



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 santé ainsi que la fondation et l'exploitation des hôpitaux catholiques.

**St. Mary's General Hospital
Kitchener, Ontario
A Circle of Care, 75 Years of Caring**

by
Christopher Ruty

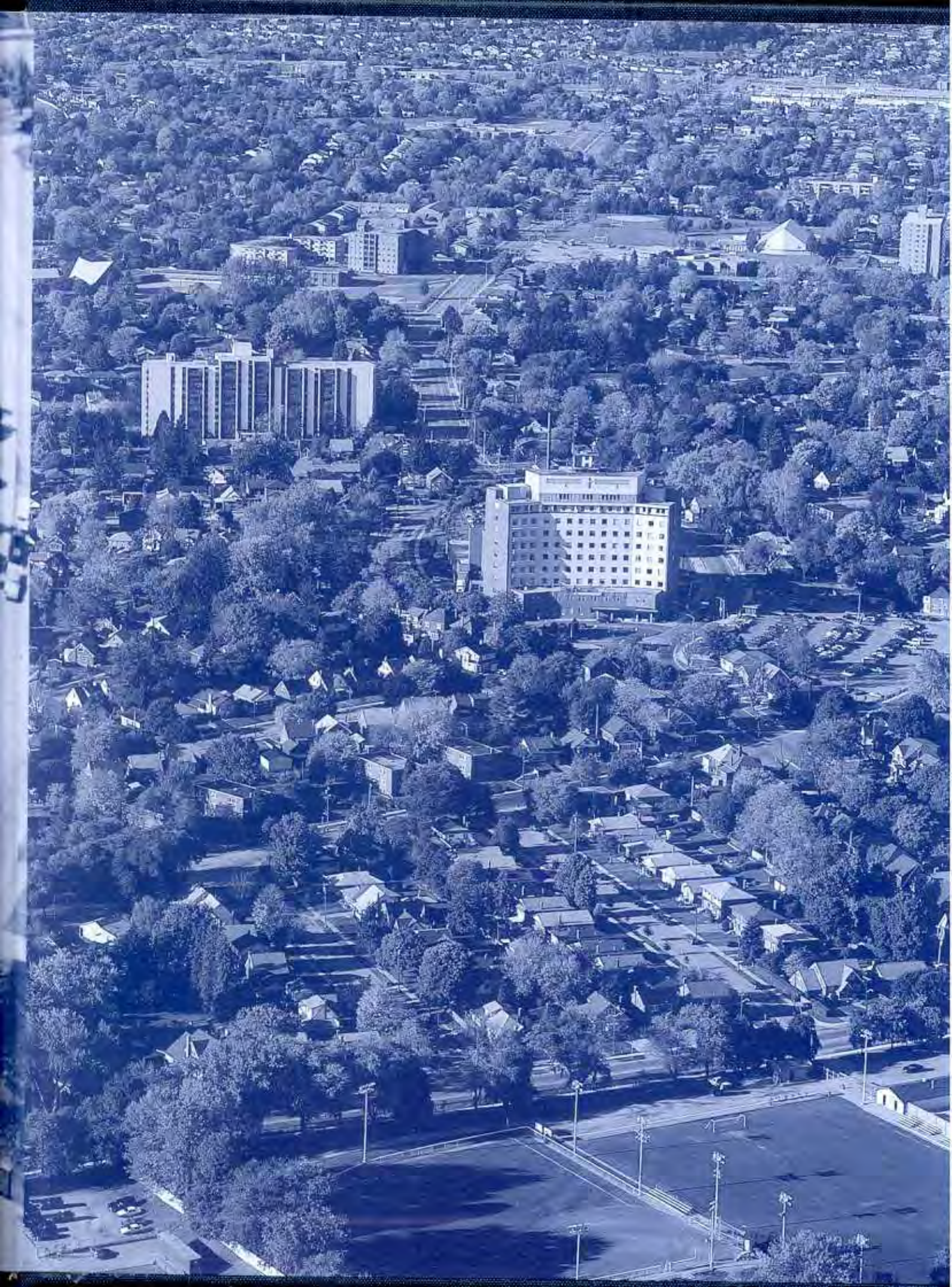
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75 YEARS OF CARING
A Circle of Care
ST. MARY'S GENERAL HOSPITAL





