key elements of this architectural style. These include: one-storey construction; a hipped roof; a central entrance; and large symmetrically placed windows on the front elevation. It is one of only a few examples of this style of residential architecture in Fenelon Falls making it a rare example within the community.

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

The property displays a typical degree of craftsmanship and artistic merit for a property of this type.

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

There are no specific technical or scientific achievements associated with this property.

2. The property has historical or associative value because it:

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

The property has historical associations with Dr. Archibald Wilson, a prominent local physician who operated a hospital out of the building beginning around 1895. The hospital was intended to serve the local community and particularly those who were working in and around Fenelon Falls, but came from elsewhere. Wilson himself was a prominent member of the community, who participated in many aspects of community life and was also a respected physician in turn of the century Fenelon Falls.

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

The property yields information regarding the history of medicine in turn of the century Fenelon Falls. In its use as a cottage hospital, it provides

information as to how medical care was provided in small communities in Ontario in the late nineteenth and early twentieth centuries.

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

The designer and builder of the subject property is unknown.

3. The property has contextual value because it:

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

The property is important in supporting the character of the local area which is comprised primarily of single family residential properties and can be considered a mature, evolved neighbourhood in Fenelon Falls. This includes a range of historic properties in the immediate area built at a similar time as the subject property.

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

The property is visually linked to its surroundings as a contributing property to the character of the local neighbourhood which is comprised primarily of mature single family residential properties located on lots with significant amounts of trees and landscaping.

iii. is a landmark.

The house is not a specific landmark in the community.

Design and Physical Value

15 Dodd Street is a representative and relatively rare example of a Regency-style cottage in Fenelon Falls. Constructed around 1873, it includes the key elements of this popular nineteenth century domestic architectural style which include: one-storey construction; a hipped roof; a central entrance; and large symmetrically placed windows on the front elevation. It is one of only a few examples of this style of residential architecture in Fenelon Falls making it a rare example within the community.

The Regency cottage was a popular domestic architectural form in early and mid-nineteenth century Ontario. A subtype of the broader Regency style, it was used extensively in both larger and smaller communities across the province beginning around 1820. The height of its popularity came in the middle of the century but many examples can be found from the 1870s and beyond, including the subject property.

The Regency style was British in origin and first came to North America through British immigration following the Napoleonic Wars. Many of the immigrants at this time were decommissioned British military personnel looking to build a life in Canada after the end of the wars in Europe; a sizeable portion of these were officers and had a specific interest in bringing with them the popular architectural forms of the day to show their style and taste, despite the difficult conditions most would find themselves in upon their arrival. Their architecture differentiated them from Ontario's Loyalist population which primarily built in the more austere Georgian style during this time which they brought with them from the United States.

The Regency itself in Britain was short, lasting only from 1811 to 1820 until the death of George III. What was considered the Regency period in the arts and architecture, however, stretched on either side of this, from about the mid-1790s to the late 1830s. This period in building, which was a late expression of Georgian art and architecture, was marked by its use of both restrained neoclassical elements alongside more varied and eclectic architectural features. The style was most widely expressed through domestic architecture, particularly in the years following the defeat of Napoleon in 1815, and a number of residential types emerged in Britain. The most common was terraced housing in urban areas which employed classical forms and motifs in a restrained and simplified manner in order to demonstrate sophistication and taste; examples of these are most well-known in cities such as London and Bath but can also be found in cities across the country, particularly in the resort and spa towns, such as Bristol, Royal Leamington Spa, and Cheltenham, which were developing rapidly at this time and attracting fashionable upper class residents and visitors. Similarly, the large villas built by the moneyed classes in the countryside employed a clean and simplified version of classical architecture modified for detached country homes and often also integrated

eclectic elements drawn from other architectural styles. A third type – by far the least common – were cottages, generally built as auxiliary buildings such as gatehouses or hunting lodges on estates and were smaller, often one-storey versions of the larger urban and villa types. All three types shared similar features: restrained use of classical and eclectic ornamentation, clean lines, Palladian-inspired symmetry, large multi-paned windows and flat or low-pitched roofs.

