The *Great* Canadian
Catholic Hospital History Project

Documenting the legacy and contribution of the
Congregations of Religious Women in Canada,
their mission in health care, and the founding and operation of Catholic hospitals.

Projet de la *Grande* Histoire
des hôpitaux catholiques au Canada

Retracer l'héritage et la contribution des
congrégations de religieuses au Canada,
leur mission en matière de soins de santéainsi que la fondation et l'exploitation des hôpitaux catholiques.

To Serve with Honour
The Story of St. Joseph's Hospital, Hamilton
1890-1990

by
Peggy Savage

Source: Courtesy of archives of the
Sisters of St. Joseph of Hamilton

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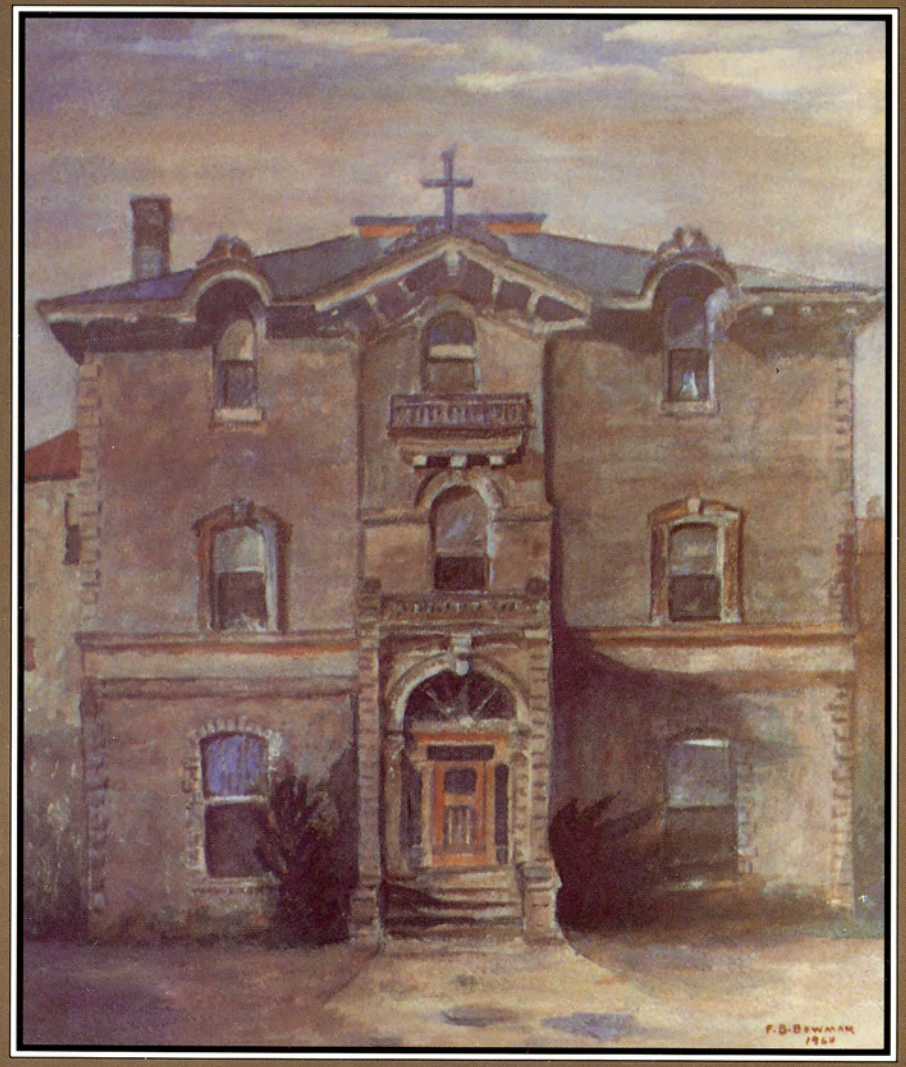
TO SERVE WITH HONOUR

THE STORY OF ST. JOSEPH'S HOSPITAL, HAMILTON 1890-1990



PEGGY SAVAGE

TO SERVE WITH HONOUR

THE STORY OF ST. JOSEPH'S HOSPITAL, HAMILTON 1890-1990

PEGGY SAVAGE

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Foreword

Courage, vision and caring are three great virtues that the Sisters of St. Joseph of Hamilton have for more than a century brought — and continue to bring — to their mission and work.

In the last century the Sisters courageously offered care to those who had been passed by — the orphans, the poor and the immigrants. They helped them reach a level of human dignity that is the goal of all true Christian service. In the face of personal danger, as when cholera and typhus broke out, the Sisters unselfishly continued their work without thought of themselves. Their motto "It is an honour to serve the sick" was never forgotten.

As the Hamilton area grew and society required more and better health care, the courage of the Sisters was combined with vision, and in 1890 they established St. Joseph's Hospital. With the help of generations of health professionals and lay people, the Sisters fashioned it into a benchmark health care facility. To this day, that reputation is secure.

The Sisters of St. Joseph have always cared for the whole person. They know well that sickness touches the soul as well as the body. Their pastoral care, directed toward kindness, sensitivity, and prayer, is well-renowned and greatly appreciated by all with whom they come in contact.

Courage, vision and caring are qualities needed in today's Church and in today's health care field. The example of the Sisters of St. Joseph of Hamilton gives glory to God, is a credit to them, and a lesson for all of us. For this, we thank them.

May Almighty God bless all those connected with St. Joseph's Hospital for their Christian fidelity in their work of healing.

Yours sincerely,

+ A. F. Tonnos

Most Reverend A.F. Tonnos
Bishop of Hamilton

Most Reverend A. F. Tonnos, Bishop of Hamilton.

Preface

As Executive Director of St. Joseph's Hospital from 1979 to 1988, Sister Joan O'Sullivan often referred to the hospital as "the Sisters' family business." It started small, grew in response to the demand for its services and overcame many obstacles. But it continued to succeed because the standards the owners set were never compromised and their faith never wavered.

The Sisters of St. Joseph are the first to point out, that their family includes hundreds of lay men and women who helped them to push back the frontiers of health care and education in our community. Nevertheless, we are deeply indebted to the Sisters for lighting the way.

It has been a privilege to chronicle the accomplishments of the Sisters and I am glad that Hugh Greenwood, director of public relations, asked me to undertake the assignment. Debbie Logel, fundraising campaign manager for St. Joseph's Community Health Centre, has been a wonderful friend during the development of this book.

The stories by and about people who have been associated with St. Joseph's over the years are what really breathe life into the bricks and mortar of its buildings.

In the early 1980s, Joan Paterson, who worked in the physiotherapy department for 30 years, began to interview many of those people. Her research forms a significant part of the hospital's archives and provided much of the material that became the basis of this history. Miss Paterson's guidance and generous assistance have been invaluable.

To my friend Peter Bailey, an editor at *The Toronto Star*, I owe enormous gratitude. On a completely volunteer basis, he faithfully edited and improved the content of the manuscript. My warmest thanks to Peter for being a demanding editor who delivers his criticism with such a marvellous sense of humour.

Many names of Sisters and lay staff will not be found in this history. It was a thankless task to sort out who would, and who would not, be mentioned. The decision was certainly not based on merit alone.

My editorial advisors — Sisters Joan O'Sullivan, Virginia Hanlon, Marina Flaherty and Stephanie Vincec — all agreed that every individual who has worked to serve the patients of St. Joseph's Hospital for the last 100 years is deserving of credit.

By way of consolation we offer one of the Sisters' guiding principles, a maxim which states "Desire that others think little of you and much of everyone else; be grieved that you should be esteemed but happy that others be esteemed."

Thanks are due to the patients who participated by sharing their experiences at St. Joseph's Hospital. The late June Bomes candidly explained her struggle with kidney disease. Mrs. Bomes died December 31, 1989. My sincere condolences to her husband Robert and their family.

Many thanks to Peter Boyadjian for his expert handling of the business of producing this book.

Finally, my husband's love and support is an integral part of all my endeavours. His unfailing enthusiasm over this book sustained my spirits and my confidence. My deepest and most affectionate thanks to you, Bob.

Peggy Savage
December, 1989
Hamilton, Ontario

THE HEALING BEGINS

On a cool Monday morning in Toronto on April 19, 1852, four women in identical dress — long black wool skirts, white linen headdress and black veils — bundled themselves off to the Toronto docks. Ice had cleared the harbour only two days before and they were anxious to board one of the first available steamers which could ferry them across Lake Ontario to Hamilton.

The women were Sisters of St. Joseph who were guided by their faith in God, a love of His people and a desire to serve where they were needed. The Bishop's representative in the Niagara region — Father Edward Gordon, Vicar-General — had made an urgent plea to them to establish another branch of their order in Hamilton. They had no way of knowing they were about to change forever the course of education, health care and social services in the community which so desperately needed them.

The eldest of the group was Sister Delphine Fontbonne, 39, accompanied by her friend Sister Martha Bunning, 28, Sister Aloysius Walker and Sister Joseph McDonnell — two novices who had entered the convent in Toronto. Standing on the ship's deck, with the cold lake wind snapping their wool skirts into black balloons, the women caught glimpses of a shoreline unblemished by industry, buildings or other traces of civilization.

Sister Delphine was accustomed to new horizons. Helping to establish a Hamilton base for the Sisters of St. Joseph was her third assignment since arriving in North America from France, where she was born in 1813. She was the niece of Sister St. John Fontbonne (who refounded the order in 1808 in France after the French Revolution) and she fervently carried on the order's traditions. Sister Delphine was 22 when she volunteered to go to St. Louis, Missouri, where she lived with six other Sisters in a cabin with a leaky roof. Her first job was to care for orphans and teach the deaf.

In 1850 Sister Delphine moved to Philadelphia to take charge of an orphanage and a novitiate. A year later she was again transferred, by request from Toronto's Bishop de Charbonnel, to do more of the same work in Canada. As the value of the Sisters' work gained recognition, each year brought more petitions for help. The fact that increasing numbers of young women were attracted to the convent helped make it possible for the Sisters to care for orphans and wage their war against disease and illiteracy.

Maria Bunning was born in 1824 in the parish of Husen, Hanover, in what is now West Germany. She emigrated with her parents, Wileum and Ellen Bunning, to the United States, where they settled in the St. Louis area on the Mississippi River.

When she was 24 she professed the religious vows of poverty, chastity and obedience and followed Sister Delphine to Toronto in 1851. Six months later the two were on their way again, when Father Gordon appealed for help in caring for Hamilton's orphaned children. Maria became Mother Martha, the first superior of the Hamilton Sisters, and was relentless in her efforts to care for the city's poor, to organize fund raising, to canvass for food, clothing and fuel, and to establish homes for the elderly and schools.

Father Edward Gordon, Vicar-General of Hamilton.

There was much hard and heart-breaking work ahead for the brave little group of women who arrived at the Hamilton dock that April evening over a century ago. Father Gordon, 61, the city's only priest, met them with his horse and buggy. He had offered his home rent-free to the Sisters but apologized that it wasn't quite ready for them. The Sisters' annals note that until their home was ready, "Mrs. Tewkesbury placed rooms at their disposal and kind gestures from the new community were extended by Mrs. Murray, Mrs. Norton, Mrs. Nelligan and Mrs. Devany."

Father Gordon appreciated from first-hand experience many of the problems facing his parishioners. Born in Dublin, Ireland, he was orphaned at an early age and raised by his uncle. Although baptized into the Church of Ireland, he converted to Catholicism in his early twenties and became a priest. In 1846 he took over St. Mary's parish and after trying to meet the needs of the increasing number of new Irish families he appealed to his bishop in Toronto for help. The Sisters of St. Joseph must have seemed Heaven-sent.

Hamilton had been incorporated as a city only five years before the Sisters arrived. The streets were laid out in a rough grid, bordered by Emerald Street on the east, Paradise Road on the west, Aberdeen Avenue on the south and Burlington Bay and the marsh (Coote's Paradise) on the north. Nehemiah Ford, an Englishman and painter who lived on Catharine Street, was the city's sixth mayor. The Earl of Elgin was Governor-General of British North America. Pope Pius IX held office in Rome as leader of the Roman Catholic Church. Hamilton's population of 10,000 was employed in textiles, breweries, food-processing, flour mills, tanneries, small foundries and carriage works. The city had its own newspaper, *The Hamilton Spectator and Journal of Commerce*, published by Robert Smiley at an office on Court House Square at the corner of Main and Hughson Streets. Various editions included a daily and semi-weekly, with a weekly issue for country circulation. If Sister Delphine had picked up a newspaper from the previous Saturday, she would have read a story bursting with civic pride which said, in part:

> The weather which ten days ago was as wintry as possible, with upwards of a foot of snow on the ground, presents now every appearance of summer, and a commencement of business for the season. The snow has disappeared entirely, the frost is quite out of the ground, the streets are actually dusty, and the grass is beginning to grow. The ice in the bay is rapidly melting under the genial influence of old Sol, and the steamers are ready for the summer campaign.
>
> In the city we notice preparations for building on every street, and in some places operations are fairly commenced. . . . The season will induce the utmost energy, and from the number of buildings which we have already heard contracted for and projected, we feel confident that there will be employment for more mechanics than we have now at present. The *Globe* will be pleased to learn that the 'ambitious little city' has taken a fresh start, and that she calculates on being, very shortly, the first city in Upper Canada, in population and wealth, as she has been for years in enterprise.

On Sunday, April 25, for the first time since their arrival, the Sisters participated in Mass at St. Mary's Church. The front door faced north on what is now Sheaffe Street. In their annals the Sisters describe the church, which was built in 1838, as "an unpretentious wooden structure." Originally, it was heated by a wood-burning stove. Lanterns and candles provided lighting. As promised, the Sisters' convent home at the corner of Cannon and MacNab Streets was ready for occupancy five days later.

Satisfied that her charges would be well cared for in their new home, Sister Delphine returned to her work in Toronto. On February 7, 1856, she died after losing a three-week battle with typhoid fever. She was 43.

In 1857 a new convent, or Motherhouse, was built at 204 Park Street North where the Sisters lived for 95 years. In 1952, they moved into their present Motherhouse off Highway 6. The former convent chapel and refectory are now occupied by St. Cyril and Methodius Slovak Roman Catholic Church and parish hall. The rest of the building has been demolished.

The Sisters' original convent was close to the people who needed them most — the working classes clustered in north-end neighbour-

hoods. The more affluent citizens, whose opposition the Sisters would encounter later, were comfortably nestled in the south-west under the escarpment.

Following the tradition of their religious order, the Sisters immediately undertook the care of society's outcasts. Two orphan girls, Margaret Brennan and Sarah McInerny, were the first to benefit from their kindness. Visiting the city's sick, poor and elderly in their homes also kept the Sisters busy. In 1853, education of the poor became their next goal. The Sisters opened a private school at the convent and started Christian doctrine classes at St. Mary's church. The classes were well-attended, parents and guardians were happy and the priest referred to the Sisters as "angels." With regular penny collections as their sole source of revenue, the Sisters were somehow managing to perform miracles of providence for the growing number of poor and hungry children.

But meeting the needs of so many took its toll. Pushed to exhaustion, the Sisters requested assistance from Toronto, and help arrived just in time to cope with a devastating epidemic. Waves of European immigrants seeking to improve their fortunes were arriving in North America by the thousands. The ships which transported them also carried the scourge of the nineteenth century — cholera. The disease struck in the hot, dry summer of 1854. A headache signalled its onset, followed by vomiting, violent cramps and symptoms associated with dysentery — high fever and dehydration. In the final stages, the victim's skin shrivelled and turned black. Death often occurred within 36 hours.

To inhibit the spread of the epidemic, newcomers who had contracted the disease were not permitted past the harbour. Taking pity on them, Father Gordon purchased sheds behind the Great Western Railway depot on Stuart Street, where the Sisters cared for the sick and dying around the clock. These crude, overcrowded sheds and the Sisters' kindness would be the only experience many new immigrants had in the new world. The disease left many more orphans in its wake, which further taxed the Sisters' energy and resources.

The contemporary treatments for cholera patients were ineffective because the cause of the disease was not understood. One method, for example, prescribed the ingestion of a brew of calomel (a purgative) mixed with half a pint of hot ginger tea laced with brandy, followed by the drawing of blood. Another method of treatment was to replace the drawn blood with intravenous injections of milk, while yet another recommended a mustard plaster over the stomach and bowels.

For other ailments, people relied on the patent medicines and cures of the day. In 1852, regular advertisements appeared for such potions as Hutchings Vegetable Dyspepsia Bitters, "a family medicine used by physicians of high standing." At 50 cents per large bottle, it was claimed to be of inestimable value, since it "worked like a charm on a host of ailments such as liver complaints, jaundice, heartburn, faintness, and for females who suffer from a morbid and unnatural condition."

An advertisement for Radway's Ready Relief also stated: "Science, by subjecting the laws of chemistry to the skill of man, has contributed to his health and happiness by stopping the most cruel and severe pangs of pain in an instant and curing the most obstinate and chronic complaints." Radway and Co., practical chemists, touted a product with such properties that anyone suffering from a host of agonies ranging from rheumatism, lumbago and cholera morbus to dysentery, heartburn and neuralgia, would find relief within 15 minutes. At 25 cents per bottle, it was available at two shops in Hamilton and one in Dundas. Radway also made a medicated soap that "fastens hair upon the scalp and forces it to grow and imparts beauty to the skin."

Mrs. Lewis of Ancaster was the sole manufacturer of a homemade cough remedy. Her advertisement was complete with endorsements from satisfied customers. And Judson's chemical extract of cherry and lungwort was a cure-all for coughs, colds, hoarseness, spitting of blood, night sweats, asthma, liver complaints and consumption.

The Buffalo Cold Spring Water Cure was offered in a "new and commodious building in a pleasant location" in Buffalo, New York, for patients seeking relief through cold baths. The rationale for the treatment was to improve the blood by restoring the body's nervous fluids or electricity, which were reduced when the gastric juices were unable to dissolve food. The baths were supposed to provide relief from ailments such as rheumatism and gout, as well as to treat liver infections and dyspepsia — now commonly known as indigestion. The patients had to bring their own linen with them, as well as half a dozen towels, otherwise an extra 50 cents per week would be charged.

In 1852, doctors in Hamilton advertised their services and areas of specialty. A Dr. Ross "respectfully announced to the inhabitants of Hamilton . . . that he had made himself thoroughly acquainted with the German method of practice by which he arrives at a correct

diagnosis in all cases . . . he examines the urine to tell the disease. . . . Medicines principally vegetable."

A.N. Woolverton, M.D., referred to himself as a Homeopathist and Hydropathist who, after receiving a description of the disease, would forward medicine and advice to the patient by letter. His office was on James Street "next door below Knox's Church." Surgeon Dentist J.L. Swift of Dublin and London, announced the opening of his office on King Street "nearly opposite Montreal Bank."

This was the state of medical science in the mid-1800s. By the end of the century the Sisters would play an official part in the community's health care by opening their own hospital. They would also witness many medical advances and developments.

As is often the case, people who are destined to play an important role in a given event are the most steadfast and unassuming. Sister Philip Lenaten, 26, had come to Hamilton to help care for the orphans. Originally from County Wexford in Ireland, her speech still lilted with the music of an Irish accent. Working with her in those dreary, drafty sheds was another Irish girl, Annie Sheridan, who had taken the name Sister Mary Philomene when she made her religious vows. She was 17 years old. Each day the two Sisters would make their way through the dusty streets, bringing supplies, comfort and cheer to the sick in their homes.

One summer day in 1854, a man and his wife called on Sister Philip to say they had not seen their neighbours, an elderly couple, around their home in days. She and another Sister broke the door down to the neighbour's home. Inside, they found the people in bed, both dead of cholera. Later that day coffins were dumped off some distance from the home, because no one wanted to be near the foul stench of the dwelling. Undaunted, the Sisters wrestled the coffins inside and prepared the couple for a dignified burial. The streets were empty because, mistakenly, people thought that if they did not go out they lessened their chances of getting sick. At that time people did not know that the crowded conditions in which they lived — along with a lack of garbage removal and proper drainage — created cesspools that played hospitable host to the disease.

In the quiet of that broiling hot day, the Sisters waited a long time before two black men arrived with a cart pulled by a bony old nag. With help from the men, the Sisters managed to heave the coffins onto the cart. Many years later, when asked if she was ever afraid, Sister Philip answered, "We were too busy to have fear."

The following year, in 1855, typhus struck claiming Sister Alphonsus Margerum as a victim. Undeterred, the Sisters focused their skill and energy on the sick and dying. Thirty-five years before they officially opened St. Joseph's Hospital, the Sisters were inextricably involved with health care.

The decades before the hospital opened, however, were not spent idly. On the first Monday in September of 1856, they opened St. Mary's school on what is now MacNab Street and the first St. Patrick's school on the corner of Ferguson and Hunter Streets. Today there are just over 60 separate elementary and high schools in Hamilton, Winona, Binbrook, Ancaster, Dundas, Stoney Creek and Waterdown. They are administered by the Hamilton-Wentworth Separate School Board — located, appropriately enough, on Mulberry Street, half a block from where the Sisters first lived and worked in 1852.

On February 17, 1856, Hamilton became the centre of a new diocese. The first bishop was Rt. Rev. John Farrell. From this time the Sisters living in Hamilton separated from Toronto and had their own Motherhouse and novitiate.

In their leisure time the Sisters were welcome to wander on the pleasant landscaped grounds of Sir Allan MacNab's estate, Dundurn Castle. For a brief period they held classes there for the education of poor children in the city's west end. Winter was especially rigourous when they had to slog through snowdrifts in the walk from the convent and then teach in damp, heavy clothing all day. MacNab's daughter, Sophia, was keenly interested in the Sisters' work and was a generous contributor to their various causes. She donated to the convent one of Dundurn Castle's bells, which was rung daily in the belfry to announce religious exercises. It gave Sophia special pleasure to hear it ring, because it reminded her of happy times at Dundurn.

As the Sisters' charitable works grew, their courage and constancy were also rewarded by increased support from the average citizen. In 1858, the Sisters decided that the daily walk from the convent on Park Street to St. Patrick's school was too long. They felt that if some of them moved closer they would also have more time to visit the poor and sick in what was then the east end of the city. Much to the Sisters' surprise, a total stranger leased to them a house which had been vacant for years. Rent was set at $1 per year.

Shortly after moving, a neighbour asked if the Sisters could hear "great, strange noises at night." The Sisters said yes, but thought it was from a nearby stable. "No," replied the neighbour, "your house is haunted." After the Bishop blessed the house from garret to cellar the noises stopped. Unfortunately, haunted or not, the house had to be abandoned two years later because the Sisters were unable to meet the expenses of maintaining an additional residence.

By 1859, seven Sisters and nine novices shared the workload of teaching in the schools and caring for 53 orphans. Along with financial hardship, they also encountered other problems. On August 30 of that year a fire destroyed their beloved St. Mary's Church. No one was killed and the sacred vessels, along with the Blessed Sacrament, were saved. But other valued church furnishings — vestments, oil paintings, the Bishop's throne and a coloured statue of the Blessed Virgin Mary — were lost to the blaze. Sister Vincent O'Hagan, 26, the church sacristan, attempted to salvage them in vain.

Whenever their fortunes threatened to ebb, an appreciative community always rallied to the church's aid. Frederick Kortum, a German-born architect, designed a new Gothic-style church. It was built between 1859 and 1860 on the site of the ruins by volunteer labour provided by parishioners. St. Mary's became the seat of the Bishop of Hamilton until 1927. It is still a parish church.

Local farmers donated wood to warm the convent during the bitter winter months. They also provided horse and buggy transportation when the Sisters made their regular visits to the countryside to collect money for the orphanage.

The collections were always successful and, on occasion, humourous. In one instance, a Sister was welcomed into the home of a Protestant woman. Looking at the Sister's habit, which had been modelled on widow's dress with the addition of a veil and guimpe, the woman asked the Sister in all sincerity, if she had a headache and, how long had her husband been dead? After the Sister explained who she was and what she did, she received the woman's generous, life-long support.

Members of the medical profession, too, were staunch advocates of the Sisters' endeavours and publicly encouraged support. In February, 1864, Dr. Martin J. O'Dea, medical attendant at St. Mary's orphanage, reminded readers of *The Hamilton Evening Times* that the time was drawing near to contribute to the orphanage, "one of the oldest and most deserving charities in the city." In a summary of how the alms were used, he revealed that increased accommodation was needed for the growing number of homeless children and described the institution as "a safe, secure refuge for girls." He added, "it is sanitary and children who arrive suffering from scrofula (swelling of the lymph glands of the neck due to poor ventilation and malnutrition) are always restored to health by the Sisters."

Revenue scraped together through donations, fund-raising festivals, bequests and collections allowed the Sisters of St. Joseph to advance their combined cause of education and care of the sick, homeless and elderly.

Along with their own frugal, communal living, these contributions ensured the fulfillment of one of their maxims, which states: "Study to exhibit kindness to all, and unkindness to none."

By 1867, the Sisters of St. Joseph were in a position to help the Sisters of Loretto when that teaching order arrived in the city. The Loretto order had purchased Mr. John O. Hatt's residence on King Street, between Ray and Pearl Streets, in order to establish a boarding school. During the month it was being prepared, they received the gracious hospitality of the Sisters of St. Joseph, who were elated at the growth of separate school education.

The need for expanded health care services continued to gain recognition. In 1882, Father Jeremiah Ryan from St. Andrew's Parish in Oakville left a bequest in his will, the interest on which was to be given for the support of the poor patients in a ward of the hospital when it was erected. The following year another benefactor, a Mr. Duffy, left a bequest in his will for the building of a new hospital.

Seven years would pass before their money was used for its intended purpose. It was not until 1889 that the Sisters of St. Joseph undertook plans for their hospital under the capable direction of Sister Philip Lenaten, who had honed her nursing skills during the city's cholera and typhus epidemics.

Initially, the hospital's opening was not greeted with enthusiasm by everyone in the community. The Sisters would have some obstacles to overcome which they viewed as yet another stage in a continuing process of facing difficulties with perserverance, determination and absolute faith in the purpose of their mission.

THE SISTERS OF ST. JOSEPH

"This group will be called the Congregation of St. Joseph, a cherished name which will remind the Sisters to assist and serve their dear neighbour with the same care, loving attention, charity and cordiality that the glorious Saint Joseph had in serving the Holy Virgin, his most pure spouse, and the Saviour, Jesus, his foster son."

– Father Jean Pierre Medaille, S. J.

The tradition of dedication and service that St. Joseph's Hospital celebrates on its 100th anniversary is, in fact, over three centuries old. It is a tradition passed on like a torch from one generation of gentle women to the next. This flame was lit in France, where the Congregation of the Sisters of St. Joseph originated in 1650. Although threatened by resistance, oppression and revolution, it has never been extinguished.

The spiritual director of the Congregation of the Sisters of St. Joseph was a saintly missionary, Jean Pierre Medaille, a Jesuit priest (of the Society of Jesus), who recognized a religious dedication to prayer and service in a number of women who sought his guidance. He drew up what he called "a little design" for their institution, a spiritual way of life that allowed them to serve all types of people through any suitable activity which a woman could do.

Reverend Mother St. John Fontbonne, 1759 - 1843

In their original constitution, Father Medaille touched on and guided every aspect of the Sisters' lives — from how and where they would live to codes of behaviour and religious exercises. Above all, the plan bade women to perform pious works of mercy:

> Each day they shall visit the sick poor.... From time to time they will visit prisons. Let them procure spiritual and temporal assistance for the imprisoned, according to their ability. Let them prepare broth and other things prescribed by the physician in the treatment of the sick ... their care and concern should be the same as they would show to the sacred person of Jesus Christ. They will furnish a room with the supplies necessary for tending to the poor, and keep a sort of pharmacy with a variety of drugs and medicines for the sick. They will dispense these remedies prudently and under the doctor's prescription when necessary....
>
> Among other things, they will be watchful in providing for young girls who are in danger of losing their virtue because they have no one to help or direct them, or because they are in need of money. The Sisters will try to find a home and work for such girls....
>
> The residence of the Sisters will ordinarily be an apartment in a hospital or orphanage....
>
> After their novitiate, they will make three simple vows of poverty, chastity, and obedience....
>
> They are to live in perfect interior peace, moderation, and exterior modesty, virtues founded on a generous mortification of all their passions, petty whims, and any inclinations that are even slightly vicious or repugnant to grace.

Father Medaille's high calling with its stringent standards welcomed women from three defined social categories. The first, he said, will be women who have sufficient income for their own support and who can devote themselves completely to works of charity. The second consisted of women who would compensate for their lack of temporal goods by earnest labour. Finally, widows and women of the poorer class would be accepted if they agreed to "work more diligently and live more frugally." Eventually, the class distinctions within the sisterhood disappeared. Their special gift was to promote unity among all people and with God.

The first reception of the Sisters of St. Joseph on October 15, 1650 in Le Puy, France.

At first, because the seventeenth-century Church in France was suspicious of any religious women not living in a cloister, the association was a secret one. However, Henri de Maupas, Bishop of Le Puy, was one man with an open attitude. Father Medaille presented the Bishop with his simple yet comprehensive plan, which placed the Sisters under the protective care of St. Joseph but did not require that they lead cloistered lives. Rather they were called to imitate Christ's life on earth by going out among the people to devote their efforts to the work He cherished — to aid the sick, visit the poor and teach the children.

As individuals, they were expected to have humility and reflect a passionate love of God. This was called the "active and contemplative life." Medaille's design also erected the framework for a rich and enduring spiritual tradition with "100 Maxims of Perfection," fundamental principles to which the Sisters still adhere. These are a collection of exhortations based on gospel values which are short enough to be memorized and which essentially summarize the Sisters' philosophy.

The Bishop's approval was complete. He gave official existence to Les Filles de St. Joseph by accepting the vows of the first six members on October 15, 1650, and putting them in charge of a house of refuge for orphans and women left destitute by the wars in France.

Many of these early Sisters could neither read nor write. To support their endeavours they made and sold lace. In order to safely pass through the streets to visit the sick and the poor, they wore the black outfits common to many widows of the city, which Father Medaille had suggested as suitable attire:

> Their habit will be modelled on the dress of widows with a veil covering the upper face, a black taffeta cap, and a linen band to the middle of the forehead, a white coif under the black and a plain kerchief drawn quite close to the neck. After profession, a brass crucifix attached to a black wooden cross will be worn so as to hang on the breast. A rosary of five decades will be attached to the cincture. All will be appropriately poor, simple and modest.

In 1674, King Louis XIV granted civil recognition to the congregation, which had rapidly flourished all over the country. A century later, however, all the foundations crumbled under a deluge of blood and terror during the French Revolution of 1789. Convents were closed and properties confiscated, forcing the Sisters to seek refuge in the homes of their relatives. In the town of Bas, Sisters escaped to a cave, carrying the Blessed Sacrament in order to preserve it from desecration. During the Reign of Terror, those suspected of being against the Revolution or who refused to pronounce an oath of allegiance to the Revolutionary state (demanded by the government but forbidden by the Pope) were often guillotined.

Flight with the Blessed Sacrament during the French Revolution.

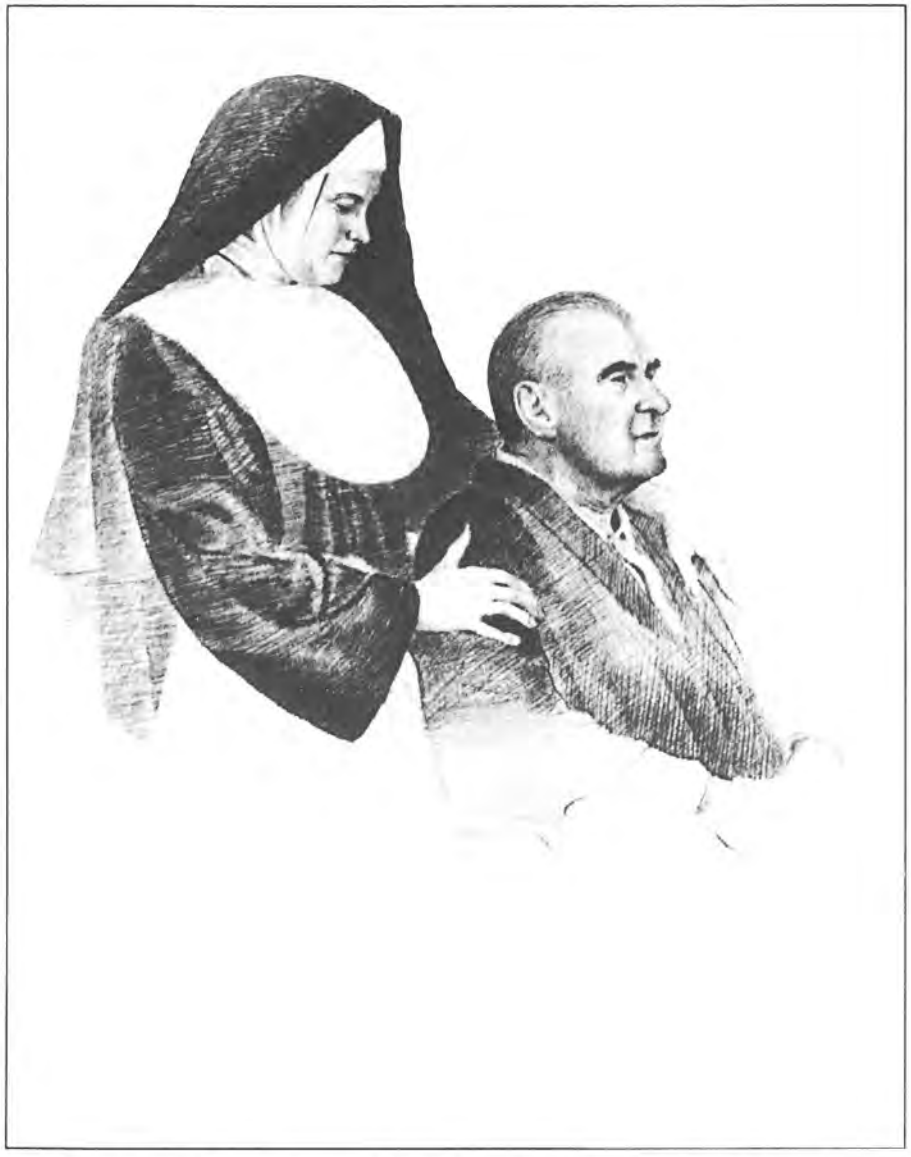
One nun, Sister St. John Fontbonne, had returned to her family but eleven months later was imprisoned and sentenced to death with other Sisters at St. Didier. In what they thought were their final hours on earth, the Sisters happily prepared for death and even bribed the jailer to procure some clean white linen so that they might appear presentable to meet their Lord.

The night before their execution Robespierre, the most infamous of the revolutionaries, was himself imprisoned and prisoners all over France were set free. When the revolutionary government fell from power on July 27, 1794, its decrees were nullified, including Sister St. John's execution order.

Future generations of her order said that although martyrdom escaped Sister St. John, she sought no escape from martyrdom. She was prepared to die for her faith. The fact that she was spared meant that the congregation could survive and grow. With their convents destroyed, the Sisters left prison and returned to live with their families.

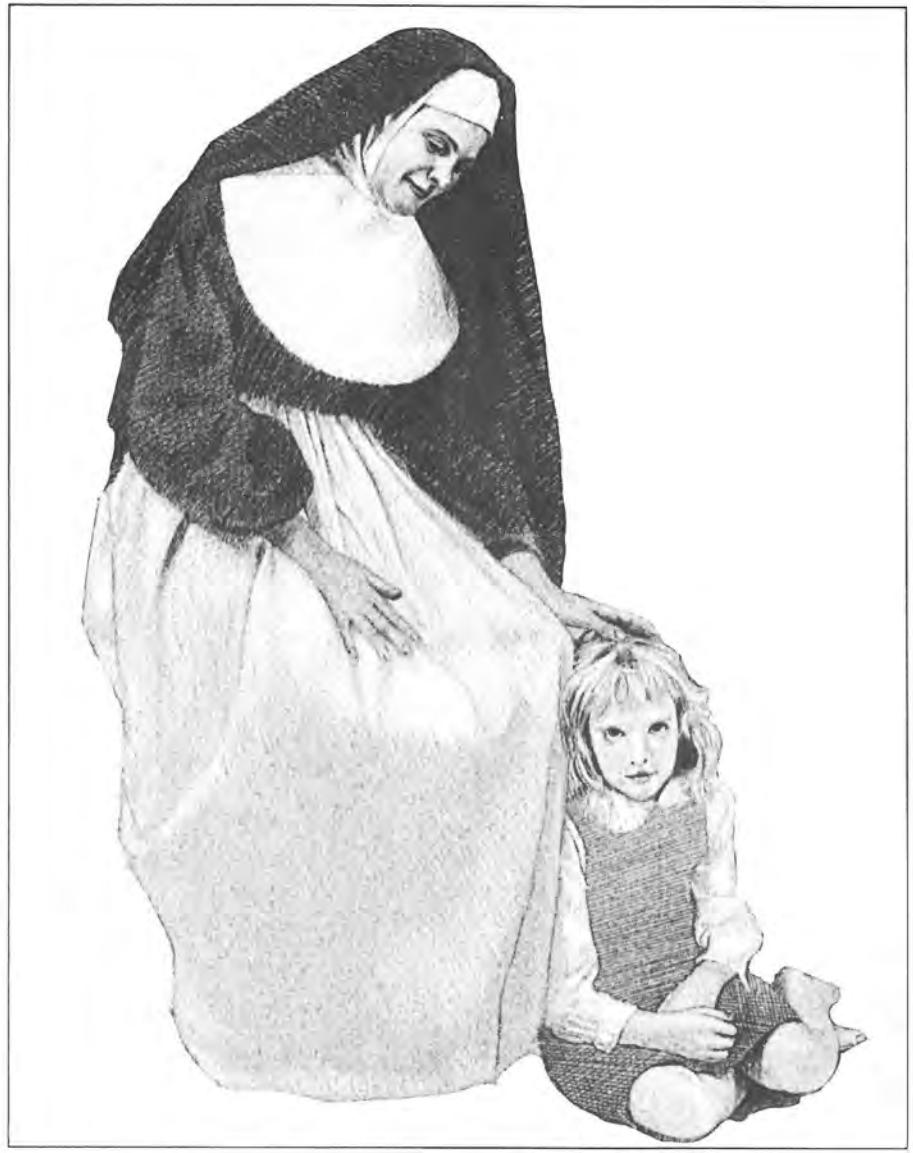
In 1807, at the request of Napoleon's uncle, the Bishop of Lyon, Sister St. John established a novitiate to receive a new generation of women who were interested in non-cloistered religious life. As Jeanne Fontbonne she had entered the congregation in 1778 at the age of 19 and in the course of her religious life had already run a school and a hospital. With her experience and leadership skills she was the

A Sister of St. Joseph pays the supreme sacrifice by dying for her faith during the French Revolution.



For self-taught Hamilton artist Gino Cavicchioli, the Sisters of St. Joseph revive happy memories of Sisters he knew as an altar boy in Rome. "The story of the Sisters' dedication during the cholera and typhus epidemics in Hamilton in the 1850s overwhelmed me because they had only their religious beliefs for protection," he said.

In his pencil drawings, Gino, who works full time as a Dofasco pipefitter, says his aim is to capture a fresh moment that shows the Sisters in a positive, inspiring way.



"One reason I chose to depict the Sisters' former habit is because of its soft, classic lines. It makes a timeless statement. These images are a celebration of the Sisters at work. They're meant to be soft, to convey the Sisters as loving and caring women."

These illustrations demonstrate the Sisters' original work in Hamilton — caring for orphaned children and the elderly.

ideal candidate to found a new Motherhouse at Lyon which attracted former members and novices alike. It is in Sister St. John's memory and honour that the name Fontbonne is so often used to dedicate significant buildings (such as a library, nursing school or auditorium) built by the Sisters.

With the order's refounding the widow's cap and shoulder kerchief were replaced by the veil and a large white bib called a guimpe, the habit worn well into the 1960s and which can still be seen today on a few of the older Sisters. More recently, after Vatican II in 1965, when Rome called for renewal in all religious groups, causing the Sisters of St. Joseph to re-examine their mission, ministry, lifestyle and constitutions, the Sisters also reviewed their habit.

Initially, the inconspicuous dress of bereaved women allowed the Sisters to mingle unnoticed among the people. They found that the change to modest everyday streetwear would grant that same freedom in modern society. Although lay people can still be found who prefer the Sister's black habit, the fact is, she was never meant to be identified by her mode of dress.

Through the centuries the Sisters of St. Joseph have responded to every need they were capable of fulfilling, whether it was the care of orphans and the elderly, education or health care. Wherever they worked the world over, they laid the groundwork for lay professionals to take over in schools and hospitals. Eventually, foster care replaced their orphanages and in 1973 community colleges took over their nursing schools. Today there are 25,000 Sisters of St. Joseph working in Central and South America, North America, Europe, Africa and Asia.

Fewer geographical frontiers may beckon for their help than in the 1850s. In some societies social assistance, universal education and government health insurance have replaced the need for the Sisters' efforts in these areas. But, unfortunately, our sophisticated society has ushered in a whole new set of problems. These are the people who live in society's wasteland, devoid of spiritual and emotional support. They may also suffer racial prejudice or economic hardship. The Sisters of St. Joseph feel called by their original mission to promote peace, unity, healing and reconciliation among such people. This is why, in the 1990s, they can be found working in the pastoral service department of a hospital, in parish ministry or as high school chaplains. They also administer soup kitchens, food banks, detoxification centres, homes for girls and women, and diocesan centres of spiritual renewal.

In St. Joseph's Hospital in Hamilton, the Sisters' continued presence is felt throughout the building, notably in the Pastoral Service department and on the Board of Trustees. As Father Medaille suggested over three centuries ago, they live in small groups: in the hospital, in transition homes for women, in independent dwellings and at the Motherhouse. The city benefits as much today as it did in 1852 from the Sisters' many charitable works. During the influx of refugees in the late 1980s, rooms were renovated at Mount St. Joseph, a former orphanage on King Street West to house refugee families. The families then received assistance in locating a permanent home. As the result of a study, a program is now in place to assist bereaved families in the diocese. And, after years of planning the Sisters will enter the next century offering health care services to the growing population in the region's east end through a new ambulatory care centre.

Much of what is accomplished is done with the help of lay people, bringing to life one of the Congregation's maxims: "Advance good works until near their completion and then, if it can be done unobservedly, let others perfect them and gain all the credit." It is this philosophy that allows the Sisters to detach themselves from one project in order to meet and embrace new challenges.

EVERY WARD A CHAPEL

By 1889, the Sisters of St. Joseph were sufficiently encouraged by doctors and some citizens to continue their work in health care in a more formal way by opening a hospital of their own. Before it could be accomplished, however, they had to listen to vigourous, ill-informed arguments against it.

Where taxes were concerned, an old bias prevailed: that the Roman Catholic element would create a division in the community. Of the city's 49,000 inhabitants at the time, 7.5 per cent were affiliated with Jewish and other religions while a full 75 per cent were either Anglican, Baptist, Lutheran, Presbyterian or Methodist. This majority felt threatened by the 17.5 per cent of the population who were Roman Catholic.

In 1890, Hamilton was the fourth-largest city in Canada. Restricted by the bay and the mountain, the city had expanded eastward to its new limit at Sherman Avenue. The Chedoke ravine represented the western border. Electrified streetcars on 10 miles of double track replaced horse- or mule-drawn cars. The east-west limits were linked by a route along Main Street. A second one on James Street bridged the gap from the downtown core to the bayfront.

To join the city with the escarpment, an incline railway was perched on a 45-degree angle at the head of Jarvis Street. By the turn of the century there would be another at the head of Wentworth Street. New enterprise thrived

The altar of the hospital chapel in 1922.

in the "ambitious city." Traditional industries producing consumer goods had been joined by large, more specialized enterprises such as the Ontario Rolling Mills, an employer of 500, which would eventually join the Canada Screw Company and the Ontario Tack Company to form the Steel Company of Canada. Sanford Manufacturing Company, the country's largest clothing establishment with 3,000 employees, was located on the corner of King and John Streets. With the harbour and the Great Western Railway, shipping and transportation links to points outside the city were well established.

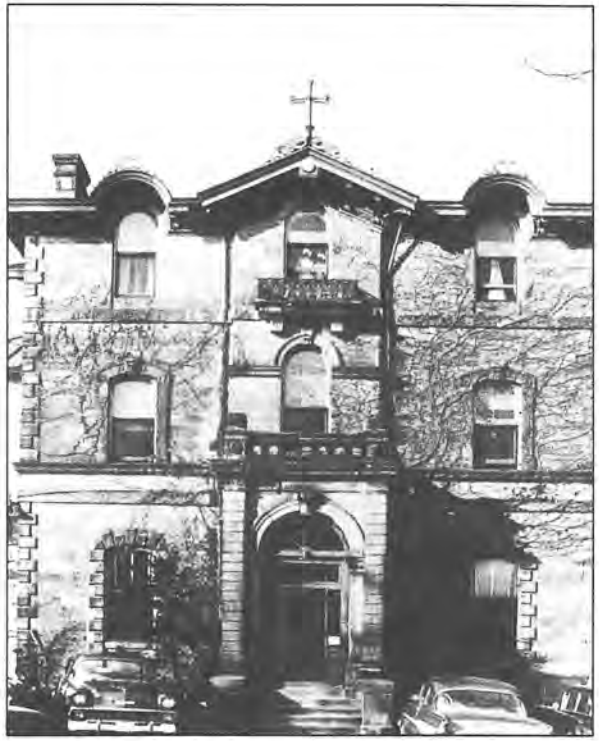
The city was orderly and organized, boasting services such as a police force, water supply, street lighting and sewers. Opulent landmarks — both private and commercial — included Whitehern, a Georgian house on Jackson Street where foundryman Calvin McQuesten lived; Inglewood, a Gothic revival mansion built below the escarpment by George Hamilton; Sandyford Place, an Italianate stone terrace of row housing built by Scottish masons; the classic revival Central Public School on Hunter Street, Gothic St. Paul's Church on James Street and, Sir Allan Napier MacNab's baronial Dundurn Castle at the western end of the bay.

Yet with all these symbols of progress and a healthy economy, resistance to the establishment of a new hospital to serve the ever-increasing population was rigid. The most fierce opposition was registered by those who lived in the comfortable southwest neighbourhood, its proposed location. As one Sister explained, "Hospitals in those days, like cemeteries, were not welcome in urban living areas. They were needed in the same way that transition homes are needed today, for example. It's human nature not to want these institutions in one's midst."

The Sisters had no trouble in finding a suitable building for their hospital. Bishop Thomas Joseph Dowling, then 50, had been transferred from Peterborough in May, 1889, to become Bishop of the diocese of Hamilton. He was to have lived in Undermount, a residence on John Street South, between the present St. Joseph's Drive and Charlton Avenue. Bishop Dowling found the mansion too large, too expensive to maintain and too far from his parish at St. Mary's on Sheaffe Street. On July 19, 1889, he sold it for $10,000 to the Sisters. In later years, Undermount was simply referred to as "the 1890 building" at the hospital. But the neighbourhood was in a dispute over whether it was an appropriate location for a hospital at all.

In a story on September 9, 1889, *The Hamilton Spectator* aired the objections. Residents expressed concern that a hospital in their midst would hurt the area's character, make it unde-

Bishop Thomas Joseph Dowling, fourth Bishop of Hamilton.



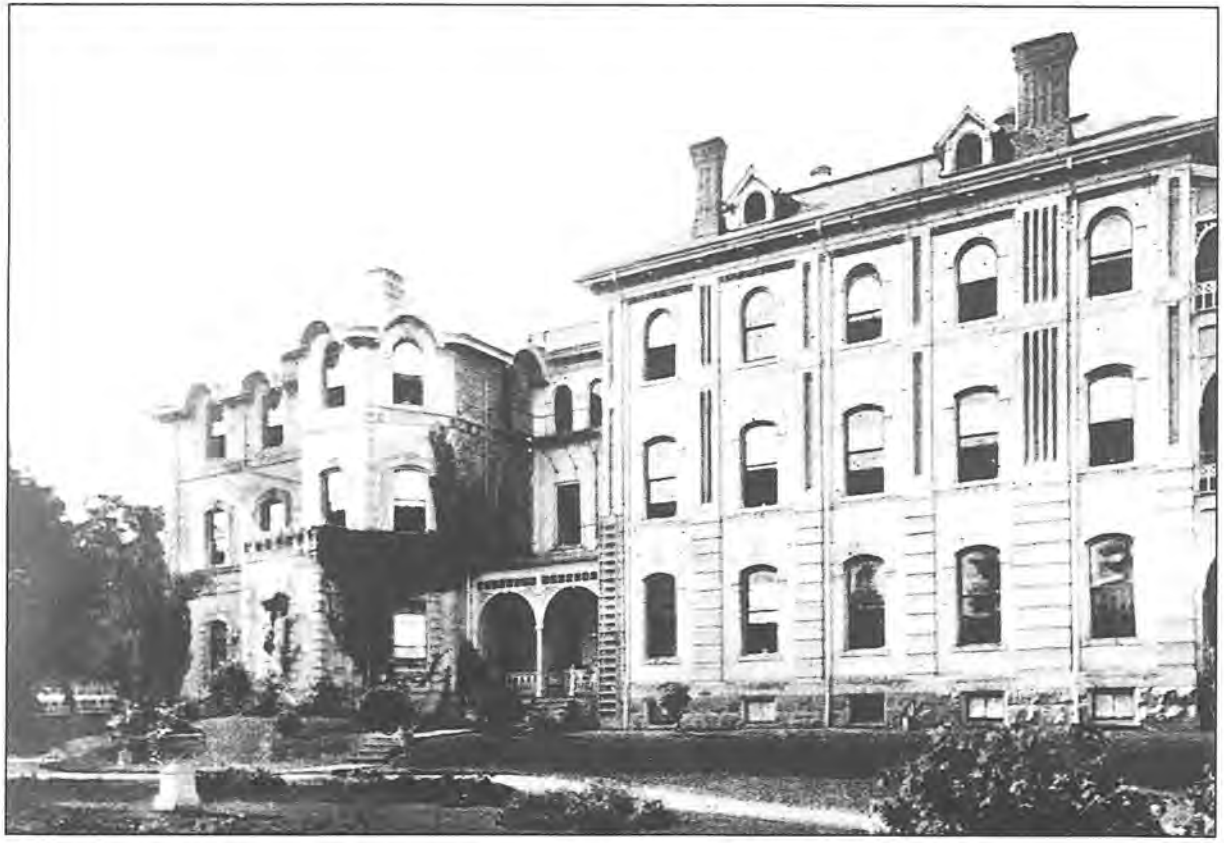
Bishop Dowling's residence, Undermount, opened as St. Joseph's Hospital on June 11, 1890. The Undermount name continued as part of the Sisters' tradition when Undermount Nurses' School opened in 1922 and the Undermount yearbook was published in 1934.

sirable and drive down property value. They feared the spread of an epidemic or contagious diseases such as diphtheria. Germs and bacteria were still the unseen enemy. It was still considered much safer, in the public's mind, to have tonsils and appendix removed on the kitchen table. Treatment in a hospital meant certain death.

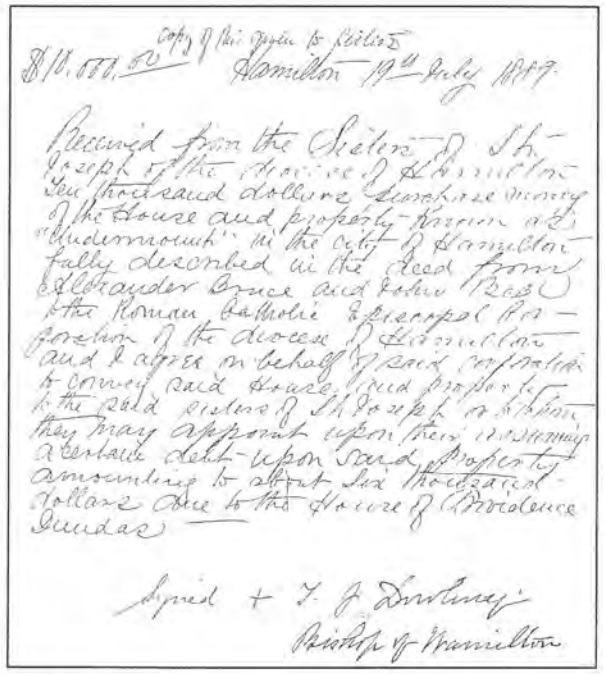
One man thought it a thoroughly disagreeable scheme "against which some united action must be taken." Another said "I don't see how they can be prevented from locating the hospital there, as the Roman Catholic authorities own the property, unless they should ask some grants from the city, which is hardly likely, as they are a rich corporation." In addition, the story continued, the Hamilton General Hospital had ample accommodation for public and private patients and therefore the need for another hospital did not really exist.