St Mary's
General Hospital
15th Anniversary

by Christopher Rt

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Laugh



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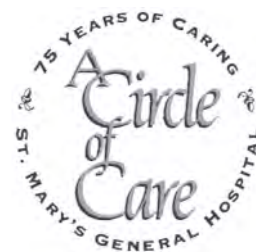
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SJU	St. Jerome's University Archives
SMGH	St. Mary's General Hospital Archives
SSJ	Sisters of St. Joseph Archives
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ST. MARY'S GENERAL HOSPITAL 75TH ANNIVERSARY

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Errata

The printing credit facing page I should read
“This book printed in Canada by
Waterloo Printing Co. Ltd.”

The caption beside the bottom-right photo on page 54 should read: “In one forty-eight hour period, three sets of twins were born at St. Mary’s, straining an already overcrowded nursery. Left to right, Joan Sobczak holding the twin girls of Mr & Mrs Peddle, Lois Schmiedendorf with the twin sons of Mr & Mrs Payne, and Corinne Huras holding the twin girls of Mr & Mrs Williams.”

The caption beside the top-left photo on page 120 should read: “Her Honour, Lieutenant Governor Hilary Weston (right) congratulates Ann Hepditch after the St. Mary’s volunteer was honoured with the Governor General’s Caring Canadian Award at a ceremony at Queen’s Park in Toronto.”

The spelling of the surname “Krantz” in the photo caption on page 123 should be “Kranz”.

FOREWORD

Memories of St. Mary's Hospital

by Kenneth McLaughlin

I was nine years old in November, 1952, and eagerly awaiting the birth of my brother. He was expected to be a Christmas baby, but, suddenly, in the middle of the night, I was hurriedly pulled from beneath the covers of my warm bed into a blustery November storm. My uncle had come to take me to stay with my cousins nearby. Mainly I remember the raw cold and the powerful gusts of wind. My father's new fedora hat blew across the street, lost in the night as he rushed my mother to St. Mary's Hospital. The baby was more than a month premature. My parents were worried, but their concern was something of a mystery for me that began a new adventure and a remarkable relationship with St. Mary's Hospital.

As a "premie" my brother remained at St. Mary's for several weeks, struggling to gain the strength to allow him to come home to us. Every day we drove to St. Mary's to visit this tiny baby and to bring a supply of mother's milk. As Christmas drew nearer our hopes increased that the baby would soon be home. In their own way, the daily trips to St. Mary's had become a family outing and I was mesmerized by the Christmas lights on Kitchener's City Hall and by the display of televisions in Joe Miller's storefront on King St., where my father would stop for a moment each evening.

The welcoming feeling at St. Mary's Hospital has remained with me all these years. As a nine-year-old, I was not permitted on the maternity floor; to achieve these wondrous heights one had to be twelve.

Still, if we crept up the side steps quietly, and if I stood very tall, my father assured me that the nursing Sister would allow me a moment to see my brother. Night after night, we followed the same ritual. Never have I tried to look so old or to stand so tall. After all, I was supposed to be twelve, not simply a nine-year-old who wanted desperately to see his baby brother. And there he was, a tiny, tiny baby held by the nurse in the palm of her hand. My feelings of admiration and affection for the Sisters of St. Joseph and the nursing staff grew each night as I made my way to the maternity floor. This was not an impersonal institution. It was a warm, caring hospital where exceptions to rules could be made and an eager child could see his new-born brother.