Regency architecture was explicitly tied to the Romantic movement which was also flourishing around this time. Broadly speaking, the Romantic movement, which originated in Europe in the late eighteenth century, emphasized emotion, as opposed to rationalism, as the most authentic form of experience and sought to translate this idea across a broad range of disciplines, including the arts, architecture, literature and philosophy; it had a significant influence on the prevailing thought of the day and its impact was widespread, including on politics and science. One of its most important emphases was on the significance of nature and the emotional impact of the natural world. In the arts, this gave rise to the aesthetic theories of the picturesque and the sublime, which had a major impact on architectural thought throughout the nineteenth century.

The Regency style drew on the picturesque, which emphasized the visual delight and artistic appeal of certain types of dramatic or pastoral landscapes. In particular, the picturesque emphasized views and vistas of nature that were pleasing to the eye and evoked an emotional reaction. Architecturally, this meant a style that was softer and more flexible than its classical predecessors. This was an explicit move away from the academic Neo-Classical style which emphasized rigid proportions and character over the more flexible Regency forms; Regency architecture was an eclectic, as opposed to revivalist style, and flexible enough to integrate a range of architectural motifs and forms which would not have been accepted as part of earlier Classical styles. Where romantic ideals were more specifically applied, however, was regard to landscape and the relationship of built form to the natural world. Regency architecture aimed to situate itself within dramatic natural settings, focusing on views and vistas that emphasized the picturesque qualities of the site, and, if necessary, to create a picturesque setting through extensive landscape architecture and garden design.

This was certainly more difficult in the urban terraces in cities, which nevertheless tried to create a landscaped form; dramatic crescents that became popular at this time are an urban interpretation of the natural drama of the picturesque. Where this ideal was the most explicit in the country estates of the landed gentry which used landscape as an element of architecture in order to create views, vistas, and a pleasing setting for built form. The intention was to integrate built form within the natural landscape to

achieve the picturesque ideals of the Romantic movement and this could be readily achieved in a country estate with spacious grounds and scope for locating and orienting a building in such a way to take advantage of its best qualities. This was the exception, rather than the norm, with regard to Regency architecture, most of which was constructed in an urban setting, but it nevertheless gave rise to certain popular features, such as large windows, and the general idea of Regency as a romantic style.

The first Regency style homes in Ontario were constructed in the 1820s and were of two types: larger Regency style villas and the smaller Regency cottages. The villas were the more ornate of the two types and more closely related to their British counterparts. These were generally two or three storeys and used the combination of eclectic and classical features found in British Regency architecture. They were also often placed in large and spacious ground to accentuate their landscape features and picturesque qualities. Ideally, villas were constructed in rural areas to emulate the British country estate, but they were also constructed in towns and villages on large lots. Significantly fewer of these houses were constructed than their small cottage-style counterparts and not all of these have survived. Significant examples, such as Dundurn Castle in Hamilton, demonstrate the ideal form of this style, one that was rarely able to be constructed in mid-nineteenth century Ontario.

The Regency cottage arose from a desire to emulate the villas and estates of the upper classes in a simpler and more affordable form. The eclectic nature of Regency architecture meant that the style was extremely flexible in how it could be executed; by extension, it was well-suited for adaption in nineteenth century Ontario which was far removed from the urban centres and gentile estates of Georgian Britain. Early and ideal Regency structures in the form of large villas were simply not attainable for the vast majority of people so it was quickly adapted into something that was achievable for more people, giving rise to the one-storey three-bay cottage found in communities across the province.

The low one-storey profile was not common in British architecture, particularly in the architecture of the Regency which generally featured multiple storeys, especially in urban terraces. However, there have been a number of sources where it has been speculated that this form developed from which are consistent with the thought patterns behind Regency design and the time in which it developed. The first were rural cottages in the English countryside which often had a one storey profile and were highly romanticised as part of a rural countryside ideal; they were replicated in England in many auxiliary Regency buildings – such as gatehouses, lodges and follies – on large country estates. The other influence were the one-storey domestic structures constructed in India by the colonial administration which drew on vernacular

Indian construction, particularly one-storey residential buildings, when attempting to develop a British presence in the colony.