Three days later the newspaper, in an attempt to weigh facts from both sides, fanned the flames even more. By suggesting the crux of the problem remained the Catholic element, it revealed an abysmal lack of understanding about the intentions of the charitable Sisters:

> Our Roman Catholic friends have a perfect right to establish a separate hospital. They have a right to take all Roman Catholic patients out of the city hospital, or to take only those who pay and to leave the charity patients. . . .



View from Charlton Avenue of the 1894 addition to St. Joseph's Hospital.



Copy of Bill of Sale to Sisters

$10,000.00 Hamilton 19th July 1897.

Received from the Sisters of St. Joseph of the Province of Hamilton Ten thousand dollars Canadian money the House and property known as "Undermount" in the City of Hamilton fully described in the Deed from Alexander Bruce and John Ross to the Roman Catholic Episcopal Corporation of the diocese of Hamilton and I agree on behalf of said corporation to convey said House and property to the said sisters of St. Joseph or as they may appoint upon their assuming a certain debt upon said property amounting to about Six thousand Dollars due to the House of Providence Dundas

Signed + T. J. Dowling
Bishop of Hamilton

The bill of sale for the purchase of Undermount from Bishop Thomas Joseph Dowling by the Sisters of St. Joseph.

The only objection to the separate hospital scheme is that it promises to increase the taxes of the general public for the benefit of the Roman Catholic church.

To support his position, the writer noted that the property in question was worth $20,000 and (making the usual allowance from actual value and the fact that $2,000 of a clergyman's residence was exempt from taxation), he concluded that taxes were paid on $14,000, amounting to $266 per year in revenue to the city.

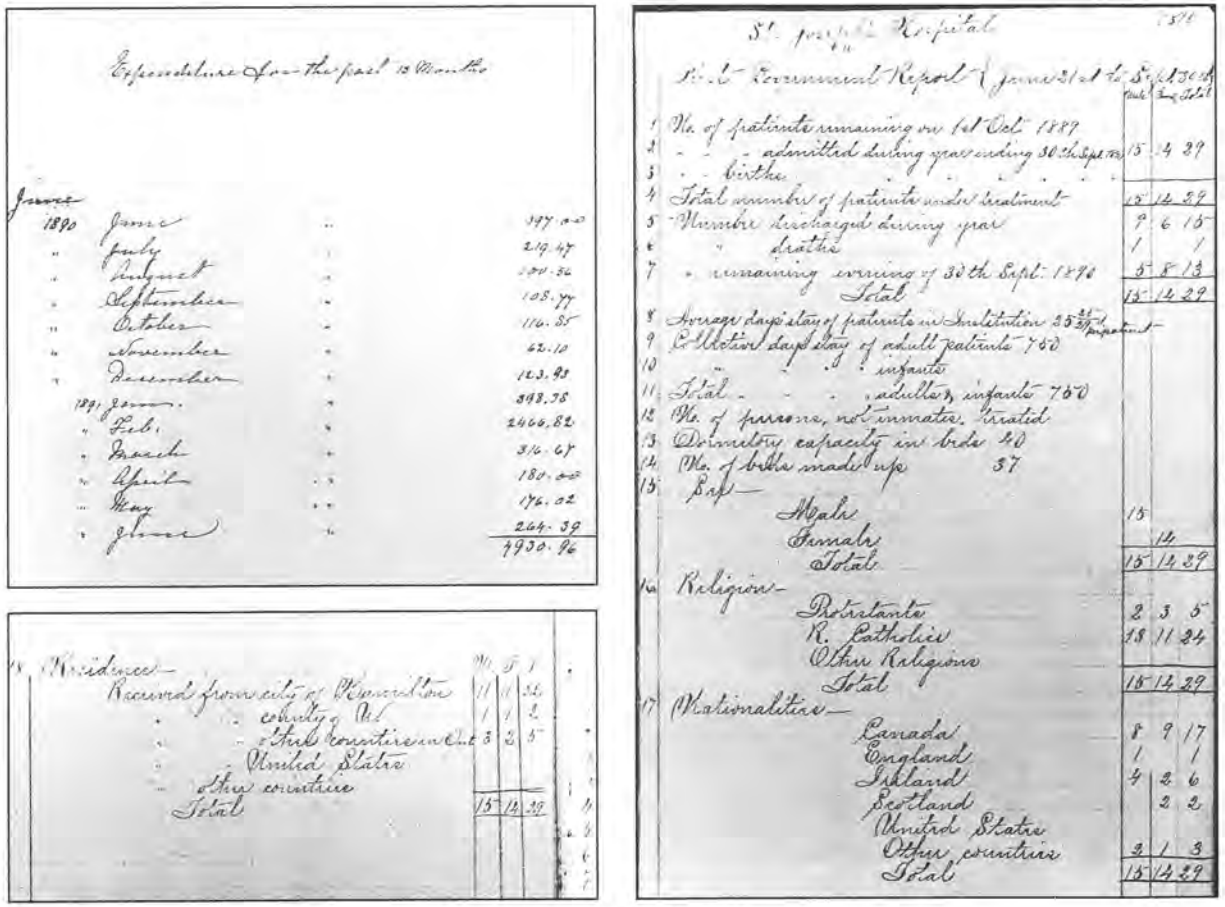
The people of Hamilton have already provided their hospital and must pay for its maintenance. Why should they pay anything more for the support of a hospital which they do not want, and which can only have the effect of reducing the city's income without reducing its expenditure?

Furthermore, the argument continued, the provincial government paid 30 cents a day toward the support of each inmate of a hospital and the Catholics would take that income from the city hospital for the patients they removed, without reducing expenditure in a corresponding degree.

A final prediction was offered: "If one may judge by the history of the past, they will ask the city for a grant. In a word, they will remove paying patients from the city hospital and reduce its revenue, thereby compelling the general public to pay more taxes than they now pay, and, in addition, they will ask the Protestant portion of the community to pay for being injured."

Thankfully, the gloomy prognosis was inaccurate. Sufficient community support convinced the Sisters that the time and opportunity were right to open a hospital. On June 11, 1890, they opened their arms and 25 beds to the city's sick.

The first of a long line of competent Sister administrators was Mother Philip Lenaten, 64, who ran the hospital from 1890 to 1894. After coming to Toronto in the 1840s from Wexford, Ireland, Jane Lenaten, daughter of John and Ann, entered the convent. In 1853 she received her religious habit, along with the name Sister Philip, and with true missionary zeal accepted her first assignment to Hamilton the following year. She also taught in the separate schools established by her Congregation. Between 1859



Expenditure for the past 13 Months

June 1890	June	..	397.00
"	July	"	249.47
"	August	"	300.52
"	September	"	108.77
"	October	"	116.85
"	November	"	62.10
"	December	"	123.93
1891	Jan.	"	393.38
"	Feb.	"	2466.82
"	March	"	316.67
"	April	"	180.00
"	May	"	176.02
"	June	"	264.39
			4930.96

St. [illegible] Hospital 1890

St. A. Government Report from June 21st to Sept. 30th 1890

1	No. of patients remaining on 1st Oct. 1889			
2	" " admitted during year ending 30th Sept.	15	4	39
3	" births			
4	Total number of patients under treatment	15	14	29
5	Number discharged during year	9	6	15
6	" deaths	1		1
7	" remaining evening of 30th Sept. 1890	5	8	13
	Total	15	14	29
8	Average days stay of patients in Institution 35 2/30			
9	Total days stay of adult patients 760			
10	" " infants			
11	Total " adults, infants 760			
12	No. of persons, not inmates, treated			
13	Dormitory capacity in beds 40			
14	No. of beds made up 37			
15	Sex—			
	Male	15		
	Female		14	
	Total	15	14	29
16	Religion—			
	Protestants	2	3	5
	R. Catholics	13	11	24
	Other Religions			
	Total	15	14	29
17	Nationalities—			
	Canada	8	9	17
	England	1		1
	Ireland	4	2	6
	Scotland		2	2
	United States			
	Other countries	2	1	3
	Total	15	14	29

18 Residences—

	Received from city of Hamilton	11	11	22
"	" county of Wel	1	1	2
"	" other countries in Ont.	3	2	5
"	" United States			
"	" other countries			
	Total	15	14	29

First government report for the period of June 21 to September 30, 1890.

and 1911 she chronicled the events of interest within her religious community.

Although anecdotes involving other Sisters were frequently recorded, Mother Philip seldom mentioned herself. In 1862 she was elected Superior General of the Hamilton Congregation, an office she held for nine years. Through her efforts, the Congregation of the Sisters of St. Joseph was incorporated by the provincial legislature on December 30, 1879. By the time Mother Philip died in 1911, she had spent 58 years dedicated to the service of others. Less than five months after her death the hospital opened its own nursing school for lay students.

Under her administration, the hospital's original 1890 staff was comprised of Sisters Antoinette Flahaven, 34, Camilla Carroll, 38, Marcelline McGinnis, 34, Herman Sourbier, 32, and Bride Cleary, 28.

Father Jeremiah Ryan's last wishes were respected when a ward was named after him and maintained for the benefit of poor patients. From the day it opened, St. Joseph's accepted all patients regardless of their race, religion or ability to pay. An eyewitness account of the opening of the new hospital was published the following day June 12, 1890 in *The Hamilton Evening Times*:

> The building proper is a large, solid, three-storey building, finished in the most perfect manner from cellar to garret. At the entrance is a massive stone portico and balcony, and on the first floor, the visitor is struck with the wide halls and high ceilings, the spacious reception rooms and beautiful Chapel, which was previously the drawing room. The beautiful crystal candelabra chandeliers, which had been part of the former furnishing, added dignity and beauty to the new Chapel, in which there is placed an exquisite altar, the gift of Contractor Pigott, father of Joseph and Roy Pigott, Contractors, Hamilton, Ontario.

A record of the first operation performed at St. Joseph's Hospital.

Record of expenditures from June 1890 to June 1891.

Record of receipts from June 1890 to June 1891.

The second and third stories are divided into wards and private rooms which are all well lighted, well ventilated, and also well heated. The walls and all the surroundings are of the most cheerful character, while the bathrooms and all furnishings are of the most approved style.

The magnificent grounds are in keeping with the buildings. They are separated from John Street by a solid stone fence, with stone coping and fancy iron finish, and a pair of huge iron gates. Altogether, it is a very beautiful spot, from which the patients can oversee the whole city and watch the boats floating up and down the Bay to the Beach. And on a clear day, a large portion of Lake Ontario can be seen from the upper windows.

On June 20 Dr. W. Rosebrugh performed the first operation in the new hospital. The patient was a 23-year-old Protestant woman named Mrs. Gilmour, a mother of three from Toronto. Chloroform was used for an anesthetic and the instruments were sterilized in boiling water on an ordinary stove. The operation, to close a vesico-vaginal fistula, was successful and the woman went home a month later.

An attending staff of physicians was formed on December 10, 1890. The first doctors to serve under its chairman, Dr. White, were Doctors Leslie, Stark, Wallace, Anderson, Bingham, Gaviller, McCabe and Osborne. Equipped with little more than Aspirin they battled major diseases from whooping cough, diphtheria and smallpox to measles and mumps.

The skill and compassion of the tiny band of Sisters, assisted by the doctors, were all that stood between life and death for many of the hospital's original patients. After a day devoted to the care of the sick, when the doctors went home, the Sisters still had much to do. Laundry, food preparation, housework and record-keeping, for example, were all done without the benefit of labour- and time-saving machines that are so taken for granted today.

In the first 12 months of operation, 163 patients made use of the 25-bed hospital. The demand signalled a need for expansion and plans were immediately underway. Once again

Foreground, the original hospital; centre, St. Ann's Wing, built in 1894; far right, 1916 wing.

the Sisters would be helped by the generosity of citizens.

On May 1, 1894, Bishop Dowling blessed the site and turned the first sod for the new wing. Plans for the extension that would be erected at the western wall of the original Undermount called for a building 50 feet long by 30 wide and three stories high. The $12,000 cost was partially covered by a bequest from Mrs. A. Dowling, the Bishop's mother.

By December the St. Ann's Wing was complete. Thirty more patients could be accommodated in private rooms and semi-private wards. The ground-floor operating room had gas light fixtures for operations at night. A third-floor operating room had a granolithic floor (artificial stone of crushed granite and cement) which was easy to keep clean, eight windows and a skylight, as well as an adjacent room for the administration of chloroform.

Also in 1894 the first major gift was presented to the hospital by an Anglican gentleman, George E. Tuckett, the prosperous owner of the Tuckett Tobacco Company. Because he felt it was too strenuous for the Sisters to assist or carry patients up and down the stairs, he presented a $2,000 electric elevator to the hospital. His home, Myrtle Cottage, is now part of the Scottish Rite on Queen Street.

Staff doctors routinely provided for the hospital's improvement at their own expense as well. In 1902, Dr. Ingersol Olmsted paid for the instalment of electric wiring and fixtures in the operating room while Dr. Thomas Balfe furnished it with a complete set of surgical instruments.

Soon the hospital was affectionately referred to as St. Joe's. As the new century began the hospital's artillery of weapons for disease

In 1902 Dr. Ingersol Olmsted paid for the installation of electric wiring and fixtures in the operating room.

Dr. Gerard J. Quigley

management or cure was almost non-existent. Drugs such as insulin for the control of diabetes and the infection-fighters sulfanilamide and penicillin had not entered the medical arsenal. The therapeutic value of vitamins had yet to be recognized so long as doctors looked for the presence of a germ — as opposed to the absence of something in the diet — in conditions such as rickets, for example. Surgical techniques such as coronary bypass or the transplantation of any body parts — kidney, liver, heart, cornea — were simply unknown.

Baffled by many diseases, health care professionals continued to treat the sick with a blend of the latest in medical knowledge, common sense and extraordinary amounts of devotion from the Sisters who ran the hospital. The late Dr. Gerry Quigley, an obstetrician at St. Joseph's, eloquently recalled his impression of the way the hospital was run: "Lay people are dedicated to their profession. In a Catholic hospital the nuns exemplified dedication to the greater honour and glory of almighty God. They did it for God's sake, not for glory. You absorbed some of this atmosphere, regardless of your religion. Every ward was a chapel."

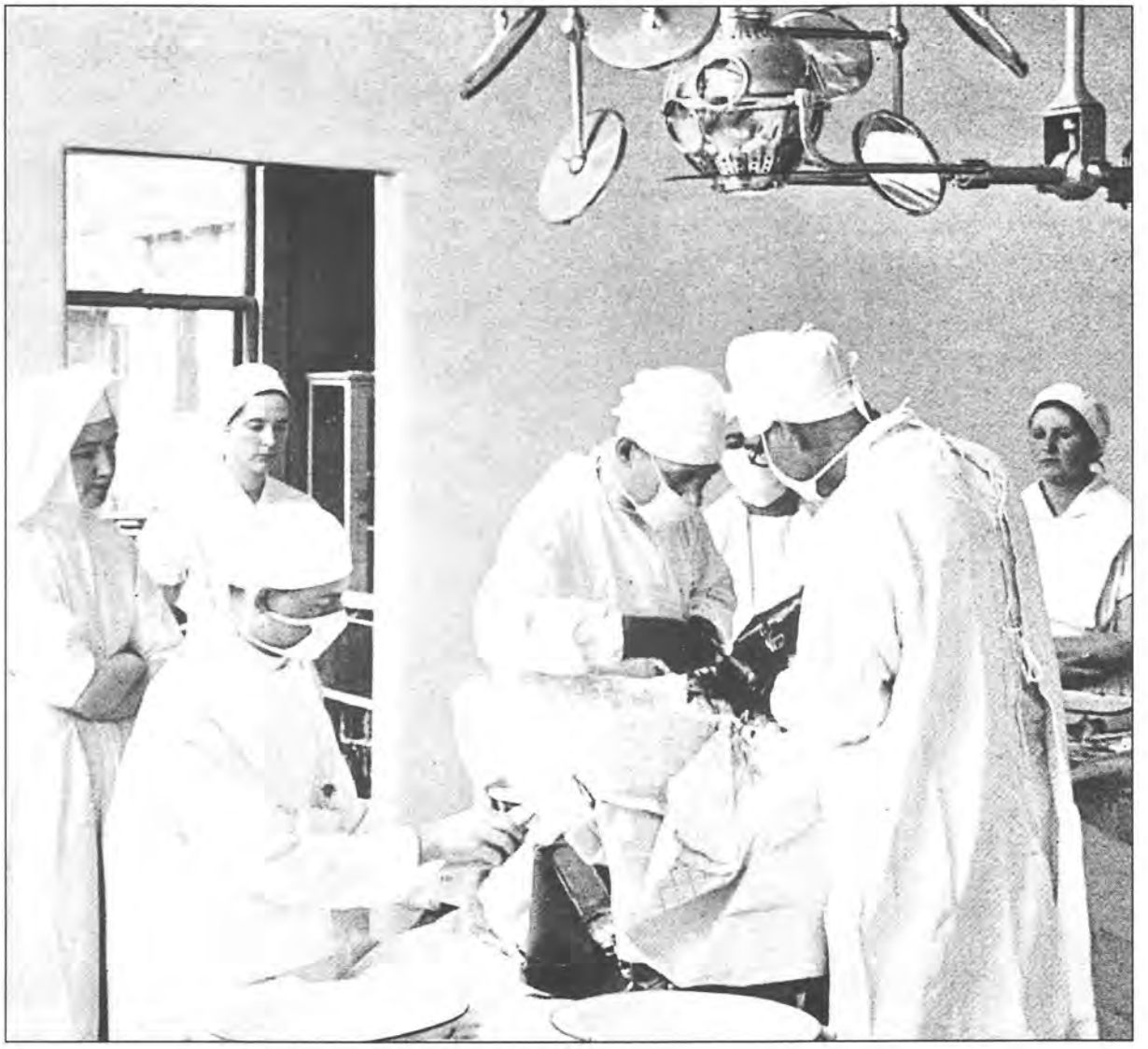
A SOUL AND A MIND

Credit is due to the dedicated people who ran St. Joseph's and to the community which supported it, financially or otherwise. But on more than one occasion, the hospital's patron saint was also commended for overseeing its success!

The late Dr. Herbert Sullivan, Sr., who joined the staff after graduating from Queen's University in 1910, used to say that when there were any worries about the hospital, the only thing that kept it out of trouble was the Sisters' devotion to St. Joseph: "The Sisters were dedicated to serving others in need of health care, regardless of ability to pay, but the hospital always came up making its own way. What would you expect with the Sisters working from 6 a.m. to 9 p.m. every day?"

Everyone had ample warning of Dr. Sullivan's arrival each day because he performed a brief, but unique, tap dance inside the front door of the 1890 building. Then he and Dr. William P. Downes met in the cloak room, where they changed into their white lab coats. Staff and Sisters alike were fond of the two men, who made rounds with such proprietary enthusiasm that the hospital could be mistaken for their own. Later they would report to the Sister Superior, who was the hospital administrator of the time.

"He would come through that big front door of the hospital and everyone would stop in awe of Dr. Downes. He was so splendid," one nurse recalled of the former chief of staff.



Not everyone wore masks in the operating room of the 1930s.

"He was a small man but his word was the law. The Sisters relied on him."

One morning the two men came upon a janitor washing the floor right outside a room where a delivery was in progress. The door was ajar and the janitor, quite unconcerned, continued his mopping — not an acceptable aseptic technique where mother and infant were concerned. The man was admonished, but not before Dr. Downes reportedly nudged Dr. Sullivan and pointed to the statue of St. Joseph at the end of the corridor, saying "I guess we owe him much more than we realize, because this is a very safe place to have a baby."

Dr. Sullivan passed his love of medicine and of the hospital on to his son, who was also named Herbert. The younger Dr. Sullivan joined St. Joseph's staff in 1952. His memory is rich with stories and anecdotes about the hospital over the years:

> I assisted Dr. F. Woodhall in an operation to take out a woman's uterus; he told me he had brought her into the world. The woman was chasing 50, so that tells you how long he practiced surgery. He was a great story teller and must have had one thousand of them about the early days.
>
> One day he told me about a young woman with an ectopic pregnancy who was experiencing a massive hemorrhage. It happened in the time before blood transfusions. Her abdomen was full of blood. He said he never knew what made him put his hand over to the other side of her abdomen before he sewed her up. He found that she had an ectopic there, too. It's so rare it would be like having two moons in the sky, but it shows you some of the skills that the older surgeons had. It was a sense of caution or something.

Dr. Herbert Sullivan, Sr., joined the hospital staff in 1910.

Dr. William P. Downes became the hospital's first intern in 1916.

Such faith, coupled with the fact that government controls and standardization had not yet been imposed, made it a relatively innocent period in which to practise medicine. In fact, a 1907 report on St. Joseph's by government inspector Dr. Bruce Smith said nothing of the calibre and organization of its services. Rather, it detailed the institution's size, facilities, visiting hours, terms of payment and noted that an addition was needed. In light of later developments, the report is more interesting for what it does not say than for what it reveals.

When a new or better way to handle health care was discovered, however, St. Joseph's made every effort to incorporate it into its patient services. In 1895, Wilhelm Roentgen discovered a diagnostic tool which provided the physician with a permanent visual image of the patient's anatomy. Within a few years, no hospital was considered properly equipped without an X-ray department.

PROVINCE OF ONTARIO.

DEPARTMENT OF

HOSPITALS AND CHARITIES

NOTES OF INSPECTION OF

ST. JOSEPH'S HOSPITAL.

HAMILTON, DECEMBER 12, 1907.

Financial receipts for past year ..... $ 10,575.28

Expenditure for maintenance for past year ..... $ 10,351.04

Number of patients in residence, Males 9, Females 15, Children 2. Total 26.

Number on free list 9.

The building is brick, three storey's and basement.

Fairly well furnished for hospital purposes.

Some wards are altogether too crowded.

Beds and bedding were neat, clean and in good order.

SPECIAL FEATURES OBSERVED: Very fair facilities for escape in case of fire, on each floor there is a stand pipe with hose attached thereto. There are five interior stairways, and three fire escapes on outside of the building.

The dietary is suitable, and is properly prepared and nicely served.

The supplies are furnished by contract and open purchase.

The records are neatly and correctly kept.

Number of days stay for past year 12,890.

All parts of the hospital were found in good order, everything being neat, clean and well looked after by the Sisters in charge

Several new bath-tubs have replaced the old ones and are very satisfactory The records indicate that this hospital is doing good work and is well conducted.

Statistical Report 1907

	Male.	Female.	Total
1. No. of patients remaining in Hospital, Oct. 1st, 1906	21	23	44
2. " " " admitted during the year	284	318	602
3. " " Births " " "			
Total	305	341	646
4. No. discharged during the year	268	306	574
5. " of deaths " " "	18	14	32
6. " remaining in the Hospital, Sept. 30th, 1907	19	21	40
Total	305	341	646

7. Average days stay 19.9.
8. Collective days stay, Adults 13,755. Infants under 1 year, 19.
9. " " " Infants and Adults, 13,744.
10. No. of persons who have received treatment, relief, etc. who were not inmates, 630.
11. Dormitory capacity of beds, 60. No. of Beds made up 52.

CLASSIFICATION OF PATIENTS.

12. SEX :—Male 305. Female 341. Total, 646.				
13. RELIGION :—Protestants of any demonination		155	172	327
	Roman Catholic	149	165	314
	Other religions	1	4	5
	Total	305	341	646
14. NATIONALITIES :—Canada		217	225	442
	England	34	70	104
	Ireland	22	23	45
	Scotland	10	6	16
	United States	6	5	11
	Other Countries	16	12	28
	Total	305	341	646
15. RESIDENCE :—City of Hamilton		247	267	514
	County of Wentworth	45	31	76
	Other Counties	12	23	35
	United States	1	0	1
	Total	305	341	646

-10-

The hospital should be enlarged.

There are some repairs, painting etc. required in different parts of the building.

A metal ceiling has been constructed in the kitchen which is improved thereby.

I trust that an increase and well deserved liberality towards this hospital will add what is necessary to its equipment.

The financial returns of the hospital indicate careful and prudent management.

R. W. BRUCE SMITH,
Inspector.

Dr. Bruce Smith's report on St. Joseph's in 1907.

With the assistance of Dr. James Edgar, an X-ray department was opened in 1912 with the latest equipment — an induction coil and glass plates. Developing was done in a darkroom across the hall. Dr. Alec Unsworth, who had studied at the Mayo Clinic in Rochester, Minnesota, instructed the Sisters in laboratory technique. While he was on staff at the hospital, Unsworth also had a private lab at Bold and James Streets, where outpatient specimens could be taken.

Dr. Sullivan, Jr., recalled that Dr. Unsworth had a bit of a knack for farming, too. "During the First World War, Unsworth and the other doctors who were left behind thought they should do something about the food situation. Manpower was short, so my father and other volunteers would go to Unsworth's brother's farm out in Aldershot. He had a greenhouse and on their Wednesday afternoon off this is where they would go to grow tomatoes. It was the doctor's war effort."

Equal measures of zeal and determination on the doctors' part were inspired by the Sisters' maxim "Look upon yourself as the servant of all. See Christ in others, and you will show them respect and reverence."

Dr. Sullivan, Sr., demonstrated this principle in the way he encouraged doctors who were new to the city. Dr. Sullivan, Jr., recalled:

> My father was a great believer in the open hospital. Anyone who came to Hamilton and wanted to start up a practice, he would give a hospital appointment so they could send their patients to St. Joseph's. This made for better patient care because then they would get the benefit of the Sisters and nursing care.
>
> It was better to give these doctors a chance. If the doctors were concerned about another doctor who was not quite up to the mark in knowledge or was

doing some things (that they thought perhaps it would be better that he did not do,) there would be a discussion about expelling him or dropping him from the staff.

My father was against this because he thought that a doctor coming into the hospital and being exposed to the other doctors talking about newer drugs or new and better ways of doing things would, almost despite himself, get educated and fall in line more with the idea of conformity. The doctor would see what the other doctors were doing and learn that what he was doing was perhaps obsolete or outdated and pull his socks up.

It was the idea of education rather than saying 'you can not be a member of the staff anymore.' My father felt these fellows, if expelled, would still carry on practice and their patients would suffer, so it would be much better to keep them in the fold.

It was often this simple humanitarian approach that worked best in solving a problem. But Dr. Sullivan, Sr., also took a practical approach when the need arose, particularly where it affected the hospital's operation and the level of health care it offered. When the American College of Surgeons (ACS) sought to institute a standardization program in 1918, he was quick to appreciate its combined aim of staff organization and more clinical controls, which were designed to improve the operation of Canadian and American hospitals.

In a move that made his former approach quite relaxed by comparison, he called a meeting of St. Joseph's medical staff on April 3, 1922, at 8:45 p.m. in the nurses' residence to discuss the program and how it would be implemented. Although the minutes of this first meeting are limited to date, place, attendance and brief outline of its purpose, it is likely he explained the objectives of the plan, how they would bring about better medical service and the manner in which a hospital would acquire "approved" status.

The ACS protocol insisted on a careful, fully documented diagnosis prior to surgery, recording of details of each operation performed, improved qualifications for anesthetists, laboratory services run by a competent pathologist and a radiology department supervised by a qualified radiologist.

Clinical records of all patients were to be completed. Doctors who failed to comply would have their privileges suspended until the requirement was met. Staff were to meet once a month to review all hospital deaths and the number of autopsies in relation to the number of deaths.

Standards were also set for other hospital services. Food services, for example, had to be under the supervision of a trained dietitian. Depending on the degree to which a hospital measured up to this yardstick, approval was provisional or withheld altogether.

It appears from the records of subsequent meetings that co-operation prevailed when the staff saw the wisdom of conforming in order to achieve accreditation.

Providing some of the impetus to the plan was the Reverend Charles Moulinier, S.J., founder of the Catholic Hospital Association of the United States and Canada. In a speech delivered at St. Joseph's in 1922, he said:

> The plan of standardizing hospitals is a great international

Dr. James Edgar assisted in opening the X-ray department in 1912.

movement, for if a hospital does not rise for better service to the sick, the people suffer. The hospital is an institution with a soul and a mind, not merely a beautiful building. The staff of the hospital owes to its patients one hundred per cent service. The patient has a right to life. If among any of the medical men on the staff there is any knowledge that would make a correct diagnosis of a case, the patient has a right to it. We have a right to all they have got to give.

Only in recent years has the medical profession been big enough to realize that they are public servants and it is only in the past few years that the public realized that the hospital is theirs.

Father Moulinier's sentiments mirrored those of the Sisters, who exerted their influence on the medical staff to ensure their patient care was not compromised and that the hospital was seen to belong to the people.

Determined to preserve and continue their fully accredited status, they drew up the bylaws, rules and regulations governing staff and visiting physicians effective January, 1924. These reflected the ACS model to the letter, from autopsy requirements and accurate charting to education and medical records. Of particular interest was bylaw number eight, which stated: "We the staff of St. Joseph's Hospital are opposed to the division of fees, which we understand means any procedure between

On November 28, 1922, Rev. Charles B. Moulinier, S.J., attended the opening of Undermount, the new nursing school and promoted the standardization of hospital services. Photo courtesy of the Catholic Health Association of the United States.

doctors themselves or between doctors and others, whereby practice is induced or directed to any doctor in any manner other than by merit, and especially are we opposed to the practice of a reward or emolument, directly or indirectly to those referring cases. We further recommend that this policy should be extended to all doctors practising in the hospital."

The bylaw forbade the custom where one doctor referred a patient, often for surgery, to another doctor who charged a certain fee and then split it with the referring doctor. It was a practice that left itself wide open to exploitation and, on occasion, unnecessary surgery. It was by no means a custom peculiar to or limited to any one hospital, but it was particularly frowned upon by St. Joseph's staff.

As sincere as their intentions may have been, it was a difficult custom to monitor and not an easy one to stamp out. Decades would pass before a particularly vigourous administrator would see that this and similar practices were overcome.

Rules and Regulations.

ADMISSION

Applicants certified by physician to be fit subjects for hospital treatment are admitted irrespective of their creed or nationality.

No insane, incurable, or infectious case shall be admitted.

Patients having money or valuables about them will, on entering leave same with the Sister Secretary--otherwise the hospital will not be responsible for loss or damage.

PATIENTS

Patients must be in their repective places at meal time, and when the physician makes his visit.

Patients must not leave the premises, or visit any part of the hospital without permission from the Sister in charge.

The use of tobacco is strictly prohibited in the wards.

Patients in private rooms must be in bed by nine P.M. lights are turned out at 9.30 P. M.

VISITORS

Visitors are admitted to the wards every day in the week from 2 to 4.30 P. M

In case of dangerous illness special arrangements can be made for relatives to visit patients at other times.

Patients occupying private rooms, may see their friends any time from 10.30 A. M. to 8.30 P. M.

Visitors must not give eatables or liquors of any kind to patients; if such things are brought they must be left with the Sister in charge, who will dispense them according to the direction of the physician.

Visitors desiring to make any complaint will kindly communicate with the Mother Superior.

TERMS

Patients shall be required to pay in advance $3.50 per week in the wards, Surgical wards $4.90 per week.

Private rooms range from $8 00 to $15.00 per week according to size and location.

An additional fee of $5.00 will be charged to surgical cases, for use of operation room and dressings.

Doctors fees, services of a special nurse, and medicines are not included in the above charges.

Wards free to those not able to pay.

Hospital rules and regulations in the early years.

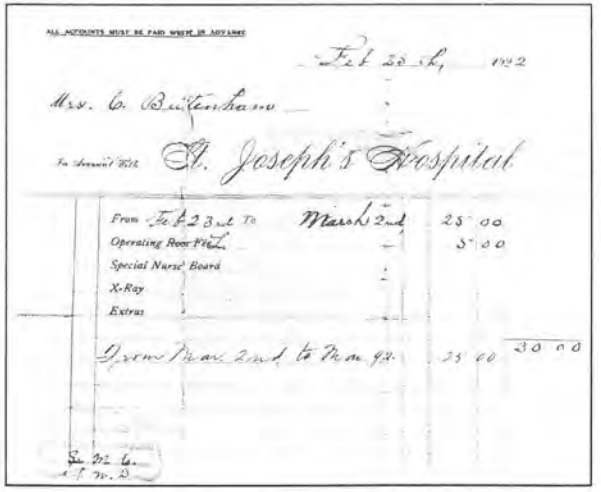
The 1922 hospital chapel.

In a decade which would witness the beginning and end of the First World War, St. Joseph's leapt from one milestone to the next in quick succession: in 1911 the nursing school opened; 1912 saw the establishment of the department of obstetrics; and a new surgical wing opened on October 12, 1916. It featured an X-ray department and laboratory space, a new chapel and a third-floor operating suite with the latest in sterilizing equipment.

An eight-bed ward with a sun porch was added on either side of the main hall of the first floor to meet the need for increased accommodation. Private rooms, semi-private and four-bed wards were located on the second and third floors. Sister Leonie Martin was 23 when she came to work at the hospital in 1916. She attended the opening of the addition connected to the west end of St. Ann's wing:

> Bishop Dowling, the doctors and the priest joined us for Mass in the chapel and lunch afterward. We had a good time. I trained under Drs. Downes and Sullivan. I bathed patients, did dietetic work, scrubbed and cleaned. We did everything we were told to do!
>
> But I liked nursing and it made no difference to me whatever I was asked to do. We had nothing for the 1918 'flu epidemic except Aspirin and we were lucky to get that. Many a time I worked 24 or 36 hours without stopping.

While fortunes fluctuated for many segments of the city's economy, the 1920s were truly vigourous years for St. Joseph's. The Sister Superior who directed many of the developments was Sister St. Basil McClarty, a petite woman in her mid-fifties who, though ladylike, was assertive in her pursuit of anything that would improve hospital services or facilities.


ALL ACCOUNTS MUST BE PAID WEEK IN ADVANCE

Feb 28th 1922

Mrs. C. Buttenham

To Account With St. Joseph's Hospital

From Feb 23rd To	March 2nd	25	00
Operating Room Fee		5	00
Special Nurse Board			
X-Ray			
Extras			
Room Mar 2nd to Mar 9th		25	00
			30 00

A patient's invoice shows the cost of surgery and a hospital stay in 1922.

Within months of Sir Frederick Banting's discovery of insulin as a control for diabetes, she applied in 1923 for its use at St. Joseph's. Connaught Laboratories promptly responded. Dr. Fred Bowman was trained to administer the new therapy but, oddly enough, the excitement generated by insulin is not reflected in the minutes of the medical advisory meetings. They merely state that on April 10, 1923, the doctors "discussed insulin cases".

Under Sister St. Basil's enterprising administration, St. Joseph's expanded. Because an increasing number of young women were attracted to the nursing school, a new residence was built on the site of the old Undermount in 1922. Although roundly criticized for some of the more opulent touches — such as chandeliers in the common room and a sink in each nurse's room — she managed to get what she wanted.

The following year, the obstetrics department got a home of its own. In May, 1923, the Sisters purchased the property owned by the firm of Long and Bisby at 58 Charlton Avenue East (formerly called Hannah Street) for $30,000. Converting the colonial-style home into a maternity hospital was a costly endeavour — an additional $42,300 was lavished on renovations and furnishings. A *Hamilton Spectator* story praised the Sisters, saying "The Sisters of St. Joseph are to be commended for their faith in undertaking so great a project when so much depression is clouding our land."

The whole house was renovated with steel laths, plastered and painted a snowy white. Amenities included showers on each ward, white marble floors and an electric signal system so patients could summon nurses. Because the building was separate from the rest of the hospital, it had its own kitchen completely equipped with gas and electric ranges, a refrigerator and an ice box. Underground pipes carried steam heat from a central boiler.

Elsewhere in the building, the original black walnut and marble fireplaces had been retained. An operating room, doctors' change rooms and a room for sterilizing instruments were located on the third floor. Mothers and their babies stayed on the floor below. Access to all floors was gained by an automatic elevator. An oil painting of the Virgin and Child presided over the entrance. Casa Maria, or House of Mary, was ready for occupancy on April 8, 1924. At 3:45 a.m. the following day Mrs. Bishop, the first patient, was admitted. With the help of Dr. W.J. Brough, Mrs. Bishop delivered a girl and christened her with the name Casa Maria.

The hospital at this point now occupied almost five acres. In an interesting about-face from its original objections — that the neighbourhood was unsuitable for a hospital and St. Joseph's would increase taxes of the general public for the benefit of the Roman Catholic

University of Toronto
TORONTO, CANADA

June 8th., 1923.

Sr. M. St.Basil,
St. Joseph's Hospital,
Hamilton, Ontario.

Dear Madam:-

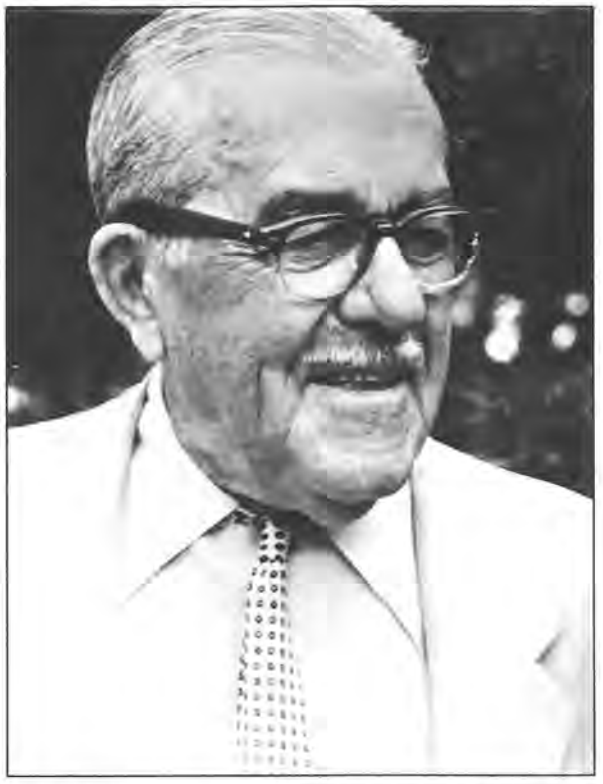
Your letter of June 6th., has just been received, and we will be pleased to supply St. Joseph's Hospital with Insulin whenever you require the same. Dr. F. B. Bowman has already attended a course of instructions at the Toronto General Hospital, and he is familiar with the use of Insulin. The Insulin Committee here has endeavored to place Insulin in the hands only of those who are informed regarding its use, its dangers and the necessity of proper dietary control. Insulin is supplied in vials containing 80 units and the cost is 3¢ per unit. It will keep satisfactorily at room temperature for a period of at least two months. We will be glad to supply any further information.

Yours sincerely,

Associate Director,
Connaught Antitoxin Laboratories.

RHD.F.

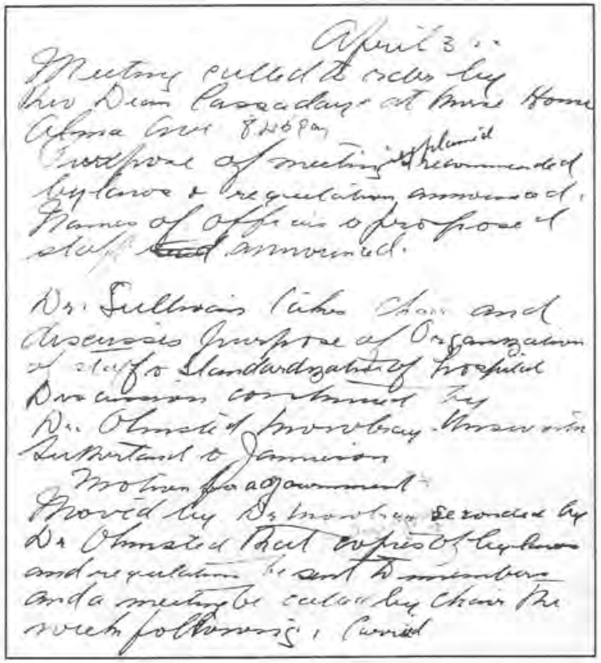
A letter from Connaught Laboratories in response to Sister St. Basil McClarty's request for insulin in 1923.



Dr. Fred Bowman was trained to administer insulin.

church — the *Spectator* reported the day Casa Maria opened: "Its location near the side of the mountain, its peaceful quietness, and its beautiful surroundings make it especially desirable. St. Joseph's is indeed fortunate, and Hamilton is fortunate in having this restful, bright place, so well managed, where her citizens may go when ill-health assails."

While statistics seldom make interesting reading, it is noteworthy that the hospital's 1925 financial report indicates that of the 1,421 patients treated at St. Joseph's in 1925, just over 1,000 were Protestants and that $600 of the hospital's money was spent on the care of indigents, proving once more that the institution existed for the benefit of the whole community.



April 3
Meeting called to order by
Rev Dean [illegible] at Nurses Home
[illegible] 8.20 pm
Purpose of meeting [illegible] recommended
by laws & regulations announced.
Names of officers & proposed
staff announced.

Dr. Sullivan takes Chair and
discusses purpose of Organization
of staff & Standardization of hospital
Discussion continued by
Dr. Olmsted [illegible] [illegible]
Sutherland & Jamieson
Motion for adjournment
Moved by Dr [illegible] seconded by
Dr Olmsted that copies of by-laws
and regulations be sent to members
and a meeting be called by chair the
week following. Carried

Minutes of the first Medical Advisory Committee meeting held on April 3, 1922.

A student nurse and Mr. E. K. Reid, Phm. B., in the 1930s pharmacy.

By the end of the decade a staff residence had been built by Pigott Construction for $88,000 and furnished for $3,368. Interns earned $600 per year while a registered nurse's salary ranged from $1,000 to $1,825 per year. The hospital engineer earned $1,560, the dietitian $900 and maids were paid anywhere from $216 to $420 per annum.

By 1929 St. Joseph's had a bed capacity of 185 and provided medical, surgical, obstetrical and gynecological care, an eye, ear, nose and throat clinic and urological, orthopedic, pediatric and dermatological departments.

The charge for a major operation ranged from $8 to $12, a minor one from $3 to $6. A convalescing patient paid as little as $12.25 per week for a bed in the public ward and as much as $40 per week for a private room.

Quality of care was the same for all. Quite often it went beyond medical care. One Sister

The Sisters of St. Joseph purchased Casa Maria for $30,000 in May, 1923 and had it renovated for their obstetrics and maternity patients.

used to take it upon herself to borrow flowers from those who had plenty and make up little bouquets to give to patients who had not received any.

Prior to provincial health insurance coverage and particularly during the 1930s, doctors accepted that many patients were unable to pay. The geographical boundaries of a doctor's practice often influenced his income, according to Dr. Sullivan, Jr.:

> In the depression days, collection would have been minimal, indeed. A doctor did not expect anything different. He knew when he was working for them they had no money to pay him, but they still had to be looked after.
>
> Usually, enough could be made from paying patients so it was not any great hardship for the average doctor. I do think that some people had a much heavier burden to share than others. For example, I know one doctor had an office on Ottawa Street and his practice covered a big area in the northeast end of the city. He had to give a lot of medical care to some very sick people. On the other hand, it made a big difference if a practice were centred in the southwest end. Collection would be good.

Mary Marrin's experiences in Casa Maria span both sides of the cradle. She was born there on January 3, 1926, when Sister Mercedes Gallagher was maternity supervisor. Her mother, Mrs. Fitzgerald, was in Room 1. Mary's life came full circle when she graduated from St. Joseph's school of nursing in 1947 and went to work as a young nurse in the venerable old building, which by then had passed its prime. In its 26 years of operation, however, Casa Maria enjoyed a reputation for keeping down infection and a maternity stay which averaged 8.7 days.

The challenge of coping with Casa Maria's shortcomings required maintaining a sense of humour at all times. "It was a lovely place for patients because it did not have a hospital atmosphere, but it was a difficult place to give nursing care," Mary remembers:

> Both nurseries were always full. Sometimes we had to improvise and use hampers as basinettes.
>
> In the daytime, the temperature in the nursery could reach 102 F because we were so close to the maintenance equipment in the basement. This was just around the time when a new maternity building was under construction.

Understandably, to generations of Hamiltonians being born at 'Casa' carried a certain cachet. The late Dr. Gerry Quigley, an obstetrician, arrived in Hamilton in early 1950. Although Casa Maria had become somewhat antiquated, it was still in business. He drove his wife by the old house and commented that it was not nearly as ornate and modern as Mount Hamilton Maternity Hospital at the Henderson Hospital:

> In her typical New England way she told me she did not care how fancy it was. She was more interested in the crucifix on the wall. That settled that issue and that's where she had our first child, Maureen.
>
> The Sisters have been dedicated to the family and family life, of which child-bearing is a part. It was a very sacred thing. I worked with some Sisters who were as good obstetricians as — or better than — some of the staff men.

†

JUBILEE — A NEW HOSPITAL

During the 1930s and 1940s, St. Joseph's medical staff kept abreast of a growing number of developments in medicine, drugs and treatments. The hospital continued to receive Grade 'A' status from the American College of Surgeons.

By 1938, under the administration of Sister Alphonsa Meegan, the hospital gained approval from the Canadian Hospital Association for the training of interns. In addition, St. Joseph's organized a broader educational curriculum in co-operation with other hospitals. Interns studied diseases of the chest through an affiliation with the Hamilton Sanatorium and nurses received pediatric training at the Sick Children's Hospital in Detroit, Michigan.

At the monthly meetings doctors discussed

The sod-turning ceremony for the new hospital completed in 1947. Left to right: Dr. J.R. Parry, Dr. H.J. Sullivan, Sr., Dr. W.P. Downes, Dr. F. Woodhall, Bishop J.F. Ryan, Mother Antoinette McBride, Sister St. Basil McClarty, Joseph Pigott, Sister St. Edward Duffy, Sister Irene Bester, Sister St. Brigid Hayes, Sister Sylvia St. Denis.

advances in anesthetics, improved X-ray equipment, such diagnostic tools as electrocardiography, shock treatment for schizophrenics and pertussis vaccines.

On October 11, 1938, Dr. Arthur Riley Armstrong of the Mountain Sanatorium addressed the medical advisory committee on sulphanilamide, a synthetic bacteria-inhibiting drug. Sulfa drugs, whose basic compound was first produced in 1908, did not gain widespread recognition until 1932, when they were rediscovered for their infection-fighting properties. Their use increased in the mid- to late 1930s. During the Second World War the use of sulfa drugs fought off infection which, in the past, might have become severe enough to warrant amputation of a leg or arm.

The large white pills were best swallowed with a great deal of water, but they often left the patient feeling nauseated. As well, one of the side effects was that the body could build up a tolerance and require higher doses to ward off subsequent infection.

Ironically, an even more significant infection-fighting agent had been identified in 1928 by Alexander Fleming, who reported in the British Journal of Experimental Pathology on his accidental discovery of penicillin, which rendered bacteria inactive. It took the carnage of the Second World War, along with awareness of the shortcomings of sulfa drugs, to revive interest in Fleming's discovery.

Delay in recognizing its value meant that when commercial production of penicillin began, the war was in progress. Consequently, the drug was expensive to produce and difficult to obtain. As a result, penicillin was strictly rationed to the armed services.

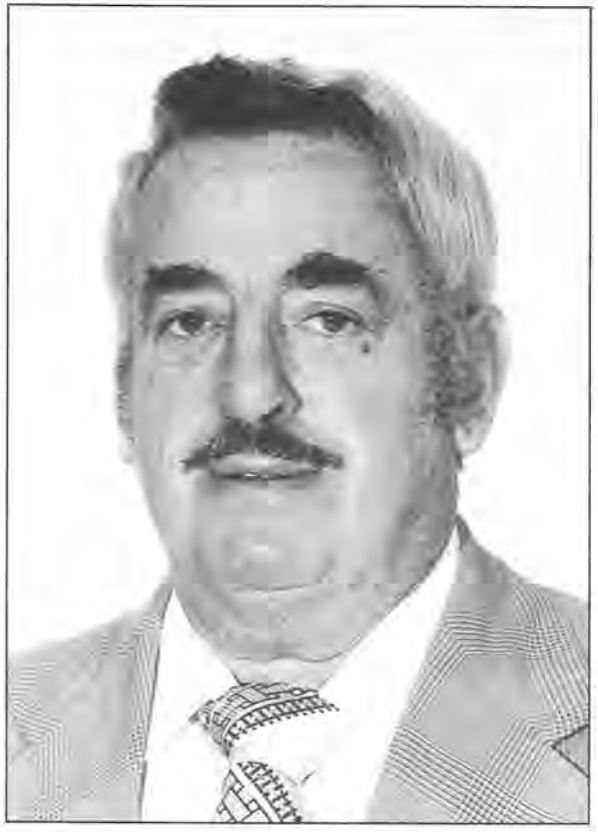
At St. Joseph's, penicillin was administered for the first time in 1943. A Sister recalled:

> We obtained it through the Department of National Defence for a veteran of the Second World War. I remember he was in room 1, bed three, of what was then called C-Floor.
>
> Penicillin looked like gold dust powder and it came in a little glass vial. The nurses mixed it with water and drew it up into a syringe. It had a terrible odour. Every three hours it was administered intramuscularly in rotating sites on the patient's body.

Dr. Meyer Carr was head of the department of pediatrics in the 1940s when the wonder drug became a major headline: "I was invited to comment on the radio about what a great advance it was. It was tricky to administer because you gave a shot to the buttocks, which could be quite painful for the patient."

The development of an intensive care unit (ICU) at St. Joseph's was still 15 years away. Until then patients were sent back to their rooms following surgery. When more than general-duty nursing was indicated (and if a patient could afford it) a private-duty nurse functioned as the giver of 'intensive care.' The concept of ICU round-the-clock nursing care is safer, though, as Dr. Sullivan, Jr., relates one patient's experience:

> After undergoing chest surgery, a young man was returned to his room. Later that night, in a state of delirium, he ripped out the drainage tubes which were connected to his chest. Once he had freed himself, he jumped out of bed and escaped from the hospital.
>
> In a pouring rain storm, Sister Lioba O'Dwyer chased after him along Charlton Avenue. The patient, despite his condition, proved to be quite elusive.



Dr. Meyer Carr was head of pediatrics when penicillin made headlines.

When she realized she was not gaining on him, Sister Lioba commandeered a passing taxi and together with the bemused driver she caught the truant patient and brought him back to bed. Sister Lioba, who had entered the convent in 1916, was in her 50s at the time but it did not prevent her from rounding up a fellow half her age.

Before the introduction of automation and labour-saving equipment to the hospital, the Sisters had a crushing workload. Three meals a day for an average of 5,000 patients per year were manually prepared in a basement kitchen of the centre building. Dishes were washed by hand. Meals were transported in bulk by carts from the kitchen and served to the patients.

Unlike today, patients had no choice in their meals because menus were planned well in advance. To maintain a high standard of hygiene, the kitchen walls were washed once a week. Baked goods were all homemade. Sister Mildred Szabo described the arrangement of the kitchen she supervised between 1927 and 1937:

> The kitchen had three refrigerators, one each for milk, vegetables and meat. The ice, which we made ourselves, went on top. Meat and bacon were cut by hand and we did all our own canning and pickling. We had a Chinese chef who was so protective of his lard supply that once, when one of the Sisters asked him for some, he brandished a knife at her!
>
> Without exaggeration, each summer we preserved 500 two-quart size jars of strawberries and the same number of peaches and marmalade. The electric oven had three shelves. The bottom was for meat, the middle for baking and the top for toast or bacon. We could put 36 pies in at once. By the window we had a table with six hot plates, where we cooked.

But they had fun, too. She laughingly recalled the time an excess of raisins was delivered by a grocery supplier:

> They said they had too much in their stockroom. I did not know what to do with them. After we had made raisin pie and raisin

Sister Lioba O'Dwyer, who ran out into a rainy night to catch a runaway patient, brought comfort and cheer when visiting patients.

pudding, we still had some left over, so we decided to make some wine. The raisins were mixed with brown sugar in four crocks and when it settled we put it in bottles. I said to Peter, the man in charge of the men's dining room (one of several staff dining rooms), 'Take this jug of apple juice in to the men and see how they like it.' A little while later he came back and said 'Sister, the men say it's the best apple juice they have ever had and they would like some more.' So, I gave them more!

Sister Mildred ordered the hospital supplies on a contract basis — groceries from Balfours Limited (Distributors of Tartan Brand Groceries), fruit and vegetables from Rosart's and meat from Reardon Brothers, who sold beef, lamb or veal for 12.5 cents per pound.

By 1940, the 200-bed hospital was filled to capacity, as all available space was turned over to patient accommodation. In 1939, a total of 3,894 patients were treated at St. Joseph's. The following year, the number of patients jumped to 6,769. By now the Sisters' reputation for dedicated service was well established and demand continued to climb. Their 50th anniversary was celebrated with plans for a major expansion. In the spring of 1944, Bishop Joseph Ryan approved the building of a new 400-bed hospital which, at a cost of almost $1.5 million, promised to be "second to none in the Dominion." A grant for $177,000 was received from the provincial government for construction.

In the early 1940s Sister Rita Paul Fischer (left) and Sister Ursula Barry attend to their patients.