Three years later, I returned to St. Mary's. Now I really was twelve and able to stay in the hospital all on my own. I felt so mature. My tonsils had become inflamed and they were to be removed. St. Mary's seemed somewhat more intimidating this time, but I was brave, or I pretended to be. There was no surreptitious entrance through the side door. We used the main entrance. To my surprise, I was quite confident about being there. After all, I had often been to St. Mary's before. Although the sounds and antiseptic smells of the hospital seemed different, this was still the same St. Mary's that I had known.

As I lay in my hospital bed that first night, I felt that St. Mary's was a very special place, but I also felt somewhat scared, too.



Kenneth McLaughlin,
Professor of History
St. Jerome's University
The University of
Waterloo

Two of my cousins had trained there as student nurses and I secretly hoped that they would stop by my room. My aunt had recently taken her final vows in the Congregation of St. Joseph in Hamilton and I wondered if some of her friends among the St. Joseph Sisters would look in on me, although as Sisters they no longer used their family names, and I wasn't sure that they would know me. How wrong I was. The Sisters knew. They always seemed to know. That was part of what made St. Mary's so special. Being at St. Mary's was not about tonsils alone; it was also a family moment and even a social occasion. Well sort of. And I was twelve and as invincible as all twelve-year-old boys pretend to be. I was still pretending to be older, although that's something I no longer do. I had been promised Jello and ice cream after the tonsils were removed and I could hardly wait.

A few years later I returned to St. Mary's, this time with the men of my parish to visit our pastor, Father Daniel Simpson, who had gone to St. Mary's for surgery. Another experience. But this time visiting a priest. We were proud to be at St. Mary's and happy to see how well our pastor was doing.

How quickly time passes. It was 1972. Twenty years after my father had hurriedly taken my mother there, I was in my own car, with my own wife, eagerly making our way to St. Mary's Hospital. This time there was no fedora, that quaint symbol of fatherhood from a time long ago, to blow away in the wind, and although St. Mary's had now become St. Mary's General Hospital, it remained a very special place for us. Not the blustering winds of November, but a scorching, sweltering July evening. It was close to midnight and our first child was about to enter the world. I waited in the operating room, dressed in green surgical gowns. No I had not become a doctor, at least not that kind of doctor. Fathers were allowed into the delivery room on an experimental basis and I was eager to be there. Somehow it seemed right that this was happening at St. Mary's. This time, the baby was not placed in the hands of a nurse, but tenderly in my waiting arms. This was a moment I will never forget. Our baby looking up at me. Emotions overflowing. This was the very stuff of life at St. Mary's.

Soon enough, I found myself back at St. Mary's again. This time it was for day surgery. Arthroscopy on my knee, an advanced surgical technique rarely found outside of the larger American cities, was available at St. Mary's. I would walk home from surgery that normally required several weeks on crutches. Was I surprised? Not really. This was my sense of St. Mary's. If it was possible, St. Mary's would do it. A place of caring, a place of commitment, a place of leading edge surgery, a hospital where people cared, where people were known and where patients mattered.

The buildings have changed over the years. Modern additions complement the original hospital. A new entrance welcomes patients and visitors. A high rise tower, symbolizing the modern hospital, dominates the landscape at Queen's Crescent. An emergency entrance bustles with patients while the nurses' residence no longer houses the eager, young nursing students who brought an indelible sense of life to the hospital. The building is still there, serving a new purpose, and providing a memory of other times past. The chapel, a gathering place, a place where people meet and pray and talk and care for one another remains central to the heart of the hospital. This is the St. Mary's that I have known. It is the St. Mary's that the community has come to respect and to take as its own. It is a marvellous legacy.