The major feature drawn from Anglo-Indian architecture was the verandah; these covered porches were quickly adopted in India by the British administration for their practicality in a hot climate, and soon were being constructed elsewhere in the British Empire. These were not features commonly found on Regency architecture in England but they are ubiquitous in Regency cottages in Ontario; they were often characterized by their delicate woodwork, much of which has not survived, likely because it is difficult to maintain. These, alongside central entrances, large sash windows, eclectic but subdued architectural details, square or rectangular plans and hipped roofs, became the standard pattern for Regency cottages in Ontario and one which was soon replicated across the province. Stucco was the preferred exterior treatment, but it was not used exclusively with brick, stone and wood being employed extensively.

The spread of the Regency cottage across Ontario can, in part, be attributed to the rise of architectural pattern books as a major source of design inspiration in both Britain and its colonies in the nineteenth century. Pattern books provided vital information to those wishing to construct buildings, usually residential structures, in current fashionable styles when an architect was not available to design them; this was a particular boon in the colonial context. In the early and mid-nineteenth century, Regency patterns featured heavily in these types of publications. One of the most well-known of these pattern books was J.C. Loudon's *Encyclopedia of Cottage, Farm and Villa Architecture* published in 1846. This book, which was well-circulated in mid-nineteenth century Canada, included a huge range of different picturesque patterns, but the first plates were dedicated to the one-storey, three-bay Regency cottage of which he gives several examples of different sizes and interior layouts, as required for the needs of the patron. Loudon's text is highly romanticized, but shows the basic form and features that made up this popular domestic architectural style, as well as some of the ways it could be modified to suit its owner with regard to size, material and floorplan.

Pattern books served a number of important functions. On one level, they directly provided elevations and plans for houses that could be replicated. However, they also promoted and popularized styles and types more indirectly by introducing them to the community from where they could be replicated and spread. Pattern books were certainly used in small-town Ontario, but they were not always accessible and had a tendency to be used more directly by wealthier citizens looking to directly replicate fashionable urban trends. It is unlikely, although possible, that the builder of 15 Dodd Street had access to a text such as Loudon's, but, by the time the house was constructed, the Regency cottage was a very standard form in Ontario's domestic architecture,

spread throughout the province, in many ways, by the proliferation of pattern books.

The Regency style was at the height of its popularity between about 1820 and 1860, but the Regency cottage, in particular, continued to be well-used domestic architectural type until into the early twentieth century. The one-storey, hipped-roof design on a simple floorplan was easy and relatively inexpensive to build and was extremely suitable for housing in Ontario's growing towns and cities. Its flexibility with regard to ornamentation also made it easy to adapt to the tastes of the owner; as the century went on, the types of decoration used on Regency-style cottages expanded to include polychromatic brickwork, barrel-vaulted entrance porches, and Gothic-inspired details, amongst others, which were easy to apply to the basic cottage form. By the 1870s, when 15 Dodd Street was constructed, the style was not the most popular housing form in use, but it was certainly by no means rare.

15 Dodd Street contains many of the key features of a Regency cottage, but has also been modified since its original construction. Exactly how it appeared when it was constructed is not known as it appears that no photographs or images of the building survive from the late nineteenth or early twentieth century. There are some clear modifications from the 1870s, including the modern siding on the front and side elevations, the addition of the pergola-like structure over the front entrance, the new windows and their sizing, and the north eastern addition. The decorative features on the exterior of the house, particularly the window surrounds and pilasters, are also not original and were added at some point after 2000. However, the house still retains the major features which make it recognizable as a Regency cottage. These include the square massing of the building, its hipped roof, and central entrance with sidelights and a coloured glass fanlight.

Where the Regency styling of this property is particularly evident is at the rear of the house on the side of the property overlooking Louisa Street. A deck and sunroom have been added to this side of the property but this elevation of the main house itself remains intact and includes an original central door with sidelights and transom, Dutch lap siding, and French doors, which likely opened onto a verandah, since replaced. This is likely what the front of the house looked like when originally constructed, albeit with the more ornate door surround on the front; French doors were an extremely popular feature in Regency cottages. The rear is also notable for its picturesque qualities as the location on Dodd Street overlooking Louisa Street from above aligns with the landscape planning prevalent in the Regency style; whether this was planned or was a coincidence of the site is not known.