Once more, a grateful community came to the rescue as a group of charitable women formed the hospital's first auxiliary, the forerunner of today's Volunteer Association, to help defray additional expenses. On May 22, 1945, a meeting of representatives from parishes of the city and the surrounding districts took place in the nurses' residence. Members of the first executive elected that day were: Mrs. S.H. O'Brien, President; Mrs. H. McGuire, Mrs. B.V. Phoenix and Mrs. W.P. Downes, First, Second and Third Vice-Presidents respectively; Mrs. D. Donahue, Recording Secretary; Mrs. J.S. Pylypuik, Corresponding Secretary; Mrs. W.H. Grover, Treasurer, and Mrs. J.G. Smithbower, Publicity.

Plans for fundraising activities began immediately. The volunteers' philosophy was modelled on the Sisters' own — to help where the need was greatest. The results of their efforts ranged from practical to life-saving contributions to the hospital. Proceeds from events such as teas, card parties, dances, bazaars and tag days enabled the auxiliary to buy

linen for the new hospital, purchase equipment and make cash donations.

In subsequent years, an $1,800 instrument which automatically prepared tissue samples for post-mortem examinations was donated to the pathology lab. Prior to this, the work had been manual and time-consuming. Through the auxiliary's efforts, a central oxygen system was installed, which delivered oxygen to the patient's bedside and eliminated the need to move heavy oxygen cylinders from the central storage room to wards and operating rooms. Each year the association awarded a scholarship to a deserving student in the nursing school and needy families received generous gifts of clothing. Over the years, as the hospital grew and new needs were identified, the auxiliary always assisted.

Under the administration of Sister St. Edward Duffy, then 56, the new hospital officially opened in May, 1947, and the public was welcomed to tour "one of the most modern hospital units on the continent." The cross-shaped building was designed by William Somerville of Toronto and built by Hamilton's Pigott Construction Company. It embodied the latest architectural, scientific and mechanical ideas in hospital construction.

Described in *The Hamilton Spectator* as "... strikingly modern, dignified and stately in its distinctive beauty", the building occupied most of the block from Charlton Avenue to Mountain Boulevard, which was later renamed St. Joseph's Drive. When using the John Street entrance, visitors were greeted by the comforting sight of St. Joseph's statue above the doorway. Sister St. Edward's office was on the ground floor of the north wing.

On either side of the impressive front hall were two spacious visitors' rooms. With high windows facing in all directions, they had the appearance of sun rooms. Patients were accommodated in the four wings that radiated from the central rotunda. A tower which formed the hub of the wings housed the elevators and nursing stations, kitchen, utility and storage space, and permitted convalescing patients in the wings to rest undisturbed by the hospital activity.

Efficiency in locating hospital staff was increased with the installation of a teleautograph system, by which a message written at the switchboard was recorded at all nurses' stations. These stations were decorated with dark green trim, stainless steel and red furnishings. Serums and blood for transfusions were stored in utility room refrigerators. The new building even included a special room for flower arranging. Rooms for male patients were painted a soft green and equipped with wheat coloured furniture, while womens' rooms were painted a peach colour and furni-

In the pathology laboratory with Sister Audry Schmidt are Dr. E.N. Ballantyne and Agnes Bruch.

ture had a limed oak finish.

The kitchen moved from the basement to the main floor in the south wing and was supervised by chief dietitian Sister St. James Culliton, then 48. She was a former nurse and a graduate of MacDonald Institute in Home Economics in Guelph. Her new kitchen boasted many convenient appliances. Refrigerators now had doors that opened in front on the kitchen side and at the rear on to a corridor, where supplies were delivered and stocked. A Mix-Master blender eliminated most of the former manual labour in the bake shop and — perhaps best of all — piping-hot food left the kitchen on trays along an electric conveyor to dumbwaiters which lifted them to the wards.

Although an emergency department with the level of sophistication known today had yet to be established as a distinct service, space was dedicated to emergency medicine on the northeast corner of the first floor. This area had an emergency operating room and adjoining recovery room, 10 beds, waiting and consulting rooms and offices. Treating emergencies in the late 1940s was still very much the family doctor's responsibility. Dr. Herbert Sullivan remembers his father being called away from the dinner table to attend a child who had been hit by a car:

Sister St. Edward Duffy

At the opening of the 1947 hospital the School Sisters of Notre Dame (foreground) celebrate Mass with the Sisters of St. Joseph.

He would not wait to finish his dessert. He would be up and out. One day we had chocolate pudding, which was a great favourite of mine. I could not see how he could leave it to dash off in such a great hurry. But there is no doubt that the parents of the child were delighted to see their family doctor arrive and reassure them that their child was all right.

His father's dedication was typical, Dr. Sullivan recalls. "All the doctors gave expert, personal service in an emergency."

Mother Philip Lenaten, administrator of St. Joseph's when it opened in 1890, would have marvelled at the sophisticated transformation of her 25-bed hospital. An X-ray suite located near the operating rooms on the fourth floor had mobile units which could be taken to patients. The tuberculosis prevention division of the Ontario Department of Health installed X-ray equipment for the detection of chest diseases. The new building had seven air-conditioned operating rooms equipped with shock- and explosion-proof multibeam lights over the operating table. Two rooms were used exclusively for tonsillectomies, four for major and one for minor surgical procedures. Nearby was a six-bed recovery unit where patients could regain consciousness following anesthesia. Instruments were sterilized in a high-pressure autoclave and, following orthopedic surgery, a department of physiotherapy assisted in patient rehabilitation.

Sister Ancilla Fagan, Phm.B., managed the

With the assistance of Mary Fitzgerald (married name Marrin) Bishop Joseph F. Ryan officially opens the 1947 hospital while Dr. William P. Downes (far left, front row) looks on.

efficient new pharmacy, which consisted of two sections. Dispensing and work rooms were on the ground floor, the pharmacy and chemical rooms were in the basement. As chief pharmacist, Sister Ancilla was the first Canadian to win the American Catholic Hospital Association pharmacist's award for her outstanding contribution to hospital pharmacy. A first-hand witness to the vast expansion of drug treatments and pharmacy in the '40s and '50s, she insisted on reading about everything she handled and felt it was her responsibility to tell the doctors what she read and heard about new drugs.

From the windows of private and semi-private rooms on the top floor patients could look out to the Hamilton mountain or the bay. In order to maintain sanitary conditions, rooms were furnished with metal furniture which could be easily cleaned. Care and consideration were given to the decor of patient rooms on the wards. Walls were painted with restful, pleasing colours — pale peach, warm buff, cool green or blue. Drapery in each room co-ordinated with the wall colour. Night lights in rooms and corridors allowed nurses to supervise patients without disturbing their sleep. Nursing and housekeeping staff welcomed the installation of two ground floor dumbwaiters in the new building. One sent fresh supplies — linen, instruments or medications — up to all floors while the other brought used articles down from all floors, thus eliminating the need to carry supplies.

Two years after the hospital's completion, St. Joseph's spent $132,000 on the construction of a laundry building which was linked by a tunnel to the hospital. It was opened on December 13, 1949. The equipment alone cost $34,000. A Cascade washing machine, the first of its kind in Canada, featured automatic controls. The Sisters were proud of their air conditioned laundry facility with its terrazzo floors, buff-coloured tile walls and pale green woodwork. It was efficient, sanitary, practical and altogether up-to-date.

During 1949, St. Joseph's had admitted 11,919 patients and performed 9,822 operations, compared to 163 patients and 24 operations in 1890. Staff doctors took over the care of patients who were unable to pay for health care. The various services were organized under Dr. William Downes, chief of staff. The hospital was accredited in the following services with department heads: Surgery, Dr. Kenneth Murray; Obstetrics and Gynecology, Dr. A. Hollinrake; Medicine, Dr. C.K. Stuart;

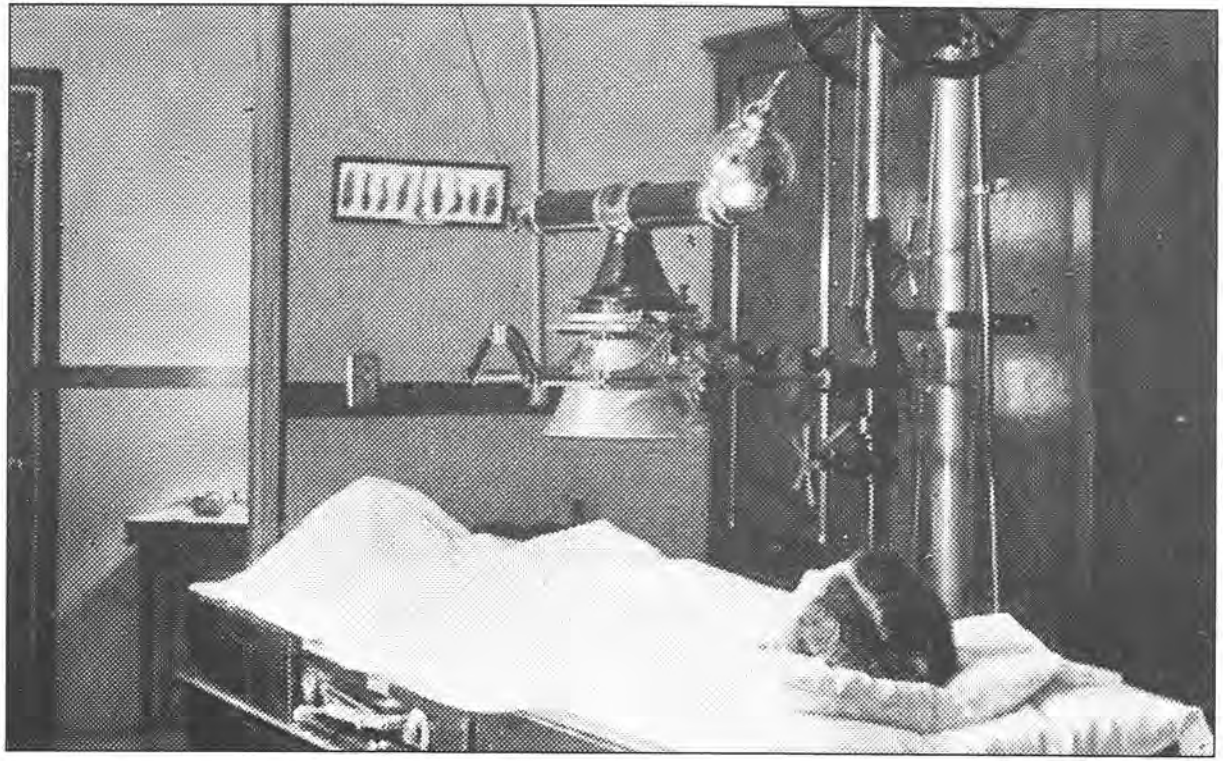
Anesthetics, Dr. R.J. Fraser; and Children's Diseases, Dr. Meyer Carr.

The post-war baby boom placed tremendous demands on the hospital's maternity department. As Sister Geraldine Campbell, Superior of the hospital at the time, explained: "We are regularly turning away scores of mothers. Our capacity is not nearly adequate." At the close of the decade plans were well underway to build a new wing four times the size of the deteriorated Casa Maria. Provincial and federal government approval was granted in November, 1949, to the extent of $290,000, although the total cost would reach $500,000. A sod-turning ceremony took place on December 8, 1949. Completion of the new building was expected to take 16 months. Built in an L-shape around Casa Maria, which was still in use during construction, the new wing contained 80 beds and 93 basinettes, bringing the hospital total close to 500. The overall design echoed the master plan, with services efficiently located in a central tower.

James Sutherland, of 148 Grant Avenue, received a paid-in-full bill for the distinction of being the father of the first baby to be born in the new wing when it opened in June of 1951. Despite the building's numerous modern amenities, nurse Mary Marrin recalled a couple of early problems. "Hot water filled the bowls the first time the toilets were flushed, causing them to crack. It took six months for telephone lines to be installed. Sister Mary Rose Pautler (who also nursed on the maternity ward) worked so hard and we all pitched in."

Nurses in the maternity ward worked nonstop throughout their shift. Infants were constantly under their care because at that time babies did not room in with mothers. Mothers were still staying from seven to nine days. Babies who were waiting to be adopted stayed anywhere from six weeks to six months.

Sister M. Victor Schaefer and Dr. O. R. Green in the 1950s X-ray suite.



A patient in the X-ray room of the 1930s and '40s.

(left) Marygrove nurses' residence, (centre) the new laundry building opened in 1949, (right background) partial view of the staff residence.

Dr. Gerry Quigley had colourful recollections of the busy ward:

> Within a few years we were delivering close to 6,000 babies a year. The place would go mad most of the time. I remember one unbelievably hot Sunday that I had spent most of the day lying on top of the bed with the fan on, just trying to keep cool. That night I went down for a delivery wearing slacks, a sports shirt and bedroom slippers. Patients were on stretchers with no beds to put them in after delivery.
>
> I saw Sister St. Edmund Dales, in her habit, with sweat literally running off her as she ran with bedpans from patient to patient. She was a very formal, very proper woman and although she was supervisor, they were short-staffed, so she helped.
>
> At the end of the night she looked so hot and tired, I suggested she needed a good, cold bottle of beer. She answered, 'Don't mention it.' I went home, found a shoe box in the basement, took two bottles of beer from the icebox, wrapped them in paper, put them in the box and returned to the hospital. I asked the receptionist to call Sister to pick up the parcel before she went off duty.

Sister Mary Austin Reding in the busy nursery.

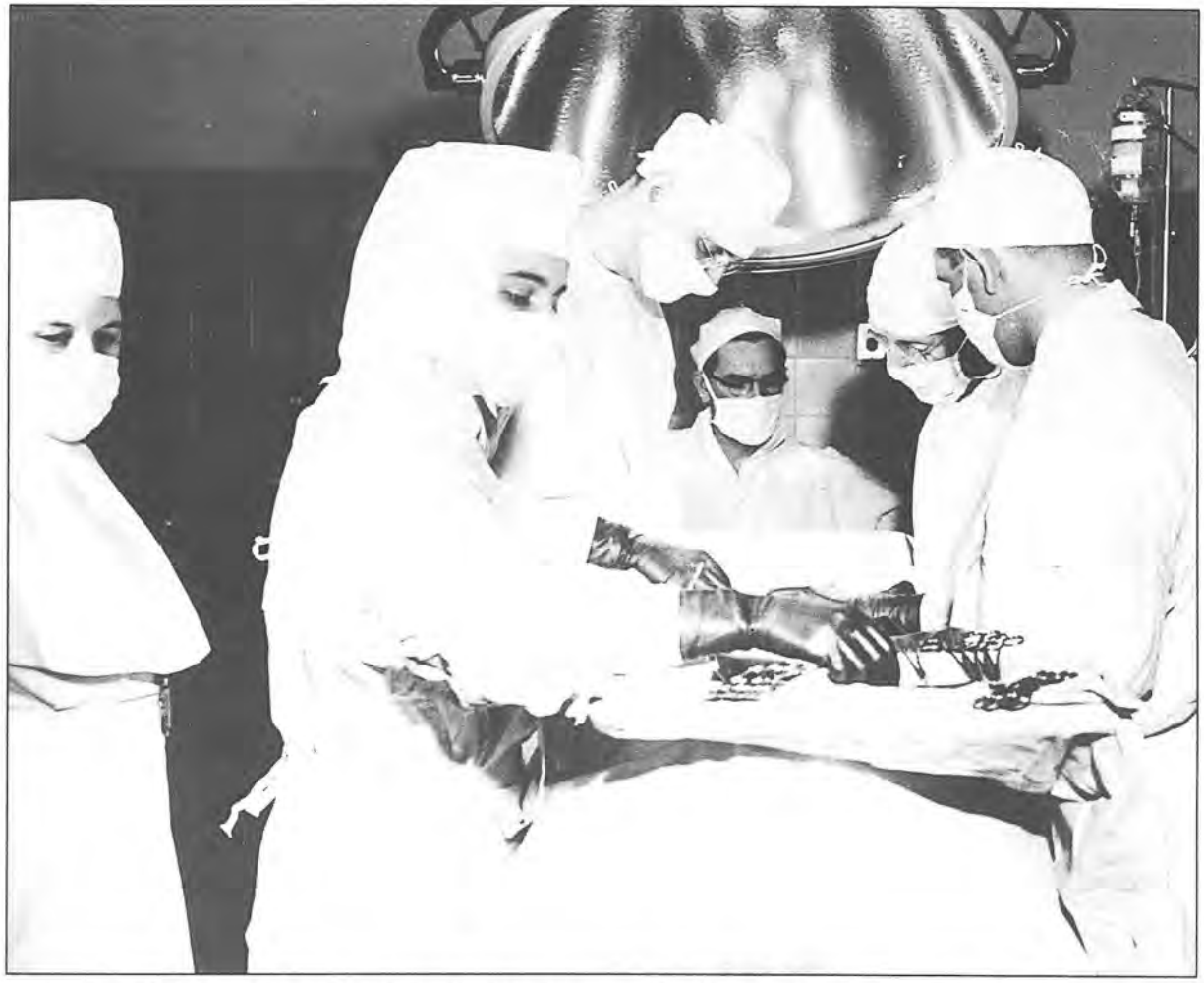
> The next morning, as always, she was in the rotunda to greet every doctor. When I came in I asked her how she was that morning. In her formal way, she answered, 'I'm fine doctor. I had a wonderful sleep last night.' She never thanked me or acknowledged that she got the beer, except for that reference to sleep.

"Physicians were made to feel it was as much their hospital as the Sisters'," Dr. Quigley added, "so if a Sister asked you to do thus and so, you would do whatever it was she asked."

He assisted Dr. Hollinrake, the chief of obstetrics, at the first operation in the new gynecological wing. "Sister Eileen McKenna and several others were in the operating room. She was poised with her camera. Dr. Hollinrake, the son of a Baptist minister, was a devout, wonderful man. Before proceeding with the operation he looked at the crucifix on the wall and said, 'We will just say a little prayer that almighty God will protect the patients, the Sisters who run this hospital and the doctors who work in it. Let's go!'"

Dr. Quigley remembers that those present in the room were deeply moved by his colleague's words.

"Sister Eileen was crying so hard she could not take the picture."



Sister Eileen McKenna (left) and Sister Evelyn Riordan assist Dr. Herbert Sullivan, Jr. (left), Dr. Karl Kraft (background) and Dr. Frank Woodhall (right background) in the 1950s operating room.

PUBLIC APPEAL

Shortly after opening its 1947 building the hospital could barely keep pace with the demand for its services. Between 1941 and 1951, the city population had increased by almost 47,000 to 180,000. In the winter of 1952, 14 patients crowded into wards designed for 12, forcing the Sisters to use corridors for bed space.

By the following summer the bed shortage became critical when St. Joseph's experienced the busiest season in its entire history, caring for a daily average of 430 patients. In 1953, annual admissions rose to 18,689. Many patients could not afford to pay the per diem cost of $11.16. The hospital's financial report for the year reveals that it managed to render $20,000 worth of free health care to city and county indigents.

The bed shortage was the topic of discussion at the November 9, 1953, Medical Advisory Committee meeting. One doctor suggested that perhaps patients were being kept in hospital too long at the expense of those who needed beds. "Discharge the ambulatory patients to an outpatient basis and make room for the ill," he requested. Later, with the situation even more acute, came the plea "Keep minor ailments at home. If it's a real emergency we'll find room but be fair to your colleagues in the diagnosis of an emergency. Discharge your patients as soon as possible."

The opening of a new chapel in 1955 alleviated some of the crowding because the old one was converted into a department for physio-

The Friesen concept at work: Sister Mary Rose Pautler pushes the button for the floor designated to receive items from the trayveyor.

Left to right: Dr. William Jamieson, Sister Geraldine Campbell, Dr. William P. Downes, Dr. Herbert Sullivan, Jr., and Dr. Frank Woodhall.

therapy. Enhancing the chapel's simple, modern style were mosaic stations of the cross made in France and a larger-than-life-size crucifix handcarved by Joseph A. Gause of Hamilton which formed the focal point of the main altar. At the chapel dedication, Hamilton Bishop Joseph F. Ryan said, "In a Sisters' hospital, the chapel is the most important unit of that building. All other parts have a specific purpose and promote certain good ends, but for the Sisters, the chapel is the all-important place."

Despite the cramped conditions, the Sisters were loath to refuse treatment to those without means. Sister Geraldine Campbell rigidly insisted that "no matter how crowded the hospital is, indigent patients will never be refused admission." In 1954 pay increases to existing staff and the hiring of additional personnel to cope with the workload drove up room rates by one dollar per day. The ward rate was $7 per day; three- and four-bed rooms were $8; semi-private $9 and private ranged from $9.50 to $14.

A decision made by Hamilton's Board of Control in 1956 helped ease the burden of debt created by unpaid medical bills. Controllers agreed that the city would pay $10,000 to St. Joseph's for the care of indigent patients during the first six months of that year. It was also decided that, commencing July 1, the county of Wentworth and the city of Hamilton would pay the actual costs incurred for the care of indigents. The Sisters appreciated the financial boost, although it by no means solved all of their problems.

The Sisters were reconciled to working harder and longer in order to make ends meet. People who regret that the Sisters are not as much in evidence within the hospital may not realize that simple economics compelled them to do so much of the work that formerly placed them in the public eye. The maxim "Seek neither praise nor recompense for your good works in this life, that you may receive more enduring reward in eternity" reinforced the Sisters' efforts to provide health care to all citizens.

Sister Ann Marshall took on the responsibilities of a night supervisor at the age of 24. Nursing Sisters, she explained, were put in supervisory positions for financial reasons:

> There was no government funding at that time. A Sister would work from 7 p.m. to 7 a.m., with a registered nurse coming on at 11 p.m. to help care for the 400 patients. Student nurses also staffed the floors at night.
>
> After finishing a six-month stint of nights I was put in charge of pediatrics, because we could not afford to pay anyone else. Titles were not important to Sisters. A Sister would do one job, be transferred or assigned elsewhere. It did not bother us, but it would not be fair to do that to a lay nurse.
>
> After the Sisters finished a shift, they did any work necessary to keep the hospital going. A lot of patients were cared for who could not afford it, which is why we went into the business. There are still people who can not afford it. That is what we are all about.

In the late 1950s, when the provincial government introduced a hospital insurance program, the number of patients who sought treatment at St. Joseph's multiplied again. Often, in the X-ray department as many as 80 patients—some in wheelchairs, others in beds, many with arms or legs in casts—spilled from waiting rooms into corridors while they waited to see the radiologist.

Laboratory staff took blood samples at makeshift tables when the small consulting rooms were full. The labs carried out half-a-million services each year. On the pediatric floor as many as 70 children were wedged into a ward originally designed for 35. Dining rooms and play areas were sacrificed to provide extra accommodation. Emergency cases took priority over children whose elective surgery had sometimes been deferred for months.

A backlog of 2,000 patients waited for surgery in the operating rooms, which handled 50 operations daily. After delivery of their babies, many women rested on stretchers in the hallway (where privacy was non-existent) until a room became available in the maternity ward. Doctors were forced to ask mothers who had been in St. Joseph's care for four or five days to leave as soon as possible.

The discomfort and inconvenience for patients and staff disturbed Sister Mary Grace Stevens, who became the hospital administrator in 1954. She started making plans for a new

Governor General Georges P. Vanier and Madame Vanier (centre) on an unofficial visit to St. Joseph's during construction of the new surgical building.

Sister Ann Marshall

hospital and knew exactly who she wanted to design it. In the early 1940s she had met Gordon Friesen, a hospital consultant, whose design principles were considered quite radical at the time. He stressed automation and a streamlined flow of goods and services within the hospital. It was a concept already familiar to industry, where, for the sake of efficiency, labourers on the production line have the materials brought to them. When applied to the operation of a hospital, however, this approach had the added advantage of allowing staff to maximize the quality of care rendered to the patient.

Sister Mary Grace was enthusiastic about Mr. Friesen's ideas and determined to hire him to design the new hospital. To demonstrate the need for expansion to Mother Paschal Collins (Superior General of the Hamilton Congregation at the time) Sister Mary Grace invited her to tour St. Joseph's.

But Mr. Friesen's involvement in the project was almost curtailed when Sister Mary Grace mistook the Superior's silence for consent:

> When we had a desperate need for more space I asked Mother Paschal to come and tour the crowded hospital.
>
> I took her around and even showed her the packed storerooms. We needed someone like Mr. Friesen because of his experience. Well, Mother Paschal was a woman of few words — but she gave me the impression that she agreed that I should hire him, so I did.
>
> When she found out what I had done, she told me that no one had given me permission to hire him and that I had no business doing it. I really got the dickens for that! You see, initially my advisory council did not agree that we needed his services. So I called Mr. Friesen and told him the job was off. Obviously, he could have charged us for half of his retainer fee, which was $150,000. But he didn't. A little while later, I did get approval.

In the late 1950s, if the city had endeavoured to replace the hospital altogether, an estimated $14 million would have been needed. The cost to build, furnish and equip the new St. Joseph's, on the other hand, totalled $8,450,000. Grants from the federal and provincial governments, along with a $1 million commitment from the Sisters, made a construction start possible on May 4, 1960. As well, the city of Hamilton made its first capital grant, in the amount of $2 million, to St. Joseph's.

But a shortfall of $2,400,000 existed. For the first time in the hospital's history, the Sisters were forced to turn to the community in a major public appeal for a specified amount of financial assistance.

Over the decades, St. Joseph's had been able to expand through the Sisters' sound management, tireless efforts and the donation of their own services. Rather than receive financial reward for their work, they set aside an amount equivalent to their combined salaries from the hospital's income each year. This amounted to a substantial sum, which they applied to enlarging and improving the hospital whenever necessary.

Local taxpayers had relied on the hospital for seven decades without ever being asked to contribute to its financial well-being. But the scope of the building program the Sisters were about to undertake was the most daunting since the hospital opened.

In November, 1960, William Scully, president of the Steel Company of Canada Ltd. and general chairman of the hospital building fund, stressed that St. Joseph's request for community assistance was a reasonable one. "St. Joe's has served us faithfully for over 70 years without ever knocking on our doors for help," he said. "I am confident that, with realistic support from all segments of the community, we will reach our objective. After all, it is really our own health we are being asked to protect."

Almost 700 fundraising volunteers, organized in teams, launched an intense campaign in February, 1961. They called on corporations and small businesses, merchants, private individuals, health care professionals and the general public. Donations soared to $1.6 by April. To raise the balance, 30,000 employees in major industries each received requests for a $3 gift commitment — at a time when the average weekly earning in Hamilton was $86.84. Less than two years later Mr. Scully proudly announced that the response to the appeal had been outstanding and that the fund had reached its objective.

Mr. J. Pigott, chairman of the hospital advisory board, praised the community for the success of the fundraising campaign. "The broad scale of giving is both a testimony to the generosity of Hamilton people and corpora-

tions and a grand tribute to the very high esteem that everyone holds for the Sisters of St. Joseph. I know that many gifts were made in respect and honour to the dedicated lives of the Sisters," he said.

After operating the hospital from 1954 to 1960, Sister Mary Grace was transferred to another job at St. Mary's Hospital in Kitchener. Although she left St. Joseph's before construction began, her dream of an ultra-modern hospital became a reality. The new building was officially opened by Premier John Robarts on October 17, 1962, under the administration of Sister St. Paul Lardie.

Working with architects Prack and Prack of Hamilton and hospital consultants Gordon A. Friesen Associates Inc. of Washington, D.C., Pigott Construction completed the building in 18 months. Built in the shape of a rectangle on an east-west axis, the new hospital was finished in light grey brick sharply contrasted by blue glazed panels. It occupied most of the block between James and John Streets. Although its basic location remained the same, St. Joseph's address changed from John Street to 50 Charlton Avenue East because the new main entrance was situated off the Charlton Avenue parking lot. The emergency entrance faced James Street.

The exterior of the eight-storey building was architecturally simple, but housed within it were innovative ideas in hospital planning which blended form with function to serve one essential aim — to increase attention on patient needs.

Diagnostic and clinical services, as well as administrative offices, were located on the first floor. Dietary facilities — the kitchen and staff cafeteria — were on the second floor. The third to the seventh floors were designed for patient care. The bed total had doubled to 800. A pediatric ward on the third floor had 96 beds and on each of the other floors there were 76 beds for patients undergoing general surgery, thoracic and plastic surgery, orthopedic surgery as well as gynecological, genito-urinary and ear, nose and throat care, plus ophthalmology, and neurosurgery. The Sisters who worked in the hospital lived on the eighth floor.

Rooms on the south side faced the tree-covered escarpment, which presented an attractive vista in any season. On the north side, the patients could gaze out from their rooms at the lovely old homes in a neighbourhood which

The Sisters host a reception for men who designed and built the 1962 surgical building. Seated left to right: Sister Audry Schmidt, Joseph Pigott, Sister St. James Culliton, Ludwig Gindl, Sister St. Paul Lardie. Standing left to right: Emile Dubois, Alvin Prack, unidentified man, Joseph Pigott, Jr.

had once resisted the hospital's establishment.

Bright, spacious corridors running the length of the building provided access for staff and visitors to the patients' rooms. Paralleling the outer corridors was an inner one, to which only hospital personnel could gain entry.

This inner corridor contained the heart of the Friesen concept. Located within it was a retrieval system for the exchange of clean and soiled supplies. This system eliminated the possibility of patient exposure to infection and to noisy, routine hospital activity. Because the exchange operated on a 24-hour basis, it saved the staff from unnecessary journeys to obtain supplies.

The retrieval system's master dispatch centre was located in the basement. Arranged around this centre were the sources of supply — fresh linen, medical supplies, medications, instruments — which were distributed to the floors in a number of ways.

Small items such as records, emergency orders for supplies, X-rays and prescriptions were quickly transmitted between departments along a pneumatic tube.

Automatic trayveyors with a 40-pound capacity expedited supplies through two vertical stainless steel shafts which kept clean and soiled articles separate from each other. One carried clean supplies to the selected floor

Sister St. Paul Lardie with Mr. Alvin Prack of Prack and Prack, Architects.

Official opening of the surgical building on October 18, 1962. Left to right: Premier John Robarts, Mother Alacoque Hayes, Sister St. Paul Lardie, Mayor Lloyd Jackson, William Scully, Postmaster-General Ellen Fairclough.

The surgical building on Charlton Avenue, completed in 1962.

while the other returned used items to a decontamination centre and the central sterile area in the basement.

To select the floor for which the supplies were destined, an attendant simply pushed a button in the dispatch centre. Because this trayveyor had an automatic ejector device, staff did not have to be present at the designated depot to unload it at the time of delivery. A general service elevator for items too large for the trayveyor also served all floors. Another elevator served the kitchen.

A pharmacist prepares a prescription for its journey along the pneumatic tube.

A nurse retrieves fresh supplies from the nurserver without leaving the patient's room.

A core attendant re-stocks the nurserver with fresh supplies from the hallway outside a patient's room.

A holding area for soiled items in the centre corridor contained a trash chute to an incinerator in the basement and a chute for dirty linen which linked to the laundry room. The system ensured a constant rotation of new and used goods.

Individual supplies, according to the patient's needs, were picked up from the depot on each floor and distributed via mobile carts to a special cabinet called a 'nurserver', located at the entrance of the patient's room. This cabinet, situated in the wall between the corridor and a service area in the room, had a door on each side which allowed for an efficient exchange of new and used items. It had three advantages: the patient was undisturbed by constant traffic in and out of the room; the nurse spent less time running to fetch or requisition supplies needed from a store room and — the most significant — the nurse spent more time with her patient.

Sister Mary Rose Pautler was responsible for overseeing that this Supply, Processing and Distribution (SPD) system got a smooth start in the new hospital. "Mr. Friesen sent me to observe in a hospital in San Fernando, Cali-

fornia, where they had a system similar to the Friesen concept. It was foreign to me and I had to get an idea of how it worked. When I returned to Hamilton, I worked closely with Mr. Friesen," she recalls. "The attendants who restocked supplies in the nurserver became very knowledgeable and it got so they could anticipate needs. It made a big difference because before that the nurses used to have to run back and forth to get things themselves."

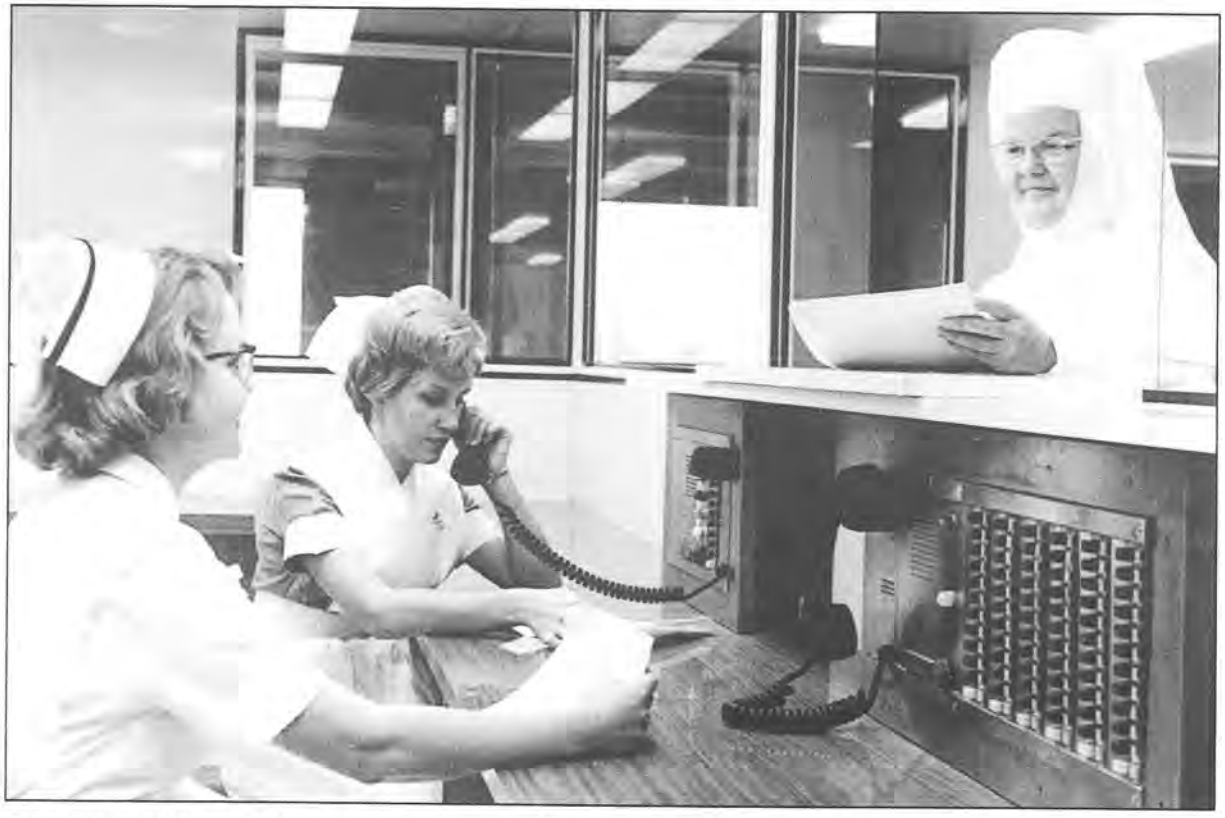
Today this SPD system remains the most efficient method of distributing supplies throughout the hospital.

The concept affected the location of other departments as well. Sister Gerald (Beatrice Schnarr) worked in the pharmacy when the new hospital was in the planning stages:

> Because of the Friesen concept we had to be in the basement, close to the dispatch department. Sister Mary Grace was very kind and trusted us with the planning of our own department.
>
> In the pharmacy we had a tremendous team of enthusiastic people who did a lot of innovative things and this enabled us to give better service to the patient. It was a time when the pharmacy became more specialized. Unit dosage was introduced. We had a sterile room where we made a lot of our own injectibles.
>
> In the 1960s, clinical pharmacy was introduced. The medical profession increasingly depended on pharmacists. Confidence developed because the pharmacists knew a great deal and could give accurate information that the doctor did not get through other sources. We checked to see if drugs were compatible or if they would cause an allergic reaction. Prescription orders were carefully edited.

Audio communication was another feature of the new building that helped the nurse attend to her patient's needs. A two-way intercom at the patient's bedside was connected to the nurses' station. Without leaving her desk the nurse could find out what the patient needed and get it there twice as fast. Also at the patient's bedside were push-button controls for radio, television, or recorded music and stories.

Elsewhere in the building, most notably on the first floor, facilities and departments with



Sister Eileen McKenna talks to a graduate nurse while a student nurse uses the new audio communication system at the nurses' station.

related functions were grouped together to optimize efficient patient care. The 12 operating rooms, the most modern in Canada when the building opened, were set in two banks of six with a sterile corridor running between them. To avoid any form of contamination that might endanger the patient in the operating room, sterilized instruments and equipment were brought through this clean corridor. The OR personnel, after scrubbing to ensure they were as germ-free as possible, used the same entrance.

Because combustible gases are used during surgery, a machine was installed at the doorway to detect on the surgeon any static electricity which might spark and cause an explosion. For the same reason, OR nurses were not allowed to wear any nylon articles of clothing. All operating room staff wore cloth overshoes with a metal strap in the sole to ensure that they were properly grounded.

New equipment was introduced into surgical procedures. Two of the operating rooms had overhead X-ray units built-in. During surgery, the surgeon could see a continuous, amplified X-ray of the patient on a closed-circuit television screen. The anesthetist could also monitor the patient's heartbeat, which was represented as a pulsing line on the screen of a machine called an oscilloscope.

In the event of a power failure, the hospital's diesel auxiliary power plant made such a rapid changeover that there was no interruption to surgery in progress.

Sister Mary Daniel Weadick had worked in the operating room since 1950 and witnessed the doctors' transition into areas of specialization in surgery.

She was eager to ensure the OR nurses would develop skills to a corresponding degree. Before moving into the new building she approached Sister Virginia Hanlon, Director of Nursing, about having a charge nurse in the OR for each specialty:

> I told Sister Virginia that I would like to see the nurses receive some special training. As a result, one went to Toronto to an orthopedic hospital and another went to Boston to an eye clinic.
>
> By the time we moved into the operating rooms, each nurse took over her specialty and she could then teach the others. When the surgeon came in, he knew exactly who he should speak to when he needed something. This gave the nurses a great deal of satisfaction. I could not possibly be responsible for the thousands of dollars worth of instruments.
>
> I blessed Sister Virginia because if she had not agreed I would have had a much harder time. I remember being told when I was in training that when you are in charge of an operating room and you go on vacation, it should run just as smoothly as when you are there. If it does not, there is something wrong with your supervision. You are not delegating, you are holding on.

As the hospital turns into its second century of service, a new team works in the pharmacy — 17 staff pharmacists, three supervisors, three administrative staff and 18 pharmacy assistants who perform technical functions.

By consolidating pharmacy resources and drug inventory, this system eliminates a time-consuming chore for nursing staff. Rather than spend hours each day sorting patient medications into containers for distribution, nurses requisition from the pharmacy drugs which are needed for a 24-hour period. The required medications are packaged in single units by pharmacy technicians and dispensed in a ready-to-administer form.

This method of distribution has numerous advantages. The most noteworthy improvements are that it reduces the incidence of medication error, makes more efficient use of nursing and pharmacy personnel and reduces the size of drug inventory in patient care areas.

Through the establishment of clinical pharmacy, patient care improves because pharmacists are involved in the education of those who consume, prescribe, dispense or administer drugs.

The unit dose system is appropriate for about 85 per cent of drug distribution in the hospital. The remaining 15 per cent are prescriptions made in the pharmacy 'kitchen' or in a room that provides a sterile environment where intravenous injections — nutrition solutions, for example, for patients who are unable to feed themselves — are prepared. †

Once out of surgery each patient was wheeled across the hall to the new 33-bed recovery and intensive-care unit. The proximity of this department was planned to minimize patient travel at the critical post-operative stage. Until patients were ready to be transferred to a nursing floor, they were under the constant vigilance of specially trained nursing staff who used sophisticated equipment to monitor vital signs and progress. The addition of an intensive care unit was also beneficial to patients who were admitted to the hospital in a critical condition — severe burn or accident victims or those suffering from cardiac arrest.

Dr. Herbert Sullivan, Jr., explained the advantage of having patients in critical condition under close observation in one place. "The nurses in intensive care were specially trained and would be doing the same thing over and over again. As a result, they could give the patient better care than if the patient were sent back to a floor where perhaps the nurse had not cared for a patient with a lung re-section in six months, for example."

Patients who required treatment on an outpatient basis or those arriving for scheduled admission to the hospital had easy access to the building from a front entrance off Charlton Avenue. Emergency cases were brought through an entrance located on James Street. Diagnostic services — radiology and clinical laboratories — were strategically situated near outpatient and emergency departments as well as the operating rooms to facilitate speedy, convenient service. The major benefit of this arrangement was that it caused the least amount of inconvenience to patients because they did not have to travel throughout the hospital for X-rays and blood tests.

By the early '60s, emergency medicine had evolved into a distinct department of its own. The fact that 50 to 60 cases were handled each day meant that separate quarters were warranted for the busy department. Patients were brought through a sheltered ambulance entrance to an emergency treatment area on the left that consisted of four examining rooms, four operating rooms and four observation rooms. To the right of the entrance was a waiting room where friends and relatives were kept clear of the patient-care activity.

The department, with sophisticated technology and highly trained personnel dedicated to emergency medicine, signalled a dramatic departure from the days when the individual physician hurried in to care for his own patient. Dr. Herbert Sullivan, Jr., explains the different strategies tried over the years:

> Initially, the family physician handled his own emergency cases. The second stage in development of an emergency department was when interns arrived at the hospital. It was thought to be a good thing to have interns look after these patients. They were called to deal with the most life-threatening situations and they did very well considering they were the least experienced staff members.
>
> Conscription of general practitioners was the next stage. If you were going to be on staff at the hospital, you were expected to take your turn in the emergency room. This meant physicians took an eight- or a 12-hour shift every six weeks or three months to see that the hospital was protected by having a competent emergency doctor available. The advantage to a young doctor with this system was that he might build up a practice through the patients he met.
>
> For a more experienced, mature doctor, the ER rotation was more of a drawback, particularly if he were on the midnight to 8 a.m. shift and had a busy day planned at the office. Quite rightly, he would want to give priority to his own patients.
>
> Eventually it was recognized that with specialization developing in other departments, the same was needed in emergency. You had to have someone very skilful in handling, for example, a cardiac arrest with all the complicated new equipment and drugs. You needed a specialist in emergency work who could master the latest intricacies of handling a person whose heart has stopped for two-and-a-half minutes.

New equipment also helped improve the handling of emergency patients. For example, in the case of an accident victim with a back injury, St. Joseph's introduced the use of a

stretcher upon which a patient could undergo X-rays, treatments and surgery. This type of stretcher eliminated the need for the patient to be moved more than once, which might aggravate the injury.

Still standing over the former emergency entrance is a 12-foot statue of St. Joseph with the infant Jesus. The statue, sculpted by Joseph A. Gause was made from fired clay and done in green, beige and white with a ceramic finish. It took Pigott Construction 10 days to erect the 1,800-pound work, which was an anonymous gift to the hospital. Although it is slightly eclipsed by the west wing built in 1987, the statue of St. Joseph is still visible as one approaches the hospital from Herkimer Street.

Administration and business offices were logically grouped together on the north-east corner of the ground floor, away from treatment and patient-care areas.

A bright, blue-and-white tiled kitchen on the second floor of the new building was ready for occupancy in November, 1962. After 15 years as dietitian in a small, cramped kitchen, Sister St. James Culliton, then 63, marvelled at her expansive new quarters. The petite Sister with twinkling eyes feared she would need roller skates to make her way around its 13,000-square-foot area.

All equipment was made of stainless steel and work space was dedicated to the appliances' various functions — four 60-gallon electric soup pots, electric and gas ovens, and a heat-controlled cabinet for raising yeast rolls. Other state-of-the-art equipment included a $15,000 automatic dishwasher, a $12,000 automatic pot washer, a can crusher and a garburator. An elevator to the basement linked the kitchen with its two walk-in refrigerators and

Sister St. Paul Lardie and Joseph Pigott of Pigott Construction Company.

walk-in deep-freeze.

Each day, Sister St. James and her staff prepared 3,000 meals. The new cafeteria accommodated 280 patrons, who could be served at a rate of 20 per minute. The enlarged dining area, with floor-to-ceiling windows overlooking St. Joseph's Drive, meant that hospital personnel no longer had to eat in shifts. An automated trayveyor that lifted food from the kitchen enabled 800 hot meals to be distributed to patients throughout the hospital in 90 minutes. Three minutes elapsed between the time food left the kitchen and when it was transferred from the trayveyor to the attendant's cart to be delivered to patients in the wards.

Joyce Gilmour worked with Sister St. James for a year before the new kitchen opened. She was very fond of the Sister who, in 1963, decreed that Joyce would be head dietitian. "I remember Sister saying to me 'The job is yours. I hope you want it because it's yours anyway.' That was just shortly before she died." Mrs. Gilmour recalled:

> Apart from the routine meal preparation, the therapeutic diets required at the time were of a general type and comprised about 30 per cent of our workload. What we did would be considered run-of-the mill by today's standards. We took care of reduction diets for orthopedic or cardiology patients and had the occasional malabsorption case. Diabetic diets were always challenging because the diabetic is very much an individual.
>
> When the kitchen was planned, no one realized how the clinical aspect of nutrition would take off. We did not have McMaster Medical Centre, a dialysis department or the sophisticated demands that are made on our profession today. It was not as scientifically structured. We have grown and done well.

A population more knowledgeable about nutrition is placing more demands on the dietetic profession. They are better educated and informed. They want to know what the end or hoped-for result (of following a particular dietary regime) will be.

With increased knowledge and research, nutrition developed areas of specialization, too. Today clinical nutritionists are an integral part of all facets of health care provided by the hospital, from pediatrics, maternity and the intensive care unit to outpatient counselling, medicine and psychiatry. They work as part of the medical team, attend rounds and conduct detailed nutritional assessments on patients.

Sister Norine Mooney, head of the admitting department in the 1960s.

When nutrition problems are identified, clinical nutritionists plan, teach and monitor individualized diets. In order to give directions for therapeutic dietary treatment, they are required to have a good background knowledge of disease states and physiology and be able to interpret bloodwork.

In those early days, Mrs. Gilmour realized things were moving so fast that there was no way they could keep up on everything. "I decided we needed areas of specialization. Dialysis procedures precipitated this need more than anything else. You could not go on with saying to the dietitian, 'This is your floor and everything on it is yours.' "

The design and plan of the new St. Joseph's perfectly coincided with the era of specialization in health care. Sister Mary Grace, who had returned as administrator in 1963, had taken the necessary steps to guarantee that the hospital's reputation and calibre of service were above reproach. In her view, the best possible facilities warranted the best possible management and operation and she saw to it that St. Joseph's offered the citizens of Hamilton-Wentworth a healthy return on their investment.

A PERIOD OF GRACE

Despite the budget and space constraints that dominated the 1950s, St. Joseph's made tremendous advances on many fronts. The efforts of a medical staff dedicated to improving patient care complemented the Sisters' devotion. The late Dr. Charles Jaimet is a good example. He revealed his findings on the clinical use of radioactive isotopes at a Medical Advisory Committee meeting on May 8, 1950, two years after the Canadian government released radio-isotopes for medical research.

The radio-isotope, an atom which gives off radiation, could be administered to a patient either orally or by injection. The radiation given off, while less than that of an ordinary dental X-ray, was enough to be tracked by a highly sensitive measuring device called a scintillation detector. This instrument detected where the isotopes ended up and whether they concentrated in one particular spot. Internal bleeding or kidney disease could more easily be diagnosed this way. Because certain isotopes concentrated in certain areas of the body, this was a method of treatment, for example, of an over-active thyroid gland. Iodine also concentrates in the thyroid. A precise dose of radio-isotopes of iodine could be given to the patient. They would go straight to the gland, bombard it with radiation, kill off some of its cells and thereby reduce its activity.

Dr. Jaimet's years of research into this valuable diagnostic tool resulted in a unique link with McMaster University. In 1958, Dr. Jaimet and Dr. H. Thode (director of the medical research department at the university and international authority on nuclear physics and atomic energy) established the most modern isotope laboratory in Canada at St. Joseph's. The lab functioned as a department, with the official approval of Atomic Energy of Canada. Dr. Jaimet, one of the first physicians in Canada certified to administer radioactive materials to patients, helped forge a link between fundamental research being carried out at the university and its practical application of tests and treatments at the hospital. The result was that two labs were working on individual medical cases. Other hospitals had set up similar clinics but St. Joseph's had the distinction of being the first to engage in research.

The hospital made medical history when it named to its medical staff three nuclear scientists from the university who were on equal footing with members holding medical degrees. They were physicist Dr. M. Johns; biologist Dr. P. Nace

Sister Mary Grace Stevens served as hospital administrator from 1954 to 1960 and from 1963 to 1970.

Sister Joan O'Sullivan bids farewell to Dr. Robert Haggar, who retired as Chief of Pathology on January 18, 1985. Dr. Haggar worked at the hospital for almost 28 years.

and chemist Dr. R. Tomlinson. These men joined Dr. Jaimet and Dr. Robert Haggar, chief of pathology at St. Joseph's on an advisory board governing the new department.

Commenting on this dramatic departure from medical traditions, Dr. Jaimet said, "I consider it of tremendous importance. The fate of medicine is intimately bound up with people who are not MDs." In emphasizing the significance of bringing together scientists of differing backgrounds, Dr. Tomlinson added, "I do not appreciate the problems of the medical profession and they do not appreciate the tools available to them. Through mutual co-operation, the bringing together of different disciplines, problems that look complicated to one seem quite simple to another."

A *Hamilton Spectator* reporter made an interesting prediction in 1963 on the McMaster-St. Joseph's relationship when he said: "Such recognition was a notable achievement in a city which, lacking a medical school, does not qualify in the strictest sense as a medical research centre at all. In fact, if Hamilton ever does become one, the link between hospital and university for radio-isotope research may prove to be a vital factor in its creation."

In the midst of these developments a change of administration took place at St. Joseph's. The reins of administration were handed over without fanfare and if the Sisters are said to have a management policy at all, it would be the maxim "Desire that others think little of you and much of everyone else; be grieved that you should be esteemed but happy that others be esteemed."

Sister Mary Grace Stevens first assumed the role of administrator in 1954. Twenty years earlier she had graduated from the hospital's school of nursing. At graduation, she received the prize for preventive medicine. If ever a person found the limelight a penance, it is this woman with the genteel demeanour. Behind an expression that is by turns wry or mirthful, she has a mind that worked on some of the most advanced ideas ever introduced to hospital management. Mention her name to those who worked with her and the response given in reverential tones ranges from "fair-minded" to "a visionary", "a brilliant administrator" and "a woman ahead of her time". Long after her retirement, she could attend a hospital function and receive a standing ovation just for entering the room. "Really, why all the fuss?" she might ask in her warm voice.

Sister Mary Grace always achieved her goals, often taking the staff by surprise as she did so.

One afternoon in 1957, Sister Cleophas Fischer stepped out to a dentist appointment. In that brief absence, she was appointed Ontario's first hospital press officer by Sister Mary Grace. In those days reporters were not satisfied with the way they were receiving news, recalls Sister Cleophas:

> They would get one person and the next time they called, they would get another. There was no continuity. That day, Sister Mary Grace chaired a meeting and when I returned, she said to me 'You have to look after the press.' That meant all radio, television, and newspaper people. If I had been present I never would have approved it.
>
> Anyway, I had extension 307 in the business office and that became the press number. If we had a feature we would call all of them and give them a deadline date when they could release. Seven days a week, we covered the press desk from 8 a.m. to 10 p.m. I remember one night when I was ready for bed and an emergency came in. I went down in my black housecoat and bare feet, carrying my

This chapel opened in 1955. The former chapel was converted into the department of physiotherapy.

shoes. I figured they would not know the difference (between the black habit and the black housecoat).

Having entered the convent in 1922, Sister Cleophas had long honoured her vow of obedience. In her newly prescribed role, she went about setting up the media desk based on the principle that honesty, kindness and consideration in her dealings would mean the hospital need not fear inadequate or adverse publicity. She also credited her success to divine inspiration:

> I had two brothers in the newspaper business in New York. One worked for the *New York Post*, but that did not help me. So I phoned Mr. Smith, business editor at *The Spectator* to ask him how to start. He told me to draw up a form, so I did. Then I wrote to the Chicago Reference Library. I guess the Lord inspired me because they told me they had a literature kit on hospital press relations that I could borrow for 30 days. I took notes from this and sent them back for constructive criticism. They made two or three little changes and asked me if they could publish my article in *Hospital Progress* (which was published in St. Louis, Missouri), for circulation in Canada and the U.S. I did not object because I appreciated their help.

Sister Cleophas, awarded an honourary life membership in the Canadian Press Club, set the standards for successful media relations. Essentially they are the same ones followed today by the hospital's public relations department.