Christopher Rutt's history takes us inside St. Mary's and tells the story of modern medicine in our community, introducing us to those who have given so much to make possible what so many of us simply take for granted. It begins with Fr. Anthony Fischer's tentative invitation in 1916 to the Sisters of Providence in Kingston to come to the small city of Berlin, Ontario, to establish a hospital and traces the subsequent arrival from Hamilton of the Sisters of St. Joseph and their development of St. Mary's as a landmark institution. You'll read about the unfailing support of people from all walks of life who have made St. Mary's their hospital, and, among other things, discover how St. Mary's struggled to serve the community in the face of the heartaches of the Great Depression of the 1930s and in the trauma of the aftermath of war, the baby boom of the 1950s and the

hospital's own valiant battle to survive in the face of the Ontario government's restructuring of the province's health services in the 1990s. It's been a challenging, fascinating and eventful seventy-five years.

The history that follows tells many stories. Each will be different from mine. Each will be unique. Each will have its own memories of this institution that cares,

for a hospital is more than the sum of its parts, and many who read this book will also have been a part of its history. I hope that your memories will come alive as mine have, and that the place of St. Mary's in your hearts will remain strong. Your understanding of all that St. Mary's has meant for so many will endure long after you have set this book aside.



St. Mary's
General Hospital
75th Anniversary





Early scenes of life in Kitchener, Ontario. Above, the Saturday morning farmer's market at King and Duke streets. Below, the train station with decorations and crowds in preparation for the Royal visit in 1939.

Source: Joseph Schneider Haus and KPL



CHAPTER I

Birth of a Hospital

*You get the hospital and
I'll fill it for you.*

Dr. Harry Lackner to Father
Albert Zinger, February 1923.

By the time St. Mary's Hospital officially opened its doors on October 21, 1924, it had already overcome numerous obstacles to transform an open field at the end of a dirt road into a modern health care institution. Although St. Mary's was established by the Sisters of St. Joseph of Hamilton, who still own and operate it today, they were not the first group of Sisters invited to open a hospital in Kitchener. The Sisters of Providence of St. Vincent de Paul, based in Kingston, Ontario, were asked to launch a new hospital mission in the summer of 1916. This was a time of great tension for the city, then still known as Berlin. The First World War had cast a cloud over the Germanic heritage and traditions of its citizens, who voted to change the name of the city to Kitchener as of September 1, 1916, in an attempt to prove their loyalty to Canada. Into this charged political atmosphere the Kingston Sisters, rather innocently, thrust themselves.

Birth of a Hospital, Phase One

The origins of St. Mary's Hospital are directly linked to Kitchener's St. Mary's Roman Catholic Church, and especially to two of its pastors, the Very Reverend Albert L. Zinger

(1874–1948), and his predecessor, the Reverend Anthony J. Fischer (1874–1939). Both men were born in small towns in Bruce County, educated at St. Jerome's College in Berlin, ordained in 1901, and were also members of the Congregation of the Resurrection.

St. Mary's Church had been founded in 1856 to provide a spiritual focus for the scattered Roman Catholic families in the area who were mostly German immigrants. The numbers of Catholics in the Berlin area grew steadily, especially after 1870, bolstered by families arriving from Poland, Ireland, France, Italy and Syria. In 1871 Roman Catholics accounted for only 13 per cent of Berlin's population, but by 1911 they made up 23 per cent. By 1916 the St. Mary's congregation consisted of about six hundred families, not counting the substantial Polish congregation that used the church basement to conduct its own services.

The Kitchener-Waterloo Hospital had served the Twin Cities area since it opened in 1895. With the growth of the general population, it was clear that an enlargement of the building was needed. To Father Fischer, it seemed that a Catholic hospital, built on the successful models demonstrated by the Sisters' hospitals elsewhere in Ontario, could offset some of the pressure on the older hospital, and also serve the growing Catholic community. Father Fischer's idea of building a new hospital for Berlin had evolved out of

The architectural firm of Watt and Blackwell prepared this sketch of "The Hospital at Kitchener," later named St. Mary's hospital, for the Sisters of St. Joseph. The fountains were never built.