The house also retains a number of its historic interior features. These include its centre hall plan layout, flooring, interior doors and fittings. Of the house's

interior details, one of its particularly interesting features are the register grates. These decorative grates were manufactured in Brockville by the James Smart Manufacturing Company, a large foundry that was founded in 1854 as the James Smart Foundry, later changing its name in 1891. It was acquired by the Canadian Foundries and Forgings company in 1912. The company produced a range of utilitarian and decorative products, but was well-known as a manufacturer of furnaces, stoves, and associated products, such as grates and registers. The pattern seen on this register can be seen in other James Smart products. The date of production for the registers in the house are not known, but it can be surmised that they were manufactured and installed between 1891 and 1912. They also are likely to have corresponded with the installation of central heating in the house; it is likely, although not definitively known, that this may have occurred when the house was repurposed as a hospital in 1895, a date which corresponds with the likely date of manufacture of the registers.

Despite the general popularity of the Regency style in Ontario during the nineteenth century, there are few examples of this type of building in Fenelon Falls and it was not used widely in Kawartha Lakes more generally. In the early nineteenth century, several Regency villas were constructed by gentleman settlers who came to Verulam Township, including both Maryboro Lodge in Fenelon Falls and the Beehive (Dunsford House) on Sturgeon Lake, both of which survive. Of Regency cottages, there are a few good examples throughout the municipality, mostly in Lindsay, but they are limited in number. The reason for the general lack of popularity of this style is not known, but it is likely that, given the later date, of development of most of the communities in Kawartha Lakes, its use was simply not as pronounced as in more southerly communities which developed at the height of the style's popularity in the province.

Historical and Associative Value

15 Dodd Street has historical and associative value as a former cottage hospital operating in Fenelon Falls at the end of the nineteenth century. Established in 1895, the building was transformed for a number of years from a residential dwelling to a subscription-based hospital serving local residents and those working in the community. It also has historical associations with prominent local physician Dr. Archibald Wilson who operated the hospital and was heavily involved in the local community in Fenelon Falls, both through his medical practice and his wide involvement in different community activities and organizations. It yields information regarding the development of medicine in small town Ontario in the late nineteenth and early twentieth century and the diverse roles played by physicians in local communities.

Prior to 1895, 15 Dodd Street was a private residence and was constructed for this purpose in the early 1870s. By the 1890s, it was owned by J.J. Nevison, a

local saddler and harness maker. The reason and circumstances for its conversion to a hospital is not known but by 1895, Dr. Archibald Wilson was renting the building from Nevison for this purpose. The best information on the hospital appeared in the *Fenelon Falls Gazette* in an article on November 15, 1895 which gave an account of the opening of the new facility as follows:

As there has always been a difficulty about getting sick or injured men convenient and suitable lodging, in which they can have the quietness and skillful nursing necessary to their speedy recovery, Dr. A. Wilson has rented Mr. J.J. Nevison's house on Fidler's Hill and fitted it up as a hospital similar to many that have been instituted and are now being run successfully in other parts of Ontario and the lumbering districts of the United States. In Fenelon Falls, as well as in other places having mills or factories, there are many men, married as well as single, whose homes and relatives are elsewhere; and when one of them falls sick or meets with an accident he at once becomes a troublesome and unwelcome inmate of the hotel or boarding house at which he has been living, and the cost of his maintenance and medical attendance during his period of enforced idleness in many cases keeps him in debt for a long time after he becomes able to return to work. It is to meet such cases that Dr. Wilson has opened his hospital....He has printed a considerable number of \$5 yearly tickets and \$3 half-yearly tickets which are sold only to men in good health and the purchaser of one is entitled – if he fall ill or meet with an accident – to board, nursing, and medical attendance in the hospital.

The article went on to state that care was also available for non-subscribers, at a cost of \$8 per week, making the subscription fee a considerable saving for anyone who might require medical care during the year. It also noted that the intended audience for this facility was the lumber camps and associated industries in Fenelon Falls and that significant interest had been shown in those corners; locals unassociated with various industries were also invited to join as subscribers. It is not known exactly how long the facility was in operation, but it appears that it only ran for a few years as the assessment rolls indicate that Wilson no longer occupied the building by 1899.