The Sisters were also frequently blessed with lay staff whose dedication to the hospital paralleled their own. Dr. Stan Hudecki represented that breed. Shortly after his arrival at St. Joseph's, his name cropped up at the April 11, 1950, Medical Advisory Committee meeting. It did not take long for him to distinguish himself among his colleagues. From then on his attendance was regular and his concern persistent on a far-ranging number of issues. The minutes show that nothing escaped the scope of his interest — from carcinoma of the breast to intravenous use and abuse of saline. As early as 1952 he suggested that resuscitation trays be maintained in the operating rooms at all times, and that provisions be put in place so that the hospital could meet a wide-scale disaster if necessary. It was almost 10 years, however, before these ideas were instituted.

Eventually, he became chief of orthopedic surgery and assistant head of surgery. In 1980, putting medicine on hold, he entered politics and served four years as Liberal Member of Parliament for Hamilton-West. As a member of various committees he delved into issues from health, welfare and social affairs to national defence and veterans' affairs. In his home community, Dr. Hudecki displayed the same commitment to the Hamilton Medical Legal Society, Physicians for Life and the Rygiel Home, an institution for the mentally handicapped. Many such men and women, both inside and outside the medical profession, have aided the goals of the Sisters of St. Joseph.

By the end of the 1950s, alarmed at the critical, city-wide shortage of patient accommodation, St. Joseph's and other city hospitals prepared to increase the number of beds in each institution. Throughout the decade the hospital managed to maintain its fully accredited status. In 1952, the Royal College of Physicians and Surgeons approved St. Joseph's for post-graduate study in pathology and anesthesia. Three years later the Joint Commission on Accreditation of Hospitals* granted St. Joseph's the standing of full accreditation. An all-Canadian program of accreditation began in 1959 under the direction of Dr. E. Kirk Lyon of Leamington, Ontario.

The structure, organization and facilities of a hospital determine its acceptability for accreditation; the degree to which these three factors have been developed in hospitals is considered to be an index to the improvement in medical care. Dr. Lyon, chairman of the Canadian Commission on Hospital Accreditation, stated: "It is the belief of the joint commission that this improvement in the quality of medical care can best be brought about through self-government and self-evaluation of the medical staff of each hospital. Accreditation then stands between the hospital and its medical staff and the public; and vouches that its staff, having voluntarily asked for a survey, a third party has found that quality of medical care meets adequate standards." None of this came as a surprise to Dr. Herbert Sullivan, Sr.,

*The Joint Commission on Accreditation was comprised of the American College of Physicians, the American College of Surgeons, the American Hospital Association, the American Medical Association and the Canadian Medical Association.

Joan Paterson arrived at St. Joseph's from Scotland in 1950. She worked in the physiotherapy department for 30 years before retiring. She remembers Sister Mary Grace with esteem and affection:

> One winter Sister Mary Grace went on a sleigh ride with some of the other Sisters. She accidentally fell and injured her knee which required a cast. After it was put on, she summoned me to the nunnery, as I called it, and asked me to bring a heat lamp.
>
> I knew she wanted the lamp to dry the cast. When I told her I would not do it because the cast would crack if it dried too quickly, she was very co-operative. Within a few days, she suffered a strain to the leg in the cast and needed physiotherapy. She arranged to do her physio exercises at 7:30 a.m. and was an excellent, conscientious patient. After she finished her exercises she would tidy the bed.
>
> A few weeks before Easter the cast came off and she told me I had to get her kneeling by Easter. That was her goal.
>
> I consulted Sister Mary Grace on all the big decisions in my life. You always knew where you stood with her. When my family came to visit I always took them to meet her.

Marguerite Reding graduated from St. Joseph's nursing school in 1943. After graduation she supervised the pediatric ward and did private duty nursing for a time. On January 13, 1949 she entered the Congregation of the Sisters of St. Joseph and took the name Sister Mary Austin. Her friends from nursing school were amazed at her decision:

> People asked me how I could enter the convent with Sister Mary Grace. They wanted to know what I would do if I had to live in the same house with her. You see, Sister Mary Grace was one of our instructors in nursing school and I did not like her very much. I thought she was too strict. I resented authority.
>
> One day, I wrote a letter of complaint about her and showed it to my mother, who promptly tore it up.

Sister Mary Austin, who laughs now at her youthful stubbornness, said that shortly afterward, her opinion of Sister Mary Grace turned to admiration:

> She has been a tremendous friend of mine. She would help you and stand up for you without any fanfare about it. As an administrator, she was very forward-thinking. There's no doubt in my mind that Sister Mary Grace has to be the most fantastic person in our community in the field of health care.

Today Sister Mary Austin Reding works on the information desk at the hospital.

In the early '60s, Sister Mary Austin attended a meeting with Sister Mary Grace and Mr. Pigott, to discuss plans for the new Fontbonne nurses' residence. Mr. Pigott explained that the Sisters could save money by not putting a sink in each student's room. "I remember Sister Mary Grace pounded her fist on the table and said, 'Mr. Pigott, we are not going backward. We are going forward. We have had sinks in the nurses' rooms since Undermount was built in 1922!'"

The residence was later built with a sink in every room.

†

who in 1923 had recognized the importance of that third-party evaluation.

But despite the endorsement of the lofty college, something troubled members of the medical staff throughout the 1950s. Some of the cardinal rules of accreditation were being violated, including the protocol outlined to staff decades earlier which stated that all doctors were to carefully document diagnoses prior to surgery, record details of each operation performed and complete clinical records of all patients.

In 1953, at the January 12 meeting, it was brought to the staff's attention that a patient had been in the hospital for two months and no history had been written. In addition, only sketchy notes had been made on patients' progress, which prompted one doctor to caution that "a dim view would be taken of this delinquency" by the college.

Again in 1954, doctors were urged to keep hospital records up to date and make sure old charts were completed. Twice more in 1955 came reminders that unsatisfactory charting methods were not only unacceptable, but damaged the quality of patient care. Progress in solving this dilemma was minimal, due perhaps to the fact that it was almost impossible to monitor the many doctors who had admitting privileges at St. Joseph's as well as cross-appointments with other city hospitals. Doctors in general still lacked an appreciation of their accountability to the public.

By 1958, however, as the hospital was about to enter the most robust phase of growth in its 70-year history, it again received approved status. In fact, the Joint Commission recommended that an expansion program should be expedited to relieve the overcrowded hospital. The Commission commended St. Joseph's in its report, "for maintaining standards deserving of accreditation and for its constant effort to improve the quality of patient care." But the report also contained a significant reproach — patients' current records must be completed within 24 to 48 hours of admission. Admonishment aside, a hospital spokesperson likened the approval to a "sterling mark on silver;" a guarantee that the hospital measured up to high standards of operation in every major respect.

At this stage of development the question of quality control as it pertained to patient care became crucial. Before the new surgical building opened in 1962, a system of checks and balances had to be firmly in place that required all physicians to be fully accountable for every procedure a patient underwent. Without exception work-ups, histories, physical examinations and consultations had to be properly charted. By 1959, St. Joseph's stood poised to forever rid itself of any hint of an image as a mediocre, unsophisticated bread-and-butter hospital.

In her typically direct style, Sister Mary Grace took an unprecedented step in the history of Canadian Catholic hospitals when she detected that the "sterling silver" showed signs of tarnishing. Feeling that the order to shape up must be issued by someone other than a Sister — preferably by a strong medical person — she simply advertised that the position of medical director was open at St. Joseph's. The successful applicant would be the first medical director in any of the 285 Catholic hospitals in Canada at the time. "We were progressing. With this beautiful new hospital planned, I wanted everything about it, including its management, to be perfect," she recalls.

The 1950s were literally, and figuratively, a period of grace for those medical staff members who filed incomplete patient records. The man Sister Mary Grace hired to lower the boom on slack adherence to protocol would propel St. Joseph's from its uncoordinated adolescent stage to full-fledged adult status. He would also restore the real meaning of accreditation.

CHANGING OF THE GUARD

Dr. Kenneth J. Williams, a risk-taker who refused to run from controversy, answered Sister Mary Grace's ad (and her prayers, more than likely) for a medical director. He also possessed a crusader's zeal that complemented her agenda for change.

At the time, he was restless in his job as associate executive director at the Royal Alexandra Hospital in Edmonton, Alberta, and ready to embrace a new challenge. He vividly remembers his first visit to St. Joseph's on a late spring day in 1960. The minutes recorded his brief introduction to a meeting of the Medical Advisory Committee on June 7 as ". . . Dr. Williams from Edmonton who is here for the purpose of considering the position of Medical Director. Dr. Williams holds a Master's degree in hospital administration and public health from Yale University."

If that first meeting had to be the determining factor in taking the job, he says it would have turned him against the hospital. "The group was affable but they were not charged up with balls of fire. In those days, meetings were short. Coffee and finger sandwiches were served, a few appointments were announced and then they went home," recalls Dr. Williams. The business discussed at that meeting covered three scant pages and did little to impress him. "Review, analysis and evaluation of clinical work, be it good, bad or indifferent, never entered the conversation."

Left to right: Dr. William Goldberg, Dr. Kenneth J. Williams, Dr. Gordon Cameron

Dr. Williams saw an opportunity for reform and accepted the job. One of his initial tasks, he knew, would be to explain how and why a medical director's efforts could bring about significant improvements in the hospital. The medical director, he told them, treads a fine line:

> While not a member of the medical staff, he must be active in the affairs of the staff. Although he himself is not a practising physician, he must know how physicians are practising.
>
> Without telling physicians how to practise medicine he must tell them how medicine is practised in that particular hospital. In essence, the role of medical director is that of co-ordinator, catalyst, liaison officer, and not infrequently the conscience of the medical staff.
>
> His multi-faceted role is probably best summed up in a term used by the behavioural scientists — that of change agent.

As one of the Sisters' maxims states, Dr. Williams was, in effect, asking the medical staff to, "Put off entirely the old spirit and put on the new." In making this request, he was prepared to stand alone in the face of criticism.

He discovered that a job he once had in a B.C. logging camp and the task of medical director shared common requirements — he had to know exactly what he was doing, have a supportive crew working with him and accept the hazards the job entailed:

Dr. Kenneth J. Williams, Medical Director, August 15, 1960 to March 20, 1965.

> I have always enjoyed high-risk endeavours. As a high-rigger, I had to climb up a 150- to 200-foot tree with belt and spurs, taking off the limbs as I went. Between 20 and 30 feet from the top, where the diameter measured about 20 inches, you chopped off the tree with an axe, taking care that the fallen part did not take you with it. You also had to be certain you did not chop your rope. There were no second chances.
>
> The chances of making it were not always in your favour. It was a rough, tough, hard-fighting life with a lot of risk to it. Accident compensation was not good in those days. Pensions were unheard of in the woods.

Dr. Williams had just begun to consider his job in the woods as one with a bleak future when he suffered a serious head injury. "The injury gave me quite of bit of time to think. Then four very close buddies put up the money for me to get started in medicine — rather, first I had to go back to high school. They continued to support me after I was married, which was just when I got accepted into medical school."

He received his M.D. degree from the University of Manitoba. After eight years of private practice in his native British Columbia, Dr. Williams entered the master's program in hospital administration and public health at Yale University and graduated in 1959. His ambitious personal agenda synchronized well with events at St. Joseph's.

Sister Mary Grace wanted a hospital committed to quality patient care and that is exactly what he promised to deliver. The old guard of faithful doctors would have to yield to a phalanx of men with a different strategy for negotiating the hospital's future. In keeping with previous battles from which the hospital had emerged triumphant, there would be

some resistance, a prospect which had the effect of stimulating rather than overwhelming the leader whom Sister Mary Grace hired to champion her cause. She also, as it turned out, had a surprise in store for him.

Dr. Williams and his wife Joy bought a house on Aberdeen Avenue in the city's southwest end and moved in with their five children. His appointment was announced on August 15, 1960. Less than two weeks later, Sister Mary Grace paused briefly at the door of his office and told him she was leaving.

"I thought she was going out for the day. She barely stopped in the process as she said, 'I'm leaving. I'm going to Kitchener. Everything will be okay.' I felt the rug had been pulled out from under me. Suddenly, my patron saint was no longer the queen bee. My power base had dissolved overnight. I subsequently learned that she knew of her posting when she interviewed me, yet said nothing. Some months later when we met again I asked her about it and she said the transfer was providential and she did not want to lose me."

In fact, Sister Mary Grace had been appointed clinical instructor and supervisor of pediatrics at St. Mary's in Kitchener and had no choice in the matter. She knew what needed to be done in Hamilton and simply did what was necessary before her departure.

Dr. Williams' initial concern was to ensure that the hospital's almost 400 physicians were accountable for their actions and that controls were consistently applied.

The Medical Advisory Committee (MAC) met on October 4, six weeks after his arrival. The minutes of that meeting reveal complete details of business recorded on five pages of single-spaced type.

Committees were formed — for credentials, anesthesia, interns, medical records, tissue, patient admission and discharge — which would emanate from and report back to the monthly Medical Advisory Committee meetings. That day in October, with Dr. Williams presiding, committee members took their first steps in assessing data on the activities of each hospital department.

Some problems arose. For example, the medical records committee "viewed with dismay and shock the number of incomplete charts." The admission and discharge committee emphasized the failure of physicians to write progress notes on patients' records and pointed out that this hampered the committee's efforts. Dr. Williams listened. He did not like everything he heard. He waited until the end of the meeting to voice his displeasure.

He re-emphasized simple basics of patient safety — the writing of medical records, preoperative work-ups, pre-surgical diagnoses, completely documented histories and physical examinations of all patients in the hospital. He warned the physicians that failure to fulfil these obligations could result in the hospital's loss of accreditation. He reminded them that the Medical Advisory Committee could not adequately review the clinical work of the hospital if it did not receive monthly reports from each department.

Finally, he suggested that one way to accomplish their goal was to defer surgery on any patient, emergencies excluded, until the physician had written the necessary records.

Some doctors resented the new process because they felt it amounted to peering over their colleagues' shoulders. "Those who resisted did not cause me to lose sleep. I knew what had to be done and that was it," Dr. Williams says. "I came under criticism for this approach, but I never socialized with the staff. I refused to belong to the medical society."

Dr. S. E. (Ted) O'Brien witnessed the hospital's coming of age under Dr. Williams.

He spent long hours pursuing any hint of carelessness on a case-by-case basis. "I did not work alone," Dr. Williams notes. "I had the unfailing support of some top-calibre physicians. Those individuals included Gordon Cameron, Bill Goldberg, Stan Hudecki, Ken Ingham, Al Johnson, Ted O'Brien, Jim Osbaldeston, Jack Walker and Bill Walsh, among others. They never doubted their ethical obligations and

their collective social responsibilities to the public. They knew the score and did not mind being in the vanguard of social action."

Even in retirement, Dr. Williams' voice is gruff with the authority he wielded throughout his career. The years have not diminished his enthusiasm for the topic of physicians' accountability to the public:

> I did not invent these standards. These were time-honoured, nationally recognized minimal standards initiated by the medical profession. They were long accepted both in the United States and Canada as necessary for the furtherance of patient safety. If you do not maintain proper and complete records then you cannot begin to carry out a retrospective review of the medical care being rendered by physicians.
>
> If a surgeon fails to commit a pre-operative diagnosis for opening up a patient's abdomen, for example, then there can be no post-operative diagnosis or appraisal of the surgeon's diagnostic acumen.
>
> Tremendous advances in the technology of medicine brought parallel and exacting demands on the structure, organization and function of all hospitals. The science of management in hospitals, to say nothing of the medical staff organization, was conspicuous by its absence. But the pressures were building up on hospitals and medical staffs.
>
> The American Joint Commission on Accreditation of Hospitals (which included Canadian hospitals), the American College of Surgeons and later on the Canadian Council on Hospital Accreditation were demanding formal staff organization with objective-oriented committee structure alongside in-depth critical analysis of hospital medical practice. Concommitantly, the demands for public accountability were building up on hospitals.
>
> Coping with all these moving social forces bearing down on you was not easy, particularly for the religious women. Let's face it, they did not enter the convent to become engaged in conflict. It is to Sister Mary Grace's credit that she was able to see the big picture and realize that a really major re-organization had to occur at St. Joseph's.

Stringent controls and staff organization would also prevent such problems as unnecessary surgery or fee-splitting — a situation in which a patient is referred to the specialist who gives the largest kick-back.

Monitoring the detailed records provided the best safeguard against St. Joseph's being an accessory to any activity that would mar its reputation or erode the public's trust. "Proper medical records constitute the essence of quality control of medical care in the hospital setting. Not just for surgery, but for the whole field of medical care," Dr. Williams maintains.

Dr. Jim Osbaldeston viewed the hiring of a medical director as St. Joseph's turning point. "It was a stroke of genius on Sister Mary Grace's part. He was the first medical director in any Canadian Catholic hospital — that is, medical director in the modern sense of the term."

Dr. Ted O'Brien, who joined the department of surgery in 1954, witnessed St. Joseph's coming of age under Dr. Williams. "Our hospital was no worse than any others at that time, but we did not have the committee structure and organization. Ken stood the place on end, making a few enemies in the process, but he did a much-needed job. As a result he impacted on Hamilton's medical community. We grew up."

Dr. Williams recognized that the improvements would not happen overnight. But when it became obvious that some doctors continued to file incomplete charts, he exercised the unpleasant option of cancelling surgery. One morning he issued the order "no physical examination on the charts, no operation" to the offending surgeons. Scalpels were replaced by pens as physicians returned to their offices to complete the paperwork.

Dr. Alan Lane, chief of surgery at the time, recalls the controversy when Dr. Williams loomed in the operating room door to prove he meant business:

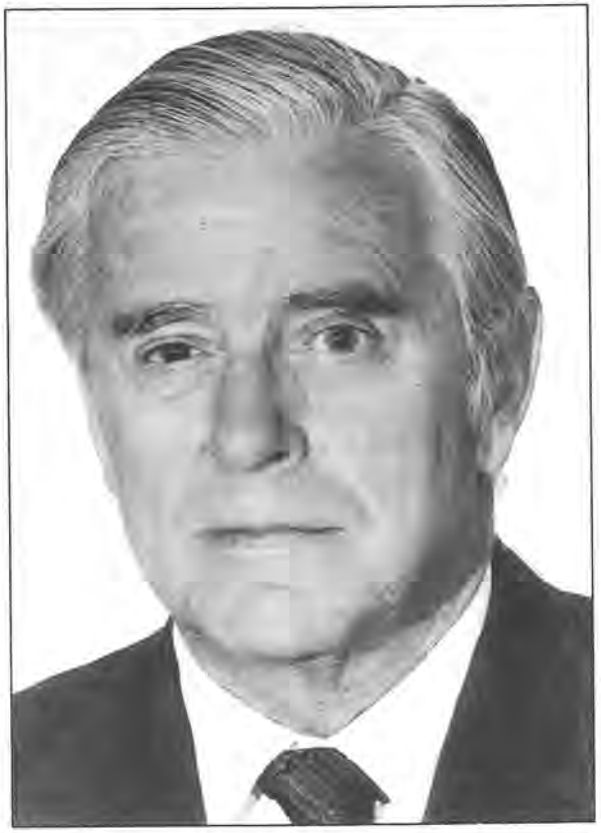
> When Ken came along he jolted everything up. He opened my

eyes to the importance of the administrative side. He insisted that a pre-operative physical be written on a patient by the operating surgeon. Some of the surgeons were slow about coming around, so one morning he simply cancelled every operation that did not have notes written out.

Of course, this caused a great furor. In the middle of it all, he came up to the surgeon's lounge, sat down and had a cup of coffee. Everyone was complaining but he just took it all in. He did not try to hide. He had given them ample warning and they had not complied. The next day, pre-operative histories were written.

Soft-spoken Sister Mary Daniel Weadick, an operating room nurse, also found herself caught in the cross-fire that morning. The infuriated doctors formed one side of the battle line. Dr. Williams formed the other side. She worried about the impact of the chaos on her patients and could see that Dr. Williams was not prepared to back down:

> We were having a problem with incomplete histories and it was always the same offenders. When Dr. Williams lowered the boom, it meant the patients were penalized in a sense because their surgery was cancelled and it was not their fault. I did not see it at the time as being a safeguard for the patients. I was in turmoil because I had the doctors on one side and Dr. Williams on the other. He would not relax at all. He was steadfast and firm. He came on very strong but he was right. He did a great deal for patient safety.



Dr. A. Lane remembers the struggle to get pre-operative histories written.

Dr. Williams considered a system of accountability within the hospital as the crucial first item on his agenda. Once this groundwork had been successfully established St. Joseph's stood poised to enter phase two — the Professional Activity Study, which measured the hospital's willingness and ability to compare its performance with that of other hospitals participating in the study. Valuable information on the hospital's practices and procedures was gained by the reams of data compiled from the existing medical records by the medical record librarian.

Dr. Williams was not satisfied with the hospital simply asserting that it gave good care; he wanted to be able to measure it. PAS, conducted by the Commission on Professional and Hospital Activities in Ann Arbor, Michigan, provided the yardstick. The commission, a non-profit medical research organization sponsored by the American College of Surgeons, American College of Physicians, American Hospital Association and the Southwestern Michigan Hospital Council, was developed with grants from the Kellogg Foundation.

At the same time, the staff was also installing a data storage and retrieval system known as the Medical Audit Plan (MAP). This was a sophisticated, computerized American medical information system which stored data and furnished monthly read-outs by internist, surgeon, department and diagnostic category. At a glance, they gave the hospital a profile of a physician's patterns of practice and highlighted any deviations from what was considered standard procedure.

This orderly presentation of variations stimulated the medical staff to investigate them,

discuss them and judge them with the goal of continual self-improvement. It allowed the medical records department to maintain comprehensive clinical data on disease and operation records that were not possible under former reporting procedures.

Access to that information had to be easy. "Not only did we have that cadre of physicians who saw all this as a vital tool for continuing medical education, but we were blessed with Sister Angela Busch, one of the best registered medical record librarians I have ever worked with anywhere," Dr. Williams recalls. "In effect, she was one of the owners of that hospital. She knew its objectives would be eroded without proper controls and the critical review, analysis and evaluation of clinical work, which was the *raison d'etre* of a medical staff organization. She was indispensable."

Preparing the data for analysis was a time-consuming manual job, according to Dr. Jim Osbaldeston. "The way we used to do it in the early days was amusing. Ken and I would sit for hours, drawing up patient profiles so that they could be worked on the computer. They were very rudimentary audits which we would laugh at today," he said.

Dr. Williams also called on two friends, Dr. Laurie Chute and John T. Law from The Hospital for Sick Children in Toronto, to help him to explain the importance of the professional activity study to staff:

> John was the head man in administration. Laurie was a professor of pediatrics at the University of Toronto and chief of pediatrics at Sick Childrens'. I asked them to come to St. Joseph's to an introductory session when Dr. Vergil N. Slee, director of the Commission on Professional and Hospital Activities, met with our staff.
>
> Laurie was a short, slim, freckle-faced man. I can still hear him telling the staff in his low-key but impressive voice, that physicians had to be prepared to have their work come under public scrutiny and that it was the governing board of the hospital who was in charge.

Because the cost of PAS was not reimbursed or shared under any of the provincial hospital service plans at the time, other hospitals were slower to join. Dr. Williams, with his eye trained on excellence, saw to it that St. Joseph's overcame the question of funding.

Dr. Williams organized a committee to examine and report on every medical activity that took place in the hospital. "Understandably, there was resistance and I was told there could be no funds for such programs," he said.

His determination was rewarded. The women's auxiliary deserves credit for contributing funds that enabled the hospital to participate in the professional activity study. "I remember Sister Angela saying it wasn't luck, it was Providence," Williams said.

Encouragement also came in the form of an unexpected visit one day from Bishop Joseph Ryan. "He had dropped in to let me know that if I needed any help to be sure to call on him," Dr. Williams said. "So I told him about my problem regarding funding and before he left I had a cheque for $5,000 with the only caveat that it had to be anonymous. We managed to adhere to that request and he supported that program to the tune of several thousand more dollars."

Next, with the simplification of data retrieval from medical records, facets of practice within the hospital — the utilization of blood transfusions or antibiotics, for example—could be quickly and easily audited by a committee. The committee could then decide on standards to apply, or determine the activities in need of attention and recommend educational programs. The benefits of Dr. Williams' efforts carried positive long-term consequences, not just for St. Joseph's, but for the community it served.

Once his goals had been successfully attained, Dr. Williams, as usual, decided the time had come to move on to new challenges. On January 5, 1965, he informed the Medical Advisory Committee that he was resigning to accept a position at a Detroit hospital.

Dr. Jim Osbaldeston, MAC chairman, expressed sincere appreciation to Dr. Williams for his "expert professional guidance, untiring efforts and personal integrity" during his five years as medical director.

Minutes of that meeting record that Dr. William Goldberg commented, "Dr. Williams has done more than any other man to raise the level of medical care in the history of medicine in Hamilton."

The committee asked Dr. Williams to prepare a critical appraisal of the hospital's medical affairs and to make recommendations for improvements as well as a plan for continued progressive development.

Dr. Laurie Chute and Mr. John Law were invited to Dr. Williams' farewell dinner. Al-

though many years have passed, Dr. Williams still recalls with pride the most memorable accolade bestowed that evening: "After the dinner, John said to the assembled group that he had never seen a group of doctors as experienced, (vis-à-vis hospital affairs) and as knowledgeable about their collective responsibility to the public. John was never known to waste words."

St. Joseph's 'change agent' agreed with him.

Dr. Williams had arrived at St. Joseph's with a blueprint for revision and he felt certain that, if the necessary changes could be made in time, St. Joseph's would shed its status as a rather ordinary community hospital providing general services and become a sophisticated teaching hospital with specialties of its own.

The accomplishments of this five-year period represented St. Joseph's final coming of age. To this day Dr. Williams gives all the credit to the staff, both lay and religious, who had the courage to set an example of how first-rate health care could be delivered to a community.

COMING OF AGE

If Dr. Williams seemed impatient to execute his program of improvement, he had a good reason. His aggressive style was labelled "too swift and too brutal" by those who initially opposed him, but he felt no guilt and offered no apologies. St. Joseph's future development was at stake. Dr. Williams recalled:

> In the late 1940s or early '50s I knew a prominent pediatrician, Dr. Jack McCreary at the Hospital for Sick Children in Toronto, who went on to become one of Canada's outstanding medical statesmen and administrators.
>
> In 1960, shortly after I arrived in Hamilton from Edmonton, Jack called and told me he had just been engaged by the Ontario government as a consultant to build and organize a new medical school in Hamilton. It had been rumoured for years but was never more than that.

A happy trio at the opening of the regional hemodialysis unit in 1967. Dr. Galloway, medical director, with nurses Phyllis Morelli (left) and Lorna Matthews.

The school had not yet been publicly announced. Dr. Williams learned that a university hospital was also planned, but that it would be another three or four years before building commenced:

> Basically, Jack told me that I had a beautiful opportunity to proceed to re-organize St. Joseph's, preparatory to it taking its place as the number-one teaching hospital in Hamilton. He kept me abreast of the progress and some of his ideas. I served as a critic from time to time for him. I did tell Bishop Ryan, who was very supportive. Eventually, I shared our target with the staff, but at the start I could not do so.

Once this objective was revealed, an eager medical staff embraced the opportunity to set a standard of upgraded health care for the community through the steps taken at St. Joseph's. Dr. Williams continued:

> Without worrying about modesty, I would say that there is no question that St. Joe's assumed a leadership role. There is just one qualification — it was not my doing. It was strictly a joint effort with a group of physicians who understood their collective social responsibility to the public.
>
> I stress that because not too often in a long career did I come across such a group of physicians who reflected that public trust.

Mother Alacoque Hayes initiated discussion on regionalized services among hospitals.

Dr. James D. Galloway, Medical Director 1965 – 1970, Executive Director 1970 – 1979

A significant development due to St. Joseph's reorganization — regionalized health-care services — resulted from a Medical Advisory Committee meeting in January, 1965. Near the close of the meeting, discussion centred on the fact that, while St. Joseph's was proposing expansion of its own maternity wing, one of the other city hospitals was also set to open a maternity service. The committee expressed concern about maintaining the quality of obstetrical service in the city.

Dr. Jim Osbaldeston recalled that in this discussion Dr. Ken Ingham posed the question: "Isn't it too bad that we do not have some kind of co-ordination among the hospitals?" On a motion made and seconded, they voted to "recommend to the administration and governing board the need for a master plan both with respect to programming and facilities." This would be particularly important when the medical school arrived because its academic programs would improve patient services in every hospital in the city.

Dr. Osbaldeston presented the suggestion to establish a hospital council to Mother Alacoque, who readily accepted it. Less than three weeks later she and Sister Mary Grace invited representatives from the other city hospitals to a meeting in St. Joseph's board room at 4 p.m. on February 1, 1965.

Present at this meeting were Rev. Mother Alacoque, chairperson; Sister Mary Grace; Dr. Kenneth Williams; Dr. H.E. Appleyard from the Hamilton General Hospital; Dr. H.T. Ewart, Medical Superintendent of the Hamilton Health Association; Mr. A.B. McFarlane, Chairman of the Board of Governors, Hamilton Civic Hospitals; Mr. W. O'Neill, Administra-

tor of Joseph Brant Hospital, Burlington; and Mr. T.A. Rice, President of the Hamilton Health Association.

Dr. Williams explained that, although a university medical school/hospital complex was on the horizon, there were other reasons for Hamilton hospitals to get together. They all needed joint programming for bed distribution and to avoid duplication in use of medical and technological skills, medical equipment and function. They also needed to reduce the financial burdens resulting from such duplication.

He emphasized that hospitals must view themselves as public utilities, offering Hamilton citizens flexible and comprehensive medical service. He believed it would be unnecessarily expensive and impractical for each hospital in the community to try to give this kind of service on a separate basis.

While it was understandable that each hospital would want to improve and expand its services with the advent of a university medical complex, he noted, unless there were co-operation and planning on an area basis they would find themselves being organized by another, perhaps higher, authority altogether.

At the conclusion of the meeting, all were in agreement that the hospitals should work closely together to organize their specialties. The group continued to hold regular meetings to determine each hospital's services and areas of expertise which could complement the new medical school's educational curriculum. Their aim was to provide the optimum in health care, health education and health research at a reasonable cost. The community of Hamilton-Wentworth stood to be the main beneficiary of this co-ordination of health care services.

Thus, from a comment of concern by one physician at St. Joseph's and the enthusiastic co-operation of many others, the seed was planted for what became officially known as the Hamilton-Wentworth District Health Council.

Dr. Williams was pleased with the great strides made by St. Joseph's. "Although I was leaving, I knew St. Joe's had the horses to pull the load. I well remember how proud our Medical Advisory Committee was to be leading the way."

The reforms brought about by Dr. Williams would be further strengthened by his successor, Dr. James D. Galloway, who would introduce many changes of his own.

In September, 1965, Dr. Galloway left his position as commanding officer of the 125-bed Canadian Forces Hospital in Kingston to become the new medical director at St. Joseph's. Three years earlier he had earned a diploma in hospital administration at the University of Toronto. In 1970, Dr. Galloway became the hospital's first lay executive director.

He emphasized a team approach to hospital management. Although he is still more comfortable giving rather than taking credit, the fact remains that the role he played 25 years ago is central to the hospital's status today.

Dr. Galloway strengthened the hospital organization and management by recruiting skilled executives in such areas as finance, administration and business. He thought it was important that employees felt they were an integral part of the organization. He introduced ideas that are still active today such as the Quarter Century Club, a social club and recognition for years of service. "I wanted all staff to feel part of a team — that it was our hospital," Dr. Galloway said.

Under Dr. Galloway's direction, the hospital gained regional distinction and assumed responsibility for a chest and allergy unit, kidney transplants and nephrology, toxicology, emergency psychiatry, head and neck surgery as well as a psychiatric liaison unit. "We developed rational health care programs through the health council so that hospitals were no longer in competition with each other. Mother Alacoque really deserves the credit for that," said Dr. Galloway.

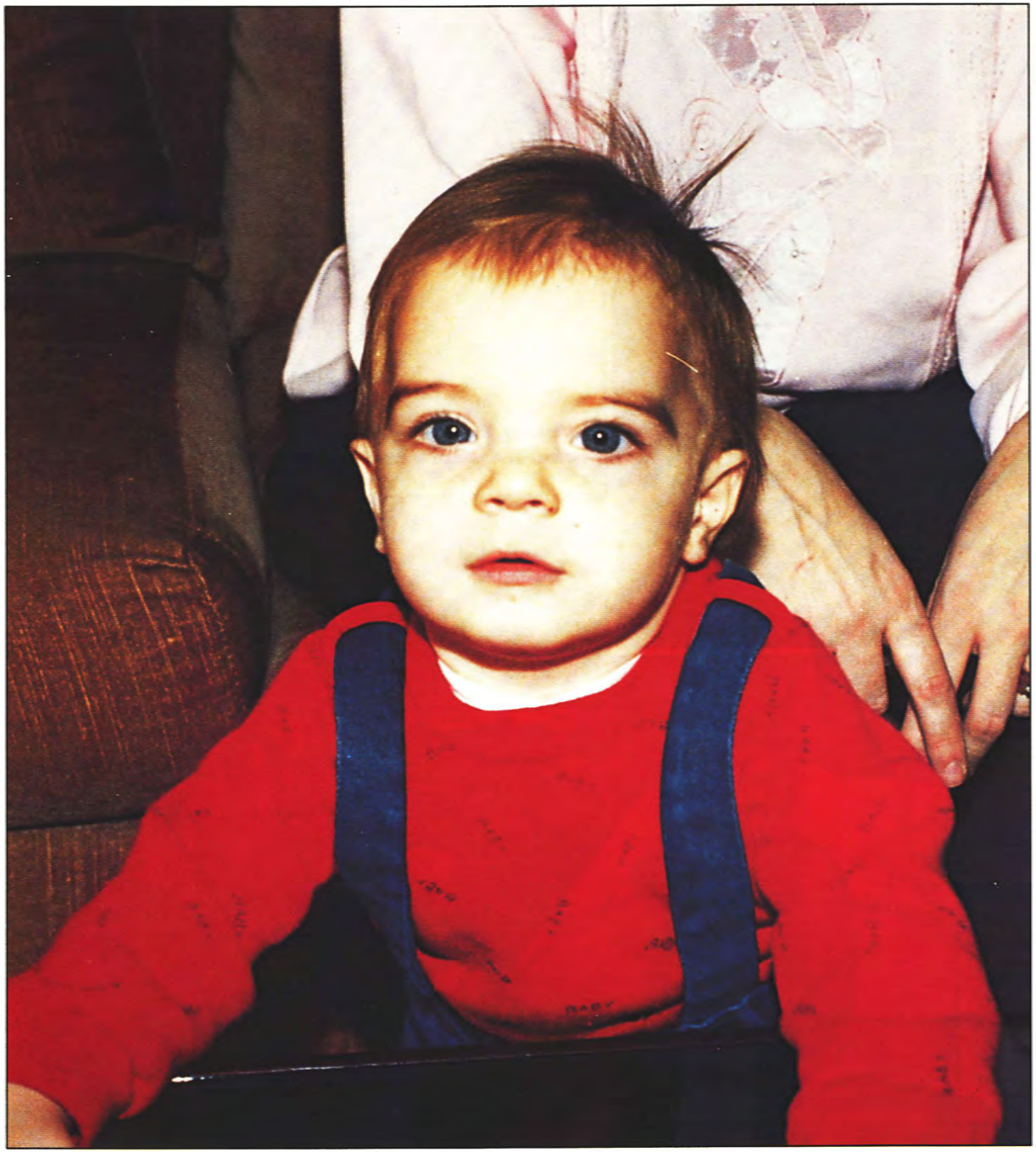
EXCEPTIONAL CARE AT ST. JOSEPH'S

It is, of course, the patients who benefit from the regional programs at St. Joseph's — as the following stories illustrate:

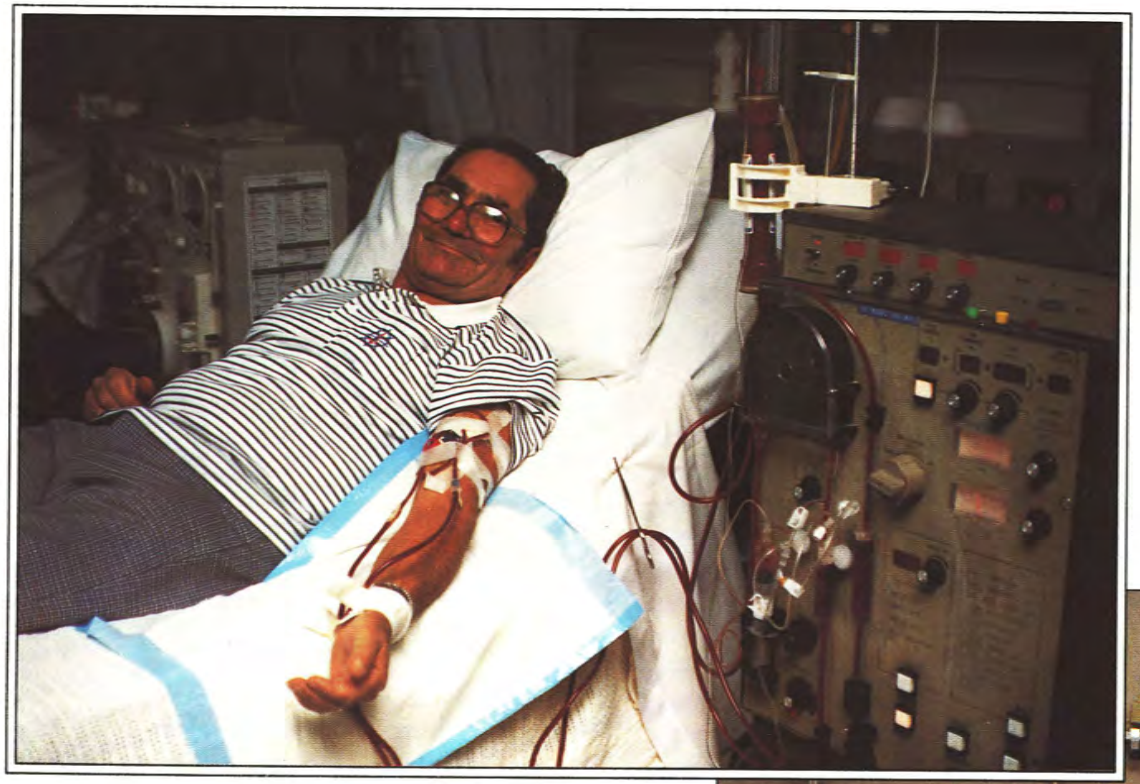
Eight-month-old Jamie Weber pulls himself up onto the living room sofa in a struggle to stand on his chubby little legs. When he has accomplished his purpose, a merry smile lights up his face. The look in his wide blue eyes is a mixture of wonder and pride, as if to say "See how clever I am."

Except for a slight cough, he is the picture of health and alert intelligence. But this good-natured little boy who was born on January 23, 1989, to Gord and Judy Weber of Oakville, suffers from asthma.

Judy, 33, said the family had started to adjust to the routine care of their new baby when Jamie came down with what appeared to be a sudden chest cold. "I went back to work in mid-May. Jamie and his sister, Stacy,

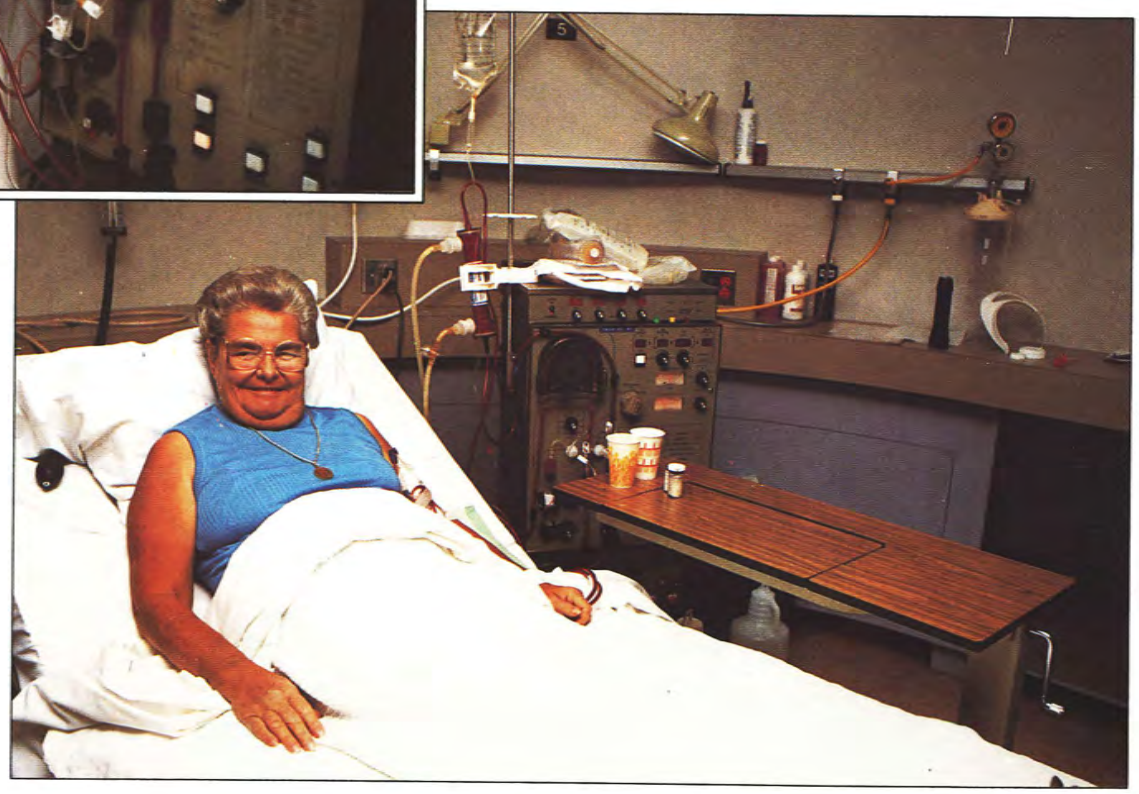


Jamie Weber, who suffers from asthma, made steady improvement after being treated at the Firestone Chest and Allergy Unit.



Robert Bomes is dialyzed three times a week at St. Joseph's regional hemodialysis unit. He and his wife, June, were married for 38 years. Their story starts on page 78.

(Below) June Bomes, who died December 31, 1989, refused to view dialysis as a cause for self-pity.



were in day care. Everything was going well until one Wednesday night, when Jamie developed a fever and a cough. On Thursday, he was worse and by 1 p.m. on Friday, June 23, he had been admitted to the hospital in Oakville."

When Gord, 33, arrived at 5 p.m. that day, his infant son was in an oxygen tent. "He was hooked up to intravenous feeding and antibiotics. The only time he did not cough was when he was sleeping but a noisy room-mate kept Jamie awake. He could not get any relief."

On July 4, Jamie was discharged from the hospital with four prescriptions for medications to help his breathing and clear up his cough. He had lost one pound. His skin was pale and he had dark circles under his eyes from lack of rest. His parents were disturbed because his condition did not appear to have improved.

Gord and Judy were both exhausted from late nights spent at the hospital with their baby. Their daughter Stacy felt neglected. Judy had lost time from work. Their nerves were frayed and the frustration mounted that not enough was being done for their son. In a three-week period they had spent $500 on drugs that appeared to have little, if any, effect on his condition.

Jamie could not return to daycare because no one there could administer his medication. To make matters worse, the daycare centre still had to be paid the $400 monthly fee even though he did not attend. Fortunately Judy's sister in Burlington, a registered nursing assistant, volunteered to care for Jamie until he could return to daycare. Judy did not feel right unless she paid her sister too. "It was a no-win situation," says Judy, who kept detailed notes on everything that happened throughout the family's ordeal.

"On July 20 Jamie had what I call an attack. He turned blue and could not breathe. We rushed him to the family doctor, who sent him home and told us to stop some of the medication. The next day I took Jamie to the pediatrician. By that time I had lost any sense of diplomacy. We were angry that we had to take the initiative and demand an immediate referral to a specialist," Judy recalls.

The Webers were given a choice — an eight-week wait for a Toronto specialist or a five-week wait for one in Hamilton. They chose the waiting list at the Firestone Chest and

The opening of the regional hemodialysis unit in 1967 — Left to right: Bishop Joseph F. Ryan, Mother Alacoque Hayes, Sister Mary Grace Stevens, Matthew Dymond, Ontario health minister, and Dr. James Osbaldeston .

Allergy Unit at St. Joseph's.

On Monday, July 24, Judy dropped Jamie off at daycare and made the 75-minute drive to her office in Brampton. "I walked in the door and the phone rang. The daycare called to say that he was far too sick to be there. I turned around and went to pick him up," she says. "When we got home I called Dr. Newhouse, head of the Firestone Chest and Allergy Unit, and told him we could not wait. Three days later we had an appointment."

A resident physician examined Jamie's ears, nose and throat, listened to his lungs, recorded his complete history and relayed the information to Dr. Newhouse.

"When Dr. Newhouse examined Jamie, he told us right away that our son had asthma and it was out of control. We also found out that Jamie had bronchitis, which had not cleared up from his stay in the hospital," Judy says.

"Dr. Newhouse increased the medication to four times as much as originally prescribed by the pediatrician and asked to see the aerochamber we had been using to administer the medication."

The Webers learned that the aerochamber had been designed for an older child with stronger lungs. "Dr. Newhouse said that not only was it almost suffocating Jamie, but he basically was not getting any of the medication." Judy recalls. "Dr. Newhouse explained everything in terms we could understand and gave us a new aerochamber especially designed for infants under age one.

"He was the first doctor I had talked to who was human with children. He was not so reserved that he stayed behind his desk. He played with Jamie and talked to him."

Within a week of the first visit, Jamie's cough was gone. Throughout the autumn he had regular appointments and his improvement was steady. The Webers were advised not to treat him as a sickly child. They are now hopeful that asthma is a condition he may well outgrow.

As a precaution, they have temporarily evicted the family cat and smoking is no longer permitted in the house. "We even had all the ducts cleaned," Gord laughs, as he bounces his son on his knee. "Jamie could not tell us how he felt but it must have been awful. But you know, he smiled through it all."

Life has returned to normal in the Weber household. Gord and Judy are grateful for the

At the 1979 opening of the Firestone Regional Chest and Allergy Unit, Sister Marina Flaherty prepares to cut the ribbon held by Dr. Michael Newhouse as Bishop Paul Reding (directly behind Dr. Newhouse) and Sister Ann Marshall (directly behind Sister Marina) look on.

Dr. Michael Newhouse (centre), head of the Firestone Regional Chest and Allergy Unit.

expertise at St. Joseph's. "We really feel that Jamie was given exceptional care," Judy says.

Dr. Michael Newhouse explains that asthma is an inflammatory condition of the airways that causes swelling, excessive secretions and spasm of the smooth muscle in the airways. "This leads to symptoms such as a cough or wheeze, phlegm production, shortness of breath and chest tightness," he says. "Because of the inflammation, the airways are hyper-reactive or twitchy, so that almost anything will trigger a reaction — exercise, strong fumes such as paint, car exhaust or perfume, exposure to cold air or cigarette smoke."

For some asthmatics, treatment begins with the removal of any identifiable underlying causes such as things to which the child is allergic. If the source that initiates the asthma cannot be removed, the inflammation and attacks can be treated with medication. "Broncho-dilators, administered by aerosol, will open the airways by relieving the spasm, but it is even more important to get rid of the underlying inflammation that causes the bronchospasm (narrowing of the air passages due to contraction of the muscle layer in the walls of the air passages)," Dr. Newhouse says. "To control the inflammation, two groups of medication are used. Cromolyn may be given by inhalation in mild asthma and corticosteroids may be given by injection, ingestion or inhalation in more severe asthma. The inhaled medication is directed straight to the air passage by means of an aerosol or fine spray of medication. This relieves the inflammation and keeps the asthma under control as long as the medication continues to be taken. Because so little of the medication is needed and very little is absorbed, it has virtually no systemic effects on the body and side effects are minor if present at all. This is particularly important to someone of Jamie's age."

"Over the last 15 years at St. Joseph's, we have developed a better inhalation therapy system called an Aero Chamber inhaler. This device consists of an aerosol-holding chamber with a valve at one end and a soft rubber opening at the other, into which any medication puffer can be inserted," Dr. Newhouse says.

The pediatric aerochamber used on Jamie has a soft silicone mask which is applied gently, but firmly, to his face so that when he breathes the medication that has been sprayed into the holding chamber it is automatically delivered to his air passages.

Dr. Newhouse notes that as well as making it possible to easily give aerosol medication to infants and small children, this system has another major advantage. "It removes the large aerosol particles that are not useful for treatment, which would otherwise accumulate in Jamie's throat and be absorbed to cause possible side effects."

Judy is pleased with this approach to her son's therapy not only because it is extremely effective but also because — unlike a nebulizer — the aerosol puffer and aerochamber is easily carried, can be used anywhere and needs no power supply.

A COURAGEOUS ADAPTATION TO KIDNEY FAILURE

An example of the work done by the nephrology and kidney unit is found in the story of Robert and June Bomes.

It is hardly surprising that a couple would have a great deal in common after 38 years of marriage. But Robert and June Bomes are unusual in that they both experienced complete kidney failure within the last 10 years.

On October 7, 1989, they sat across from each other in matching easy chairs in their comfortable two-bedroom apartment and chronicled the events that led to their need for hemodialysis three times a week at St. Joseph's.

June, 62, described the time nine years ago when she required surgery on her Fallopian tubes. The operation took place on a Friday. During surgery, the doctor noticed that the opening of her kidneys had started to close. Robert remembers how the doctor explained that the tubes in his wife's kidneys were "like rusty old pipes."

By the next day both kidneys failed to function at all and June's condition became so critical she was moved to the intensive care unit. Due to the retention of water June became bloated. Because of congestion in her lungs she needed a tracheotomy to help her breathe — an experience which convinced June to give up cigarettes.

June remembered little of the time that she teetered between life and death. "In ICU I was dialyzed for the first time but I didn't know it. I was quite dopey but I remember coming to consciousness once and I saw Robert standing there," June said.

Above the drone and beep of monitoring equipment around her bed, one nurse made a lasting impression on June. "I will never forget the nurse who sang hymns as she worked in the unit. I would be half-awake and could hear her singing. I did not know her name but it was so peaceful to listen to her," she said.

When June's condition stabilized she moved from ICU to a hospital room. Initially, the staff wheeled her bed to the dialysis unit. "Later I graduated to a wheelchair. For the first week or so, it didn't click. I looked at my arm and saw the machine. I couldn't feel anything even though the blood was going in and out of my body," June recalled. "Then I realized that I would depend on this machine for the rest of my life. It took almost a year to really accept it. I learned to watch everything I eat and drink."

June refused to view dialysis as a life sentence or a cause for self-pity. "One day, while I waited for my ride home from the hospital, I saw some patients who seemed to be in worse condition," she said. "They were people who were confined to a hospital bed. They could not go home, but I could. From then on, I accepted that I had to live with dialysis."

The couple lived in Stoney Creek when June was discharged from the hospital. Each

The Firestone Regional Chest and Allergy Unit is an example of the benefits a medical school has had on the hospital. Jamie Weber is one of the 16,000 patients who are treated each year at the unit, which is located on Charlton Avenue West.

The unit, which opened on December 5, 1979, evolved as the result of an initiative by the respirology service at St. Joseph's and McMaster University Medical School. At that time the land, building and equipment represented a million-dollar investment. The Firestone Foundation contributed almost $500,000 to get the unit started. Its successor, the Firan Foundation, continues to provide assistance. The provincial government funded construction costs and continues to provide major funding through the hospital's global budget.

Although the majority of patients served are from the Hamilton-Wentworth region, the total population from which patients are drawn is closer to one million. The region is bordered by Oakville, Niagara Falls, Simcoe, Dunnville and communities to the east of London and south of Georgian Bay.

The ambulatory care provided by the unit provides investigation and treatment for a range of respiratory ailments related to serious pulmonary diseases such as bronchitis, emphysema, asthma, lung cancer and tuberculosis. Treatment is available for adverse drug, food or bee venom reactions as well as occupational health problems.

The Firestone Chest and Allergy Unit is committed to research as well as the education of medical students and residents. There is also a major commitment to patient instruction in self-care by physicians, technicians and nurses.

†

week she spent almost $60 on cab fare to get back and forth for treatment. Eventually, they moved to an apartment just two blocks from St. Joseph's.

Robert's introduction to kidney failure was more gradual but he, too, ended up on a dialysis machine three times a week. Nine years ago one of his kidneys had been damaged in a driving accident and it was removed. A person can survive with surprisingly little kidney function — as little as one third of one kidney — so Robert considered himself fortunate.

Three years later he suffered a severe setback when a tumor in his bladder permanently affected the function of his remaining healthy kidney. For the last four years his survival has also depended on the artificial kidney. He requires regular surgery to remove the recurring tumors.