The facility was effectively what is known as a cottage hospital. These facilities, which had arisen in the United Kingdom in the middle of the nineteenth century, were intended to provide local care to residents in rural areas and small towns that was generally subsidized, prepaid, or both. In the United Kingdom, the technical advancements in service available in urban areas and the charitable institutions that provided them to those unable to pay a fee for service were simply not accessible in rural areas; most medical care during this time was provided on a fee for service model that a large majority of the

population struggled to afford. In order to address this major barrier to access, rural doctors began to establish small facilities where they could provide hospital procedures and services locally; in order to pay for them, many introduced a subscription-based service to assist local people who may not have been able to pay as part of a fee for service model, but were able to contribute financially to a collective scheme.

In the earliest iterations, cottage hospitals were usually set up in existing structures, often residential properties. Unlike larger purpose-built hospitals in larger centres, they were very small with often only a few beds and were not intended to address major medical procedures; their focus was instead on minor ailments, injuries, and care that could be performed reliably by a local doctor, but might require additional care beyond a quick visit to the doctor with many offering both in and out patient care. They were also generally staffed by a nurse, or several nurses depending on the size, who managed the day to day operations of the hospital and looked after the patients. This model spread quickly in the United Kingdom and was quickly adopted in other parts of the world as an effective method of providing rural medical care.

During the nineteenth century in Canada, medical care was provided in one of a number of ways. In many cases, it was provided at home by family, friends or neighbours who were generally unqualified to provide it but did their best with the limited resources available. For those who were able to pay, doctors were available, but patients were required to pay the doctor directly for their own care. Charitable institutions for the poor were also established beginning in the late eighteenth and early nineteenth century to provide free medical care, but these generally only served urban areas. For the rural populations, the options for accessing medicine were limited, by cost, geography and the limited supply of doctors practicing in often large, dispersed rural areas. Good, comprehensive and accessible medicine was a challenge in both urban and rural Canada at this time, but there were additional barriers for those in rural areas.

As elsewhere, this was challenging for those who did not have the financial resources to afford it, or were at a geographic disadvantage because of their remote or rural location, and the cottage hospital scheme was one way to address this problem. The set up at the Fenelon Falls hospital modeled wider trends in Canadian medicine, specifically in rural medicine, in the late nineteenth and early twentieth century. For rural areas, where there was limited access to medicine in general, the creation of a subscription-based hospital service had significant advantages. For those such as lumber camp workers, the primary focus of Wilson's scheme, who were transitory labourers away from their homes and families, the ability to access a facility was extremely important particularly when they were not able to recover from

illness or injury at home or be cared for by family members, friends or neighbours.

Subscriptions-based services also had advantages for the physicians who ran them. In many areas, particularly in rural Canada, patients were not able to pay for treatment and either went without or had to pay in installments over long periods of time. When cottage hospitals opened, physicians, like Wilson, continued to operate their private practices, but the subscription service also allowed for these physicians to practice without having to chase patients for fees.

Significant discussions regarding the provision of medical care were happening in Victoria County generally in the 1890s, with particular discussion regarding the construction of a county hospital in Lindsay. As was typical at this time, however, the major stumbling block was with regard to financing the new facility and, eventually the ability of local residents to pay for care. The idea of a subscription service was discussed at a meeting regarding the hospital in 1900, as reported on in the *Lindsay Weekly Post*, because this was one of the most common methods of paying for hospital care, besides paying directly with a fee for service. The Ross Memorial Hospital was eventually established in Lindsay in 1902, but this subscription model being discussed several years previously was already in use in Fenelon Falls, serving the local population because it was the accepted way in the late nineteenth century, beyond the provision of direct charitable care, for people in the community to receive attention at a hospital without having to pay directly out of pocket.

These discussions around charitable access and contributory schemes corresponded with wider questions of how medicine was paid for and how accessible it was for the majority of the population. By the late nineteenth century, the ability to access and, just as importantly, pay for medical care was a significant question, not just in Canada, but in other countries such as the United Kingdom and New Zealand, where cottage hospitals were also being established in the late nineteenth century. It was recognized in certain circles that the inability for many people to access medical care was a societal problem with moral and socio-economic impacts.

Questions about the accessibility of medical care were intimately tied with other cultural questions at the time, particularly those regarding ensuring a high quality of life for all people espoused through the Christian social gospel movement. The inability for many people to access medical care was seen as an explicitly moral issues by many of those associated with the social gospel movement who saw the provision of medical care for those unable to afford it, alongside issues such as child welfare, urban reform and housing, as an important part of a collective society that looked after its members. The ideas developed as part of the social gospel movement would eventually lead to the

adoption of universal healthcare in Canada, but early conversations in the nineteenth century were beginning to look at these questions with a critical eye and come up with solutions, such as cottage hospitals and contributory schemes, which were intended to make medical care more accessible.

The late nineteenth century also saw the rise of public health and the shift away from the maintenance of personal health as a solely individual responsibility; this development was driven by many of the same ethical concerns that drove the social gospel movement with regard to collective responsibility within society. This included renewed focus in society on hygiene, sanitation and access to care which all contributed to the idea of health and medicine as a societal, as opposed to individual, issue. There was a recognition that the health of the individual and the ability to maintain it contributed to the health of the community; new schemes for promoting public health emerged and drove an increased emphasis within society for the promotion of health and access to health services.

Wilson's views on these topics are not specifically known, although he was a prominent member of the Methodist Church and was identified as both a reformer and strongly pro-temperance in *The Canadian Album*. Given these associations and beliefs, it is highly likely that he was at least aware of and influenced by the ideals of the social gospel and public health movements in his approach to medicine and community health. Whatever Wilson's views, however, the property in its role as a cottage hospital yields information regarding these broader ideas in Canadian medical practice at this time.

Beyond its use as a hospital, the property has historical connections to Wilson himself who was an important local physician in late nineteenth and early twentieth century Fenelon Falls and whose career in the community yields information regarding medical practice in the late nineteenth century. Wilson was born in 1852 in Lifford in Manvers Township and, after completing his medical training at the University of Toronto in 1878, he moved to Fenelon Falls to open a practice. His exact date of arrival in the village is not known but he arrived prior to February 1880 when he was married in village to Mary Eliza Bowman. In 1884, he constructed the house at 68 Colborne Street which served as his home, as well as his office and practice.

Wilson's practice was, like many doctors in rural and small town Ontario at the end of the nineteenth century, likely divided between his practice in Fenelon Falls and travelling around the surrounding rural area. Little is known about the actual specifics of his private practice. However, it is known that he had many patients and was a prominent local citizen, both for his medical practice and other community-minded activities. By all intents and purposes, he was a well-respected local doctor, for as the *Fenelon Falls Gazette* reported, "his ability as a medical practitioner is well known and the skill and care that have built up his

large practice will be unremittingly bestowed upon every inmate of the institution [the hospital] he has just founded.” In 1904, he was featured in a publication called *Souvenir of Fenelon Falls*, which profiled the town, its history, and its prominent local figures. He also appears in the 1892 volume of *The Canadian Album: Men of Canada*, a series of volumes published between 1891 and 1896 which sought to profile some of Canada’s most successful professional men and identified him as being “a skilled physician and is a highly esteemed resident of the community.”

Wilson’s involvement in the community was not limited to his medical practice. A 1908 article in the *Fenelon Falls Gazette*, which was written to announce his nomination as the Liberal candidate for the federal riding of Victoria, spoke to his wide range of local activities outside of his work as a doctor. This included service as the chairman of the schoolboard, president of the board of trade, local medical officer of health, and associate county coroner. In the late nineteenth century, he served on town council for three terms. He was also an active member in several local fraternal organization including the Independent Order of Odd Fellows, the Masonic Lodge, and the Loyal Orange Lodge, as well as being a trustee and choir director for the Methodist Church.

Wilson also served as the district surgeon for the Grand Trunk Railway (GTR), which operated throughout Victoria County, an interesting role that yields information regarding the railways that passed through the region at this time. The first railway had come to Fenelon Falls in 1874 with the arrival of the Victoria Railway; the Victoria Railway was absorbed into the Midland Railway in 1880 and later into the Grand Trunk system in 1893. By the early twentieth century, the GTR was the railway operator throughout the county and ran a significant network of trains, with its regional hub in Lindsay. It is not known when Wilson was contracted by the railway as its surgeon, but he was serving in that capacity by 1904 and it is possible that his employment in that role corresponded with the operation of the hospital at 15 Dodd Street.