Their lives revolved around dialysis. June went on Monday, Wednesday and Friday mornings from 8 a.m. to 1 p.m. Robert goes on the same days from 3 p.m to 7:30 p.m. Robert says the last half hour is the longest. "When you're finished you feel weak and tired. It takes a couple of hours to feel better."

On the dining room table is a box crammed with eleven medications he must take every day. Each prescription is designed to assist the body in some function which is normally controlled by what amounts to the kidney's 'chemistry lab'. Robert must be vigilant with every bite of food and sip of fluids. Salted foods, for example, are taboo because they help the body to retain too much water.

He has to be careful with fruit — oranges, bananas, tomatoes — because they contain potassium.

At first it was a difficult diet to follow, but Robert has found that some of the things he thought he would miss don't bother him any more. "For example, if I wanted to, I could drink three bottles of beer a week," Robert explains. "The funny thing is, I used to really enjoy a bottle of beer and now I cannot even tolerate the smell of it. One thing I miss, however, is Chinese food, but I am not allowed to eat it because of its high potassium content."

Because they spent so much time at St. Joseph's, Robert and June felt quite close to the nursing staff. "Dialysis patients depend on the nurses and they really go out of their way to help. We get caught up in their lives and when they get engaged, married or have children, we're happy too."

Each week 85 patients receive dialysis at St. Joseph's. Robert has a graft in the upper left arm which allows access to the bloodstream for hook-up to the artificial kidney. The kidney is a cylindrical shape that contains a bundle of hollow fibres. Blood passes through these fibres and the rinsing fluid passes around them, purifying the blood before it is returned to the body.

Dr. E. Kinsey M. Smith, head of St. Joseph's nephrology department, says Mr. and Mrs. Bomes' made "a courageous adaptation" to their lifestyle change and dependence on hemodialysis.

June and Robert felt they were luckier than other people because they could leave the city for at least two days at a time. "In the summer we scheduled our treatment for the same time and then we took off to Lake Erie. I can't hunt now but I get out in the boat and go fishing," Robert says.

CO-OPERATION BETWEEN HOSPITAL AND MEDICAL SCHOOL

The prediction made by a newspaper reporter in February, 1963, — that the link between St. Joseph's and McMaster University for radio-isotope research would be a vital factor in the creation of a medical school — was on the brink of becoming a reality.

After the death of Dr. Charles Jaimet in the autumn of 1962, Dr. Kenneth Ingham was appointed as head of St. Joseph's radio-isotope department in 1963. During that period Dr. H. G. Thode, president of McMaster University, announced Dr. Ingham's appointment as medical consultant to the McMaster nuclear reactor project.

At the time, Dr. Thode said that Dr. Ingham's dual appointment followed the precedent of co-operation established between the two institutions in 1958 (when the university and the hospital set up a radio-isotope laboratory at St. Joseph's). Dr. Ingham recalls when the medical school was on the horizon. "In 1963 I was the one medical man at McMaster. I remember talking to Dr. Thode, when he was considering candidates for Dean in the Faculty of Medicine. He was keen on having Dr. John R. Evans because he felt he would have the energy to be able to do all the necessary, hectic things."

Eventually, Dr. Thode did select Dr. Evans as dean for the new school.

As chairman of the liaison committee between university and hospital, Dr. Ingham was sensitive to the requirements of making a medical school fit into the medical community at the time. "It was inevitable that we would get a medical school. We needed it and

Healthy kidneys carry out their sophisticated function 24 hours a day. Most people are reminded of this only when the bladder exerts pressure to be emptied several times each day.

The industrious kidneys are taken for granted as they purify the body's blood and remove its wastes, but they do much more.

A normally functioning pair of kidneys constantly do the following:

1. Regulate the amount of water the body should keep or excrete from sources such as drinks and food;
2. Maintain a balance of the body's potassium, sodium and calcium, for example, which are derived from the food we eat;
3. Regulate blood pressure;
4. Help produce red blood cells;
5. Help the body use the calcium it takes in;
6. Provide the best environment for cells to grow and live by helping with the acid/base balance of the body; and
7. Play a role in the production of various hormones.

Dr. Smith explains that initially the artificial kidney was developed at the end of the Second World War to treat acute kidney failure which had resulted from battle trauma. The original artificial kidney was crude and cumbersome compared to the equipment used today:

> The original artificial kidney was made of wood, was about the size of a small desk and looked like the paddle wheel of a river boat, with tubing wound around the the wheel. The dialysis fluid was mixed by hand and stirred with a paddle.

For patients with acute failure, the artificial kidney helped cleanse the blood until kidney function could be restored. Subsequent refinements made it an appropriate method of treatment for patients who suffered the debilitating effects of chronic kidney failure. Dr. Smith continued:

> In the mid-to-late 1950s chronic kidney failure was a complex disease that affected the whole body. The only way out was death or transplantation. Until 1967, those with chronic kidney failure had to die an uncomfortable death.
>
> With their kidneys not working, patients would be swollen, weak, pale, nauseated and breathless. They would bleed into the bowel and skin. The build-up of toxins in the body would cause great distress, confusion and convulsions.
>
> There has been great progress in the care of these patients. Today the artificial kidney buys time for those suffering from chronic kidney failure. And we transplant up to 40 patients per year.

Regional dialysis unit

At a medical advisory meeting on April 6, 1965, Dr. William Goldberg asked the Medical Advisory Committee for support for the general idea of instituting a chronic dialysis unit in St. Joseph's Hospital. He said he had made informal contacts with people on the departmental level of other hospitals and felt that it would be reasonable for the unit to be set up at St. Joseph's to serve the whole city. The question of space and the expense of a director for the unit were his main concerns.

Three months later, on July 6, Dr. Goldberg announced that in January, 1967, Dr. Arthur Shimizu would head the renal unit. The delay was due to the fact that Dr. Shimizu was in Cleveland, gaining experience in renal transplants.

Matthew Dymond, Ontario health minister at the time, officially opened the $100,000 five-bed unit in September, 1967. In emphasizing the unit's role in regional provision of health services he said, "The complexities of health care are such that there can be no room for any competition. It may have been all right 25 or 30 years ago, although sometimes this competition was motivated by a desire or mad rush for status."

Dr. Goldberg added, "The fact that a medical school was developing at McMas-

ter University made it possible to get the support needed to set up the unit. You couldn't have a unit of this calibre otherwise."

Today the regional dialysis unit serves a population base of 1.9 million who live in the area bordered by Tobermory to the north, London to the west, St. Catharines to the south and Toronto to the east. A total of 200 patients receive treatment through one of several programs developed at St. Joseph's — hemodialysis, peritoneal dialysis, self-care dialysis and home hemodialysis.

Dr. Smith says that although the unit resulted from the efforts of science, the hospital and the university, it is, above all, a tribute to team work. "It is the people who matter — those who sweep the floors and maintain the machines, the dietitians — all the staff who work for the patients' welfare," he said.

Over the years, the unit has received generous assistance from area organizations. The Sertoma Club, for example, donated a van in 1976 to service artificial kidneys in patients' homes. In 1978, through the fundraising efforts of the Hamilton East Lions Club, Camp Dorset was officially opened in the Muskoka region. It is set up so that dialysis patients may receive treatment while they enjoy a summer vacation with their families. As well, contributions from the Kidney Foundation make the purchase of equipment and furnishings possible.

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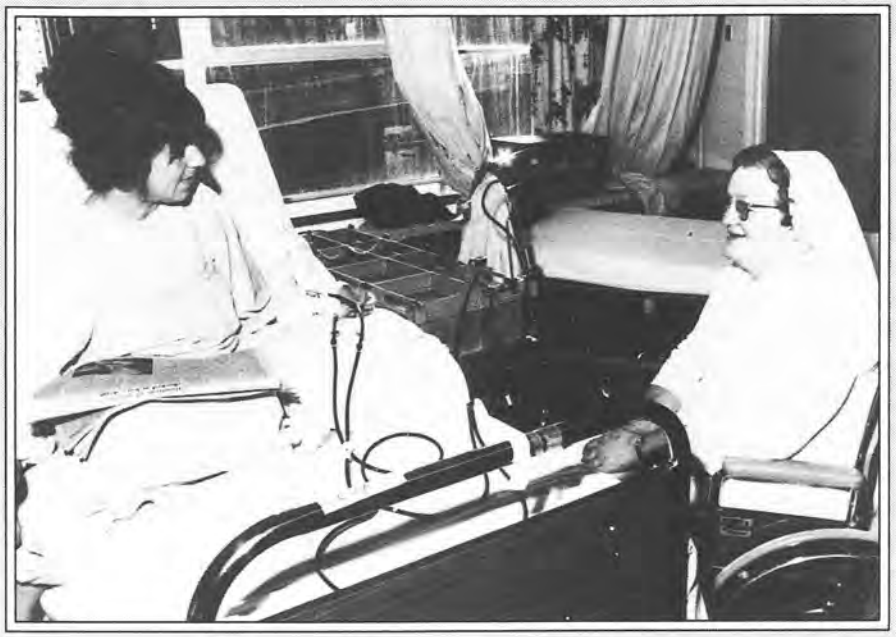

Sister Mary Jane Ryan on a visit to Gilda Cino, a dialysis patient for almost 20 years. Mrs. Cino died on September 25, 1986, of renal failure caused by complications from a kidney transplant operation. Gilda is fondly remembered as an active and enthusiastic volunteer in numerous hospital fundraising events.

The opening of Camp Dorset, a summer vacation camp for dialysis patients and their families.

everyone felt that Hamilton was the right size," he says.

"But we wanted to avoid the 'town and gown' problem. The school had to serve the medical needs of the community as well as the overall needs of training new people."

Doctors were asked to contribute to the new school's curriculum. They gave a great deal of thought to what was wrong with their own medical training and how that could be corrected for future students. Interestingly, in an new age of specialization, one area which they agreed was lacking was family medicine.

"At that time there were few, if any, faculty members teaching family medicine in any North American schools. We had great input from family doctors on that aspect," Dr. Ingham recalls:

> There were two currents of interest. One was to make family medicine obsolete by having interns and pediatricians do all of the primary care. The other said that a strong need existed for family practitioners to serve as the first-line, personal approach to the families and coordinate the other specialties.
>
> There was enough strength in this second idea that it became accepted. Almost all faculties of medicine now have family medicine and full faculty members with the necessary authority. Everyone recognized that in a traditional medical school there was no course of study in general practice. The usual reference to it was a rather derogatory 'look what he or she has missed.' Not enough role models existed.
>
> So there was not much doubt that general practice would fall by the wayside and disappear if there were not an academic situation where students could see someone whom they admired and would like to emulate doing that kind of work.

St. Joseph's had an impact on the medical school's curriculum by establishing clinical teaching units in family practice. "We had a full department of family practice long before the other hospitals in town," said Dr. Ingham.

On December 23, 1969, after listening to Dr. Evans outline all the pros and cons concerning an affiliation with McMaster University, Sister Mary Grace took her pen in hand. Although she was apprehensive about guiding St. Joseph's in its venture to become a teaching hospital, her doubts were eased by the knowledge that staff and patients would benefit. Before signing the agreement, she recalls saying to God: "*You* sign it."

"The decision to become involved with McMaster and the development of clinical teaching units meant that St. Joseph's developed its own specialties," said Dr. Galloway. "When I came, in 1965, research at the hospital was minimal. Today it is a very significant aspect of St. Joseph's."

St. Joseph's became the first hospital in the city to establish a formal accord with the medical school. The school and hospital shared a common goal — to teach graduate and undergraduate students in medicine and nursing.

As medical director, Dr. Galloway ensured that the university and hospital responsibilities were well defined in the agreement. "I felt the agreement should recognize the hospital's responsibility for quality patient care while the university was responsible for teaching and research," he said. "I did the legwork on the affiliation agreement with McMaster, but it was the result of tremendous co-operation between the Sisters, the board of trustees, administration, physicians, the medical advisory committee and many staff members."

On May 16, 1972, Dr. Galloway addressed the first class to graduate from McMaster University Medical School and received an honorary Doctor of Laws degree.

A later affiliation with Mohawk College permitted students to gain practical and clinical experience in physiotherapy, nursing, occupational therapy, radiology and medical technology.

Dr. Galloway added that the medical school acted as a catalyst for another important event at St. Joseph's — the transition to a board of trustees from the lay advisory board which had been in place since 1952. "The board of trustees with representatives from the Sisters and the community brought expertise to develop and manage the hospital," he said.

Under the Public Hospitals Act, it had always been necessary to have a governing board. St. Joseph's governing body was comprised of a council of five Sisters and a group of lay persons who served as their advisors. This original advisory group, however, did not have delegated authority.

At this point in the history of St. Joseph's, Superior General Mother Alacoque and the Congregation's Council changed from the advisory board concept to the board of trustees. They delegated to the board the responsibility for operating St. Joseph's according to established bylaws within the philosophy of the Sisters of St. Joseph.

Mother Alacoque imposed only one condition in the selection of the board of trustees: she asked that Dr. Jim Osbaldeston be the chairman of the first board formed on June 19, 1968. "I do not know why this was and I do not take any credit for it. It's unusual for a doctor who is a member of the staff to serve as chairman, because it could be seen as a conflict of interest," Dr. Osbaldeston recalled.

William Scully, general chairman of the hospital's first public fundraising campaign in 1961, and Dr. Osbaldeston began the selection of board members. "We drew up a list of names," Dr. Osbadeston said. "The requirements were that each member had to be board calibre, a person who knew how to operate on a board, and each one had to bring a particular skill and area of knowledge to the hospital — law, finance or public relations, for example. Then Bill and I went to visit each prospective member."

The term 'trustees' was adopted, the board was incorporated and given its mandate. It still sets the rules, regulations and bylaws by which the hospital operates and is answerable to the Sisters. As owners, the Sisters determine policy and a Mission statement that governs how the hospital should be run.

Sister Ann Marshall explained that the board's function has altered little since 1968:

> The Corporation of the Sisters of St. Joseph owns and operates the hospital, but we have given certain authority to the board. For example, the running and upgrading of the hospital is the board's responsibility. The board invests money, appoints heads of departments and the executive director. They cannot, however, incur debt without our authority, and they cannot buy or sell land. Appointments to the board must be ratified by the corporation, but other than that they really do have the major functioning of the hospital.

After some intense growing pains, St. Joseph's emerged with the confidence to direct the future of many of the community's health-care issues. It is now a tradition at the hospital to identify and solve new problems. Part of its mission statement reads: "For the future, St. Joseph's Hospital plans to continue to provide exemplary health care with an emphasis on spiritual and emotional needs, as well as physical care, to all in need."

Two departments which have been established within the past 20 years — Pastoral Service and Palliative Care — demonstrate the hospital's success in caring for the non-medical needs of patients and their families.

To use the analogy of building construction — the Sisters' philosophy is both cornerstone and foundation of St. Joseph's; the services provided by the hospital — from diagnostic and medical to surgical — are the building materials; Pastoral Service and Palliative Care form a special adhesive which bonds them altogether.

These departments were developed through the compassion and efforts of the Sisters working in co-operation with dedicated staff members from many disciplines. They add substance to the comments "there is something different about St. Joe's" and "I'll only come to St. Joe's," made by so many patients when they're trying to explain why they feel so secure in the Sisters' hospital.

LEADING THE WAY

Wide-ranging discussions in the mid-1960s, when planning of health care services for the entire region began in earnest, revealed that services were lacking in Stoney Creek and Hamilton's growing east end. Although it took 25 years to develop, by the end of 1990 St. Joseph's Hospital will open an ambulatory care centre to meet the needs of that population. Once again the Sisters of St. Joseph will demonstrate their commitment to the well-being of the community.

Area health representatives met at St. Joseph's on February 1, 1965 to discuss regional needs. At a second meeting on February 15, 1965, Mr. T.A. Rice, president of the Hamilton Health Association, said:

> Regional planning should indicate where further hospital development should occur. Expansion cannot be determined only in terms of hospital units now in existence. Should there be an additional unit? Where is the growth coming?
>
> Current expansion at the General, Henderson, St. Joseph's and Chedoke hospitals and the proposed university hospital will be sufficient to service certain areas of the community for some time, although the patterns of areas so served may alter with the pending changes in main traffic routes.
>
> Currently, overcrowding at the Joseph Brant hospital indicates need for expansion there. However, regional planning might reveal that since 20 per cent of the Joseph Brant's patients come from the Stoney Creek area, and since Hamilton is expanding farther into Stoney Creek, an entirely new hospital unit might be required in that area.

In April 1985 Sister Joan O'Sullivan celebrates provincial government approval of St. Joseph's Community Health Centre with Frank Miller, who was Progressive Conservative Premier of Ontario at the time.

The discussion on regional planning of the area's health care facilities eventually led to the formation of the Hamilton-Wentworth District Health Council in 1976. The following year, the council pursued Mr. Rice's concern voiced in 1965 that the health needs of the region's population to the east and those living in Stoney Creek be adequately met. Subsequent developments reveal that while Mr. Rice was a man of vision, the Sisters of St. Joseph were women of action.

A thumbnail sketch of events shows how St. Joseph's Community Health Centre became a reality and provides yet another example of how the Sisters' mission continues to be carried out.

1977 — A steering committee of the health council studied the accessibility of health services by residents living east of Parkdale Avenue and identified services needed for this area. At this time the population of the area totalled 72,577.

January, 1979 — The health council commissioned management consultants Peat, Marwick and Partners to do a cost budget analysis of the site redevelopment for the Hamilton General hospital. In August of the same year the council recommended that the Hamilton General be rebuilt on the present site and a community health services facility be built in the east end of Hamilton-Wentworth.

December, 1979 — Mr. Dennis Timbrell, then minister of health for Ontario, accepted the recommendation of the health council to rebuild the Hamilton General on its present site. He requested that the council develop a separate proposal on the scope, nature and costs of a community health service facility to serve the east end as soon as possible so that its development would take place concurrently with the rebuilding of the Hamilton General. The community health service facility was to be managed by one of the Hamilton hospitals; the services offered to be integrated with the existing network of services and programs in the district.

March, 1980 — An east end community task force was set up in conjunction with the health council. Members met regularly for the next year and had input from a professional advisory committee, citizens and open forums to identify needed services. Both the Hamilton General and St. Joseph's expressed an interest in managing the facility.

October, 1982 — The health council recommended to the ministry of health that St. Joseph's operate the proposed satellite facility.

January, 1983 — Following approval by the ministry of health, St. Joseph's commissioned Peat, Marwick and Partners to do a master program/master plan. The services needed were reaffirmed and meetings were held with hospital staff, physicians at the hospital and those located in the east end, multiple health and social services agencies, as well as representatives from the faculty of health sciences at McMaster University to ensure that planned services were well integrated.

September, 1984 — The Corporation of the Sisters of St. Joseph purchased 26 acres of land at King Street and Nash Road. Ten acres were designated for the ambulatory care centre.

The ambulatory care unit resulted from the efforts of countless concerned citizens. Dr. Robert Kemp, 77, is one of many who deserve mention.

Dr. Kemp recognized the need for a hospital in the east end as early as 1960. "When the Joseph Brant hospital was built in Burlington in 1960, I found it was quicker to get there from the east end (than to drive downtown to a Hamilton hospital). It had beds and parking available," he said. "Also, it made more sense to send my patients there as opposed to a hospital in the city because the consultants I used had moved to Joseph Brant."

A group of concerned citizens formed the East Hamilton-Stoney Creek Health Association in the 1970s. "We lobbied every government and made noise to get our own hospital," Dr. Kemp said.

"Since then there have been so many changes in medicine and health care that the need for hospital beds has been reduced. The ambulatory care facility, and the home care provided in conjunction with it, is a shining example of how to care for people on an outpatient basis."

The $6,000 proceeds from a testimonial dinner held in honour of Dr. Kemp in 1986 were donated to support the construction of the centre.

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May, 1989 — Construction started on a building designed by Trevor Garwood-Jones and erected by Pigott Construction.

December, 1990 — projected completion date.

St. Joseph's Community Health Centre at King Street East and Nash Road is located exactly 10 kilometres from the Sisters' original 25-bed hospital on John Street. The centre has a view of the escarpment to the south and St. David's School to the north. On the west side is St. Nicholas Serbian Orthodox Church with its domed roof supporting a cross.

The centre is a two-level building with an exterior cladding of pre-finished aluminum on the second level and split-face concrete block finish on the first level. In time, the oak and maple trees planted around it will further soften the exterior and bring the building into greater harmony with its environment. The judicious placement of evergreens has already begun to form a privacy barrier for the residential neighbourhood to the west.

Canopies provide shelter to three entrance points — the main door, the entrance to the geriatric day centre and the access for patients who arrive in need of urgent medical attention.

Designing the centre took almost 18 months. Architect Trevor Garwood-Jones said the greatest challenge was to create a technologically sophisticated environment that would be warm and welcoming at the same time. He is pleased with the results:

> St. Joseph's Community Health Centre is at the forefront of health care design. It offers a new type of care designed for clients rather than patients. Because ambulatory care is meant to keep patients out of institutions, it alters the philosophy and approach to design.
>
> This centre portrays the fact that it is technically advanced and on the leading edge. Hospital design in the past has been cold and institutional. This had to change because the weak and the sick have a right to a beautiful environment.

Inside, several light wells with skylights allow natural light to penetrate both levels. A bright, cheerful environment is enhanced by the use of colours such as terracotta and warm shades of blue and green.

To create a welcoming environment, he used warm pastel colours for the interior. A skylit atrium brightens the main entrance. For the comfort of the many elderly citizens who will use the building, corridors have been kept as short as possible and are bathed in natural light at regular intervals. Carpeting rather than sheet vinyl flooring has been installed wherever suitable to create a homey atmosphere.

The centre will provide a unique mix of services. The west side of the lower level is a centre for those in need of urgent care — babies with croup and patients who arrive with fractures, or cuts. Although minor surgery will be available at this centre, it will not be called an emergency department because it will not have the back-up of hospital admission. The goal is to stabilize patients who require transfer to another hospital for admission.

Other services on the centre's first floor include radiology, laboratories, occupational therapy and physiotherapy. A geriatric day hospital on the east side will assess and treat seniors who do not require hospitalization for their medical problems.

The second floor will deal with diabetic education, speech pathology, audiology, psychology, social work, pastoral service and St. Joseph's East Region Mental Health Services.

The centre, built at a cost of $18.9 million, will employ approximately 150 staff. It will cost almost $6 million per year to operate. By the end of the 1990s, the population it serves will have grown to 109,000.

St. Joseph's Community Health Centre at King Street East and Nash Road under construction in 1989. By the end of the 1990s, it will serve a population of 109,000.

The exterior of St. Joseph's Community Health Centre nears completion of construction in the autumn of 1989.

As executive director of St. Joseph's since June 1989, Allan Greve is interested in preserving those features of St. Joseph's which distinguish it from other hospitals:

> We often hear the remark made by patients, former patients and members of their families, that there is something 'different' about St. Joseph's Hospital. It is the presence of the Sisters, the adherence to the Christian values of the Roman Catholic church, the commitment to care of the total patient and the family, the high morale of our staff members, and their dedication to the patients and to their jobs that make that difference. These values and the pride associated with being a part of St. Joseph's Hospital do exist and are encouraged.

As it has always done, St. Joseph's prepares for the future by embracing the most current medical and technological changes and passing on the benefits to its patients. One of those benefits is ambulatory care.

"There is an increased focus on diagnosis and treatment on an out-patient basis," Mr. Greve says. "At present, 40 percent of all surgical procedures are done through day surgery. But with advances in technology — from fibre-optics and new instruments to laser and computers — as well as support for patients at home, this will move to the 60 percent range."

In the next decade, he predicts St. Joseph's will participate in further regionalization of clinical programs:

> With additional information and specialization, the cost, medical skill and specialized nursing and support staff required to support a quality program will require a centralized and regional approach to tertiary programs. We will need enhanced managerial skills and a medical/hospital staff working in harmony in order to meet the demand to operate a caring, labour intensive and highly technological health care system.

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Allan Greve assumed the position of Executive Director at St. Joseph's in June, 1989.

Chapter Eleven

THE NURSES REMEMBER

The hospital's history would not be complete without a look at the nursing staff who helped the Sisters of St. Joseph carry on the work they started in the cholera sheds in the 1850s. St Joseph's School of Nursing attracted generations of young women, and eventually some men, who felt called to a demanding and rewarding career in the care of the sick. They were disciplined, hard-working and self-sacrificing individuals who brought honour to their school and to St. Joseph's Hospital.

When the hospital opened in 1890, the labour-saving devices that are taken for granted today had not yet been invented. After a day of caring for their patients, the Sisters did all the manual labour required to maintain safe and pleasant conditions.

Except for the volume of laundry, wash day at the hospital was not much different from any other household in the city. To keep the white bed linen and towels at their brightest, they were boiled in homemade soap in a large copper pot on the stove. The rest of the wash would be done in a tub and scrubbed clean over a board.

Before tackling the housework, a Sister pinned up her skirt and sleeves, fastened her veil back and donned an apron to protect her starched, white guimpe. The Sister responsible for the hospital paperwork recorded charts, accounts and business transactions in meticulous long-hand writing. In the kitchen, all the food was manually prepared and served.

Sister Virginia Hanlon taught in the school of nursing from 1951 to 1964.

The Sisters did their own baking, preserving and canning to keep the larder well stocked.

By 1911, the hospital had grown to twice its original 25-bed capacity. The Sisters recognized a pressing need for additional trained nursing staff if St. Joseph's were to continue to provide for the community's health care needs. The opening of a training school for lay nurses in 1911 was made just in time for the hospital's next growth spurt. Five years later, the addition of a new surgical wing increased accommodation by 100 more beds.

The hospital was staffed in 1911 by nurses who had been trained by Sister Martina Long, aged 51, and Sister Leo Cass, 52. Both women had received their nursing education in Kalamazoo, Michigan.

On September 8 of that year, the first students were poised to begin their training. At the age of 29, Sister Gerard Moran was the first Sister to enroll. In 1950 she was still on the hospital staff at age 68. To house the students and provide classroom space, the Sisters bought Adam Brown's residence at the corner of St. Joseph's Drive and Mountwood Avenue, then known as Alma Avenue.

Each girl wore a crisp, blue and white cotton uniform made at home according to strict specifications. On laundry day the garments were starched to perfection. Apart from some minor changes, the same uniform was worn until 1965 by generations of students who remember them as uncomfortable to wrestle into, with long sleeves even in summer, stiff collars and cuffs. How these women would have rejoiced at today's drip-dry fabrics!

A student knew she had cleared the initial hurdles in her training when she was awarded

Mother Martina Long, 1860 – 1948, Superintendent of the hospital in 1934.

the school cap, which was withheld until she was considered worthy of it. Many were so keen they earned the privilege in a mere six weeks. Their day started at 6 a.m. with uniform inspection, Mass and breakfast before going on 12-hour duty at 7 a.m. Their arduous days were relieved by a one-and-a-half or two-hour break. Each week all students had a half-day off which began at noon.

Most of a nurse's training was of the hands-on variety — she learned by doing. Service to the hospital was the student's first priority; formal education came second. She must have had impressive stamina, since classes took place in the evening when doctors and nurses were free for lectures. Four doctors are credited with laying the foundation of the nursing school; Thomas Hugh Balfe, Ingersol Olmsted, James Edgar and Herbert Sullivan, Sr. Some students admit they viewed their teachers as gods to be feared and yet admired — such as Dr. Ingersol Olmsted — or loved, such as gentle, portly Dr. Thomas Balfe.

On January 22, 1915, with their three-year course of study completed, the first class was ready to graduate. They were Ada Egan, Dunnville; Ella Kelly, Mount Forest; Margaret Hamilton, Guelph; Angela Halloran, Butte, Montana; Helen Carroll, St. Catharines; Clara Grant, Toronto; Anne Maloney, Lillian Furrey and Jean Morin all of Hamilton. The graduation ceremony took place in the lecture hall of the nurses' residence at 8 p.m. Prominent members of the city's clergy, lay and medical professions, joined family and friends as the nurses were presented with huge bouquets of pink roses and heard addresses by Mayor Chester Walters and Dr. Balfe. When asked about their plans for a private celebration following the event, Ada Egan and Anne Maloney replied, "We'll return to duty and to our patients."

Dr. W.P. Downes, the hospital's first intern in 1916, was a popular teacher in the school of nursing. Known affectionately as 'Willie P. Downes', he loved education and anything related to it. He had been a teacher before entering medicine and when he joined the staff at St. Joseph's he took over much of the nurses' instruction. Having taught school for a

number of years, he may have been older than today's intern perhaps, but his enthusiam was ideal for a young and growing hospital.

In 1920, plans were begun by the Ontario government, as with other provincial legislatures, to enact a registration law which required all nursing students to write departmental exams on the completion of their course. This was the signal for extensive improvements in all schools of nursing seeking provincial approval.

To meet the new requirements, Dr. Downes gave an intensive review course to the class of 1926, which was the first to write the R.N. exams. All the students passed. For years it was a proud boast that not one of St. Joseph's nurses had ever failed the examination. At the end of every review, Dr. Downes gave the same advice: "The night before the exam, have fun. It's time to relax. By now the die is cast."

St. Joseph's School of Nursing made a special effort to prepare its students for advanced work and, in choosing candidates for the course, preference was given to those with superior qualifications. The Sisters and staff insisted on a very high standard in those who took the course. Applicants were not formally admitted until they had demonstrated their fitness during the four months' term of probation.

Dr. Thomas Hugh Balfe with students in 1917.

By 1921, the hospital had grown to accommodate more patients, which created the need for more nurses. An increase in student enrolment promised to burden the already crowded residence. As a result, the Sisters faced a fresh bout of opposition reminiscent of their hospital's opening. This time it concerned the need for a new nurses' residence.

In the fall of 1921, the foundation for a new residence and classroom was started on the site of the original building. When construction got underway nurses were displaced in scattered living arrangements — 35 in one house on John Street, 27 in another and 23 in the hospital itself.

Both St. Joseph's and the Hamilton General had approached the city at the same time for assistance in financing new homes for their nurses. St. Joseph's needed $50,000. Once again, religion played a part in the debate. Because the loyalty of the taxpaying citizens was divided between the two institutions, envy, suspicion and resentment pitted one side against the other.

The Hamilton Spectator relieved some of the tension when it assessed the facts and pointed out that of the 2,710 patients treated at St. Joseph's in 1920, just over 1,800 patients were non-Catholic. Furthermore, indigent patients of all religions were routinely admitted and treated for free. In a plea for co-operation, the paper reasoned:

It is a public institution, largely availed of by Protestants, who are by no means confined to the wealthiest classes in the community. The need for the home is urgent and many Protestant nurses are in training at the institution. Let the question be considered with an open mind, free from bitterness and, above all, free from religious prejudice.

A great public work is being done by both hospitals for the general good of the community. The merits of the appeal should be considered on that basis alone. It should not be forgotten that Roman Catholics have to contribute to the upkeep of the city hospital and will have to pay their share of the proposed nurses' home in connection with it.

Undermount, School of Nursing opened on November 28, 1922.

Eventually, the amount requested was promised by the city, to be paid in two instalments. In true bureaucratic form, however, the wrangle carried over to the spring of the following year, when a new city council took office and threatened to renege on the second instalment pledged by its predecessor.

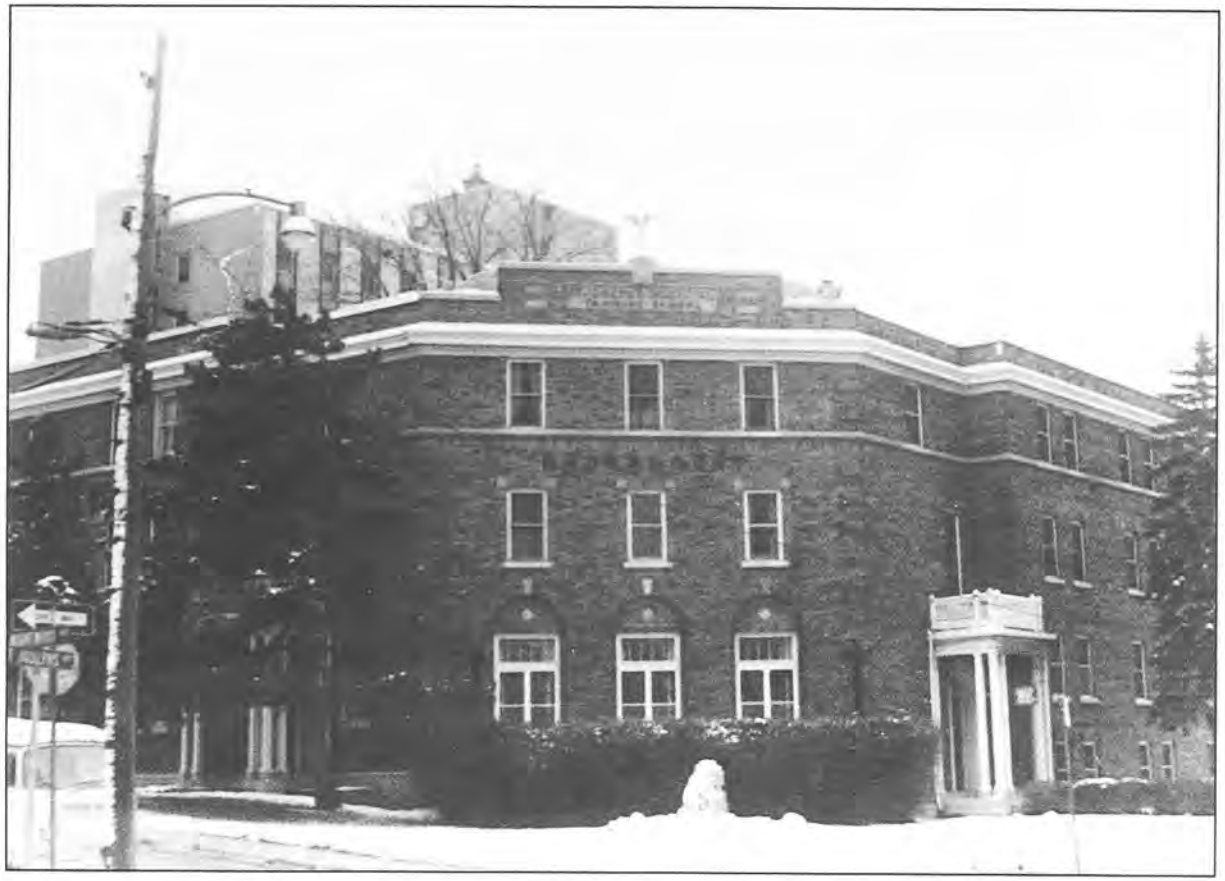
The contentious issue was eventually resolved in favour of St. Joseph's receiving the full amount. W.H. Yates Construction Company of Hamilton completed the new Undermount residence in one year and on Tuesday, November 28, 1922, it was officially opened. Citizens who supported the Hamilton General were also satisfied when that hospital opened its new nurses' residence the same year.

Fortunately, the funding debate at city hall caused no bitterness between the two institutions. In fact, four years later, when a scarlet fever epidemic closed St. Joseph's to visitors and struck a number of its nurses, the board of governors at the General decided that St. Joseph's nurses would be treated at no charge.

Undermount had as much style as substance. Students were attracted to the school as much for the new residence as the curriculum. Outside it had terraced lawns and landscaped plots of shrubs and flowers and a tennis court for the students. The Sisters entered through a large door facing north, while students used a door facing east. Toronto architects Stevens and Lee planned the interior.

The Spectator gave this detailed account of the "rich yet tasteful" surroundings:

> Just inside the door is a small office and telephone booth, and to the left is the living-room. Like the rest of the rooms in the building, the living-room is furnished with polished oak



A close-up view of Undermount, St. Joseph's School of Nursing, which stood at the corner of St. Joseph's Drive and Mountwood Avenue.

floors. The walls are tinted a light cream. Three French windows lead out on to a balcony along the front of the room. At one end of the room, in a little arched alcove, is a large open coal fireplace of red tile and walnut. The wall panel in the alcove is of scarlet, lending a warm glow to the place.

Hangings of striped purple velour, trimmed with dull gold are over the windows and in the panels on the wall are two long mirrors in bronze frames. Three large crystal chandeliers furnish the lighting for the room. The floors are covered with Wilton rugs, and in one corner of the room is a walnut grandfather clock. A mohair chesterfield suite, a walnut piano, walnut tables and several other choice pieces of furniture complete the room.

The library, which opened from the living room by sliding doors, had walnut bookshelves set in the walls. On either side of the walnut and white marble fireplace were French windows that led out to the sunken gardens. Above the fireplace was a scarlet panel, with the rest of the room a cream shade, a carry-over of the living room colour scheme.

Opening off the main corridor on the first floor were a kitchenette, cloak room and sewing room. At the end of the hall was a bright, airy lecture hall with 12 windows, a blackboard, charts and equipment for chemistry instruction. Students sat in oak chairs with arms wide enough for note-taking.

Ninety-three nurses lived on the the second and third floors. Most had single rooms measuring 108 square feet, with identical fur-

The stately living room of the Undermount nurses' residence.

nishings, the details of which are recalled today by some of the earlier grads. Walls were gray with buff trim, polished oak floors were scattered with Wilton rugs, curtains and bedspreads were either rose or blue. At the end of a long day, nurses slept on new Marshall mattresses placed on Simmons metal beds of a dull walnut color.

Rose Schmalz (later Rose Diemert), a nurse who graduated in 1925, was particularly impatient for the new residence to open. As a student she lived in an old house on Charlton Avenue, one of the temporary homes for nurses while Undermount was under construction. "It was my first time away from home and I was homesick. It took a long time to adjust. Eight of us slept on old hospital beds in one large room. In 1923 we moved into the new residence."

For many it may have been the most luxury and privacy they had ever experienced. Each room was equipped with solid, black walnut furniture — a five-drawer chiffonnier with a plate glass top, a night table, a tapestry-upholstered arm chair, writing desk and a small chair. A spacious closet was outfitted with shelves and hooks. The porcelain wash basin had hot and cold running water.

The door was made of British Columbia fir finished in mahogany. On the door was the room number and student's name printed in Old English lettering. A quick uniform check could be made in the full-length mirror. Fully equipped bathrooms on each floor had terrazzo tiles and marble partitions.

To get to the hospital from their residence, nurses walked through a 175-foot underground tunnel. In fact, after a snowfall, its outline can be determined as the warm air in the tunnel melts the snow directly above it. Its location roughly corresponds to the present overhead walkway built in 1980 that crosses St. Joseph's Drive.

As the hospital and its school achieved the high standards set by the government, civic pride swelled. Ceremonies and accolades became more lavish with each year's graduation. On January 25, 1922 hundreds of citizens gathered in the Hamilton Collegiate Institute to honour the 15 young graduates, each carrying a bouquet of red roses. Adding to the excitement of the occasion was the presentation of diplomas by Sir John Hendrie, who had been knighted during his term of office (1914–1919) as Lieutenant-Governor of Ontario. *The Spectator* reported:

> The large hall was gaily decorated for the occasion with garlands and sheafs of flowers and the artistically arranged stage made a charming background for the pretty girls in their crisp white uniforms and becoming caps.

In his address to the graduates Sir John Hendrie said: "No vocation so well fits a woman for the highest development of her sex as nursing, for it brings out the best characteristics and serves to eliminate the less desirable ones."

Dr. Downes reminded the nurses that it was imperative to study their patients if they were to be successful in their profession, adding that as graduates of St. Joseph's they would either be an honour or a scar upon their school.

Right: Rose Schmalz (married name Diemert) on a break from the operating room with her friend Edith Digby (married name Majeske) in 1923.

At the June, 1926, graduation the Hon. Lincoln Goldie, provincial secretary of Ontario, lamented the number of Canadian nurses

who were being claimed by the U.S. each year. Again in May of 1929, Dr. Larry Playfair of St. Joseph's expressed concern that nursing ranks in Canada were being depleted by emigration to the U.S., where the large cities offered great inducements in the way of handsome salaries. "Matrimony too, took its toll," he added.

In 1915, the year the first nursing class graduated, the nurses formed an alumnae that remains active to this day with a current membership that is 600 strong. Under the convenorship of graduates Ada Egan and Jean Morin, members assembled to formulate a constitution and bylaws. Another graduate, Ella Kelly, became the first president. Once organized, they immediately undertook fund-raising activities for the benefit of the hospital and their alma mater.

Through private donations of up to $20 and a dance held at the Royal Connaught Hotel, they raised enough to help furnish the living room of the new Undermount residence in 1922. When linen was needed the following year, again they responded with individual donations of $5 to $10.

In 1925, they presented a chalice to a mission in Western Canada and bought linens for the Sisters to embroider for the mission's altar. Such generosity was remarkable considering the rate of pay for 12-hour duty at the time was $3.50.

Over the years the alumnae continued to further the interests of students and the hospital with prizes to graduating nurses for general proficiency, cash donations on the opening of new wings and gifts of money to the school library.

Dr. Larry Playfair taught physiology in the nursing school.

In a speech given at her alma mater on October 8, 1969, Sister Virginia Hanlon traced the evolution of nursing education in Canada. In part, this is what she had to say about how those developments affected St. Joseph's training school:

> Each new definition of "nurse" reflects advances in the medical and social sciences. The result has been nursing functions that are increasingly exacting and diversified.

But, there was a time when service to the hospital took precedence over the educational requirements. This was the case in the early 1900s in Canada. From the outset the aims of the hospitals were in conflict with the aims of the schools of nursing. The nature of the development of the schools — and the learning experiences offered — indicated that their purpose was to provide charitable services rather than education. Students were admitted to the school and immediately assigned to the wards as workers; teaching was incidental.

Vast strides were made in the science and practice of medicine dating from the latter part of the 19th century. With this renaissance of medicine, the whole conception of the care of the sick changed. No longer was a hospital seen as a place where one goes to die, but rather as a place to go to regain health and return to the community.

With wide hospitalization came an increasing demand for nursing service, and as hospitals evolved to meet the needs of the community so the character of nursing service developed and changed, often ac-

The first class of graduates on January 22, 1915.

cording to the individual needs of the hospital.

Prior to and during the 1920s, students who enrolled in our school were assigned to duty on the wards the day after registration. The school cap was merited three months from the beginning date of the course. After the nurse was 'capped' she could be assigned to night duty. Besides the prime responsibility of patient care, the student was responsible for the housekeeping in each clinical area to which she was assigned.

The student replaced the maid on the maid's half-day off. Her duties then consisted of bringing the food to the wards from the main kitchen, serving the food on the trays and carrying it to the patient, following which the trays were washed and set up for the following day.

A senior nurse (a third-year student) did all the incidental teaching on the wards. During the day there was a Sister Supervisor on each ward, but a head nurse or graduate staff nurse was an unknown quantity. Ninety per cent of the nurses who graduated did private duty nursing. During the night the hospital was staffed solely by students, with one Sister Supervisor.

By the 1930s and '40s, classes were growing in size and as a result, the number of nursing lectures increased and classes were no longer included in off-duty time. But conflict often arose when a student wanted to leave the ward for class because service took precedence. In the mid-40s, however, more lectures were given by doctors, emphasis increased on curriculum planning and a Sister instructor was appointed to assist the director in teaching.

This Sister teacher taught 90 per cent of the content in the area of nursing and an increasing number of doctors lectured, too. The first clinical instructor at St. Joseph's, Miss Sylvia Hallman, was appointed in 1944. Her function was to assist the students in the clinical situation.

As in all areas of education, St. Joseph's School of Nursing was affected by the Second World War. Classes were increasing rapidly in size, more residence accommodation had to be obtained and additional graduate staff nurses were employed, thereby removing some of the service responsibilities from the students.

Clinical instructors, clinics on the wards and case studies were introduced. Early in 1950, the block system of teaching was initiated. Students were on the wards from 7 a.m. to 10 a.m. From 10 a.m. to 4 p.m. was set aside for classroom instruction. The final block of time from 4 p.m. to 7 p.m. found them back on the wards. Resistance on the part of nursing service personnel to this new philosophy of teaching gradually gave way to acceptance.

We advanced to a system whereby the pre-clinical period (not probationary) was extended, with less and less service and more and more emphasis on education. Second-year students were off the nursing

Marygrove was built in 1869 at the corner of James Street South and St. Joseph's Drive. The hospital purchased Marygrove on September 15, 1947, for use as a nurses' residence. In 1960 it was demolished when construction of the new surgical building began.

units for longer periods, with no commitment to service, and all the formal classes were completed in the first two years. The third year was one essentially of service, but as more qualified teachers became available for clinical teaching, a great deal of teaching took place in the hospital setting.

With increased concentration on education rather than service, new facilities were provided for students — an expanded library, emphasis on research, more audio/visual equipment. "As the service and educational responsibilities grew, there was a separation between service and education, with a director for each area."

Oakbank nurses' residence, built for John Stinson in the mid-1850s, was located at 301 James Street South. Edward, the Prince of Wales, stayed at Oakbank in 1860 when he attended the opening ceremonies of the city's waterworks system.

Irene Murray was 18 when she entered training, only five years after the school opened. Much later, at age 92, she recalled the experience that shaped her desire to be a nurse:

> My mother, a widow with six children, was operated on by dear old Dr. Balfe. I remember how good all the Sisters were to her. I was so grateful that I decided that I'd go into training so that I could look after someone else's mother.
>
> In 1916, I moved into the nurses' residence — the old Adam Brown home — on the corner of Alma Avenue and Mountain Drive. It was a lovely big house where I shared a room with three other girls. My family lived on John Street, across from the Church of The Ascension.
>
> The laundry ironed our uniforms and I remember those big, full aprons and great stiff bibs were so starched you could hear them rustling down the corridors. Our instructors were the doctors and we stood up when they entered the room.
>
> It was different then, it was the Old School. At age 17 or 18 we looked on them as gods. We were scared stiff of Dr. Olmsted and Mother St. Basil. She was very particular. The Sisters

Irene Murray on her graduation day February 23, 1919.

knew more about us than we did about ourselves. They were like our mothers.

I was brassy and spontaneous a couple of times, though. One time Dr. H.J. Sullivan, Sr. said 'what the hell!' and I asked him if he belonged to the Holy Name society. Another time, one of the Sisters asked me to take on the job of floor supervisor. She said I had a couple of weeks to think it over. When the time was up she asked again and I told her I wouldn't do it because I didn't want to be tied down. I don't how I had the nerve to do that.

As a student I didn't like maternity or the operating room but I really enjoyed surgical nursing. For pain we had morphine and pneumonia was treated with a mustard plaster. We didn't have the antibiotics that are available today. Our class of seven graduated in the chapel that was at the front door of the John Street entrance to the 1890 building. Since the patients upstairs had to go to sleep, we had no dance or party. It was all over by 11 p.m.

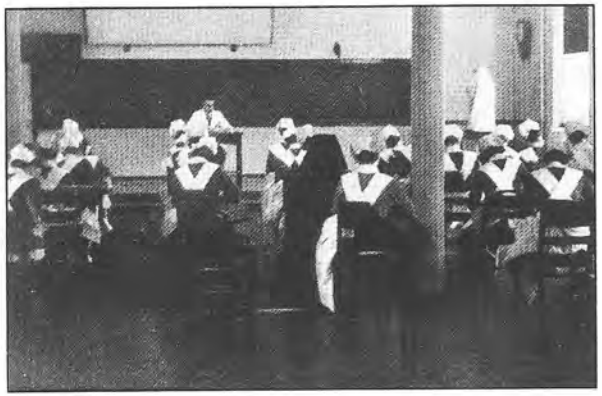
After that, I was always a private duty nurse because I didn't like the routine of staff nursing. One job took me to Scotland, Ontario. A farmer met me at the train station in his horse and buggy and we drove about seven miles out into the country to his home where I cared for his wife, who had the 'flu. That was 24-hour duty and I had to sleep on a scratchy old horsehair couch.

My patients were always interesting. I nursed many clergy members. If I had a private case at St. Joe's, I'd walk from my home on Gladstone Avenue, over to Delaware Avenue and Stinson Street and on up the hill to the hospital. After changing in the locker room I'd go up to the cafeteria and have breakfast, all before reporting to duty at 7 a.m. Pay was $3 for 12-hour duty.

In September, 1924, student Floss Goetz (later Floss Smith) took a seat at her first lecture in the nurses' residence. Apart from desks, chairs and a blackboard, the classroom contained the few learning materials of the day: a skeleton and hospital beds containing training models of an adult female and a baby.

In the months ahead Floss would learn the art and science of nursing: how to give alcohol rubs and needles and — by practising on a fellow student — how to take a patient's blood pressure, temperature and pulse.

Sister Assumption Kehoe, 44, director and supervisor of nurses, stood at the front as she welcomed the eager class of 20 girls in their



Student nurses in the Undermount classroom.

probationers' uniforms — a white apron with a three-inch waistband buttoned at the back, worn over a long-sleeved blue dress which was accented by a starched white collar and cuffs, high-cut, laced black shoes and black stockings.

On that first day Sister Assumption conveyed little of the military-style discipline for which she was feared and revered by her students. She was also a dedicated woman who had her students' success in mind at all times. Her opening words at Floss' first lecture were: "Your first duty is the care and comfort of your patient."

To Floss, a girl with dark, wavy hair and a studious demeanour, those words became the motto of a career she had planned at an early age: "I enjoyed visiting sick relatives or friends and wanted to do something for them. My mother was always behind me with a jar of homemade soup or a bag of cookies."

St. Joseph's in Hamilton appealed to her because it offered modern, new facilities, a new nurses' residence and affiliation with a

Floss Goetz (married name Smith) graduated in 1927.

The fifth class to graduate — Irene Murray (standing, far left).

tuberculosis sanatorium and psychiatric hospital:

> We lived in Undermount where we had our own rooms, tastefully furnished with a single bed and bedside table. There was a desk with a gooseneck lamp and chair, blue bedspread and curtains, a chest of drawers and a clothes closet as well as our own sink and mirror.
>
> Toilets and bath tubs were located on each floor. Just inside the front door was the mail room and to the right of the entrance hall was a large, nicely furnished living room with a piano. To the left was Sister Assumption's office and two bedrooms. The classroom was located at the end of this hall.
>
> At 6 a.m. a merciless bell, which was rung by hand, could be heard ringing up and down the halls. There was uniform inspection and attendance taken at 6:30 a.m., breakfast and on duty by 7 a.m. During our 12-hour shift we had two hours off, but these were often given up for lectures from Monday to Friday.
>
> Each week we had half a day off, giving us enough time to take in a show at the old Pantages Theatre on King Street, but if there was a lecture during that time, we had to attend it. The Pantages, which later became the Palace Theatre, headlined vaudeville acts and entertainers such as George Burns and Gracie Allen, the Marx Brothers, Bing Crosby, Bob Hope, Red Skelton and Edgar Bergen with Charlie McCarthy. We had three hours off on Sunday. On night duty there were no spare nurses, so if a nurse became ill, one of the day nurses would remain on for 24-hour duty.

When the day shift ended at 7 p.m., students often ran down to a favourite Chinese restaurant on John Street where the bill for breaded veal cutlets and vegetables or chicken with rice, and a piece of banana cream pie, was 25 cents — ideal for the first-year student whose income was $5 per month.

While it wasn't exactly gourmet fare it was an escape from the hospital kitchen. "Cafeteria meals were nourishing but plain, starchy and monotonous. I gained 25 pounds in three months and took immediate steps to reduce when I could hardly fit into my uniform."

Curfew was set for 10 p.m., at which time all students had to be in their bedrooms. One night a month there was a late leave of 11:30 p.m. It was compulsory for nurses to sign in at the hospital office and return to residence via the underground tunnel, a dreaded walk at that hour because they passed the morgue en route!

Taboos governing behaviour were abundant, but in the spirit of the young and resourceful they were overcome. "Boyfriends were hard to come by and fraternizing with nurses from other years wasn't allowed. But it was fun to have the occasional night out with an intern or single doctor — strictly against the rules, but worth the chance!"

Sandwiched between the demands of duty and discipline was the nurses' formal education. Medicine was taught by Dr. W.P. Downes, anatomy by Dr. H.J. Sullivan, Sr., and physiology by Dr. L.L. Playfair. "I remember Dr. J.K. McGregor, who was then the recognized authority on thyroid surgery, his brother Dr. Douglas McGregor and Dr. Ingersol Olmsted."

After the four-month probation in the first year, the "probie" got her bib and cap. It was a proud day in her third year when the black band was added to the nurses' cap, signifying that she was a senior. Along with the black band came the privilege of wearing white Oxfords and white stockings in the summer months. She also moved to bed-side nursing, which was taught in lectures and demonstrations by the Sisters. Floss recalled:

> Our instructor for nursing procedure was Sister Mary Assumption, for medication Sister Loretto Gainor and for obstetrical nursing and care of the newborn, Sister Mercedes Gallagher, who was supervisor of Casa Maria. We learned how to change surgical dressings and care for diabetics suffering from gangrene or the amputation of a foot or leg. Sterile procedures in the operating room were taught and we had to know the contents of a sterile tray re-

quired for the doctor to remove drainage tubes or stitches.

Responsibilities increased with each year in training. A third-year nurse learned how to catheterize a patient under strict asepis, to do a sponge count after surgical procedures and to chart patient care at the end of a 12-hour shift. She also served for three months in the operating room, where Sister Gerard Moran was supervisor and instructor of OR technique:

> Patients with a simple appendix or hernia and maternity patients were kept in bed for 10 days. Abdominal incisions were supported by a scultetus binder. Patients with major surgery — such as malignancies, bowel obstruction, amputations, peritonitis, or mastoid — remained in bed much longer. Nursing at the time was made all the more challenging by the fact that there were no antibiotics, no insulin, no Salk vaccine and no serum for diphtheria, typhoid, whooping cough, measles or tuberculosis.

At times, training also summoned students beyond the call of duty. In the absence of sophisticated equipment or a battery of therapeutic drugs, some innovative nursing techniques were often employed.

On one occasion, Floss was challenged by a patient suffering from a stricture of the esophagus. The prescribed treatment was to have the woman swallow a string of beads, (knotted end first and coaxed down by sips of water.) Protesting that it was an impossible feat, the patient cried 'all right, nurse, you swallow it and then I'll try'. With a Sister at her side, Floss gave a reluctant but successful demonstration. The patient, who struggled for over an hour, eventually managed to get the string started and her throat was cleared.

One of Floss' happiest experiences was a voluntary arm-to-arm blood transfusion given to an 11-year-old girl named Madge, who was brought in bleeding profusely through the nose:

> She was transfused a number of times during the first three days but she kept on bleeding. I was on night duty and it was evident that Madge was in dire need of blood, but there were no more donors available. I told the doctor that I would gladly give blood.
>
> Following the transfusion, her bleeding stopped. Madge was taken back to her room and handled with care. When I went on duty the next night, there was still no bleeding and she was in great spirits. She went home on the tenth day.

Floss was named valedictorian in her 1927 graduating class and many years later she worked at the Red Cross, organizing mobile donor clinics, when new procedures such as heart surgery created a demand for blood .

Success and accolades aside, Floss said her fondest memory of graduation day was that "My prettiest red roses came with a card signed: 'From Madge, with love.'"

Jeanette Eaglesham, (later Jeanette Simpson) a nurse who graduated in 1925, has a vivid memory of the day she applied to the school:

> On a lovely summer day in 1922, my Uncle John and my grandparents brought me to St. Joseph's to be interviewed by Sister St. Basil McClarty in her office just inside the huge front door of the building on John Street. The following September I was brought over again to start my training.
>
> Sister Assumption was Superintendent of nurses then and she ruled us like the American army, with which she had served in the first World War in France, attached to the American Nursing Service. Our various classes were attended on schedule. Dr. W.P. Downes instructed in maternity and Dr. Woodhall in surgery. Dr. Olmsted booked classes for 7 a.m. so that he would not be held up later in the day. Our graduation took place in the auditorium of Undermount on a warm day in 1925. Everyone looked lovely in the new white uniforms.
>
> I still have a picture of Sister Loretto teaching me the differ-

Jeanette Eaglesham (married name Simpson) receives instruction on instruments in the operating room from Sister Loretto Gainor.

ent instruments to use in the lower OR for tonsillectomy. When we finished our training we earned $5 for 12-hour duty. When I retired in 1965 it was $33 for eight-hour duty. When there was a shortage of private duty nurses, I joined the nurses' registry.

By her own admission, Dorothy Williams entered training, in January 1935, just to escape the chronic unemployment of the 1930s. When her training was over, however, she was committed to a career in nursing. Graduation exercises took place at 3 p.m. on June 8, 1938. Dorothy had a job within the month.

Years later, in 1985, she wrote to Sister Mary Grace, who had retired as hospital administrator, and in the letter explained her initial reluctance to being a nurse:

> At one time, in my teens, I said I would never, never, never be a nurse. But work was scarce in the 1930s, so I went in training. I am sure had we had a yearbook, I would have been voted the one most likely not to succeed. I was a mouse and not too bright. Sister Monica Smythe knew that!
>
> I also said I would never, never work in a psychiatric hospital. But on July 1, 1938, I started to work at the Ontario Hospital and gave myself two weeks' trial. I stayed years and

Dorothy Williams (back row, eight in from the left) with her classmates on graduation day June 8, 1938.

loved it! Now it is one month to our next reunion and I am sorry I will not be able to attend. Last year's reunion was absolutely thrilling and I was so proud of my school. I want somone to know I did A-OK by my Alma Mater.

Leona Johnson (Leona Hudecki) applied to St. Joseph's nursing school and paid the $35 tuition fee without telling her family. She entered on September 4, 1938, the day she turned 18. "Until then I had been undecided about what to do with my life. At one point, I seriously considered entering the St. Joseph's Congregation," she recalled.

For all the rigors of training, the student pay remained the same as a decade earlier. In her first year, a student received $6 per month, with a one-dollar increase each year:

> The wages were more a kind of allowance. If you broke a glass syringe, it had to be reported and it was deducted from your pay. It was the same with anything that was damaged.
>
> Uniforms were difficult to get into because of the long skirts and celluloid belts, cuffs and collars. You could lose your cap and bib or your black band for misdemeanours, so you were constantly trying to do your best.
>
> There was a strong sense of seniority among the students.

Graduation day May 22, 1941 Left to right: Leona Johnson (married name Hudecki), Dr. John Tilden and Frances O'Brien

> We even had to open doors for the seniors. If you happened to be visiting with a senior when Sister Monica made one of her routine inspections in residence, you had plenty of warning because her beads rattled as she came along the corridor. To avoid being penalized you would hide in the closet or under a bed.
>
> Lipstick, nailpolish and rouge were not permitted. Hair had to be worn up off the collar. After four months' probation and if we passed the exams, we went right on to 12-hour duty. Two nurses would be responsible on a ward of 30 to 35 patients. On nights, at around 2 a.m. we would go into a little room off the main lobby of the old building, take off our shoes and caps and nap on one of the couches for about an hour.
>
> There was no emergency department. Badly injured patients were admitted right to 100 Surgical. Every floor had a Sister supervisor. On third-floor Surgical, Sister Vincent Bergin ran a tight ship. She was a real little pepper pot! She was short and chubby, but as cute as could be. At night she would come down for her 'SF' — *spiritus frumenti* — and put it in her milk and sugar. She said it helped her sleep. (Doctors ordered a half-ounce of spiritus frumenti, a distilled product with a sedative property, to be administered to patients who had trouble sleeping.)
>
> Sister Vincent also had great sympathy for the post-operative patient who had lost interest in eating. To revive a patient's appetite she would cook up a filet mignon to perfection, surround it with a ring of peas and deliver it personally to the patient. Without fail, the patient responded, as much to the gesture of extra kindness as to the food.

Nurses also used to prepare the occasional meal to tempt a patient's appetite:

> We had one nurse who used to like to practise her shot by throwing the egg shells across the room and into the garbage. One morning Sister Monica entered the kitchen at the same time this nurse had taken aim and she accidently hit Sister in the eye with the egg shell!
>
> I marvel now at some of our responsibilities. To prepare a hypodermic needle we would light the bunsen burner, put water in a spoon to dissolve the tablet of morphine and pull the solution up into the syringe. We did this after four months' probation. For high fevers we gave alcohol sponge baths, liquids and aspirin. Gigantic pads were taped with three-inch adhesive for surgical dressings. Sutures were big and black. When we changed a patient's dressing and sponged the wound we used to say, 'We're going to take this bandage off in one short shriek.'
>
> The Second World War depleted the hospital staff of interns which left nursing supervisors responsible for many decisions affecting patient care. In those days, all we had for cardiac arrest was oxygen. We did a lot of on-the-job training. If an IV or blood transfusion was needed we did it. I don't even remember being shown how, but I know I did it. I remember preparing a man for surgery and I didn't know where to start the IV — he had no arms.
>
> So many times we threatened to quit, but of course we never would. We had hard work, sorrows and resentments. I'm still close with my classmates. We get together at reunions. Nothing in my life compares to those three years we trained together.

When she graduated on May 22, 1941, Leona recalled: "Our brothers and boyfriends were gone. The usual music played for graduation was *Pomp and Circumstance*. Our class had been anticipating this beautiful march in. Instead *There'll Always be an England* was played because by that time we were conscious of the horror of the war."

As cloistered as the religious life might have been in the 1940s, it did not mean a Sister had no interest in affairs of the heart. Leona's favourite story is about the night one of the Sisters played match-maker for her:

> It happened on New Year's Eve, 1942. The students were having a dance. Sister Mary Grace found me moping in my room and asked why I was not going to the party.


DANCE
In Honour of
1941 Graduating Class
of
St. Joseph's Hospital
at Royal Connaught Hotel, Starlight Room
Monday, May 20th, 1941 at 9.30 p.m.
Bill Andrew's Orchestra Dress Optional $1.25 Couple

Ticket to the dance in honour of the 1941 graduating class.

> Then she led me to the door of the party and said 'Look at the big, tall Captain in here. Now put on your dress and go!'
>
> Well, I had this white silk moire dress with a big bow and beautiful, billowing skirt. It had cost me almost a year's wages! So I put it on and in I went. Student and graduate nurses didn't fraternize at that time so there was quite an uproar when I arrived.
>
> Anyway, then the students asked the band to call a dance named the Paul Jones, but the band didn't know how. I did because my father was an old-time fiddler and he taught me to call square dances. I volunteered to call the dance and after that I was welcome to stay.

The handsome Captain objected to the energetic steps and shook his fist at her every time he reeled by. Later in the evening he was

introduced to the pretty, vivacious nurse. His name was Stan Hudecki. He was bright, inquisitive and had already spent a year's fellowship in pathology at the Banting Institute in Toronto.

He had even greater plans for the future and St. Joseph's Hospital itself came to benefit from many of them. Dr. Hudecki and nurse Johnson married in 1945. They had nine children and 42 happy years together until he died in his sleep on June 26, 1988.

As a result of the war, nurses were needed around the country and overseas. St. Joseph's response was to admit three classes, rather than the usual two, in 1944.

Mary Fitzgerald (later Mary Marrin) entered that year. Accommodation was stretched to the limit by the 53 students enrolled, Mary recalls:

> The July class was made up of older women with work experience. At the end of my first year I had to move home because of a lack of accommodation. But we still had to be at the hospital for Rosary at 6:45 p.m. if we were on nights and report for duty between 6:30 and 6:45 a.m. with the rest of the class if we were on days. So I made the 20-minute walk back and forth from my home on Hunter Street West.

Mary spent her entire nursing career at St. Joseph's, the hospital in which she was born.

All schools have their traditions. One tradition at St. Joseph's was that the September class did not like the intrusion of students who arrived in February. A cool reception, strict teachers and the demands of training were disheartening to newcomers. Irene MacInnes (married name DeCoste) was a spunky girl with a ready laugh the night she arrived in 1953 from Prince Edward Island:

> I was met by a senior who took my suitcase and said that if I were smart, I'd turn around and go right back home. I had been apprehensive, to put it mildly, and her comments did nothing for my confidence.
>
> The next day, in a small classroom in the basement of Undermount, we struggled into our blue and white uniforms while Sister Virginia read us a kind of 'riot act.' She went through all the things we should and shouldn't do.
>
> Sister Bonaventure Fagan, the Director, told us what the penalties would be if we disobeyed any of the rules. We were told what time to be in, what we were to do and to have respect for everyone. I remember my first week on the first floor of the Medical building, where the head nurse ran a pretty tight ship. We bathed and fed patients, got them out of bed and made the beds, all within the first week on the wards.

Irene MacInnes (married name DeCoste) graduated in 1956

It gives me chills now to think of the responsibility we had. We did the best we could, using little measures, to make the patient comfortable. We worked from 7 a.m. to 10 a.m., when we broke for class until 2 p.m. Then it was back on the wards until 5 p.m., although it was seldom that we got off at that time. It was the same routine the next day. Education was secondary. We had to learn on the job and there was really nothing wrong with that.

I learned a lot about humility in that first year. If we were sitting in the lounge, we had to stand and acknowledge any senior who entered and get her coffee if she wanted it. If you sat down and another one entered, you did the same thing again. I often thought that there had to be better days ahead or I wouldn't be a nurse for very long!

Irene did stay to graduate in 1956 and was happily working as head nurse on 2 Private when Sister Virginia cropped up again in her life.

> I was called to an important meeting in the linen cupboard — because office space was non-existent. Sister was planning to start an innovative health program for the staff and asked if I was interested in it. I told her definitely not, because I really liked working with the patients. Nothing more was said until two days later when she told me she was going to advertise the position and that I should apply. Again I said no, but then she decided not to advertise and the job was mine.
>
> It was different then. You did as you were told. At first it was primarily a student health service. Bit by bit we expanded and started things such as immunization programs. By about 1968 we zeroed in on all employees, doing pre-employment and routine physicals. It grew from there. Hospitals were one of the last groups to get in on what industry had been doing for years. At the start, I reported to Sister Virginia and later, came directly under the personnel department. Today it is called the Personnel Health Unit. Sister Virginia really knew what she was talking about.

In 1959, the employee health service also hired a medical director of the service, Dr. Robert McHarg, who continues to work in that capacity today.

"I applied to St. Joseph's School of Nursing because it really was considered to be one of the best nursing schools in the area," said Margaret O'Donnell (married name Obermeyer), who graduated in 1972 and recalls the two years she spent in training as "A great part of my life. I also had worked as a candystriper at St. Joe's and have an aunt who nursed, so I leaned toward the profession."

Her room, 407 — on the fourth floor of the Fontbonne residence — faced the hospital. By the time she entered training, the student lifestyle contrasted dramatically to the rigid "old days." Boyfriends could be entertained in Fontbonne's communal lounge. Green culottes were the uniform when students went out to do community work at St. Peter's Hospital or the Rygiel Home for the mentally handicapped. When the legal age for drinking was lowered to 18 there was even the occasional pub night:

> Residence life was great. We would study late at night and run down for chocolate bars, soft drinks and potato chips from the tuck shop, which was located where the spinal centre is now in Fontbonne on the first floor. Sometimes we made our own meals of mushrooms and hotdogs, which we bought at the IGA on James Street.

By the late 1960s, a nurse's education reflected and responded to the many new specialties that had developed in medicine. Initially, a student spent more time in the classroom. But with so much more to learn, the emphasis shifted to acquiring theory before undertaking practical training. A sophisticated curriculum was divided into neurological, cardiovascular, respiratory, gastro-intestinal and genito-urinary training as well as sociology, pyschology, language and communications. Margaret remembers:

> A typical school day meant we were up at 8 a.m. — unless you were in clinical — then it was 6:45 a.m. Classes were held from 9 a.m. to noon and from 1 p.m. to 3 or 4 p.m. It was a big treat to run back over to residence after class to watch General Hospital on television. Practical experience was usually two mornings a week. It started with a pre-conference about our assignments and ended with a post-conference about what occurred and a discussion of problems. In the afternoon we were back in the classroom.
>
> Sister Mary David Wiggins was the only Sister instructor I had and she was a sweetheart. Virginia Frere is another teacher

Fontbonne nurses' residence opened in 1962 just 11 years before the school of nursing closed. Today it is used for doctors' and administration offices.

I remember. When she came down the hall, we hid. She would drill us on our patients, check the beds and Lord help you if you weren't prepared!

My graduation day, June 16, was warm and sunny — but my aunt wore her mink stole anyway. The exercises took place at Mohawk College with Bishop Ryan and Mayor Copps as guest speakers. We entered the hall to the music of *Pomp and Circumstance* wearing white, long-sleeved uniforms. I made my first formal dress for our graduation dance held in the Fontbonne auditorium. I still have the friends I made in nursing school. We learned how to live in a group and share everyone's experiences — both good and bad.

In preceding generations, when a young woman announced her engagement it was understood that, once married, she would leave nursing. By the time Margaret graduated marriage presented no such obstacle. She got married after graduation and was employed by St. Joseph's to work as a staff nurse in the intensive care unit, where she enjoyed the patient care and the drama and excitement. From there she transferred to the operating room and, after upgrading her education, she applied for her present position as head nurse in the emergency department. Emergency work, she says, is "exciting, because you never know what is going to come through the door."

Margaret regrets the shift from hospital-affiliated schools to community college nursing programs. "I don't think nurses graduating from a community college can have the same loyalty or sense of belonging to a hospital. I have such a strong feeling for St. Joe's and they've been very good to me here."

Pat Yip Chuck's (married name Wright) intimate bond with St. Joseph's goes back to her high school days, when she was a candystriper. As a young volunteer she worked in the renal transplant unit. The exposure to hospital life and observing the way nurses handled their patients appealed to her. Working at St. Joseph's was also a family affair: her father worked as a

budget officer for the hospital and her mother was a supply core technician in the supply department.

After graduating from St. Mary's High School in Hamilton, Pat enrolled in St. Joseph's nursing school in 1971 and moved into room 510 at Fontbonne residence. Although a nurse's training was no less rigorous, her curriculum and method of learning differed significantly from that of the first class of young women who entered the school.

The course of study was condensed to two years instead of three. Self-directed learning in groups of no more than eight students replaced the former lecture-style teaching to 100 students at a time. Pat recalls:

> My first year was an experimental year with self-teaching modules about the nervous and gastric systems, reproduction and maternity, pediatrics and orthopedics. We had an instructor but the students did their own research. It was difficult at first because in high school everything was given to you.
>
> Our day started at 9 a.m. On Monday morning we had a general assembly session. The instructor would outline the course of study for that week and explain what they expected us to learn from the module. Then we would work in groups of five or six students, sharing with the others what we learned from our research.
>
> In small assembly sessions we would discuss problems in a tutorial style. The philosophy behind self-directed learning was to gain confidence and maturity. It taught us how to function as a team and how to tackle problems.

Rather than watch a classroom demonstration of basic nursing skills such as how to change dressings, give injections, remove sutures or take blood pressure, students were expected to schedule their own time and view tapes on these procedures in the library. By following personalized timetables, students were permitted to progress at their own rate. When they felt prepared, they booked a practical test which had to be passed before they could practise the procedure on the wards.

From Monday to Friday, the learning resource centre in Fontbonne was open between 8 a.m. and 10 p.m. to accommodate the individual study habits of students. With the shift in emphasis from teaching to learning, the staff hoped that nurses would retain the skills to teach themselves and continue their education after graduation. Sister Ann Marshall, who directed the school of nursing in 1971, said, "We found that most of the students, by working at their own speed, learned faster than ever before."

Blue and white were still the colours of the student nurse's uniform, but it had significantly altered in style from when the school opened in 1911. Gone were the traditional starched bib and apron, long sleeves and deep cuffs. The '70s student wore a blue and white pin-striped, shirtwaist-style cotton dress which buttoned down the front. It had short sleeves and two side slash pockets. A small concession to the old uniform could be seen in the modified white bib inset at the neck. As dictated by fashion at the time, most students hemmed the skirt to slightly above the knee. White stockings and white duty shoes were still part of the dress code. Hair still had to be worn up, off the collar. Facial make-up was acceptable, but nail polish or jewellery were not. Nails had to be well-kept.

Room, board, tuition, meals and books were provided by the school. Student life had relaxed considerably compared to the early days. "Curfew was 11 p.m. We had to sign in and out when we left residence. But sometimes, if we were late, the security guard would let us in and not say anything. On Sundays, we were allowed to have visitors in our rooms, as long as the door was left open. On occasion, some girls successfully smuggled visitors into residence via the tunnel that led from the hospital," Pat remembers.

"We had a refrigerator on each floor where we could keep food. But the food was often stolen, so I used to keep mine in my room, on the windowsill. Sister Joan O'Sullivan was the director of nursing in my second year and she lived on the fourth floor of Fontbonne. The girls got along well with her. My best friend in nursing school was Sister Barbara Graf, a fellow student. We still keep in touch."

At the end of her first year, the student nurse added a blue band to her cap. Before graduation the black band replaced the blue band.

Margaret O'Donnell (married name Obermeyer) graduated on June 16, 1972. Today she is head nurse in the hospital's emergency department.

Pat Yip Chuck (married name Wright), was one of 130 graduates in the final class to graduate from St. Joseph's School of Nursing.

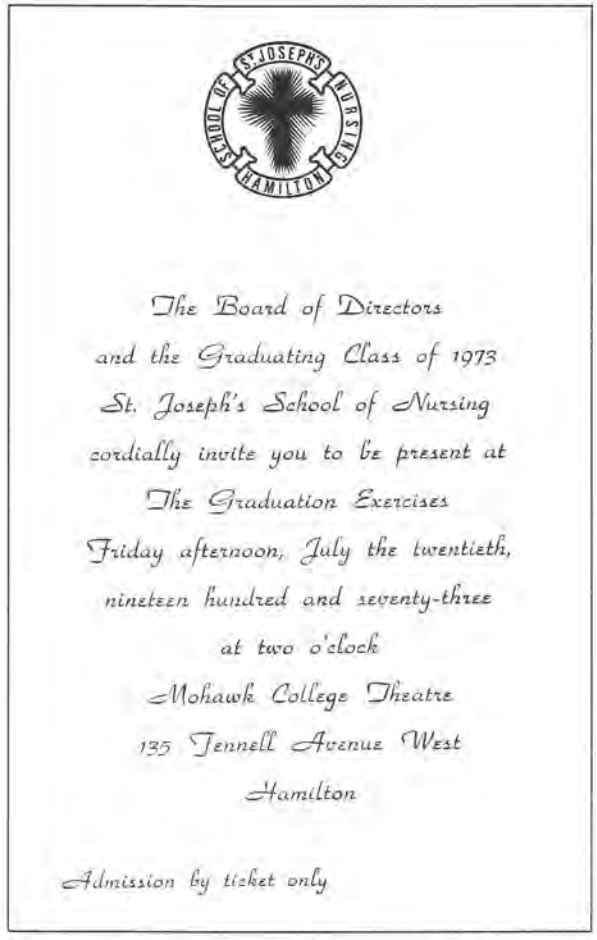
At 2 p.m. on July 20, 1973, Pat's class of 130 students (including three male graduates) assembled in the theatre at Mohawk College on Fennel Avenue East. They were participating in an historic event in the life of St. Joseph's — it was the 60th and final class to graduate from the school of nursing. In September of that year, nursing education transferred to community colleges. Although St. Joseph's continued to operate as a campus for the Mohawk College nursing program, its era as an independent school had ended.

The school's closure deeply saddened the students, Pat said:

> We belonged to the hospital and its traditions. We identified with St. Joe's and had a sentimental feeling for the hospital that today's nursing graduates can't have.

Pat's ties to St. Joseph's, however, continued to be strengthened as she worked on the pediatric ward for 11 years after graduation. She met her husband, Dave, through one of her little patients. All three of her children were born at the hospital. Today she works as a labour and delivery nurse — a job she loves. "There is no place in the world I would rather work. I meet a variety of people of all ages. It's a happy place!"

The final graduation ceremony was all the more poignant for the list of dignitaries who attended. It was an historic occasion for both the hospital and the city. The city's seventh bishop, Paul F. Reding, (who was delivered on Feb. 14, 1924, by the hospital's first intern, Dr. W.P. Downes) brought greetings from the diocese to the graduates. Board of control member Robert M. Morrow, who later became mayor of Hamilton, extended congratulations from the city.



Invitation to the graduation exercises which took place on July 20, 1973.

Sister Joan O'Sullivan was the last director of the school of nursing to present the graduation pins. Finally, Dr. James Osbaldeston introduced the speaker, a young man who was also born at St. Joseph's — on New Year's Day in 1952. The speaker, Sean O'Sullivan,* had made Canadian history when he became Canada's youngest member of parliament.

Although the sun shone for an hour and temperatures hovered around 80F, the day was mostly cloudy with light showers. Nature, too, seemed to mourn the close of an era. Also suited to the times and the mood was the selection of music that day. The musical background to the presentation of class pins, Simon and Garfunkel's *Bridge over Troubled Water*, touched the graduates with its lyrics and words of despair mixed with optimism.

The 60th graduating class started their day with the celebration of Mass followed by breakfast in the cafeteria. The day concluded with a dance at the Royal Connaught Hotel. But the joy of the occasion and the pride of having their achievement recognized by "their school and hospital" was tinged with the sad knowledge that such camaraderie and spirit would be denied to future generations of nurses.

* After a five year political career Sean Patrick O'Sullivan entered the seminary and was ordained to the priesthood in 1981. Father O'Sullivan died in the early morning hours of March 9, 1989 after a five-year battle with leukemia. Sister Joan's nephew was always affectionately referred to as "Father Sean".

Programme

*PROCESSIONAL - - - - - - - - - - - *Land of Hope and Glory*
—Edward Elgar

CHAIRMAN—*Dr. S. E. O'Brien, Chairman, Board of Directors, St. Joseph's School of Nursing*

*O CANADA

*OPENING PRAYER - - - - - - - - - - *Reverend Matthew Grogan*

VALEDICTION - - - - - - - - - - - - *Miss Nancy Manninen*

GREETINGS TO THE GRADUATES - - - *His Excellency Paul F. Reding, Administrator, Diocese of Hamilton*
Controller Robert M. Morrow, City of Hamilton
Dr. James B. Osbaldeston, Chairman, Board of Trustees, St. Joseph's Hospital, Hamilton

PRESENTATION OF DIPLOMAS - - - - *Sister Ann Marshall, former Director, St. Joseph's School of Nursing*

PRESENTATION OF GRADUATION PINS - *Sister Joan O'Sullivan, Director, School of Nursing*
Mrs. Patricia Ostapchuk, Associate Director, School of Nursing

Bridge over Troubled Water
—Simon & Garfunkel
All Good Gifts
—Stephen Schwartz — *Sister Mary Clare, C.S.J.*
Miss Antoinette Mancini

INTRODUCTION OF GUEST SPEAKER - - *Dr. James D. Galloway, Executive Director, St. Joseph's Hospital*

ADDRESS TO THE GRADUATES - - - - *Mr. Sean O'Sullivan, M.P., Hamilton-Wentworth*

PRESENTATION OF AWARDS

*GOD SAVE THE QUEEN

RECESSIONAL - - - - - - - - - - - - *Land of Hope and Glory*
—Edward Elgar

**Stand where indicated by asterisk*

Awards

PRIZE for Outstanding Performance

Given in Memory of the late Dr. Kenneth Murray
by the Department of Surgery, St. Joseph's Hospital
Presented by Mrs. S. M. Hudecki

NANCY MANNINEN

PRIZE for General Proficiency

Given by the Alumnae, St. Joseph's School of Nursing
Presented by Mrs. S. Richards, President

JUDITH MATTHEWS

MERIT AWARD

Given by the faculty of St. Joseph's School of Nursing
Presented by Miss P. Gilbert

FRANK ZUPCIC

BURSARY AWARD for Post-Graduate Study in Nursing

Given by St. Joseph's Hospital Auxiliary
Presented by Mrs. H. Patzalek

NANCY MANNINEN

BURSARY AWARD for Post-Graduate Study in Nursing

Given by the Medical Staff, St. Joseph's Hospital
Presented by Mrs. J. J. Carroll

SHIRLEY ANDERSON

ACKNOWLEDGEMENTS

Organist—Sister Marion Downey, C.S.J.

Sister Mary Clare, C.S.J.

Miss Antoinette Mancini

Program for the 60th and final graduation exercises of the school of nursing.

Miss Margaret Peart graduated from St. Joseph's School of Nursing in 1944. After she completed post graduate studies in nursing education at the University of Toronto in 1946, Miss Peart returned to her alma mater to teach for two years.

Between 1948 and 1970, she held a series of administrative positions with the Canadian Red Cross Society, the school of nursing in Belleville, the Doctor's Hospital in Toronto and the Registered Nursing Association of Ontario.

In 1970, she again returned to St. Joseph's and served as Assistant Director of Nursing, Associate Director of Nursing and Director of Nursing. Miss Peart has been an eyewitness to the evolution of the nursing profession throughout her distinguished career. Nursing has evolved, she says, into a credible profession.

"Since my time as a student in Undermount, I have seen St. Joseph's Hospital expand and grow into the marvellous facility we have today. Changes in nursing service and education have kept pace with the changes in the health care delivery system and technology," she said. "Today we have a greater emphasis on the psycho-social aspect of care. The patient and the patient's family are much more involved in the patient's care now."

In September, 1989, Miss Peart retired from St. Joseph's as Assistant Executive Director, Nursing, a position she held for three years. †

Miss Margaret L. Peart

Miss Mary Rita Lepinskie

Miss Mary Lepinskie worked at St. Joseph's after her graduation from the school of nursing in 1948 and taught in the school as well. On September 30, 1966, she made history at St. Joseph's when she was the first lay person to be appointed Director of Nursing Service at the hospital. Three years later, on January, 27, 1969, Miss Lepinskie died suddenly of staphylococcal pneumonia that followed the Asiatic 'flu. She was 41. In her memory, the Mary Lepinskie Library was established in the department of nursing. †

THE RESIDENCES

The St. Joseph's nursing residences over the years were Undermount, Marygrove, the staff residence, Oakbank, Parham Apartments and Fontbonne.

Undermount Residence — The first nurses' residence was the former home of Adam Brown, merchant and politician, at the corner of St. Joseph's Drive and Mountwood Ave. (then known as Alma Ave. and Mountain Drive). To accommodate more students, the residence was built on the same site in 1922. It has since been replaced by the present parking garage.

Oakbank — The former home of William Patterson McLaren, prosperous wholesale grocer from Scotland, on James Street South, built by John Stinson in the mid 1850s.

Marygrove — Was built in 1869 at the corner of James Street and St. Joseph's Drive facing southwest. It was the home of Senator Andrew T. Wood. St. Joseph's purchased Marygrove on September 15, 1947, and used it as a residence for nursing students. In 1960 it was demolished when construction of the new surgical building began.

Fontbonne — This residence, completed in December, 1962, is now used for doctors' offices, hospital administration, human resources, and the department of finance.

†

DIRECTORS OF ST. JOSEPH'S SCHOOL OF NURSING AND NURSING SERVICE

Sister Evarista Baine

Sister Ursula Barry

Miss Genevieve Boyes

Sister Augustine Campbell

Sister Aloysia Dearling

Sister Bonaventure Fagan

Miss Mae Gibson

Sister Virginia Hanlon

Sister Assumption Kehoe

Miss Mary Lepinskie

Sister Martina Long

Sister Bernardine Madden

Sister Ann Marshall (Maris Stella)

Sister St. Basil McClarty

Sister Gerard Moran

Sister Joan O'Sullivan (Celestine)

Miss Margaret Peart

Sister Xavier Reding

Sister Monica Smythe

Sister Mary Grace Stevens

Sister Dositheus Tracey

Sister Monica Smythe, Superintendent of Nurses in 1934.

THE VOLUNTEERS

On May 22, 1945, women from Hamilton and area parishes met at Undermount, the nursing students' residence, to form the first auxiliary at St. Joseph's Hospital. Because plans for a new hospital were well underway at that time, the women felt that an auxiliary could help meet the expense of equipment and furnishings. Dances, teas, card parties and bazaars comprised some of their first successful fundraising events.

In subsequent years, auxiliary members set up a patients' library and made substantial donations for the purchase of equipment. In 1957 they paid for the installation of a system that provided an immediate and uninterrupted flow of oxygen to the patients' bedsides.

A volunteer organization began in 1961 and later merged with the auxiliary to become the Auxiliary Volunteer Association. Its enterprises grew to include a successful gift shop, family fun days, fashion shows and publishing a cookbook.

When the new surgical wing opened in 1962 St. Joseph's became the first hospital in the city to introduce teenaged volunteers. Mrs. Constance McLean, director of volunteers at the time, approached principals of high schools in the hospital's vicinity for co-operation in encouraging teenagers to volunteer.

Mrs. McLean organized most of the recruitment and scheduling from her own home. The response from 500 teens was so overwhelming that she paid to have a second telephone line installed in her home for the exclusive use of volunteer business.

Patients jammed any vacant space around the hospital as the staff scurried to bring more patients from the smoke-filled building.

"They were wonderful and enthusiastic. Some girls worked in the emergency and admitting departments. Others directed visitors around the new building or folded diapers. Once it caught on, the idea of teenagers in the hospital was well received," recalled Mrs. McLean. "I resigned as volunteer director in 1964 but I have never had that phone line removed."

In 1966, 443 senior and teen volunteers

donated 30,000 hours. The AVA contributed $50,000 toward furnishing the hospital's new intensive care unit and increased a scholarship to $1,000, which the school awarded to a graduating nurse for post-graduate studies .

As teaching and training programs broadened, patient care changed dramatically from the early years. Volunteer efforts frequently assisted with the purchase of life-saving machinery and equipment as the hospital improved its service to the community. When the AVA was not busy raising funds, it devised new services for the well-being of patients and their families.

For example, in 1970, the group initiated a hostess service for the benefit of friends and relatives who waited for information on patients in the intensive care unit or surgery. The volunteer hostesses acted as a link between the doctor and the family, helping to allay the family's concerns. Two years later a similar liaison service was established in the emergency department.

Mrs. Thelma Maskell began as a volunteer at St. Joseph's in 1970. Today she is director of the men, women and teenagers who so generously give of their time and talents each week for the improvement of the service rendered to St. Joseph's patients.

Possibly the biggest challenge the volunteers ever faced came in 1980 when the hospital closed for two weeks because of a fire.

At 9:17 a.m. on May 1, 1980, smoke from an electrical fire in the basement boiler room at St. Joseph's triggered a two-alarm fire at the fire department. When firefighters reached the hospital eight minutes later they found smoke billowing from behind a wall and a false ceiling. They hacked at the ceiling but were unable to contain the fire, which sent up toxic fumes from burning plastic and electrical wires.

The Fire Department had a man posted to watch the building all that night.

All surgical procedures were cancelled at 9:35 a.m. except for two operations already in progress — one was a radical procedure scheduled for four hours and the other was a total knee protheses for almost five hours. Nurses in these operating rooms put wet towels around doors to keep out fumes. Forty-five minutes after the fire started, Donald Scott, acting executive director, ordered a complete evacuation of the hospital to begin with the intensive care unit, heart and respiratory patients.

In less than 90 minutes hundreds of rescue workers had removed the 600 patients. Hospital staff, policemen and firefighters assisted the patients to parking lots. Fortunately, although the skies were overcast that day, it was mild and dry.

Some patients took the chaos in stride. One man quipped that "this must be a group excursion" while another thought it was marvellous that the hospital had arranged a sightseeing tour for patients. Others were not quite so philosophical. If she was going to be evicted, one woman wanted to know, why had she not

A fleet of 13 Toronto ambulances including Metro Toronto's ambulance bus, was dispatched to Hamilton to help evacuate St. Joseph's.

been given two days' notice? Although the hospital's food services department and neighbouring residents provided beverages and sandwiches, one cranky patient demanded his usual noon-day hot meal.

As many patients as possible were transferred indoors — to the Church of the Ascension and St. Elizabeth Nursing Home (both on John Street), to the Fontbonne Building and to a nearby residence owned by the Sisters of St. Joseph. City hospitals prepared to receive patients who arrived by ambulance, bus, mail truck or fire units. As the result of tremendous co-operation, St. Joseph's nurses, nursing assistants and other staff members from St. Joseph's were allowed to continue caring for their patients at these other hospitals.

By 10:30 a.m. Mr. Scott phoned Sister Joan O'Sullivan, executive director, who was attending a meeting in Calgary. Fifteen minutes into the meeting, Sister Joan received a message that a long distance call was waiting. "I remember Mr. Scott telling me that the hospital had been evacuated, the fire was still burning and my office was in a shambles. My main concern, of course, was that the patients were out," she said.

Sister Joan took the first possible flight home and arrived at 7:30 p.m. at the hospital.

At 11 a.m. the first operation was complete, the patient was wheeled out and the OR staff evacuated. Half an hour later the second surgeon finished his operation. When this staff vacated the entire hospital was empty. The incident prompted one doctor to comment: "This is the first time I have seen patients put to sleep in one hospital for an operation only to wake up in another hospital."

Exactly three hours after it started firefighters reported the fire was out and smoke diminished. Five firefighters suffered smoke inhalation but not one patient was injured. As construction workers boarded up windows, Mr. Scott announced that the hospital was closed until further notice. Switchboard operators were allowed back into the building and patient charts were sent to the other hospitals. Maternity patients returned to the first floor of the maternity ward which had not been affected by smoke.

It took two weeks to put the hospital back in order. By May 14 the hospital opened again, patients were welcomed back and elective surgery resumed the following day.

Struck by the complete selflessness of all involved in the clean-up Sister Joan commented, "That includes relatives of patients who were sent home and who were returning hospital dressing gowns in perfect condition — washed and ironed."

On that May day in 1980, Mrs. Maskell had reason to be especially proud of the volunteers who worked closely with the staff — helping

to remove patients from the smoke-filled building, assisting patients on to buses for transfer to other hospitals and distributing blankets and refreshments to those who waited in the parking lot.

"The day after the fire, I received a call from McMaster University Medical Centre's director of volunteers. The pediatric patients who had been transferred there were anxious and I was asked to send our volunteers to help allay the childrens' fears. I called the women who usually work in the pediatric unit and without hesitation they agreed to go," said Mrs. Maskell.

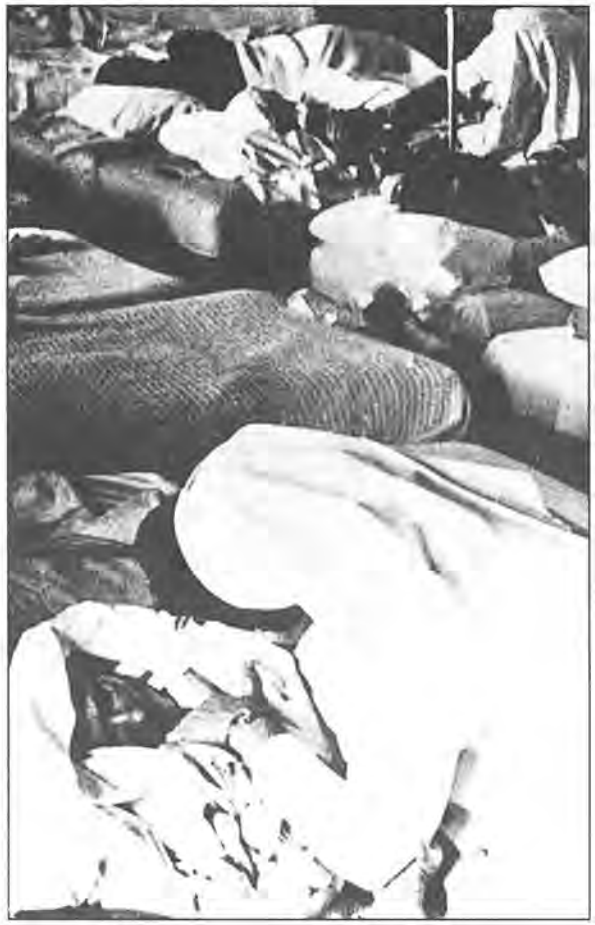
Two weeks later, as the first patients began to return to St. Joseph's, Sister Joan O'Sullivan called on the volunteers to arrange a bud vase for each bedside table as a way to welcome each of the patients back.

In 1983, the Volunteer Association presented the hospital with a cheque for $76,000 for the purchase of equipment, as well as a van to transport equipment to dialysis patients.

Thelma Maskell is proud of the success of the diverse fundraising activities that the association undertakes. "Although fundraising is a primary focus of the association, volunteers are an important part of the hospital's public relations too. For example, we participate in an evaluation program that helps the hospital assess the quality of care the patient receives. We also assist in palliative care by visiting and listening to patients," she said. "Apart from the gift shop, the association has developed new ideas such as gift carts, a *Spectator* newspaper delivery service, floral delivery and cradle pictures."

Some services started as the result of a simple suggestion. "When Dr. Galloway was executive director, he asked me one day what a gentleman could bring when visiting a woman in the hospital," Mrs. Maskell said. "Toiletries and chocolate didn't seem appropriate. He suggested a small floral arrangment. So the volunteers made up about 75 bud vases with fresh flowers. They were so popular that they sold out within the first hour."

The tradition of volunteering has continued to be a successful and vital part of St. Joseph's patient care program. In 1989 a total of 435 adult and teen volunteers donated almost 46,500 hours to the hospital.



Sister Loretto Ford comforts an anxious patient.

THE HEARTBEAT OF ST. JOSEPH'S

"I always count every blessing," says Sister Mary Daniel Weadick. "I had the privilege of being able to work at St. Joseph's for so many years. I worked with wonderful staff, nurses and people who did all the humble work. They were magnificent, dedicated lay people. Every day, I gather them all in my prayers.

"I know that even to scrub the floors in the hospital is special. They're not just any floors. What are we doing all this for? We're doing this because of the sick."

Sister Mary Daniel, who worked for 22 years as a nurse in the operating room, offers her own tribute to all St. Joseph's employees, past and present. It also serves as a reminder that each employee must approach his or her job in the spirit of the hospital's mission statement — to guarantee quality of care for all patients. The message has never been more important than it is today, as an increasing number of lay people carry on the Sisters' work.

Apart from offering health services, the hospital is called by its mission to participate in educational programs for all health care staff, the general public, the patients and their families. Clinical, scientific and administrative health research designed to enhance the quality of health care are included in its educational focus.

As part of a system of health care delivery St. Joseph's works in co-operation with other agencies to meet the needs of the community.

The chapel opened on December 14, 1987 was designed by Klaus Design Inc. It emphasizes a peaceful atmosphere and is located near the front entrance of the surgical building completed in 1962.

The hospital promises to provide leadership in health care and to develop innovative programs — such as Pastoral Service and Palliative Care.

Although Sister Joan O'Sullivan, immediate past executive director at St. Joseph's, describes the hospital as the Sisters' "family business," the concept of a small organization no longer exists. In the past the Sisters instilled the mission and philosophy of St. Joseph's in the staff and nursing school students. Now every staff member is responsible to know and pass on mission values.

The Sisters continue to ensure their "business" keeps pace with the philosophy of modern management. In 1983, the hospital published an official mission statement which explains its general services and areas of specialty, affiliations and its hopes for the future. The statement also clearly articulates that "as a Catholic Health Care Institution, such services are provided within the moral and ethical framework of the Catholic Church for persons of all creeds and cultures."

Because St. Joseph's is not content to merely preserve the status quo, in 1986 it established a mission renewal committee represented by individuals from a cross-section of departments which include, among others, housekeeping, nursing, social work and the Sisters' corporation. The committee examined ways that all current and future employees could take ownership of the mission's philosophy and demonstrate its meaning in the work that they do. Always, the goal is to better serve the patient.

One way this philosophy is expressed is in the development of a pastoral sevice department.

This need became apparent as fewer Sisters worked in the hospital and there were not enough people to hear the patients' stories. In 1971, a priest and two Sisters set up a chaplaincy department. At that time, they focused mainly on the patient's spiritual and emotional well-being.

The department has since grown to include 14 full-time staff who provide 24-hour coverage throughout the hospital. Today their services have expanded to help not just the patient, but the patient's family and also the hospital staff who work with them.

Sister Kathleen O'Neill, 38, is director of the department of Pastoral Service. In a quiet voice and with carefully chosen words she explains that her staff handles as many as 600 referrals each month. Her serenity permeates the whole pastoral service department. "As full members of the health-care team we focus on the patient's spiritual and emotional well-being. Being hospitalized is a time of crisis for the patient because of the loss of independence and control over one's own life," she says. "The patient and the patient's family must cope with fears, confusion and often, ethical concerns."

"Patients experience a great deal of tension before surgery, which they can release by talking to one of us. It's very hard on families and friends from out of town when their loved one is a long-stay or terminally ill patient. This is made even worse when family relationships are strained. They need to unite and reconcile themselves to the situation," says Sister Kathleen. "We never tell people what they should do but we can help by actively listening, advising and helping them communicate with each other and with the doctors and nurses. Through our care and concern, we really can enhance the hospital's mission."

The pastoral service staff works in every unit in the hospital. "We are present when a patient gets bad news. We help the patients express their questions and fears. Anxious families waiting for a patient to come out of surgery or those waiting outside the intensive care unit are never alone," says Sister Kathleen.

David Jewell, a social worker at St. Joseph's, says the pastoral service staff contributes a special vibrance to the hospital:

> They bring a spiritual concern to the crisis of being admitted to the hospital and they know who is being discharged. They really are the heartbeat of St. Joseph's.

Dr. Ken Ingham, chief of the department of nuclear medicine in the late 1970s, stimulated interest in palliative care at St. Joseph's:

> I saw people dying in great distress. It was a subject I was in contact with quite a bit of the time and I realized there were a lot of things that needed to be learned about how to handle the dying. Like most other medical people I was ill at ease with a dying patient and knew nothing whatsoever about bereavement, because it was not something that doctors had much to do with.

When a patient died, the relatives went away. My interest was sparked when I attended a meeting at which a paper entitled 'What to do when there's nothing else to do' was presented. I learned that doctors had misunderstandings about analgesics, communication and the business of symptom control.

At that point, the best way St. Joseph's could honour its commitment to quality patient care for the dying was to hold weekly sessions to discuss the establishment of a program of palliative care. "A group of people voluntarily met once a week for two years. We learned and exchanged ideas," Dr. Ingham said. "It was a type of consciousness-raising that attracted a number of people. We went to conferences and became quite knowledgeable. Administration got involved because Dr. James Galloway, our executive director at the time, was an active supporter of what we were trying to do. When things got to the point where we needed to do more than just talk about it, we hired consultant Dr. Donna Mitchell to do a survey for us."

The St. Joseph's Hospital Foundation funded the study. "The Foundation was very much involved. In fact, palliative care would not have gone far in this hospital without its support. Because of its help, we were ahead of other hospitals. And we had people who were aware of what was possible," Dr. Ingham said.

The results of the study — published December 20, 1979, — revealed that patients, their families and health care workers all experienced confusion, misunderstanding, lack of communication and feelings of failure in dealing with terminal illness.

Dr. Kenneth Ingham stimulated interest in palliative care.

Patients who had not been informed of the seriousness of their condition were more fearful than those who had. Family members who cared for a patient at home reported feelings of disorganization, fatigue, lack of appetite, insomnia, and confusion over complicated medications.

Although nurses said they could turn to each other for support to discuss the problems of caring for the terminally ill, they felt a lack of preparation for palliative nursing. Because they spent more time with a patient, nurses wanted support from physicians and more time to deal with the problems that arose. Above all, they expressed a wish to be with their patient at the time of death but were frustrated that other duties often interfered.

Physicians revealed feelings of failure to properly diagnose or treat the patient. Their training, they said, focused on how to treat the patient in a medical or surgical — but not in a palliative — way. When a patient died, doctors reported feelings of depression and anxiety. Some experienced nightmares. Others lamented they did not have enough time to spend with their dying patients.

As a result of the investigation, a palliative care consultation team was officially initiated in October, 1981. The team is comprised of a part-time physician, a nurse and a social worker, both full-time, and a liaison person from pastoral care. When cure or prolongation of life are no longer possible, this team makes every effort to improve the quality of time that does remain for the patient.

Jane Anderson has been a social worker in palliative care for almost six years. Caring for the terminally ill, she explains, is an interdisciplinary effort at St. Joseph's. "Our department works with all the others. We receive referrals from nurses, physicians and the pastoral care staff, among others," she said. "But the quality of care we try to achieve is for all patients, not only the terminally ill."

Mrs. Jeanette Gilkes, Executive Director of St. Joseph's Hospital Foundation since 1987.

St. Joseph's Hospital Foundation had an inauspicious start in the mid-1960s when an astute Sister put $15 of her own money into a fund and simply started talking about 'the Foundation'. She encouraged the establishment of a trust fund as the solution to providing money for research programs at the hospital.

"I put the money away without telling anyone and kept talking about it," recalls Sister Mary Grace Stevens. "Eventually it started and now it's a big affair."

In 1966 the medical director, Dr. James Galloway, stimulated further interest in what was then known as St. Joseph's Hospital Hamilton Research Trust Fund.

At that time, he says, a study had just been introduced on aspects of brain function. Elsewhere in the hospital, research areas included hemophilia, pulmonary function and the relationship of diabetes to heart disease, and the need for funding was becoming increasingly apparent.

A donation from the Firestone Foundation helped to officially set up the hospital's Foundation in 1969. By April of the following year it had received its charter and was incorporated as a charitable organization.

Most of the Foundation's original objectives have not changed: To provide broad, specialized services not already available and to cover programs of health, education and research. The Foundation is managed by a board of directors and provides money to the hospital for needs not funded by government grants.

Mrs. Jeanette Gilkes, Executive Director of the Foundation since 1987, says that initially the Foundation's primary role was to receive and maintain money for the benefit of the services provided by the facilities owned and operated by the Sisters of St. Joseph.

The Foundation's role has grown to include active fund-raising campaigns and events as well. Recent campaigns have assisted in offsetting the cost of the 1984 building expansion at the hospital and the 1988 purchase of new equipment. A current campaign is underway to help meet the costs of the new ambulatory care centre. Mrs. Gilkes says "Fundraising has grown to meet these needs — all for the benefit of the patients at St. Joseph's. We have a dedicated group of enthusiastic campaigners who come from all areas of the community."

Apart from individual donations made by patients and former patients, the Foundation also receives money from community groups, religious organizations, employee groups in local industries, service groups and schools.

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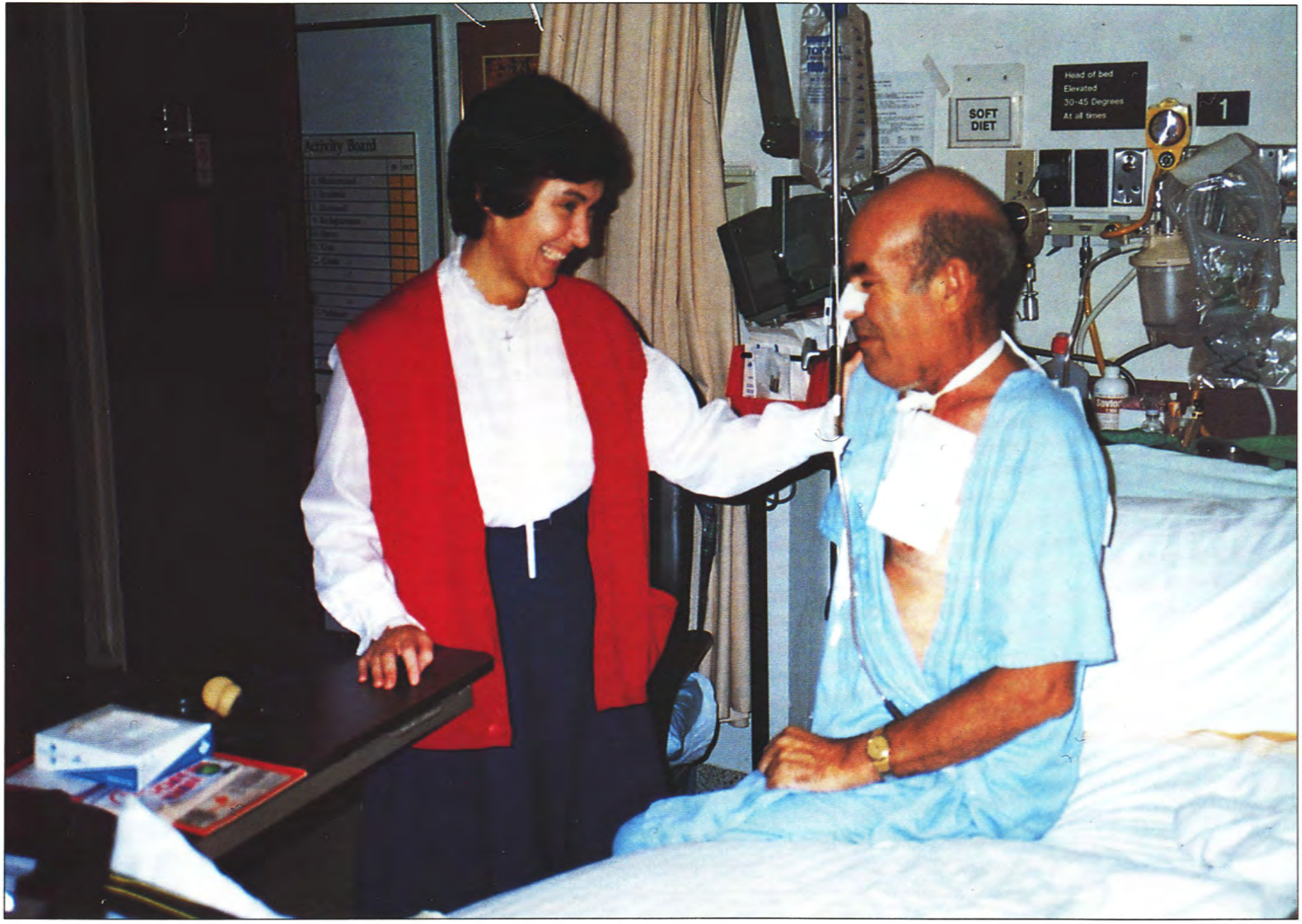
A view of the new east wing from St. Joseph's Drive and John Street South. The move into the new wing will be completed by the end of 1990.