The employment of a railway surgeon underlined the fact that railway work in the nineteenth and early twentieth centuries was extremely dangerous. Companies recognized the significant occupational hazards their employees faced and set about ensuring that medical care was available and accessible through the provision of doctor and of contributory benefits schemes to pay for them. Railway surgeons treated everything from minor injuries and ailments, to contagious diseases to crushed and severed limbs from major industrial accidents and were also early promoters of preventive medicine and public health. Railways in both Europe and North America were pioneers in industrial medicine and occupational health and safety for this reason and became a testing ground for new ideas regarding company insurance and benefits plans. The employment of physicians by railways in Canada has not been well studied, but the American context has been more thorough

examined and provides important information as to how physicians operated within the railway system.

In the United States, the role of railway surgeon was extremely common; by the turn of the century, about 10% of all physicians practicing in the country worked full or part time for a railway company. The earliest record of a physician being employed by a railway in the United States was in the 1840s, in the very early days of railway growth and expansion. Physicians were either employed directly by the various railway companies or contracted on an as needed basis. Generally speaking, railways that operated in remote and rural regions employed their own physicians as there were often no medical services or practitioners to contract and their surgeons often travelled with the train; where railways were still under construction, doctors came with the construction crews to treat the multitude of injuries that occurred during building projects of this scale. In areas, such as the more heavily built up areas in New England, the railways employed local physicians on contract as they were more readily accessible in towns that were more established throughout the region; often a chief surgeon was employed by the company to oversee its medical program. Most of these medical programs were paid for through employee contributions with contributions also made by the railway companies themselves; it was seen as a benefit by the companies to keep their workers healthy and as an incentive to retain them. By the end of the nineteenth century, the majority of American railways operated some sort of employee benefits service in order to provide their workers with access to medical services on the job.

In Canada, it appears as though most railway surgeons were contracted locally with the exception of in areas where the lines were still under construction when an on-site physician was often hired; this was particularly the case in western Canada. The GTR seems to have primarily relied upon contracting with local physicians, such as Wilson, paid for through an benefits scheme. It is not clear if the GTR employed any physicians directly, although it did have a supervising Chief Medical Officer who oversaw its program.

In 1884, the GTR had established the Grand Trunk Railway Insurance and Provident Society as an insurance provider for its employees. Employees were required to contribute to this insurance plan, but the company contributed to it as well to subsidize the care of their employees from illness and injury, or pay compensation for debilitating injury or death. This benefits system covered medical care for employees including care from a general practitioner, hospital stays, and surgery and lasted until 1957. Physicians appear to have been paid on a case by case basis, as was often done in more populated areas of the United States.

Wilson's role as the GTR's district surgeon in Victoria County provides interesting information on this important but understudied aspect of nineteenth and early twentieth century medical and industrial history. However, when viewed in relation to his work at the hospital, it also provides insight into Wilson's understanding of medical care and the role of insurance schemes in treating patients and, more specifically, treating those working in industrial workplaces, such as on railways and in lumber camps. Wilson did not leave any records as to his rationale for opening the hospital but it is likely that he was extremely familiar with the benefits scheme available within the GTR system and the importance of receiving medical care that was free at the point of service to workers. This was clearly an area of medicine with which Wilson was accustomed and his opening of the hospital alongside his work for the GTR demonstrates an understanding of the growing importance of benefits and insurance schemes in medicine and in industrial workplaces at the end of the nineteenth century.

Contextual Value

15 Dodd Street has contextual value as a contributing property to the historic landscape of Dodd Street and the surrounding residential neighbourhood. It is located in an area of single family residential properties, many of which date to the late nineteenth century and helps support the local architectural character through its age, size and massing within its lot. The area in which it is located can be characterized as a mature and evolved residential neighbourhood and the subject property is consistent with these development patterns.