A view of the new west wing from James Street South and Charlton Avenue. The west wing, completed in 1989, is occupied by laboratory services, research, X-ray and the emergency department.



Sister Kathleen O'Neill, director of Pastoral Service, with a patient from the Head and Neck Unit.

Ms. Mary Mulholland (left) is secretary to Sister Nancy Sullivan (right) manager of Employee Relations, Human Resources Department.

The example set at St. Joseph's was instrumental in the development, in November 1983, of a regional palliative care program, which reports to the Hamilton-Wentworth District Health Council.

Also in 1983, through the combined efforts of pastoral and palliative care, the hospital began to hold a service in memory of those patients who died at St. Joseph's in the previous month. "We try to help the bereaved deal with their grief and let them know that they have not been forgotten," Sister Kathleen says. "Each month there are about 60 deaths at St. Joseph's, so that leaves many grieving family members and friends. The staff grieves too when a patient dies."

On the first Thursday of each month an ecumenical service is held at noon in Fontbonne Hall. Family and friends of the deceased are invited. Some have found the service so comforting they continue to attend for several months. As part of the healing process, guests are encouraged to stay after the service, have coffee and talk with pastoral or palliative care department staff. "We can't always cure but we can show we care," says Jane Anderson.

The degree to which the palliative and pastoral care departments are successful in fulfilling their mission — and the hospital's — can be measured by the dozens of letters of appreciation which are received each month. One letter reads:

We wish to express our heartfelt thanks and appreciation for the loving care and attention shown to the late Eric Vardy, our husband and father, during his stay at St. Joseph's hospital.

Eric's initial stay was just over two months long. It was necessary for him to return twice for further care. However, due to his experience the first time it was not the dreaded ordeal it could have been.

The nurses in the head and neck unit on the fifth floor are to be highly commended for their cheerful, compassionate treatment which made his traumatic illness so much easier to bear. It is hard for us to put into words how much it meant to have Eric surrounded by friends during his last few days. These friends were the caring nurses!

Everything possible was done for him during his final days to help us through a very trying period. We appreciate so much the fact that we were able to be with him at all times.

We can't begin to name everyone involved because there were so many and we would not want to miss one person who contributed to Eric's care. However, there are some special people we have to mention.

Nurse Marietta Pupo was a tower of strength to us. We always knew we could call on her at any time. She performed services for Eric during his final stay in the hospital which were over and above the line of duty. She truly cared and we looked on her as a friend. Her constant visits and thoughtful deeds will always be remembered.

Sister Kathleen O'Neill's visits to Eric meant so much to him because they made his day a little brighter. He found it so easy to talk to her. We had the pleasure of getting to know and enjoy her marvellous personality.

Sandy Pilatzke and the other nurses in the unit were cheerful and friendly at all times. They went out of their way to make him as comfortable as possible.

Dr. J. Young, the surgeon who operated on Eric did everything possible and tried every treatment available. We will be eternally grateful to him for not giving up on Eric. He is a superb and dedicated doctor and we feel very fortunate that Eric had the best surgeon looking after him.

We are overwhelmed with gratitude and want to commend the hospital for having such an outstanding staff to look after the patients.

Again, thank you,
Merle and Robert Vardy

The following story from the May, 1989, issue of *Focus on Nursing*, published by the hospital's nursing staff explains how the terminally ill patient is cared for at St. Joseph's:

> The importance of family-centred nursing care is a concept familiar to all nurses. However, the benefits of family involvement in planning care for the terminally ill patient became all the more apparent for us on 5 Surgical East while caring for Mrs. P.
>
> Mrs. P., a 51-year-old woman of Chinese background, was admitted to St. Joseph's for the first time in October 1987. She was in and out of the hospital eight times and had two sur-

geries for cancer of the colon. Her final admission was to our unit in September, 1988. Mrs. P. was admitted for palliative care and spent her last days before her death (about six weeks) on 5 Surgical East.

Mrs. P. and her husband, a minister, have a son and a daughter, both in their twenties. The family had been in Canada for about six years and maintained strong cultural ties to their heritage. They were also very religious.

The family lived in Mississauga which necessitated considerable driving and bus rides throughout Mrs. P.'s stay. We encouraged their involvement in both the planning and implementation of her care. Mrs. P. had decided she did not want to be resuscitated if she stopped breathing. The family members were open with their questions and we tried to ensure all questions were discussed and answered.

A palliative care referral was made to assist in caring for Mrs. P. The palliative care team provided emotional support to the family and served as an invaluable resource to the nursing staff regarding pain control.

During the month before her death, Mrs. P. became unable to verbalize her wishes so her husband and children became involved in decisions regarding her pain control. At least one family member was with her throughout the 24 hours of a day. They informed us when they felt she needed analgesia and suggested when a stronger analgesia was warranted.

They assisted with her personal care and were frequently seen reading the Bible to her. The daughter often sang hymns. Nursing staff encouraged and respected these actions because they seemed to bring Mrs. P. much peace and comfort.

As she deteriorated and became less responsive, nursing staff provided for Mrs. P.'s increasing physical demands while her family required increasing emotional support.

When she died, Mrs. P. had her wish to be surrounded by her family. A month after her death, we received this letter from her family:

While she was in the hospital, the love and kindness shown to her and our family by the doctors, nurses, palliative care team, pastoral service, cleaning and cafeteria staff all deeply touched us. You have a loving work team in the hospital and everything that they have done for us will be treasured in our hearts.

We would like to thank the nurses on the fifth floor. Not only did they take good care of our wife and mother, but their support sustained and encouraged us through the last 40 days that she was in the hospital.

The phrase in the Lord's prayer 'Thy kingdom come, Thy will be done on earth as it is in heaven' has certainly come true in your hospital.

The P. family

From the day St. Joseph's opened its doors in June, 1890, it has had a mission with a guiding philosophy and objectives. Because the Sisters of St. Joseph believe that all people are made in the image and likeness of God, they strive to maintain and enhance the dignity of all with whom they come in contact. Hence their motto: "It is an honour to serve the sick."

EAST WING

In 1990, the $57 million building expansion at St. Joseph's will be completed. The staff who have been working from various temporary and inadequate quarters around the hospital will move into the east wing at John Street and Charlton Avenue.

The physiotherapy department which was located in the Fontbonne building auditorium is on the ground floor level of the east wing. A pool, office space and an unprecedented amount of room for patient exercise are among its amenities. Occupational therapy and the offices for communication disorders are situated nearby.

On level one are the endoscopy unit, a 15-bed intensive care unit, office space, day surgery, pastoral services, maintenance and the ICU step-down unit. The noisy, disturbing environment of the old ICU no longer exists. Congestion of aisles with supply carts and equipment has been eliminated. Private patient rooms, decorated in warm pink and buff tones, are arranged in a 'racetrack' design around the nurses' station.

The rooms are large enough to accommodate the numerous pieces of monitoring equipment that relay essential patient information to the central monitor in the nurses' station. Windows look outside to landscaped lawns and shrubbery and help to orient patients to the time of day and the seasons. As well, windows face into the room and allow staff to check on patients without disturbing them. Self-flushing toilets fold out of the wall for the convenience of ambulatory patients.

Levels two and three are devoted to the maternity department. One floor is painted a periwinkle blue and the other is dusty rose. On level two are located beds for pre-partum patients, an operating room for ceasarian-section births, a suite of birthing rooms and a recovery room.

Beds for post-partum patients are on level three along with the infant nurseries. Several are private rooms and all are furnished with oak veneer tables and cabinets. The maternity floor has its own gift shop and fresh flower service.

The clinical teaching unit and beds for medical patients are on the fourth level.

WEST WING

The emergency department moved into the first level of the new west wing in 1989. Patient beds were doubled to 30 and there is a spacious private waiting room. Services such as fracture and X-ray are now located in close proximity to emergency which helps to minimize the transfer of patients for examination or treatment.

Levels two through four house the hospital's various laboratories and research space. Windows from the labs look out on to the slate roofs of century-old homes along James Street and Charlton Avenue.

Prior to construction of the west wing the laboratories — clinical chemistry, microbiology, parasitology, virology and pathology, among others — were scattered in crowded, makeshift locations around the hospital.

Sister Joan O'Sullivan (centre) puts a finishing touch on the west wing construction with John Shea (right), Chairman, Board of Trustees.

Their consolidation under one roof allows the labs to serve the hospital in general and the emergency department in particular, with increased efficiency. The new wing also includes administrative offices, a library, lecture theatre and conference rooms for laboratory personnel.

†

ST. JOSEPH'S HOSPITAL QUARTER CENTURY CLUB

NAME	DEPARTMENT	YEARS OF SERVICE
Miss Helen Hammond	Laboratory	41
Miss Mary Sullivan	Nursing	40
Miss Helen Liota	Laboratory (Retired)	39
Mrs. Helena Palynchuk	Patients Accounts (Retired)	37
Mr. Edward Vertaschitsch	Operating Room	37
Miss Agnes Bruch	Laboratory	36
Mr. Robert Eusani	Food Service	36
Mr. Frank Giammaria	Audio Visual	36
Miss Kathleen Gibbons	Nursing (Retired)	36
Mr. John Hochbaum	Maintenance (Retired)	36
Miss Geraldine LaBelle	Medical Records	36
Mrs. Elizabeth Moskovsky	S. P. D.	36
Mrs. Beverly Kennedy	Admitting	35
Mrs. Anna Kowalenko	Food Service (Retired)	35
Mrs. Dorothy Rowe	Nursing (Retired)	35
Miss Wanda Rychlicki	Nursing	35
Miss Diane Sullivan	Nursing	35
Miss Dora Klassen	Laboratory (Retired)	34 1/2
Miss Monica Hogan	Post Anaesthetic Room	33
Miss Carol Karsten	Out-Patients	33
Miss Marlene Keon	Accounting	33
Mrs. Anne Kilfoyle	Nursing	33
Mrs. Edith Nehre	Operating Room	33
Mr. Dominic Passa	Food Service	33
Mrs. Anna Skruzmanis	Operating Room (Retired)	33
Mr. Jack VanDerVeen	Operating Room	33
Mrs. Vivian Cassar	Radiology	32
Sister Mary Daniel	Pastoral Service	32
Mrs. Irene DeCoste	Employee Health	32
Mr. Paul Dimtses	Maintenance	32
Mrs. Ona Dramantas	Nursing	32
Mrs. Olimpia Eusani	Food Service	32
Mrs. Fernanda Ferro	Food Service (Retired)	32
Mr. Reginald Jarvie	Maintenance	32
Mrs. Renilda MacNeil	Nursing	32
Mrs. Lorna Matthews	Renal Transplant Unit	32
Mr. Martin Nehre	Pharmacy (Retired)	32
Mrs. Rene Valvasori	Pharmacy	32
Mrs. Irmgard Fichtner	Nursing (Retired)	31 3/4
Mrs. Margaret Curgnale	Food Service	31
Mrs. Barbara Greenlaw	Nursing	31
Mr. Louis Kormendy	Maintenance	31
Mrs. Astra Milne	Nursing	31
Mrs. Franca Pietrorazio	Operating Room	31
Mr. Fernando Vacca	Emergency (Retired)	31
Mr. Arthur Walker	Maintenance (Retired)'	31
Sister Rita Marie Wiggins	Pastoral Services	31
Miss Joan Paterson	Physiotherapy (Retired)	30 1/4
Miss Aldona Adakauskaite	Delivery (Retired)	30
Mrs. Mikalina Aleksa	Housekeeping (Retired)	30
Mr. Stasys Aleksa	Physiotherapy (Retired)	30
Mrs. Birute Antanavicius	Food Service	30
Miss Sarah Fleming	Nursing	30
Sister Giovanni Finoro	Patients Accounts	30
Miss Joyce Heddon	Admitting	30
Mr. Herbert Holland	Maintenance (Retired)	30
Mrs. Elizabeth Justus	Food Service (Retired)	30
Miss Mary Kelly	Out Patient Surgery	30
Dr. Robert McHarg	Employee Health	30
Mrs. Eileen McHugh	Nursing (Retired)	30
Mrs. Marion Purdy	Nursing	30
Mrs. Margherita Ricci	Food Service	30
Mrs. Livia Scapinello	Laboratory	30
Mrs. Stephanie Skoryk-Strunkelnberg	S. P. D. (Retired)	30
Mr. Eugene Stanczyk	Switchboard (Retired)	30
Mr. Anthony Spaziani	Housekeeping (Retired)	29 1/2
Mr. James Smith	Maintenance (Retired)	29 1/4
Mr. Wallace Baker	Operating Room	29
Mrs. Fulvia Costanzi	Food Service	29
Miss Margaret Dooley	Delivery	29
Mr. Raymond Dunmore	Laboratory	29
Miss Dorothy Forbes	Nursing	29
Mrs. Juliana Kalmar	Food Service	29

Mrs. Lillian McCabe	Out Patient Dept.	29
Miss Phyllis Morelli	Operating Room	29
Mrs. Gerda Ortel	Nursing	29
Mr. Otto Schweinbenz	Food Service (Retired)	29
Mrs. Maria Suffoletta	Housekeeping (Retired)	29
Mr. James Miller	Maintenance	28 3/4
Mrs. Catherine Agresta	Linen Service	28
Mrs. Joyce Gilmour	Food Service	28
Mrs. Magdalena Lackner	Food Service (Retired)	28
Mrs. Aloisia Leitgeb	Operating Room (Retired)	28
Mrs. Faye MacKenzie	Nursing	28
Mrs. Gertrude Martin	Operating Room	28
Mrs. Joan Phillips	Nursing	28
Mrs. Jannadiny Reitsma	Nursing	28
Mrs. Frances Staples	Nursing	28
Mrs. Doris Thompson	Pharmacy	28
Dr. Robert Haggar	Laboratory (Retired)	27 1/2
Mrs. Audriss Gull	Mail Room (Retired)	27 1/4
Mrs. Margaret Baldwin	Radiology	27
Mrs. Guiliana Bisutti	Food Service	27
Mrs. Irene Desjardins	Maintenance	27
Mrs. Mary Geoghegan	Physiotherapy (Retired)	27
Sister Mary Grace	Administration (Retired)	27
Mr. Lloyd Kendall	Maintenance	27
Mrs. Joan Knox	Nursing	27
Miss Maria Kojzek	Linen Service	27
Mr. James LeBeau	Housekeeping	27
Mrs. Mary Louttit	Radiology	27
Mrs. Giovina Mancini	Housekeeping	27
Mr. Michael Newynnyj	Food Service (Retired)	27
Mrs. Gerarda Rock	Nursing (Retired)	27
Mrs. Mary Stallard	Nursing	27
Miss Winnifred Walker	Operating Room (Retired)	27
Mrs. Ona Petrunas	Food Service (Retired)	26 3/4
Mrs. Catherine Ross	Mail Room (Retired)	26 3/4
Mr. Alexander Cybalski	Food Service(Retired)	26 1/3
Mr. Victor Gurwin	Maintenance (Retired)	26 1/4
Mrs. Marie Antonelli	Linen Service	26
Mrs. Doris Berry	Operating Room	26
Mrs. Mary Blanchard	Operating Room	26
Mrs. Catherine Campbell	Nursery	26
Mr. Ronald Chapman	Maintenance	26
Miss Linda Elliott	Operating Room	26
Mrs. Ida Faccenda	Food Service	26
Mr. Eric Flowers	S. P. D.	26
Mrs. Luise Garczynski	S. P. D. (Retired)	26
Mrs. Emilia Gudowski	Housekeeping	26
Mrs. Marlene Hoover	Out Patient Surgery	26
Mrs. Florence Iacoboni	Food Service	26
Mr. Russell Jennings	Nursing	26
Mrs. Elizabeth Kovacs	Housekeeping	26
Mrs. Anna Lupinos	Food Service (Retired)	26
Mrs. Anna McConnell	Nursing	26
Mrs. Jean Ostaszewicz	Radiology	26
Mrs. Donna Pierroz	Nursing	26
Mrs. Elizabeth Raab	Mail Room	26
Mrs. Venus Stanovich	Operating Room	26
Mrs. Sophia Szomszed	Linen Service (Retired)	26
Mrs. Filomena Trombetta	Food Service	26
Mrs. Jolan Viczian	Food Service	26
Mrs. Ann Walsh	Nursing (Retired)	26
Mrs. Margaretann Hanlon	Audio Visual (Retired)	25
Mr. Arthur Johnson	Maintenance (Retired)	25
Mr. Vytautas Miskinis	Patient Assistance Service (Retired)	25
Mrs. Maria Miszuk	Food Service (Retired)	25
Mrs. Martina Mueller	Food Service (Retired)	25
Mrs. Beatrice Swiston	Patient Assistance Service (Retired)	25
Mr. Thomas Vainauskas	Housekeeping (Retired)	25
Mrs. Anna Vanderheiden	Nursing (Retired)	25
Mr. Frank Vert	Stores (Resigned)	25

The following Club member passed away in 1989:

Mr. George Rendell	Maintenance (Retired)	31

NEW MEMBERS IN 1989

Valerie Bagi	Housekeeping	25
Theresa Barlow	Operating Room	25
Ann Blawatt	Nursing	25
Julita Boyce	Nursing	25
Mary Branigan	Out-Patient Surgical	25
Margaret Brown	Radiology	25
Marie Cmrlec	Food Services	25
Nina Contestabile	Food Services	25
Jennifer Hines	Laboratory	25
Derk Jansen	Maintenance	25
Diane Kirshenblat	Laboratory	25
Jenny Kulaga	Nursing	25
Patricia McAvella	Nursing	25
Jeannette McQuarrie	Pharmacy	25
Judith Partington	Nursing	25
Shirley Scott	Food Services	25
Camillo Silvestri	Emergency	25
Therese Tamborine	Pharmacy	26
William Vann	Respiratory Therapy	25

Members of St. Joseph's Lay Advisory Board formed in 1952 were:

Joseph M. Pigott
Rev. James B. Ryan
D.C. Gaskin
Frank J. Keen
E.B. Eastburn
Charles Levinson
Emil Dubois
J.V. Young
Howard Moreau
Gordon Sullivan
Dr. W.P. Downes
Professor H. Thode

In 1968, the Board of Trustees replaced the Lay Advisory Board. The trustees who have served on the Board since that time are:

Dr. M.A.M. Ali
J. Nelson Allan
Dr. A.R.C. Butson
Denton J. Butler
Bruno W. Bragoli
Dr. G.S. Cameron
Sharon Campbell
Dr. Joseph J. Carroll
Dorothy Cauley
Patricia DeGroote
Louise Demers
Frank P. DeNardis
Robert F. Dilworth
N.V. Finnie
D. Morgan Firestone
A.D. Fisher

Dr. J.D. Galloway
Sister Katherine Godfrey (Benedict)
William Hall
Dr. A.G. Hart
Dr. D.A. Hitch
Dr. B.G. Hutchison
Dr. G.K. Ingham
Anne H. Jones
Dr. Gordon A. Judge
Rev. Kyran Kennedy *
Dr. Peter Knight
Dr. L.E. Kobetz
Dr. D.J. Kraftcheck
Dr. G.A. Lane
Dr. D. Leak
Jordan Livingston
Dr. L. Lorenzi
Sister Ann Marshall (Maris Stella)
Dr. Robert F. Martin
Dr. W.R.P. Matthews
Angus McDonald
Sister Maura McHugh
Sister Eileen McKenna
Dr. C.A. McKinley
Dr. D.W. McLean
Sister Regis McLaughlin
Sister Joan McLoughlin
Sister Norine Mooney
J. Doran Moore
John H. Moore *
Dr. Garth Noad
Al U. Oakie *
Robert J. O'Brien *
Dr. S. Edward O'Brien
Alfred R. Oliver
Kenneth W. O'Neal
Gerry O'Reilly
Dr. J.B. Osbaldeston *
Sister Joan O'Sullivan (Celestine)
Lawrence Paikin
Robert Pogue
E.B. (Ted) Priestner
Dr. S.O. Pugsley
Dr. N.A. Rizzo
Sister Alphonsine Rosenblatt
Dr. D. Rosenthal
V. James Sardo
Sister Beatrice Schnarr (Gerald)
Dr. Ignatius A. Scime
John Shea *
Dr. J.J. Shekter
James Sherlock
Rev. John Sherlock
Robert J. Smith
Halliwell Soule Q.C.
Sister Mary Grace Stevens
Allan F. Stewart
Judge Gordon J. Sullivan
Michael W. Taylor
Vincenza Travale
Paul M. Wendling
Dr. S.P. Zamora
Dr. Angelo Zizzo

* served as chairperson

Employees of St. Joseph's Hospital as of December 31, 1989

ADAMS, ELIZABETH
ADAMS, LUCY
ADAMS, SUSANNE
ADDIS, LINDA
ADDO, WENDY
ADILI, LUCY
ADLAM, SANDRA
AGBOKA, LORNA
AGNELLO, VERINA
AGRESTA, CATHERINE
AGRESTA, LUCIA
AGRO, AIDA
AGRO, ALIE
AGRO, ANGELO
AJANDI, ROSEMARY
ALAIMO, LYNDA
ALBANESI, VINCENZA
ALBANO, COSIMA
ALBAY, BEATRIZ
ALBAY, WILLIAM
ALDRIDGE, SHARLENE
ALEXANDER, SHIRLEY
ALEXANDRE, NANCY
ALEXOPOULOU, IAKOVINA
ALFORD, SANDRA
ALGUIRE, CHRISTINE
ALI, EMAN
ALI, MAHMOUD
ALKEN, ACHIM
ALLAN, BRENDA
ALLAN, LAURIE
ALLAN, MIRIAM
ALLAN, RACHEL
ALLEN, PHYLLIS
ALLEN, RONALD
ALLERTON, DONNA
ALMEIDA, ALISON
AMORE, CARMELLA
AMOS, DOROTHY
ANASTASIO, NORMA
ANDAYA, ERLINDA
ANDAYA, LEILA
ANDERER, FELITA
ANDERSEN, SANDRA
ANDERSON, HELEN
ANDERSON, JANE
ANDERSON, JOAN
ANDERSON, JUNE
ANDERSON, MARILYN
ANDERSON, NORMA
ANDERSON, PAUL
ANDERSON, WAYNE
ANDREW, KALINA
ANDREWS, DONNA
ANDREYCHUK, BARBARA
ANDREYCHUK, CAROL
ANDRIKOPOULOS, SUSAN
ANDRUS, DELISA
ANGELONE, SILVANA
ANGELONI, FRANCA
ANONECH, PATRICIA
ANTANAVICIUS, BIRUTE
ANTOINE, SYBIL
ANTONELLI, CINZIA
ANTONELLI, MARIE
ANTONIADIS, KATHLEEN
ANTONIUK, KAREN
ANTONUCCI, ANNE
ANZIT, MARY
AQUINO, PATRICIA
ARCHBELL, JANE
ARMSTRONG, BONNIE
ARMSTRONG, JENNIFER
ARNOTT, LOREIN
ARP, NOREEN
ARSENAULT, KATARINA
ASHENHURST, FRANCES
ASHTON, MONIKA
ATKINSON, SANDRA
AUGER, JULIE
AUGUSTYNIAK, DARLENE
AUSTIN-MELLON, MARY-LOUISE
AUSTIN, VERA
AVERY, JULIE
AWDE, CAROL
AXISA, ELIZABETH
AXISA, JUDY

BABOTH, GEORGE
BACH, LINDA
BACHER, MONIQUE
BACIK, JANICE
BADGEROW, CHERYL
BADZIOCH, RICK
BAESSO, BARBARA
BAFTI, SOPHIA
BAGI, VALERIE
BAGLEY, ANN
BAHADUR, TRAVIKRAMA
BAILEY, ANGELA
BAILEY, ANNETTE
BAILEY, HARRY
BAILEY, JACQUELINE
BAILLIE, BONNIE
BAIN, DONNA
BAINBRIDGE, PATRICIA
BAKER, BEVERLEY
BAKER, HELEN
BAKER, LINDA
BAKER, LINDA
BAKER, RITA
BAKER, VALERIE
BAKER, WALLACE
BALDASSI, ROSALIE
BALDIN, LUCY
BALDWIN, GAIL
BALDWIN, MARGARET
BALESTRA, DORINA
BALIAT, RACHEL
BALKWILL, TAMMY
BALL, THELMA
BALLOCH, LESLEY
BALMADRES, DULCE
BALOGH, JACQUELINE
BALTZER, BARBARA
BAMFORD, SHAUNA
BANKOVY, MAGDA
BANNON, STEVE
BANTING, LINDA
BARANOWSKI, DIANA
BARBADORO, SANDRA
BARBER, CLARE
BARCLAY, KAREN
BARD, EILEEN
BARDOSSY, CATHY
BARLOW, PENNY
BARLOW, SANDRA
BARLOW, THERESA
BARNES, DARLENE
BARRETT, AVRIL
BARRETT, THOMAS
BARRON, YVETTE
BARRY, SUSAN
BART, LINDA
BARTENS, MARIA
BARTLETT, ANN
BARTOLIN, HANNELORE
BARTOLOZZI, PATRICIA
BARZSO, ILONA
BASWICK, STEPHEN
BATTY, DEBORAH
BAUER, DEBRA
BAUER, IRENE
BAUTISTA, ARACELI
BAYTON-CLARK, FRANCES
BAZINET, LISA
BEALE, ARNOLD
BEALES, FRANK

BEARDWOOD, MICHAEL
BEASLEY, PETER
BEATTIE, DENISE
BEBBINGTON, ANNE
BEDARD, JANE
BEEDIE, ALICE
BEEMER, DOUGLAS
BEEVERS, D JACQUELINE
BEGLEY, DORIS
BEHR, FIONA
BELITA, LYDIA
BELL, AGNES
BELL, JANET
BELLINGHAM, CATHERINE
BENNER, PATRICIA
BENNETT, BECKYANN
BENNETT, MARIA
BENNIE, HELEN
BENSON, ROGER
BERENYI, JANINA
BERESH, TWILA
BERGMANN, DIANNE
BERGSMA, ERICK
BERKELEY, OSWALD
BERNARD, YVONNE
BERNIER, ANITA
BERRIGAN, ELIZABETH
BERRY, DORIS
BERRYMAN, SHANA
BERTIN-MCDONALD, MARGUERITE
BERVOETS, LEONNA
BESPOLKO, KAREN
BETHEL, EVA
BETHUNE, JANICE
BETZ, RITA
BEVINGTON, DOROTHY
BHANDARI, SEEMA
BIANCO, MARIA
BIARD, MARC
BIER, ROSEMARIE
BILLECI, GLORIA
BINKLEY, JILL
BIRCH, LAURIE
BIRD, DANIEL
BIRRELL, JOHN
BIRRELL, MARIA
BIRRELL, PATRICIA
BISKUP, ANGELA
BISUTTI, GUILIANA
BITTNER, MAUREEN
BIZIOR, RICHARD
BLACK, ELIZABETH
BLACK, HERBERT
BLACK, JANICE
BLACK, PAT
BLACKBURN, LYNNE
BLACKBURN, PATRICIA
BLACKWOOD, AUDREY
BLACKWOOD, BRENDA
BLACKWOOD, J. PATRICIA
BLAIR, THELMA
BLAIS, DENISE
BLAKENEY, ELIZABETH
BLANCHARD, MARY
BLANKSTEIN, GWENDOLYN
BLAWATT, ANN
BLEAKNEY, DEBRA
BLUHM, DONNA
BLUNT, KERRY
BLYTH, RAY
BLYTHE, LUANNE
BLYTHE, WILLIAM
BOAG, GAIL
BOATENG, ANNE-MARIE
BOATENG, CECILIA
BOATENG, JAMES
BOBZENER, FRANCIS
BOCHSLER, COLLEEN
BODENHAM, JOHN
BOECK, ELIZA
BOEHLING, DIANE
BOEHMFELD, BARBARA
BOLES, MICHELLE
BOND, MEREDITH
BONELLA, CHRISTINE
BONIN, JANET
BONK, DARLENE
BONNALLIE, JANICE
BONTJE, MARILYN
BONTJE, TAMARA
BOOKLESS, JOHN
BOOTH, MARRIE
BORG, DIANA
BORISUK, ANNE
BORREGGINE, FRANK
BORSELLINO, FRANCES
BOS, CHRISTINA
BOTTOS, ALBERTA
BOUCHARD, BERNICE
BOUCHER, PATRICIA
BOURDON, LEEANN
BOVAIRD, LINDA
BOWDIDGE, JO-ANNE
BOWEN, ANTHONY
BOWEN, BERNADETTE
BOWEN, JAMES
BOWERMAN, M JENNIFER
BOWKER, JANET
BOWLEY, PATRICIA
BOWLEY, VIRGINIA
BOWMAN, MICHELLE
BOYADJIAN, PETER
BOYADJIAN, SUSAN
BOYCE, JULITA
BOYCE, MARILYN
BOYD, J. RANKIN
BOYD, LOIS
BOYD, LINDA
BOYES, PENELOPE
BOZICK, RUBY
BOZZELLI, ELISA
BRACCIO, MARY
BRANCH, ANNEMARIE
BRANIGAN, MARY
BRANTON, RUTHANN
BRAZUS, INGA
BRCIC, CHRISTINE
BREEN, DONNA
BREITIGAM, MARY
BRENNAN, HELEN
BRENNAN, KATHLEEN
BRENNAN, MARY
BRETT, SHIRLEY
BREUKELMAN, MARLENE
BREWER, THOMAS
BREWSTER, HAZEL
BREWSTER, WAYNE
BRIDGES, SHELLY
BRILLINGER, RALPH
BRODERICK, CHRISTINA
BRODIE, PATRICIA
BRONOWICKI, JULIE
BROSSEAU, LYNN
BROUILLETTE, MICHEL
BROWN, ANNE
BROWN, CARL
BROWN, DAVID
BROWN, GISELE
BROWN, ISABEL
BROWN, J. SHERYL
BROWN, LOUISE
BROWN, LANIS
BROWN, LESLIE
BROWN, MARGARET
BROWN, MARGARET
BROWN, PAMELA
BROWN, PATRICIA
BROWN, ROSEMARY
BROWN, TRACEY
BROWNE, LEANNE
BROWNE, SONIA
BROWNRIDGE, NOREEN
BRUCH, AGNES
BRUMWELL, SHIRLEY
BRUSH, SHEILA
BRUYNS, PATRICIA
BRYANE, CATHERINA
BRYANT-LUKOSIUS, DENISE

BRYANT, LEONA
BRYSON, WENDY
BUCALO, BRANKA
BUCH, MAUREEN
BUCHALTER, DAVIDA
BUCHANAN, LEANORA
BUCKLES, LINDA
BULL, DENYSE
BULLEN, DEBORAH
BUNDY, LARRY
BUNKIEWICZ, SOLIDEA
BUNVILLE, DANIEL
BURKE, GAIL
BURKE, KAREN
BURLOCK, SUSAN
BURNETT, DONNA
BURNS, CAROLINE
BURNS, LORI
BURNS, THOMAS
BURNSIDE, BRIAN
BURR, VIOLA
BURSEY, PATRICIA
BUTCHART, JUDITH
BUTTON, RICHARD
BUYS, JOAN

CAGAMPAN, FIORELLA
CAIRNS, ELIZABETH
CALBICK, INA
CALCONI, CAMILLA
CALDER, MARILYN
CALDWELL, BEATRICE
CALLON, SUSAN
CALVERT, MARYBETH
CALZONETTI, LAURIE
CAMERACCI, DIANA
CAMERON, ARLENE
CAMERON, EILEEN
CAMERON, ROSE
CAMILLERI, CARMEN
CAMILLERI, JANE
CAMPANELLA, LAURA
CAMPBELL, CATHERINE
CAMPBELL, CHARMAINE
CAMPBELL, DONNA
CAMPBELL, SHIRLEY
CAMPOVARI, SANDRA
CANNING, PAUL
CAPOBIANCO, ANTONIO
CAPRETTA, CAROLYN
CARDWELL, STEPHEN
CARESTIA, MADDALENA
CARINO, SAMUEL
CARLTON, CLAUDIA
CARPENTER, FLORENCE
CARRICK, CHRISTINE
CARRIGAN, MICHELLE
CARRUTHERS-ELLIOTT, SUSAN
CARRUTHERS, GORDON
CARVALHO, OCTAVIO
CARVIEL, ERVINA
CASAGRANDE, SYLVIA
CASE, STEVE
CASEY-FITZGERALD, GAYLE
CASEY, THOMAS
CASPERSON, DEBBIE
CASSAR, VIVIAN
CASSELLS, DAWN
CASSIANI, FILIBERTO
CASSIDY, LINDA
CASSIDY, PATRICK
CASTALDI, PATRICIA
CASTELLO, ARLENE
CASTLEHANO, MARIE
CASTRICIANO, SANTINA
CASTRO, LUNINGNING
CASTRONOVO, ANTONIETTA
CASUCCIO, THOMAS
CATTAPAN, LINDA
CAVALERI, CARMELO
CAVASIN, LAURIE
CERAVOLO, NICOLE
CERCONE, EVANA
CERNIUK, JOHN
CHABOT, MICHAEL
CHAISSON, ELEANOR
CHAPMAN, BARBARA
CHAPMAN, DOROTHY
CHAPMAN, LORRAINE
CHAPMAN, NANCY
CHAPMAN, RONALD
CHAPMAN, TREVOR
CHARLES, GLORIA
CHARLES, NATASHA
CHARTERS, KRYSTYNA
CHEN, VICKY
CHENG, JANE
CHERNESKY, MAX
CHIARELLI, ELAINE
CHIASSON, CHARLENE
CHINAMBU, ROXANNE
CHOI, KYUNG SOON
CHOU, ALICE
CHOVAZ, CHRISTOPHER
CHOW, DOROTHY
CHRISTIANSEN, ELISE
CHUNG, SHIRLIE
CHURCH, BARBARA
CIALINI, ROSINA
CIANCONE, LISA
CICHY, MARIA
CIMINO, LEONORA
CIPRIANI, ROBERTA
CLAIR, PEARL
CLAIRMONT, COLLEEN
CLARK, DEBORAH
CLARK, JANET
CLARK, LYNNE
CLARK, PAULINE
CLARK, WENDY
CLARK, WILFORD
CLARKE, ENID
CLARKE, GEOFFREY
CLARKSON, MARION
CLARKSON, TERRI
CLAUS, GRACE
CLAYTON, ROSALIND
CLEGG, PATRICIA
CLELLAND, LYNDA
CLINE, KATHRYN
CMRLEC, MARIE
COCHRANE, ELLEN
COCKSHOTT, COLINA
COLES, HEATHER
COLETTO, FERNANDA
COLLIER, CAROL
COLLINGS, ANNE
COLLINGS, LEE
COLLINGWOOD, KATHERINE
COLTART, NANCY
COLTERMAN, INGRID
COLTON, PATRICIA
COLUMBUS, MICHELE
COLWELL, PATRICIA
COMERTON, JOHN
COMPAGNA, HERMANCE
CONCORDIA, ELIZABETH
CONLON, IRENE
CONNELL, BARBARA
CONNOLLY, HELEN
CONNOLLY, JAMES
CONNOLLY, JOHN
CONNOR, EDWARD
CONNOR, SARAH
CONROY, PATRICIA
CONTESTABILE, NINA
COOK, DONNA
COOKE, RUTH
COONS, ANNE MARIE
COOPER, BRAD
COOPER, IRENE
COOPER, SHERRI
COPLAND, ALISTAIR
CORBETT, CAROLINE
CORDEAU, ELSIE
CORDNER, ANDREW
CORMIER, ANTONIETTA
CORRIGAN, PENELOPE

CORSINI, ANNA-MARIE
CORSINI, L MICHELE
CORTINA, MARGARET
COSENTINO, LISE
COSGROVE, DIANNE
COSTANZI, FULVIA
COSTANZO, ED
COSTIE, ANN
COUGHLIN, MICHAEL
COULOMBE, PATRICIA
COUTURE, ELIZABETH
COUTURIER, BRIAN
COVER, MELROSE
COVERLY, CHRISTINA
COVINGTON, VICTORIA
COWAN, BERTA
COWAN, WILLIAM
COWDEN, NOREEN
COWDEN, SHEILA
COWLEY, STEPHEN
COX, MARY JO
CRAN, STEPHANIE
CRANS, LISA
CRAWFORD, CAROL
CRAWFORD, JEFFREY
CRAWFORD, LOUISE
CRAWFORD, SANDRA
CREA, VINCENT
CREE, ELAINE
CREWSON, DONNA
CRLJEN, GAIL
CROFT, EVA
CROFT, LESLEY
CROFT, VICKI
CRONE, KATHERINE
CRUGNALE, MARGARET
CRUMP, SHARON
CRUSTOLO, ANNE MARIE
CUFFARO, JEAN
CULLEN, LILLIAN
CULLEN, RACHEL
CULLEY, JEAN
CULLEY, KEITH
CULLIS, N LYNN
CULNANE, JOAN
CUMMING-BRADT, KRYSTYNA
CUMMINGS, JUNE
CUMMINGS, MARY
CUMMINGS, SANDRA
CURNEW, WENDY
CURRIE, JOANNA
CURRIE, MARY
CURRIE, MONA
CURRY, GRACE
CURTO, FRANCES
CVETAS, SHEILA
CZACH, CHRISTINE
CZUM, WINNIFRED

D'ADDARIO, DEBBIE
D'AGOSTIN, PATRICIA
D'AGOSTINO, THERESA
D'AMICO, G JOANNE
D'AMORE, GIOVANNA
D'ANGELO, SUSAN
D'IPPOLITO, LUCIE
DA SILVA, MARGARET
DACOSTA, JOHN
DADA, JODY
DAGENAIS, LOIS
DALIPE, LILIAN
DALLAIRE, LAURETTE
DALPETZ-MONTAGUE, BARBARA
DALY, THOMAS
DAMORE, JANE
DAMSMA, ANNITA
DANEK, ZULMIRA
DAOUST, CLAUDETTE
DARLINGTON, LYNN
DASILVA, KATHERINE
DASTOUS, LORRAINE
DAVIES, JOANNA
DAVIES, JEANNETTE
DAVIES, LINDA
DAVIS, BARBARA
DAVIS, GAIL
DAVIS, MARILYN
DAVISON, PHYLLIS
DAWSON, HILTRUD
DAWSON, MARIE
DAWSON, MARILYN
DAWSON, RUTH
DAWSON, SUSAN
DE BLY, ADITZA
DE MERCHANT, IVY
DE SANTIS, LISA
DE'FRIAS, LUCIA
DEAN, CYNTHIA
DEAN, PATRICIA
DEAN, PATRICK
DECOSTE, ANNETTE
DECOSTE, IRENE
DECOSTE, PAUL
DEFEO, MICHELE
DEHGHANI, JULIA
DEJONG, K RUTH
DEKETELE, RALPH
DELBELLO, MARIA
DELEEUW, ANDREW
DELFINE, ADELINA
DELIJA, RUDI
DELLA VENTURA, ANNA-MARIE
DELLIO, LOUISE
DELLOSO, ROSEANN
DELMORE, BETTY
DELOTTINVILLE, CARL
DELROSSO, ELENA
DEMASCIO, JANET
DEMATTEO, SUSAN
DENARDIS, BARBARA
DENARDIS, RONALD
DENAULT, SHEILA
DENBURG, SUSAN
DENNENY, HELEN
DENOMME, CATHY
DENSMORE, CATHERINE
DEPAUL, VINCENT
DEROCHE-BORIN, LINDA
DERUSHIE, MARY ELLEN
DESANTIS, DORIS
DESANTIS, ITALIA
DESANTIS, LYNNE
DESFORGES, MONIQUE
DESJARDINS, IRENE
DEVAY, CAROL
DEVEAU, JO-ANN
DEVLIN, EDWARD
DEVLIN, JOHN
DEVUYST, NANCY
DEWIT, ANGELA
DI CIENZO, VITTORIA
DI LABIO, ELDA
DI PASQUALE, DOMINIC
DIAMOND, GUY
DIBATTISTA, LIVIA
DIBATTISTA, LORRAINE
DICAMPLI, CONCETTA
DICENZO, PASQUA
DICIOMMO, PATRICIA
DICKENS, LOUISE
DICKIE, KATHERINE
DICKINSON, HILDA
DICKINSON, MARLA
DICKSON, DEBBIE
DICKSON, RUBY
DIDEMUS, CATHERINE
DILLON, PAULINE
DILWORTH, GREGORY
DIMTSES, PAUL
DINARDO, LISA
DINELLO, JOSEPHINE
DINGLEDINE, SANDRA
DINICOLANTONIO, JOHN
DINICOLANTONIO, PIA
DIPAOLO, JANET
DIPASQUALE, TERESA
DIPIETRO, LINA
DISANZA, CARMELA

DIXON, BARBARA
DIXON, CAROLYN
DIXON, GILLIAN
DIXON, MARY
DOAN, JUDITH
DOANE, RANDALL
DOBBIE, RUTH
DOBBIN, EILEEN
DOBSON, CAROL
DODDS, VERA
DOGAN, PAMELA
DOHANIK, LISA
DOHERTY, CATHERINE
DOHERTY, MICHAEL
DOLCH, DOROTHY
DOMLADOVAC, BARKA
DONISON, DOROTHY
DOODY, CARMEL
DOOLEY, MARGARET
DORAZIO, CATERINA
DORICKI, MARIJA
DOSLEA, BRENDA
DOUCETT, FRANCES
DOUGHERTY, LYNN
DOUGLAS, KAREN
DOUGLAS, LINDA
DOVE, LAURA LEE
DOWELL, JOYCE
DOWNEY, SUSAN
DOWNIE, BONNIE
DOYLE, WINIFRED
DRAMANTAS, ONA
DRAZENOVICH, ZORA
DRISCOLL, DAWN
DROTAR, DEBORAH
DRUMM, PATRICIA
DUARTE, MARIA
DUFFY-KARIAM, KELLY
DUFRESNE, HELEN
DUMAIS, MARIE-LOUISE
DUNBAR, ADRIENNE
DUNBAR, BRIAN
DUNFIELD, LOIS
DUNFORD, CATHERINE
DUNMORE, RAYMOND
DUNN, BEVERLEY
DUNN, MARY
DUNNE, BERNADETTE
DUNNINK, GRIETA
DURAND, ELLEN
DURCAK, OLGA
DUREAULT, MELISSA
DURKACZ, ALICIA
DVALI, IRENE
DWORSCHAK, R. ANNE
DWYER, BARBARA
DWYER, JANET
DWYER, PHYLLIS
DYER, MARTHA
DYETT, MARJORIE
DYMOND, LESLIE
DZIKIC, KELLY
DZIVRA, DANUTA

EACOTT, SUZANNE
EAGER, PATRICIA
EAGER, THOMAS
EARL, DEBRA
EATON, HELEN
ECCLES, TERESA
ECHLIN, KATHERINE
EDDENDEN, ELIZABETH
EDWARDS, ALBERT
EDWORTHY, DAN
EISMONT, CARL
EISMONT, JOYCE
ELBE, SHELLY
ELCOCK, AMBER
ELKAMI, BERNARDITA
ELLIOT, DENISE
ELLIOTT, KAREN
ELLIOTT, LINDA
ELLIS DOPKO, SUZANNE
ELLIS-MORRISON, JOAN
ELLIS, DEBORAH
ELLIS, DIANA
ELLUL, BIRUTE
ELMS, SHIRLEY
EMBREE, KENNETH
EMBREUS, SABINA
EMERY, COLLEEN
EMERY, DEBORAH
ENG, DORIS
ENG, FRANCIS
ENGLISH, JOAN
ENRIGHT-MAILING, SANDRA
ENTWISLE, JACQUELINE
ERDEG, MIHALY
ERNJAKOVIC, NANCY
ERSKINE, JULIA
ESCARRILLA, LETICIA
ETHERINGTON-IRWIN, CAROL
EUSANI, OLIMPIA
EUSANI, ROBERT
EVANGELISTA, DOMENICO
EVANOFF, GREG
EVANS, CATHERINE
EVANS, VALERIE
EVOY, MARGARET
EWAN, LORI
EWINGER, MARIA
EYLES, PAULA

FABIANI, MARIA
FACCENDA, IDA
FADER, KATHERINE
FAHRER, LESLIE
FAIR, BRENDA
FAIRMAN, MARGARET
FALASCA, LUCIO
FALCONE, COLLEEN
FALCONE, ROSE
FARACI, CATERINA
FARKAS, MARY
FARKAS, WENDY
FARRAUTO, DONNA
FARRELL, LYNDA
FARRELL, PAUL
FARRELLY, BRIAN
FARRONATO, LINDA
FASCHING, LINDA
FATHERS, HOLY GHOST
FAUBERT, PATRICIA
FAUTEUX, JOSEPH
FAUVELLE, COLLEEN
FEAVER, SUSAN
FEDUSZCZAK, TERESA
FELIX, ANA
FERGUSON, DIANA
FERRARO, BARBARA
FERRER, ZENAIDA
FERRETTI, ALEXANDRA
FERRI, LINDA
FERRIS, MICHELLE
FIELD, ELIZABETH
FIELDING, JAMES
FILICE, PATRIZIA
FILIPOVIC, IVAN
FILLMORE, DEBBIE
FINLAY, DONNA
FINLAY, JEFF
FINORO, LAURA
FIORASO, VICKY
FIORINO, LINA
FIORINO, NORMA
FISCHER, IVY
FISCHL, MELITTA
FISH, PAUL
FISHER, MARGARET
FITZELL, VALERIE
FITZGERALD, BERNADETTE
FITZPATRICK, CAROL
FITZPATRICK, TERESA
FLAHERTY, MARINA
FLEMING, ELLEN
FLEMING, SARAH
FLETCHER, GILLIAN
FLOWERS, ERIC
FLOYD, ANDREA

FODOR, SUSAN
FONTAINE, MARCELLA
FORANI, CATHERINE
FORBES, DOROTHY
FORD, PATRICIA
FORD, SHARI
FORGIE, NORMAN
FORSYTH, SHELLEY
FOSTER, JOSEPHINE
FOSTER, RACHEL
FOX, RUTH
FRACCARO, MARIA
FRANCE, LIONEL
FRANCIS, MELTON
FRANCIS, NANCY
FRANCO, EMMA
FRASER, HEATHER
FRASER, KATHLEEN
FRASER, ROBERT
FREDLANDER, ROBERT
FREDLANDER, SHIRLEY
FREEMAN, KATHERINE
FREI, JESSIE
FRENCH, PATRICIA
FRIESZ, ERIKA
FRISINA, D DEE
FRITCH, ANNE
FROKLAGE, MONICA
FROM, CATHERINE
FROMBERGER, ANNE-MARIE
FROST, RUTH
FRYDRYCH, CAROLYN
FUCIARELLI, DORA
FURLANETTO, CLARA
FUSARO, LEONA
FYFE, FRANCIS

GAASENBEEK, BARBARA
GAASENBEEK, FRANK
GABRIELE, LUCY
GAGNE, LISA
GAGNON, ROBIN
GAINFORT, ISABELLE
GAINFORT, SHIRLEY
GAL, LISA
GALLACHER, JOHN
GALLANT, LISA
GALLEN, GLORIA
GANANN, SHIRLEY
GANDY, LINDA
GARCIA, ELENA
GARDINER, DIANE
GARNHAM, JULIE
GARSIDE, DONALD
GARSTIN, MARTHA
GARSTKA, RUTH
GARVEY-WILLIAMS, JUDY
GASPARRONI, IGEA
GATER, PATRICIA
GATTOZZI, CONNIE
GAUTHIER, DONNA
GAUTHIER, MARY LOUISE
GAYED, DEBRA
GAYLARD, MARNIE
GEDRIS, AMALIA
GEIER, DEBORAH
GEIGER, JUDITH
GENESIEE, MARY
GENOVESE, ANTONIETTA
GENOVESE, BRUNO
GERMAN, BRENDA
GERYK, MARY
GHOSH, MALINI
GIACOMELLI, ROSE
GIAMMARIA, FRANK
GIAMMARIA, PINA
GIANNETTI, JOHN
GIARDINO, SONYA
GIBSON, DEBORAH
GIBSON, ERNIE
GIBSON, LORETTA
GIGNAC, SHIRLEY
GILBERT, MARGUERITE
GILBY, THOMAS
GILFORD, EDNA
GILKES, JEANNETTE
GILL, CAROLINE
GILL, DONNA
GILL, MARY-ANN
GILLEM, LORNA
GILLESPIE, CATHERINE
GILLON, MELISSA
GILLON, WILLIAM
GILMOUR, DAVID
GILMOUR, JOYCE
GILMOUR, PETER
GINESI, LUIGIA
GINGRAS, LUCIE
GIOVANNI, MARY
GIOVINAZZO, NANCY
GIRARD, ANTOINETTE
GIRGENTI, TERESA
GIRONELLA-CAMPS, JULIE
GIROUX, JANINE
GISBORN, MARY
GISBORN, SUZANNE
GIULIETTI, FRANCESCA
GLASGOW, ANNA
GLASGOW, CLAUDETTE
GNATUK, JAMES
GOFFREDO, DIANA
GOIT, LEANNE
GOLD, MAGDA
GOLDBERG, RUTH
GOLDRICK, MARGARET
GOLDSON, CITA
GOLINSKI, TED
GOLLAN, MARTIN
GOLLAN, VERONICA
GOODACRE, MARY
GOODALE, CAROLINE
GORDON, JEWELL
GORDON, MARILYN
GORING, PHILIP
GORMLEY, MAUREEN
GOTTLIEB, DEBRA
GOW, SHIRLEY
GOWER, DAVE
GOWERS, LAURA
GRAHAM, MAUREEN
GRANDIN, DOROTHY
GRATTON, LYNN
GRAVIS, DONNA
GRAY, LYNDA
GREENE, TIM
GREENING, JENNIFER
GREENLAW, BARBARA
GREENWOOD, BEVERLY
GREENWOOD, HUGH
GREGORY, JOAN
GREGOTSKI, GLORIA
GREITER, ANGELA
GREMMEN, PAULA
GREVE, ALLAN
GRIGHTMIRE, KELLY
GRILC, VERA
GROEN, ELIZABETH
GROEN, LISA
GROEN, LINDA
GROHMANN, OLGA
GROLEAU, ANNA
GROLEAU, JANE
GROTH, ELISE
GROUX-DIRKS, KELLY DEE
GROWCOTT, MURIEL
GRUENWALD, NANCY
GRUMBACH, JANICE
GUDELIS, SUSAN
GUDOWSKI, EMILIA
GUENTHER, ELLEN
GUEST, BRIAN
GUEST, FAYE
GUEST, WENDY
GUGLIELMI, ELISA
GUIDOLIN, JUDY
GUITAR, EDNA
GUITE, TERRY
GUNBY, SUZANNE

GUPTA, RAM NATH
GUTCHER, PAMELA
GUTHRO, ANNA
GUTHRO, LOUISE

HACHEY, PATRICIA
HACKETT, DESMOND
HACKETT, JEFFERSON
HACKETT, MARGARET
HACKING, HELEN
HADALL, SHAWNA
HAGAN, JANNY
HAGEN, FRANCINA
HAINING, SUSEN
HALCHUK, LINDA
HALL, DAVID
HALMAN, CAROL
HAMANN, DEBORAH
HAMILTON, ESTHER
HAMILTON, TRACY
HAMMILL, VIRGINIA
HAMMOND, HELEN
HAMMOND, LURLIE
HAMOUDA, EVA
HAND, RUTH
HANDLEY, MARJORIE
HANDLIN, NETTIE
HANDLIN, PETER
HANGYASI, IVANKA
HANLON, PATRICIA
HANNA, COLLEEN
HANNAH, JEAN
HANNAH, JOANETTE
HANNAH, JUNE
HANNAH, MARGARET
HANNAH, ROBERT
HANNIS, DALTON
HARBURY, CLAIRE
HARDING, BEVERLY
HARE, CATHERINE
HARKNESS, DEBORAH
HARKNESS, PATRICIA
HARKNESS, WENDY
HARRINGTON, CAROLE
HARRIS, EVELYN
HARRIS, PATRICIA
HARRIS, RUTH
HARRISON, BRENDA
HARRISON, JOAN
HARRISON, JOHN
HARRISON, PAULINE
HARVEY, KIMBERLEY
HARVEY, NANCY
HASICK, IRENE
HASLAM STROUD, LINDA
HATCHER, MARIE
HAUPERT, LINDA
HAWKINS, ESTHER
HAWORTH, ANGELA
HAWTHORNE, JUDITH
HAY, RUTH
HAYLETT, EVA
HAYNES, MERIDENE
HAYNES, MOIRA
HEARNS, JUNE
HEDDON, JOYCE
HEDGES, CONNIE
HELD, ARLENE
HELDEN, G ELIZABETH
HEMRICA, JAMES
HENDERSHOT, LENA
HENDRY, MARY
HENRY, BARBARA
HENRY, JOYCE
HENRY, RICHARD
HERBERT, CHRISTOPHER
HERBERT, PERRY
HERD, ANNE
HERECHUK, CHRISTINE
HERMOSURA, ELMA
HEST, SANDRA
HETHERINGTON, ANGELA
HICKEY, WENDY
HILDEBRANDT, IRENE
HILDEBRANDT, MARGRIT
HILDRETH, KELLY
HILL, SANDRA
HILLER, ERWIN
HILLIER, BRENDA
HILLMER, RAE
HILLS, JOSEPH
HIMMEN, MARIE
HINES, JENNIFER
HINRICHS, THERESIA
HINZMANN, KATHERINE
HIRSCHMANN, GERTRAUD
HLACAR, MILKA
HOAG, CARRIE
HOCKING, MARY
HODA, PAVEL
HODDER, GERALDINE
HODGE, TERRY-LYNN
HODGES, ANNEMARIE
HODGSON, SARAH
HOGAN, MONICA
HOGETERP, CORNELIA
HOLDEN, PAMELA
HOLK, JENNIFER
HOLLIN, JOANNE
HOLLINGHAM, LINDA
HOLMES, BRENDA
HOLMES, DEBRA
HOLMES, HEATHER
HOLMES, LESLEY
HOLUBESHEN, EVELYN
HOLWERDA, ANNE
HOOVER, MARLENE
HOPE, WILMA
HOPKINS, JOHN
HOPKINS, JUDY
HOPKINS, ROBERT
HOPMAN SCHUTTEN, ALLISON
HORACHEK, DENISE
HORAK, MIROSLAV
HOUGH, DIANE
HOWARD, PEGGY
HOWARTH, L ANNE
HOWE, ANNE
HOWELL, CATHY
HOWITT, VALERIE
HRYCIW, HELEN
HUBER, CAROLYN
HUCSKO, BETTY
HUDAK, CINDY
HUDSON, CHRISTINA
HUDSON, LISA
HUDSPITH, KATHRYN
HUGHES, GAYLIA
HUGHES, JOHN
HUGONINC, ROBERT
HUMMELL, SANDRA
HUNTER, AGNES
HUNTER, MAUREEN
HUNTER, SHARON
HUNTER, TAMMY
HUNTER, TRACEY
HUOT, GLORIA
HURAJT, MARJORIE
HUREAU, KIMBERLY
HUREAU, PAUL
HUREAU, VALERIE
HUSS, SHANNON
HUXLEY, SUSAN

IACOBONI, FLORENCE
IALENTI, ANTOINETTE
IAVARONE, MADELINE
IBRAHIM, FRANCINE
IGNESKI, BOSKO
ILLES, ETHEL
ILTON, CORRINE
IMOLA, PETER
INCRETOLLI, ALBERT
INCRETOLLI, VANDA
INRIG, PAULA
IPPOLITO, CALOGERA
IRELAND, JUDITH
IRELAND, SHELLEY

IRONSIDE, KELLY
IRVINE, BARBARA
IRVINE, JAYNE
IRVINE, MARY ELLEN
IRVINE, SHARON
IRWIN, ANTOINETTE
IRWIN, BARBARA
IRWIN, VICTORIA
ISLIP, LYNDA
IUSO, CESIRA
IUSO, LUCIA

JACKSON-BEEMER, TINA
JACKSON, KATHERINE
JAKABFFY, CHRISTOPHER
JAKABFFY, SANDRA
JAKOBSON, SUSAN
JAMES, CAROLYN
JAMES, JUDITH
JAMES, PATRICIA
JAMESON, ELAINE
JAN, HELEN
JANACEK, FRANK
JANACEK, MARY
JANCA, CECELIA
JANE, JACQUELINE
JANKOWSKI, BARBARA
JANOSEVIC, MARY
JANSEN, DERK
JANSEN, HELEN
JANSEN, MELODIE
JANUS, PAULETTE
JARUSAUSKAS, JACQUELINE
JARVIE, REGINALD
JARVIS, LORENA
JASKIEWICZ, RAYMOND
JASKOLKA, JOHN
JASKOLKA, JO ANN
JEFFERIES, DIANE
JEFFERIES, NORMAN
JEFFREY, DOUGLAS
JEFFREY, JOAN
JEFFREY, RENA
JEFFREY, VALERIE
JENKINS, JEFFERY
JENKINS, MARY
JENKINS, PATRICIA
JENNINGS, M KATHY
JENNINGS, RUSSELL
JENSEN, DONNA
JEROME, T MICHELE
JESS, KAREN
JEWELL, DAVID
JOBB, MARY
JOHN, ELAINE
JOHNS, CHRISTINE
JOHNSON, DONNA
JOHNSON, EVELYN
JOHNSON, MARY
JOHNSON, MICHELE
JOHNSTON, JASON
JOHNSTON, KATHLEEN
JOHNSTON, MARGARET
JOHNSTON, SANDRA
JOHNSTONE, ALEXANDRA
JOKHU, PAUL
JONAS, SHELLEY
JONES-OTTAWAY, MEGAN
JONES, ANGELA
JONES, BARBARA
JONES, IRENE
JONES, NANCY
JONES, RICHARD
JONES, SHARRON
JOOSSE, MARIAN
JORDAN, LORI
JOVICH, VINCE
JUDGE, GORDON
JUNEJA, VEENA
JUNIPER, FRANCES

KACER, BESSIE
KACUR, NANCY
KAFKA, CAROL
KAIRYS, DANUTE
KAJAH, PEGGY
KALLIOKOSKI, BRENDA
KALMAR, JULIANA
KALMAR, MARTHA
KALMATAVICIUS, JOHN
KAMADA, DENNIS
KAMBIC, MILKA
KAPRON, JANICE
KARL, LISA
KARMAN, PIERRETTE
KARNER, HELEN
KARSTEN, CARROL
KASSAM-KHOJA, RUMINA
KATZ, JANET
KATZ, LEAH
KAVANAUGH, PATRICIA
KAWAMOTO, THOMAS
KAY, JOHN
KAY, JANICE
KEAY, DEBRA
KEITH, JANET
KELBA, LAURRIE
KELLETT, RHONDA
KELLY, IRENE
KELLY, MARY
KELLY, MAUREEN
KELLY, THOMAS
KENDALL, LLOYD
KENESKY, CAROLYN
KENNEDY, ALISON
KENNEDY, BEVERLY
KENNEDY, DARLENE
KENNEDY, EVELINE
KENNEDY, GERARD
KENNEDY, LINDA
KENNEDY, MARGARET
KENNEDY, MARY
KENNEDY, ROMESSA
KENNEDY, TERENCE
KENNY, KATHLEEN
KEON, MARLENE
KERR, ALICE
KERR, SHIRLEY
KIDD, MARY
KILEY, BEVERLY
KILFOYLE, ANNE
KILLIN, JOYCE
KILLINS, BARBARA
KIMPTON, CHERI
KING, ELAINE
KING, JOYCE
KING, PAUL
KINNON, KRYSTYNA
KIRK, RONALD
KIRMAN, DONNA
KIRSHENBLAT, DIANE
KISH, MARIE
KISS, EVA
KIT, ANGELA
KITNEY, STEVE
KLANJSCEK, IRMA
KLEIN, ROSE
KLEIN, SONJA
KLUNDER, MARYANN
KNIAZ, KAREN
KNIGHT, CATHLEEN
KNOFLOOK, CINDY
KNOWLES, GLENNA
KNOX, JOAN
KOBUS, CARRIE
KOCHUK, LORI-ANNE
KOCSIS, KELLY
KOCZKA, LAURA
KOEPPL, THOMAS
KOJZEK, MARIA
KOKE-HAALSTRA, CINDY
KOLISNYK, LUBA
KONDO, ELIZABETH
KOOL, MARGARET
KOOL, PATRICIA
KOOYMAN, LOUISA
KOPATCH, SUSAN
KOPYS MEDEIROS, ANNE

KORCZYNSKI, JANINA
KORMENDY, LOUIS
KORMOS, LAURA
KORNELUK, VIRGINIA
KOSTILOFF, SHARON
KOSTYK, NATALIE
KOVACS, ELIZABETH
KOVACS, LINDA
KOVLJENIC, VICKY
KOZAR, DEBORAH
KOZEL, PAULETTE
KRAKAUER, KURT
KRAMER, PHYLLIS
KRAR, CAROLYN
KRASULJA, SAVA
KRAUSE, KAREN
KRICK, RUTH
KRIKORIAN, SARAH
KROESBERGEN, CATHARINE
KROEZEN, DENISE
KRUMINS, ANNE
KRUZYK, DAINA
KULAGA, DEBBIE
KULAGA, JENNY
KUREY, IRENE
KUSKE, LIZZI
KUSTOR, ROSE ANN
KUZOFF, PATRICIA
KUZYK, BEVERLEY

LA PENTA, MAFALDA
LABBE, LUCIENNE
LABELLE, DANIEL
LABELLE, GERALDINE
LABELLE, VICTOR
LABONTE, RANDY
LACHANCE, CLAUDETTE
LAFFERTY, JOHN
LAFFERTY, KATHRYN
LAFFORD, MARYLOU
LAFOND, MARK
LAFORCE, MARY
LAFORME, JANET
LAIT, KAREN
LAKE, JEFFREY
LAKHIAN, AMARJEET
LAMBERT, JOHN
LAMBERTUS, LYNNE
LAMBERTUS, MARILYN
LAMONT, DAVID
LAMONT, SYLVIA
LAMOURE, DIANE
LAMOURE, LORELEI
LAMPARSKI, TEODOZIA
LANDRY, SHANNON
LANE, JANICE
LANGILLE, LYNN
LANGLEY, BETTY LOU
LANGLEY, LOREN
LANGLEY, NANCI
LANIGAN, KAREN
LAPITAN, MILAGROS
LAPOINTE, JAMIE
LARIVIERE, SHERRY-LEE
LARWOOD, DIANE
LASHMAR, COLLEEN
LAST, BETTINA
LAUGHLIN, SHARON
LAURENTI, DELIA
LAVECCHIA, NICOLE
LAVIN, CAROLYN
LAVIN, DENNIS
LAVIOLETTE, ANNE
LAW, HELENE
LAW, SANDRA
LAWLOR, ELIZABETH
LAWLOR, MARY
LAWRENCE, MICHELE
LAWRENCE, MITZI
LAZARZ, THERESA
LE, KHAMH
LEBEAU, JAMES
LEBEDYK, BETH
LEBLANC, PAMELA
LECLAIR, JACQUELINE
LEE, ANNIE
LEE, ELIZABETH
LEGATO, VERONICA
LEGER, KATHLEEN
LEGERE, DONNA
LEGERE, JACQUELINE
LEGERE, SHARON
LEGGETT, KIM
LEISHMAN, PAMELA
LEITE, CYNTHIA
LENNIE, BRENDA
LEONARD, BRENDA
LEONI, LEONTINA
LEPINE, MELANIE
LEPRIEUR, SANDRA
LEROUX, JOSEE
LEVESQUE, CLAUDE
LEWIS, SUZANNE
LIANG, DAVID
LICATA, HELEN
LICO, LINDA
LIDSTER, LOIS
LINDE, MARIE
LINDSAY, DEBBIE
LINDSAY, MARJORIE
LINOK, NADIA
LIPSITT, LINDA
LISZEK, ARTUR
LITTLE, AGNES
LITTLE, CHERYL
LITTLE, ROSALIE
LIU, ELEANOR
LIU, SUSAN
LIVINGSTONE, N COLLEEN
LLEWELLYN, HELEN
LLEWELLYN, KENNETH
LLOYD, JOANNE
LLOYD, MICHELLE
LO, KING LAM
LOBO, JENNIFER
LOCIS, RUTH
LOGAN, FRANCES
LOGEL, DEBBIE
LOGGIE, ELIZABETH
LONCKE, JANE
LONG, KAREN MARGARET
LONGMIRE, SUSAN
LOOYENGA, SYLVIA
LOPRESTI, JOSEPH
LOPRESTI, MARIANNA
LORQUE, PAZ
LORRAINE, LOIS
LOUTTIT, MARY
LOVE, INGRID
LOVE, REBECCA
LOVE, TERRI
LOWE, DAVID
LOWRY, EDITH
LOWTHER, WILLIAM
LUANG-ASA, XAY
LUBERA, KATHERINE
LUCARELLI, ANNE
LUCIANO, JOEL
LUDLOW, PATRICIA
LUINSTRA, KATHLEEN
LUM, RUBY
LUMSDEN, JUDITH
LUXON, WENDY
LUXTON, GILLIAN
LYALL, BRADLEY
LYALL, WILLIAM
LYMAN, JOANNE
LYMBURNER, JEANNE
LYNCH, M MARIE

MAC DOUGALL, LINDA
MAC ISAAC, JESSIE
MAC KENZIE, FAY
MAC NAUGHTON, KARIN
MAC PHAIL, MARY
MACAULAY, KAREN
MACCORMACK, COLLEEN
MACCORMACK, DARLENE

MACDONALD, JULIE
MACDONALD, LOIS
MACDONALD, MARIE
MACDONALD, MICHAEL
MACDONALD, SUSAN
MACFARLANE, REBECCA
MACINTYRE, JOYCE
MACISAAC, APRIL
MACISAAC, BARBARA
MACISAAC, SALLY
MACKINNON, ALICE
MACKINNON, JOHN
MACLENNAN, MARGARET
MACLEOD, M KATHLEEN
MACNAUGHTON, TRACEY
MACNEIL, CAROL
MACNEIL, DAREN
MACNEIL, KEVIN
MACNEIL, RENILDA
MACORITTI, VITA
MACPHERSON, MARTIN
MACQUEEN, ROSE
MACQUEEN, WENDY
MADDEN, VAUGHN
MADIGAN, CLARA
MADILL, GLENN
MAGEE, LEE
MAH, ZELA
MAHAN, LEIGH
MAHON, HELEN
MAHONY, JAMES
MAIRINGER, KATHERINE
MAJERCZAK, ANNA
MAJURY, JUDITH
MAKUZ, DIANNE
MALCOLM, JUDITH
MALDONADO, BONNIE
MALETTE, BEVERLY
MALLARD, HOWARD
MALLORY, SHIRLEY
MALONE, SUSAN
MALSTROM, NANCY
MANCINI, GIOVINA
MANDENO, SHELLEY
MANGAT, RAMESH
MANICCIA-MACALUSO, SANDRA
MANNETHU, ABRAHAM
MANNING, LIZ
MANTECON, MARIAN
MANUEL, CORAZON
MANZANO, GENOVEVA
MARAGNO, JEAN
MARCK, ELIZABETH
MARCK, PATRICIA
MARCO, RENATA
MARCOGLIESE, GINA
MARCONI, PATRICA
MARFISI, LYNDA
MARIK, MARIA
MARINELLI, FLORA
MARINI, MORENA
MARINI, NADA
MARINI, TERESA
MARINI, VONDELLE
MARINI, YOLANDA
MARKWICK, GAIL
MARLIN, RICHARD
MARR, ANNE
MARRANCA, JANICE
MARRANCA, KATHERINE
MARRIN, MARY
MARSHALL, DANIEL
MARSHALL, JUDITH
MARSHALL, JOAN
MARSHALL, PATRICIA
MARSHALL, SARAH
MARTIN, DOUGLAS
MARTIN, D MICHELLE
MARTIN, GERTRUDE
MARTIN, JOANNE
MARTIN, MEREDITH
MARTIN, MARIA
MARTIN, MARY
MARTIN, SHEILA
MARTIN, TODD
MARTINEK, LAURA
MARTINO, MARY ANN
MARTIRE, JENNY
MARZOLI, YOLANDA
MARZUCCO, MARIA
MASCOLA, SUSAN
MASECAR, EILEEN
MASECAR, ROBERT
MASKELL, THELMA
MASLOWSKI, ZIGMUND
MASTROIANNI, LORRAINE
MASYS, DONNA
MATHER, MICHELINE
MATKO, ANICA
MATOSA, TERESA
MATTALIANO, CHARLIE
MATTELIANO, JOSIE
MATTELIANO, NICOLO
MATTHEWS, JUDITH
MATTHEWS, LORNA
MATTHEWS, PATRICIA
MATTINA, EDWARD
MATUSZA, RENATE
MAY, CAROLE
MAY, DONNA
MAZZEI, C YVONNE
MC AVELLA, PATRICIA
MC CONNELL, ANNA
MC HARG, KEVIN
MCALEESE, BRENDA
MCALPINE, LINDA
MCAMMOND, BRENDA
MCAULEY, AUDREY
MCAVELLA, SEAN
MCCABE, LILLIAN
MCCAUGHEY, CATHERINE
MCCAW, CATHERINE
MCCLURE, GENET
MCCLURE, MICHAEL
MCCORMACK, DONALD
MCCOWELL, RAFFAELA
MCCRUDDEN, SHARON
MCDERMID, JUDITH
MCDERMOTT, JANINA
MCDONALD, DONNA
MCDONALD, LORI
MCDONALD, PAULA
MCEACHEN, NANCY
MCFARLANE, ANDREW
MCFARLANE, KATHERINE
MCGEACHIE, ELAINE
MCGEE, LESLIE
MCGHIE, MARY
MCGILVERY, CRAIG
MCGRATH, HALEN
MCGRATH, LINDA
MCGREGOR, SANDRA
MCGUIGAN, ANNIE
MCGUIGAN, VIRGINIA
MCHARG, DEBRA
MCHARG, JUDITH
MCHARG, ROBERT
MCHUGH, CAROL
MCINERNEY, REGINA
MCINNES, SANDRA
MCINNES, SHARON
MCINTOSH, MOLLY
MCINTYRE, MARCELLA
MCINTYRE, SUSAN
MCISAAC, LAURA
MCIVOR, ELIZABETH
MCIVOR, SHONA
MCKELLAR, B MAUREEN
MCKILLOP, JOSEPH
MCKINLAY, SUSAN
MCKITTERICK, TRACY
MCKNIGHT, LINDA
MCLAREN, MARILYN
MCLAUGHLIN, CLETHA
MCLAUGHLIN, VERONA
MCLELLAN, NANCY
MCMAHON, LORI
MCMEEKING, FRANCES

MCMEEKING, NEIL
MCMORROW, HELEN
MCNALLY, CHERYL
MCNAUGHT, DOROTHY
MCNEIL, BERNADETTE
MCNEILL, COLLEEN
MCNULTY, ANGELINE
MCPHEE, SHELAGH
MCQUARRIE, JEANNETTE
MCQUEEN, BARBARA
MCQUEEN, ROSE
MCQUILKIE, SHIRLEY
MCQUILLEN, CATHERINE
MCROBERT, VANESSA
MEDEIROS, CATHERINE
MEGO, LORETTA
MEHLENBACHER, MARILYN
MEIKLEJOHN, LOUISE
MELANEY, VERONIKA
MELANSON, CHRISTINA
MELANSON, MARK
MELANSON, NORINE
MELCER, TERESA
MELHADO, JACQUELINE
MELNYK, NANCY
MENDEZ, JEAN
MENDOLIA, ROSE
MENDOLIA, SAM
MENDOZA, CARLITO
MENDOZA, ELVA
MENS, MARY
MENZIES, DONALD
MERINCHUK, BETTY
MERKLEY, VALERIE
MERRIOTT, DENISE
MERWALD, REGINA
METCALFE, CAROL
METCALFE, GLENNA
METZGER, VICTORIA
MEUCCI, RAFFAELA
MEVILLE CRYER, SHARON
MEYER, ANIA
MEYER, DONNA
MEYRINK, SHEILA
MICHAELS, RAE
MICKELOFF, ANNA
MICULAN, JANICE
MIDGLEY, MAUREEN
MIKE, DONNA
MIKICH, NANCY
MIKULA, GRETHA
MILANI, CHERYL
MILANOVIC, IRENE
MILCZAREK, EWA
MILERIS, RAMONA
MILLAR, DIANNE
MILLER, JULIA
MILLER, MELVA
MILLS, LINDA
MILLSIP, TERRI
MILNE, ASTRA
MILNE, MARY
MINARD, ELIZABETH
MINGO, HORACE
MINICUCCI, RAFFAELA
MIRANDA, KAREN
MIRRA, ANGELA
MISCIONE, LAURA
MISENER, JOAN
MISENER, TRICIA
MITCHELL, GRACE
MITCHELL, HELMA
MITCHELL, JOAN
MITCHELL, MARGARET
MITRA, BHAVANIAMMA
MITTON, MAUREEN
MOCIAK, ELIZABETH
MOGAN, KATHLEEN
MOGAVERO, HEATHER
MOHORUK, LAWRIE
MOHORUK, MARGARET
MOLINE, JANET
MONACHELLO, MARIE
MONAS, IRENE
MONETTE, DEBORAH
MONKHOUSE, ELLEN
MONKLEY, DEBRA
MONKMAN, LORI
MONTAZERI, MITRA
MONTEIRO, KAREN
MONTEMURO, MAUREEN
MOODY, KIMBERLY
MOORE, MAUREEN
MOORE, MICHELE
MORDEN, JACQUELINE
MORELLI, PHYLLIS
MORES, MAUREEN
MORGAN, FRANCES
MORIMOTO, COLLEEN
MORLEY, CONSTANCE
MORREALE, NINA
MORRIS, CAROL
MORRIS, MONICA
MORRISON, PETER
MORRISSEY, MARY
MORROW, SHARON DIANE
MORROW, SHARON
MOSKOVSKY, ELIZABETH
MOWBRAY, HELEN
MOWBRAY, HEATHER
MRMAK, CATHY
MUCCINI, FILOMENA
MUEHLGASSNER, HERTA
MUEHLGASSNER, HORST
MUIR, IRENE
MUIR, SCOTT
MULDOON, VELDA
MULHOLLAND, MARY
MULHOLLAND, MARY
MULHOLLAND, STEVE
MULLIGAN-PARKER, SUZANNE
MULLIN, ANGELA
MUMMERY, DEBORA
MUNRO, KATHERINE
MURETIC, ANNIE
MURPHY, BRENDA
MURPHY, GEORGIA
MURPHY, JOSEPH
MURPHY, KEVIN
MURPHY, MARY
MURPHY, TAMARA
MURRAY-SMITH, PATRICIA
MURRAY-WOOD, JOAN
MURRAY, BETH
MURRAY, MARIE
MURRAY, PETRONELLA
MURRAY, WILLIAM
MURTAGH, MARY
MUSGRAVE, PATRICIA
MUSICK, PATRICIA
MUST, ENDLA
MUTTON, SHERRI
MUYS, SARAH
MYSZKOWSKI, GREGORY

NAGY, ANGELE
NAHAL, KALWANT
NALASCO, SHIRLEY
NATES, ELISABETH
NAVES, CAROLYN
NAYLOR, TIMOTHY
NEALE, JACK
NEHRE, EDITH
NELSON, JOSEPH
NELSON, PAUL
NELSON, PAULINE
NELSON, SYLVIDORA
NEMETH, SR ETHEL
NEUMAYER, TAMMY
NEWMAN-MOLLOY, GAIL
NEWPORT, MARGARET
NEWTON, LYNDA
NEWTON, NANCY
NICHOLSON, BAERBEL
NICHOLSON, WILLIAM
NICOLETTI, ROSE
NIEDERER, LOUISE
NIELSEN, GISELE

NIEMEYER, TRIENEKE
NIEWIADOMSKA, JANINA
NIEWIADOMSKI, ZOFIA
NIRO, JODI
NOFTLE, DEBORAH
NOGAS, DEBRA
NOONAN, ANN
NORDSTROM, MARY
NOTO, AGNES
NOTT, IRIS
NOTT, STEVE
NOVAKOVIC, JOVANKA
NOWICKI, MARY
NOWOSIELSKI, URSZULA

O'BOYLE, ELIZABETH
O'BRIEN, BONNIE
O'BRIEN, PAULA
O'CALLAGHAN, KELLY
O'CONNOR, BARRY
O'CONNOR, CATHERINE
O'CONNOR, JANE
O'CONNOR, MAUREEN
O'CONNOR, NANCY
O'HARA, PATRICIA
O'HARE, GEORGE
O'NEILL, JOHN
O'NEILL, KATHLEEN
O'NEILL, LORETTA
O'SULLIVAN, ANNE
O'SULLIVAN, ELIZABETH
O'SULLIVAN, MIMMA
O'SULLIVAN, MARY
OAKLEY, MYRNA
OBERMEYER, MARGARET
ODDI, ANNA
ODDI, GAETANA
OELKUCH, JACQUELINE
OLAVESON, CANDICE
OLEJAR, ANNA
OLIVER, GAIL
OLIVER, LORRAINE
OLIVIERI, NADIA
OLLINGER, DIANE
ONISHI, CATHERINE
ONKEN, BEVERLEY
ORESCANIN, DONNA
ORESCANIN, KAREN
ORESCANIN, MIMI
OROVAN, SHARRON
ORR, BERNICE
ORTEL, GERDA
OSBORNE-MAY, EDITH
OSTASZEWICZ, JEAN
OSTOFI, CAROLYN
OTTAWAY BRYAN, PATRICIA
OTTER, NOREEN
OUIMETTE, ELIZABETH
OVERHOLT, MICHELLE
OXFORD, MARION

PAAS, CANDI
PAASLANE, MARLENE
PACE, JOSEPHINE
PACIFICI, ANTONIETTA
PAGE, BONNIE
PAGE, BARBARA
PAGE, JOAN
PAGET, WILLIAM
PALAZZINI, NELLA
PALAZZO, MARIA
PALMIERI, BETTY
PALMIERI, GUILIANA
PALUMBI, KIMBERLY
PALYNCHUK, HELENA
PANAGAKOS, DIANE
PANAGIOTOU, ANITA
PANAGIOTOU, GEORGE
PANOVSKI, DRAGAN
PAPARO, ANGELA
PARKER, KATHY
PARKINSON, WILLIAM
PARKS, JANET
PARMAR, RAKHSHINDER
PARRIS, JOANNE
PARRY, CHRISTOPHER
PARSNIAK, NORMA
PARTINGTON, JUDITH
PASSA, DOMINICO
PASSMORE, DIANE
PASSMORE, ELIZABETH
PASZTOR, SUSAN
PATEL, SUSHMA
PATERSON, CRAIG
PATMORE, ROBERT
PATNELLA, KAREN
PATTERSON, ELAINE
PATTERSON, RUTH
PATTI, ANNE
PATTON, ANN
PAUL, VALERIE
PAVONE, ADRIAN
PAYK, IRENE
PEACHEY, ROSANNE
PEARCE, DEBORAH
PEARSON, DORIS
PEARSON, WILLIAM
PEET, THERESA
PELLETIER, DOROTHY
PELTZ, LORI
PENFOLD, LAURIE
PEPPIN, SHIRLEY
PEROCESCHI, CAROLYN
PERPETUO, GUISEPPE
PERRY, DAVID
PERRY, SANDRA
PERSAUD, BARBARA
PERSIN, ELKA
PERSKI, IRMA
PERSKI, MARLIE-JO
PETERS, CHRISTINE
PETERS, JOANNE
PETI, MARSHA
PETRELLA, AGATHA
PETZ, PAMELA
PEVATO, DINA
PFILF, KYM
PHILLIPS, JOAN
PHILLIPS, SHELLY
PIASCIK, BERNICE
PICHE, GAIL
PICKERSGILL, ROBIN
PICKLES, DONNA
PIDSADNY, TINA
PIEDIMONTE, ANNINA
PIERCE, MARY
PIERROZ, DONNA
PIETRORAZIO, FRANCA
PIETRUSZKIEWICZ, ANNA
PIETT, MICHELLE
PIKOLON, RENATA
PILATZKE, SANDRA
PILGRIM, ANA
PILLAI, CARMELA L
PILON, ANNE MARIE
PILON, SUZIE
PINE, JUANITEA
PINEDA, ORFA
PINI, MARA
PIRES, ELROY
PIRES, JOSEPH
PIRIANO, LEAH
PITKEATHLY, BRENDA
PITTS, ANITA
PIVA, KATHLEEN
PLACH, NICOLE
PLAYFAIR, CATHERINE
PODEDWORNY, DIANE
PODGERS, KELLY
PODOLSKI, STANLEY
POIRIER, JANINE
POIRIER, M LEONA
POKOLIC, DOROTEA
POLAWSKI, BRETT
POLAWSKI, MARY
POLGAR, KATHY
POLLITT, SOPHIE
POLLOCK, CAROL

POMFRET, MARY
POOLE, BRIAN
POOLE, BARBARA
POOLE, JANET
POOLTON, SHIRLEY
POPADIUK, HILARY
PORCELLI, DALE
PORTEOUS, ELIZABETH
PORTER, CHERYL
PORTER, DEBBORRAH
PORTER, DIANNE
PORTER, JAMES
PORTERFIELD, PATRICIA
POSMITUCK, GARY
POTHIER, CAROLINE
POTTER, ROGER
POWELL, GILLIAN
POWELL, JOANNE
POWER, DARLENE
POZZOBON, MELODY
PRACSOVICS, CATHERINE
PRAWDZIK, FAYE
PRESCOTT, NANCY
PREVOST, JANIS
PRICE, B MARIE
PRINCE, SHARON
PRINCE, SANDRA
PRINCIPATO, JOHN
PRINGLE, RHONDA
PRINS, PENNY
PRINSTHAL, MICHAEL
PRITCHARD, BARBARA
PRITCHARD, GREGORY
PRODANIUK, LAURA
PROST, JOHN
PROWSE, CONSTANCE
PRYDE, LOUISE
PRYMAK, MARIA
PRYOR, THOMAS
PRYTULA, OLGA
PRZYBYLSKA, BARBARA
PUGH, PATRICIA
PUHAKKA, LAURA
PUHRINGER, MARIA
PUMA, GIUSEPPA
PUPO, MARIETTA
PURDY, MARION
PURINS, LINDA
PUST, STEPHANIE
PYLYPIUK, TARAS

QUAN, VALERIE
QUESNELLE, DONNA
QUINN, JOYCE

RAAB, COLLEEN
RAAB, ELIZABETH
RAAB, JOSEPH
RABLEY, KAREN
RABY, RICHARD
RACHO, ILDIKO
RADICS, ZSUZSANNA
RADTKE, MONICA
RAJIC, JOHN
RAKOCZY, BRIAN
RAKOCZY, KAY
RAMBARRAN, GHURUDEO
RAMSAY, KIMBERLY
RAMSDEN, LYNDA
RANALLI, CHRISTOPHER
RANDALL, LINDA
RANDAZZO, BRENDA
RANDAZZO, CARLA
RANDAZZO, VINCENT
RANDLES, ROSE
RANGER, MARGARET
RASZEWSKI, IRENE
RAUNER, ALPHONSE
RAVIDA, ANNA
RAY, ELIZABETH
RAZEK, PATRICIA
REAUME, BRENDA
REAUME, M MELINDA
REAY, MAUREEN
RECZYNSKI, TINA
REDMOND, BARBARA
REES, CYRIL
REES, DIANA
REEVE, BRENDA
REEVE, KATHLEEN
REEVE, SANDRA
REEVES, BONNIE
REEVES, SANDY
REID, CHRISTINE
REID, LILLETHE
REID, LORI
REID, WILLIAM
REITSMA, JANNA
REMY, MARY
REVILL, RICHARD
REVILL, SANDRA
REVILL, SHERRY
REYNOLDS, DOROTHY
RHODES, DEENA
RHODES, LAWRENCE
RICCI, MARGHERITA
RICE, RUTH
RICHARD, RUTH
RICHARDS, ESTELLE
RICHARDS, KEN
RICHARDS, LORI
RICHARDS, NELLIE
RICHARDS, ROBERT
RICHARDSON, CHERYL
RICHARDSON, MARION
RIDDIOUGH, DEBORAH
RIDDLE, SHEILA
RIDEOUT, MARIE
RIDGE, FRANCES
RIEDEL, MARGARET
RILEY, KELLY
RINCOVER, ARNOLD
RIOUX, BARBARA
RISELAY, WENDY
RISIDORE, SHARON
RIVERS, GERALDINE
RIVERS, MARY
RIZZO, LISA
RIZZO, MARYANN
RIZZO, PAUL
RIZZO, ROSANNE
ROACH, PATRICIA
ROBB, MARGARET
ROBERTS, ALISON
ROBERTS, LOUISE
ROBERTS, LINDA
ROBERTS, SUSAN
ROBERTSHAW, KAREN
ROBERTSON, COLLEEN
ROBERTSON, KIMBERLY
ROBERTSON, LAURENE
ROBERTSON, TERESA
ROBICHAUD, IDA
ROBINS, DIANE
ROBINSON, KATHRYN
ROBINSON, LINDA
ROBINSON, MARGARET
ROBINSON, SANDRA
ROBINSON, SHARON
ROBINSON, SHARON
ROBITAILLE, ANNE
ROBSON, CATHERINE
ROCCHI, C ANNE
ROCK, SARAH
RODGERS, DORRETTE
RODGERS, KEVIN
RODNEY, BERNICE
RODRIGUES, ANTHONY
RODRIGUES, LORRAINE
ROE, LORRAINE
ROGANO, LEE
ROGERS, JOSEPHINE
ROJNIC, DONNA
ROMAN, GAYE
ROMANIW, KATHLEEN
ROMANO, KATHERINE
ROOPNARINE, SURUJDAI
ROS, FADIA

ROSALES, AIDA
ROSART, LINDA
ROSATI, ANGELA
ROSATI, MARILYN
ROSCOVICH, JANET
ROSE, JANICE
ROSEN, BARRY
ROSENBLUM, MELANIE
ROSIANA, MARIA
ROSS, CAROLE
ROSS, JANE
ROSSI, MARIA
ROSZEL, BARBARA
ROTHY, ELIZABETH
ROUGHLEY, BEVERLY
ROUKEMA, RUBY
ROWAT, JUDY
ROWE, DOROTHY
ROWE, SHARON
ROXBURGH, ELIZABETH
ROZICH, MARY
RUDD, DENNIS
RUPIK, CATHY
RUSHBROOK, JAMIE-LYNN
RUSKAI, EUFEMIJA
RUSSELL, ANITA
RUSSELL, DOREEN
RUSSELL, KATALIN
RUSSELL, NANCY
RUSSELL, WAYNE
RUST, JANET
RUTHERFORD, CHERYL
RUTTAN-SIMS, NICOLE
RUTTEN, VERONICA
RYAN-HACKETT, MALVERN
RYAN, COLLEEN
RYAN, JUDY
RYCHLICKI, WANDA
RYCKMAN, WENDY
RYDER, LINDA
RYPMA, WILMA
SA, MARIA
SABADOS, AUDREY
SACCHINI, ANNA
SAIJA, SUSAN
SAKALAUSKAS, FRANCINE
SALAMA, SAMIH
SALASTOWITZ, LUCILLE
SALINAS, ELISE
SALMON, JEANETTE
SAMPL, MONICA
SAMPSON, DOUGLAS
SAMU, MARGARITA
SAMU, MARGARITA
SANDERSON, GAIL
SANDILANDS, CHARLENE
SANDOR, GAIL
SANDOW, STEVEN
SANFORD, JULIE
SANTARELLI, MIRIAM
SANTONE, JUDITH
SANTOS, ESTER
SANTOS, LORRAINE
SANTOS, ZENAIDA
SANTUCCI, EMILY
SARTOR, GRACE
SAUNDERS, COLLEEN
SAUVE, BRENDA
SAVAGE, ANGELA
SAVAGE, DAVID
SAVELLI, JO
SAVILLE, KATHY
SAWATSKY, DEBBIE
SBRISSA, MARIA
SCAPINELLO, LIVIA
SCARROW, LARRY
SCATTOLON, MARIA
SCHEMMER, JEAN
SCHILTE, CAROLYN
SCHIRRIPA, PAULA
SCHLETT, LEAH
SCHMIDT, CATHY
SCHMITZ, EILEEN
SCHNEIDER, JOHN
SCHOENFELDT, DARRYL
SCHOLES, CAROL
SCHOLES, CORY
SCHROEDER, ELIZABETH
SCHWEINBENZ, CAROL
SCHWEITZER, JOY
SCIASCETTI, SUSAN
SCIME, LILIAN
SCIME, PATRICIA
SCIULLO, MARIA
SCOBIE, SUSAN
SCOLLARD, DEBORAH
SCORDINO, KATHERINE
SCOTT, DIANNE
SCOTT, DONNA
SCOTT, HELEN
SCOTT, MARY
SCOTT, MARILYNN
SCOTT, SHIRLEY
SCOTT, SHARON
SCOZZARI, JOSEPH
SEAGER, ELAINE
SEAGER, SUSAN
SEARS, ROSEMARIE
SELKIRK, PINA
SELZLER, BRENDA
SEMINERIO, JOSEPH
SERBULA, ERIKA
SERGI, CATHARINE
SERTIC, MILAN
SERVEDIO, DOMINIC
SEVERIN, DEENA
SFERRAZZA, MARIA
SFERRAZZA, SALVATORE
SFORZA, BARBARA
SHAND, ANGELA
SHARP, PATRICIA
SHARPE, ANNMARIE
SHARPE, BARBARA
SHAW, JANET
SHEA, DAVID
SHEA, RICHARD
SHEPHARD, ZELDA
SHEPPARD, JUDITH
SHERRIFF, BEVERLEY
SHILTON, CAROLYN
SHIMMIN, GAIL
SHOLDRA, TRISH
SHORE, CYNTHIA
SHORE, JUDITH
SHORTALL, BARBARA
SHUEL, OLIVIA
SHUHAIBAR, HAFEZ
SICOLI, HELEN
SIDE, LORRAINE
SIDORKEWICZ, ELIZABETH
SIHNGALA, MANUELITA
SIKKEMA, CHRISTINE
SILVESTRI, CAMILLO
SIMATIC, MARYANN
SIMON, CAROLYN
SIMON, JANE
SIMONCIC, ETHEL
SIMPSON-IACOCCA, GAIL
SIMPSON, JO-ANNE
SIMPSON, KAREN
SIMPSON, MARY
SIMPSON, PATRICIA
SINCLAIR, SHELLEY
SINGH, RAYMOND
SINKEVICIUS, KAREN
SISAK, ANN
SISON, WINIFRED
SKARICA, SIMA
SKELLY, JENNIFER
SLOMAN, HEATHER
SLOTHOUBER, SHARON
SMIBERT, BARBARA
SMITH, ABBY
SMITH, BRENDA
SMITH, CATHERINE
SMITH, CHERYL
SMITH, DOLORES

SMITH, DIANE
SMITH, EARLA
SMITH, EARLA
SMITH, E DAVID
SMITH, JEAN
SMITH, JANE
SMITH, JOYCE
SMITH, KAREN
SMITH, KRISTEN
SMITH, LYNN
SMITH, MARY
SMITH, MARIA
SMITH, PATRICIA
SMITH, ROSELEE
SMITH, ROBERT
SMITH, THERESA
SMUK, SHIRLEY
SMYTH, JOAN
SMYTHE, DIANE
SNIDERMAN, PAMELA
SOAMBOONSRUP, SIRIWAN
SOLIVERE, IRENE
SOLOW, MARYLOU
SOMERSETT, ARTHURLYN
SOMMERS, LOIS
SOMMERVILLE, KATHLEEN
SOO LUM, YENHING
SOROKOWSKY, LOUISE
SOUTHON, ANNA MARIE
SOWDEN, SHARON
SPADAFORA, ANNA
SPADAFORA, NATALE
SPADAFORA, SYLVIA
SPADANO, ANNA
SPADEMAN, JILL
SPARKS, LESLIE
SPEARS, CONNIE
SPEIGHT, LYNNE
SPELLER, SUSAN
SPENCE, ADORACION
SPENCE, SUSAN
SPENCER, VERNA
SPENSER, ANITA
SPICER, CINDY
SPICER, LORETTA
SPILER, ANGELA
SPILOTRO, MARIA
SPINA, CAROLINE
SPINA, DOLORES
SPIRKA, JUSTINA
SPRAGG, JEFFREY
SPRAGGON, NOREEN
SQUIRE, EUFEMIA
ST JAMES, HELEN
ST LAURENT, LUCIEN
ST PIERRE, ANNETTE
ST PIERRE, MICHAEL
ST. JEAN, ELAINE
STABILE, ANNA
STACH, NANCY
STAFFORD, ROYDEN
STAIRS, MARILYN
STALEY, DIANA
STALLARD, MARY
STALLARD, MICHAEL
STANEFF, EVA
STANISZ, LYNDA
STANKUS, VIDA
STANOVICH, VENUS
STANWICK, LESLIE
STAPLES, FRANCES
STARESINIC, VIKTORIA
STAUBER, MARY
STEC, HELEN
STEELE, BRENDA
STEELE, MICHELE
STEELE, PAUL
STEELE, PAMELA
STEELE, TERENCE
STEEVES, CHRISTINE
STEEVES, DARLENE
STEEVES, JOANNE
STEFANEC, MARIA
STEINER, JUWAL
STEK, MARY
STEPANEK, MARIANNE
STEPHAN, SHARON
STEPHENSON, HELI
STEPHENSON, KATHERINE
STEVENS, BONITA
STEVENS, DONALD
STEVENS, LORRAINE
STEWART, JOYCE
STEWART, LARRY
STILES, SUSAN
STIPSITS, JENNIFER
STIRLING, BARBARA
STOGIOS, GEORGINA
STOLWORTHY, YVONNE
STONEHOUSE, JEFFREY
STOPYN, JACQUELINE
STRAUGHAN, NANCY
STRAUGHAN, WILLIAM
STRECZEK, CHRISTINE
STROUD, KATHLEEN
STURROCK, DIANE
STYAN, VIRGINIA
SULLIVAN, DIANE
SULLIVAN, MARY
SULLIVAN, NANCY
SUSZEK, IRENE
SUTHERLAND, BARBARA ANN
SUTHERLAND, CHRISTINE
SUTLICH, MILLIE
SUVA, NIEVES
SWEENEY, FLORA
SWEENEY, HELEN
SWEENEY, ROBERT
SWICK, GRACE
SWIERENGA, TWYLA
SYKULA, JADWIGA
SZABO, BRENDA
SZABO, HELEN
SZABO, SANDRA
SZALAY, MARY
SZALAY, NANCY
SZANTO, JOHN
SZPAKOWSKI, ELIZABETH
SZPIRGLAS, GINA

TABONE, WILLIAM
TAI, DAVID
TAI, FLORENCIA
TAKAOKA, JOANNE
TALACH, RENATA
TALBOT, LISA
TAM, CARMELA
TAMBORINE, THERESA
TAPUSKA, BETTY
TARBUTT, MARY
TARPOS, RITA
TARSWELL, NEIL
TAYLOR, CAROLE
TAYLOR, KATHERINE
TAYLOR, NADINE
TAYLOR, SANDRA
TAYLOR, SUSAN
TAYLOR, VALERIE
TEGZE, ILONA
TEGZE, JULIUS
TEMPEST, LARRY
TEMPLETON, KAREN
TERHLJAN, STEPHEN
TERRANA, OLDYNA
THAN, SHIRLEY
THEAL, KENNETH
THERRIEN, LAUREL
THOMAS, DEBORAH
THOMAS, DOROTHY
THOMAS, HELEN
THOMAS, SARAMMA
THOMAS, WILLIAM
THOMPSON, CHAI
THOMPSON, DORIS
THOMPSON, JEANETTE
THOMPSON, JOYCE
THOMPSON, MARY
THOMPSON, VICKY

THOMSON, CATHERINE
THOMSON, DORIS
THOMSON, DOROTHY
THOMSON, KIMBERLEY
THOMSON, LISA
THORNHILL, JOYCE
THORPE, ENA
THORPE, ROSEMARY
THURSBY, DENIS
TIERS, KATHLEEN
TIMOFEJEW, CAROL
TIMSON, COLLEEN
TITCHNER, MICHAEL
TKACZYK, ANDREA
TOBIAS, LINDA
TOKE, ELIZABETH
TOLHOEK, CATHERINE
TOLL, SUSIE
TOMASIN, MARY
TOMLINSON, ELLEN
TOMLINSON, JANICE
TOPALOVIC, LUCY
TORRISSE, FREDA
TORRISSE, MICHAEL
TOTH, MICHAEL
TOWNSEND, SHIRLEY
TRACEY, MICHAEL
TRACEY, MARGARET
TRAFFORD, DIANE
TRELEAVEN, SHARLEEN
TREMBLAY, GERALD
TREVASKIS, TERRY
TREVISAN, GIROLAMO
TREVISANI, PATRICIA
TRICKETT, DEBRA
TRIEMSTRA, CAROLYN
TROJAN, WANDA
TROMBETTA, ANTONINA
TROMBETTA, FILOMENA
TROMBETTA, PETER
TRUESDALE, VIVIAN
TSIANOU, AFRODITE
TUNG, GURCHARAN
TUNJIC, VESNA
TUOMALA, KATRI
TUOMALA, RIIKKA
TUPHOLME, MARIA
TUPPER, KAREN
TURNBULL, DOROTHY
TURNBULL, DIANE
TURNER, AUDREY
TURNER, FRANCES
TURNER, LEONA
TURNER, PATRICIA
TURNER, STEPHAN
TURNEWITSCH, VERONICA
TURPIE, FIONA
TURZAN, LIVIA
TWEEDIE, HELEN
TWILHAAR, JOANNE
TYGHE, EVELYN
TYLER, LOUISE
TYMCHUK, JENNIE
TYRRELL, ORETHA

UGGENTI, LINDA
ULLAH, BETTY
UMETSU, CHERYL
UNGARO, SUSAN
UNIYAL, BACHCHI
UNRUH, NANCY
UPSON, SHARON
UPTON, PATRICIA
VACCA, DEBBIE
VACOVSKY, MILUSKA
VADAS, CARLA
VAGO, NANCY
VALVASORI, PAUL
VALVASORI, RENE
VAN ASCH, HENDRIKA
VAN DEMARK, HELEN
VAN DER VEEN, JACK
VAN GEMERT, CATHERINE
VAN GRONINGEN, ILDI
VAN HOEK, WILLIAM
VAN KLEEF, D ROBYN
VAN LEEUWEN, MARTHA
VANDENBOS, LINDA
VANDENBURG, MARTINA
VANDERBENT, SUSAN
VANDERKOOY, CAROL
VANDERKOOY, CHRISTINA
VANDERLINDEN, BRENDA
VANDERWAL, ANDREA
VANDERWAL, SHELLEY
VANHOEK, DANIEL
VANHOEK, TOM
VANN, WILLIAM
VARCA, JOANNA
VARRASSO, ALFREDO
VARRASSO, SARAH
VASSALLO, IDA
VAUGHAN, DANIEL
VAUGHAN, MARY
VECCHI, ANTONETTA
VEDELAGO, ANNETTE
VEENSTRA, BARBARA
VEITCH, HERMINE
VELLA, LUCY
VENERUS, EGLIS
VERARDO, ANNE-MARIE
VERMEER, MIREILLE
VERMETTE, SUSAN
VERMEULEN, LISA
VERNON, JULIE
VERSACE, JANIECE
VERSTEEG, MARY
VERTASCHITSCH, EDWARD
VERTATSCHITSCH, JOSEPH
VERTICCHIO, WENDY
VESPRINI, DONNA
VICZIAN, JOLAN
VILLABROZA, ARACELI
VILLANI, RITA
VILLEMURE, LILIE
VILLENEUVE, CHRISTINE
VIRK, BALLVIRO
VOLKERS, JAN
VOLTERMAN, TERESA
VOON, VIOLET
VOS, CATHERINE
VOWLES, BRENDA
VOWLES, KEITH
VUDRAG, IVA

WAGSTAFF, ROBERT
WAITE, GUY
WALCZAK, NANCY
WALIHURA, MARY
WALKER, HUGH
WALKER, MARY
WALKER, MELANIE
WALKER, TAMMY
WALL, MARGARET
WALLACE, EDNA
WALLACE, ELIZABETH
WALLACE, JEANNY
WALLER, JOHN
WALLS, LYNN
WALMSLEY, THERESA
WARD, ELIZABETH
WARREN, JOSEPH
WARREN, KAREN
WARTENBERG, EILA
WASSER, BRENDA
WASSER, GERALDINE
WASYLYSHEN, AMELIA
WATSON, KENNETH
WATSON, LESLIE
WATSON, SANDIE
WAUGH, LILY
WEATHERLEY, LUCIA
WEBB, MICHELE
WEBBER-CALLAGHAN, PATRICIA
WEBBER, CINDY
WEBER, MARNIE
WEGENER, PETER
WEINHOFER, JOHANNA

WELCH, SUSAN
WELLSTOOD, HEATHER
WELSH, AGNES
WELSH, JANICE
WENSLAWEK, GERTRUDE
WERBOWSKY, JOAN
WERESCH, RUBY
WERNER, MARJORIE
WEST, GAIL
WESTCARR, DAPHNE
WESTCOTT, DEBRA
WESTENBERG, DIANE
WHALEY, MARGUERITE
WHITE, ANN
WHITE, ANTONIETTA
WHITE, CAROL
WHITEHOUSE, BRUCE
WHITEHOUSE, JUNE
WHITEHOUSE, KEVIN
WHITEHURST, PATRICK
WHITFORD, TAMMI
WHITING, KATHLEEN
WHITTAKER, DOROTHY
WHITTAKER, JULIE
WHITWELL, DIANA
WHITWORTH, RUSSELL
WHYTE, JUDITH
WICKENS, PAUL
WIELGUS, PATRICIA
WIGHARDT, ZOLTAN
WILDE, SHARON
WILHELM, MARY
WILK, CINDY
WILK, MARY ANN
WILKINS-DUFFIE, TERESA
WILKINS, ANNETTE
WILLASCHEK, LOLITA
WILLIAMS, BARBARA
WILLIAMS, DEBORAH
WILLIAMS, KATHLEEN
WILLIAMS, LORRAINE
WILLIAMS, SONIA
WILLIAMS, TERRI-ANNE
WILLIAMS, VERA
WILLIARD, MARGARET
WILLIARD, WAYNE
WILLOUGHBY, CLIFFORD
WILSON, COLIN
WILSON, DIANNA
WILSON, GERALD
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ST. JOSEPH

Who was St. Joseph? Scripture tells us simply that he was a carpenter, the husband of Mary, and the man Jesus called "Father". His name evokes images of stability, silent strength, loving gentleness and deep faith.

He was a man of vision — a dreamer. It was in dreams that Joseph was invited to open his arms and his heart to Mary and to Jesus, to flee with them to Egypt, to lovingly guard and protect them from all harm. Thus Joseph became part of the Mission of the Son he shared with God, and part of our salvation history.

Joseph was not afraid to follow a dream, to take risks and radically change even his best-laid plans. For dreams that are of God inspire and call for action.

The Sisters of St. Joseph who established St. Joseph's Hospital in Hamilton a hundred years ago also had a dream — to continue the healing mission of Jesus by caring for suffering people with the gentle and loving compassion exemplified by their patron.

As St. Joseph's Hospital enters its second century, may the "people of St. Joe's" continue courageously to follow this dream, to chart new visions, to be creative and responsive to the needs of our rapidly changing times. May they be faithful as Joseph was.

Sister Mary Ambrose, C.S.J.

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Illustrations are indicated in **boldface**

St. Joseph's Hospital, Hamilton, Canada, stands as a tribute to the "courage, vision and caring" of the Sisters of St. Joseph, whose Order was established in seventeenth century France. In 1852 four Sisters arrived in Hamilton to care for the sick and the poor. Their work began modestly in a borrowed house. The Sisters' selfless service inspired others to give their time, talent and money to help develop the present modern medical facility, which serves the expanding community of Hamilton, Dundas, Stoney Creek, Ancaster, and surrounding areas.

The tradition of service continues today as the latest building phase in St. Joseph's hundred year history, the Community Health Centre, and the East and West Wing expansions near completion.

More than a history, this book is a toast; all employees, whose desire "to serve with honour" their fellow citizens, have contributed to the ongoing success of St. Joseph's Hospital.

Peggy Savage was born at St. Joseph's Hospital and taught by the Sisters at the elementary school level. Two years of research took her to patients' homes, reference libraries, doctors' offices, and archives at the hospital and the Sisters' Motherhouse. Staff, past and present, as well as the Sisters of St. Joseph, also contributed to a lively presentation of the hospital's development: "The history of the Sisters and the hospital is rich with fascinating people and events. I am honoured that the Sisters trusted me to tell their story. I feel our community has been truly blessed by their presence in health care and education."

Mrs. Savage, a freelance writer, writes for The *Hamilton Spectator*, *Dofasco Illustrated News* and various other publications.

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J. Ridgway Photography Inc., Hamilton, Ontario

Front Cover: A painting by Dr. Fred Bowman of the original St. Joseph's Hospital on John Street. Dr. Bowman was a popular and respected staff surgeon at the hospital for 50 years. He enjoyed painting as a hobby and each year he delighted friends by sending individually painted Christmas cards.

Undermount was originally built for John Young, a merchant from Scotland who made a fortune in retail dry goods, groceries and hardware. With success came the desire for a home more ostentatious than his brick house at James and Main Streets, which later became the site of the Hamilton Club.