Dodd Street is comprised of single family homes set on mid-sized landscaped lots. They range in age from the late nineteenth century to more contemporary properties but generally retain a similar size and massing with one or two stories and a reasonably small footprint. Many of these buildings, including several of 15 Dodd Street's close neighbours are of a similar vintage to the subject property, such as 5 Dodd Street, constructed as the Catholic rectory in 1882. Dodd Street itself is unique in the narrow width of the street which contributes to its generally historic residential character.

The area immediately surrounding Dodd Street, including Louisa, Queen and John Streets also includes a range of historic single family residential properties. In general, this area was developed around the same time in the second half of the nineteenth century and shows a range of historic properties in different styles and sizes. There are also a range of more modern properties in this area, as it is a mature and organically evolved neighbourhood that shows the growth of residential areas in Fenelon Falls.

15 Dodd Street contributes to this residential landscape in that it is one of the older properties in the area and shows the earlier stages of the area's evolution. Like many of the other properties in the area, it is a one-storey

property and located on a mid-sized landscaped lot including a significant amount of tree canopy. It is consistent with the size, shape and use of the area's other residential property and helps contribute to its mature, evolved character.

The property is not a specific landmark in the community. It is known in the community as being a former hospital, but is not specifically or widely recognized as a key community landmark.

Summary of Reasons for Designation

The statement of reasons for designation and the description of the heritage attributes of the property, along with all other components of the Heritage Designation Brief, constitute the Reasons for Designation required under the Ontario Heritage Act.

Statement of Reasons for Designation

Design and Physical Value

The property is a representative example of a Regency-style cottage in Fenelon Falls. Constructed around 1873 as a private residence, the house displays the key architectural characteristics of this style which was at the height of its popularity in Ontario in the early nineteenth century but remained a well-used residential style until the end of the century. These features include its hipped roof, square plan, one-storey elevation, central entrances on both the front and rear of the building, and the French doors on the rear of the house. It is also one of only a few examples of this style in the community as it was not used as extensively in Kawartha Lakes as in other parts of the province.

Historical and Associative Value

15 Dodd Street has historical and associative value as a former cottage hospital which operated in Fenelon Falls beginning around 1895 and in its association with prominent local doctor Archibald Wilson. The property was originally constructed as a residential dwelling but was rented by Wilson from its owner to use as a subscription-based hospital catering primarily to men working in the village from out of town. It yields information on the development of medical care in small town Ontario in the late nineteenth century. Wilson himself was also a prominent and well-known local doctor with a large and respected practice in the village and involvement in a wide range of community organizations.

Contextual Value

15 Dodd Street has contextual value as a contributing property to Dodd Street and the surrounding neighbourhood which can be identified as a mature residential neighbourhood which has evolved organically from the nineteenth century. The area in which 15 Dodd Street is located is comprised of single family residential properties of approximately one to two storeys on mid-sized lots which range in age from Victorian to modern. 15 Dodd Street fits within this pattern of development and helps contribute to the overall character and feel of the neighbourhood.

Summary of Heritage Attributes to be Designated

The Reasons for Designation include the following heritage attributes and apply to all elevations, unless otherwise specified, and the roof including: all façades, entrances, windows, chimneys, and trim, together with construction

materials of wood, brick, stone, stucco, concrete, plaster parging, metal, glazing, their related building techniques and landscape features.

Design and Physical Attributes

The following attributes support the value of the house as a representative example of a late nineteenth-century Regency cottage in Fenelon Falls.

- One-storey construction
- Centre hall plan
- Hipped roof
- Central front entrance including:
 - Sidelights
 - Fanlight transom
 - Surround
- Rubble stone chimney
- Rear central entrance including:
 - Sidelights
 - Transom
 - Surround
- French doors
- Flooring
- Decorative registers

Historical and Associative Attributes

The historical and associative attributes support the value of the property as a cottage hospital in late nineteenth century Fenelon Falls.

- Use as a cottage hospital
- Relationship to Dr. Archibald Wilson and local medical practice

Contextual Attributes

The contextual attributes support the value of the property as a contributing feature to the mature residential neighbourhood in which it is located.

- Location of the house on a mid-sized landscaped lot
- Views of the property to and from Dodd Street

Images









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