Source: SSJ

Initial Attempts

Father Fischer's Invitation to the Sisters of Providence to build a local Catholic hospital came at a difficult time. It was August 1916, and Berlin would become Kitchener, Ontario the next month. The Sisters purchased the hospital site, but it would not be until after the First World War at the local communities could support a new hospital.

Source: KPL



a chance meeting in August 1916 with the Mother General of the Kingston-based Sisters of Providence of St. Vincent de Paul, Mother Mary Francis Regis Young. Father Fischer suggested that she might “come to Berlin to see the great prospects he considered [there] were for the establishing of a Hospital.” After visiting the city, Mother Regis must have been impressed with what she saw, since by early September the majority of the members of her Order favoured undertaking the new mission, pending the approval of the Bishop of Kingston.¹

The Sisters of Providence had been in Kingston since 1861, after several Sisters were invited by the Bishop of Kingston to extend their Montreal mission to the large and sparsely populated Kingston diocese. The original Montreal mission had been established in 1841–43, derived directly from the Company of the Daughters of Charity of St. Vincent de Paul, Paris, France. This non-cloistered order was founded by St. Vincent de Paul in 1642 and was primarily dedicated to the training of school teachers and to working among the sick poor. Building a new mission in Kingston proved to be a great physical, financial and spiritual challenge for the original Sisters. The Roman Catholic population was sparse in the diocese and the Sisters had to travel

far afield to find support for their work.

By 1916 the Sisters of Providence of Kingston had gained considerable experience establishing and managing hospitals. They ran hospitals in Brockville and Smiths Falls, Ontario, Daysland, Alberta, and were even then engaged in building another one in Moose Jaw, Saskatchewan. As was the case in Berlin, the Sisters had been invited by local priests to build and administer these hospitals, with their efforts supported by local community fundraising campaigns.

Mother Regis' enthusiasm for the Kitchener hospital project was based in large part on the attractive five-acre site that was found. In September, Mother Regis wrote to Father Fischer, stating that “the Community will take over the property proposed for a Hospital there at the price offered (I think it is \$6,000).”² This property was known as Queen's Park Crescent, at the southern boundary of the city. Father Fischer and the Sisters announced to the press on October 2, 1916, that the property “will give ample room for a substantial building and spacious grounds.” It was in a “beautiful location, high and dry, giving a view of the city and countryside and so situated that the hospital can never be walled in by other buildings, nor deprived of fresh air.” Moreover, the presence of the new hospital, to be named “St. Mary's Hospital” after the St. Mary's parish, “will have a quickening effect upon the real estate in the vicinity and will add greatly to the section of the city in which it will be erected.” The plan was to build a general hospital similar to the Sisters' St. Francis General Hospital in Smiths Falls, which would accommodate between fifty and sixty patients “from any and every denomination.” There was also to be a training school for nurses attached to the new institution.³

Mother Regis and Father Fischer quickly began soliciting subscriptions from the Catholic community in Kitchener. However, in early October 1916, Mother Regis became uncertain about the fundraising prospects, “owing to the fact that 80% of the people are of German descent, and the wealthiest Catholics [in the city]...were not in a disposition to do anything that would be a public benefit.” The Bishop of Kingston, the Reverend M.J. Spratt, suggested that Father



With the completion of construction in 1903, the "new" St. Mary's Church symbolized the vitality of Berlin as a centre for civic, religious and educational institutions.

Source: SJU

Fischer "ask a number of his parishioners to sign a document testifying [to] their desire to have a Sister's Hospital." Father Fischer assured the Sisters that he foresaw "no difficulty in securing a greater number of names than was required, among them being some of the most foremost business people in the city."⁴ On November 17, 1916, the Bishop of Kingston finally gave his blessing to the project, after which the necessary papers were signed by the Sisters to purchase the property in Kitchener for \$6,000, payable in

three installments during 1917. In the *Sister's Annals* was written, "May God direct that, at least, we may not lose."⁵ Once the Queen's Park Crescent property was officially secured, Father Fischer recommended that the Toronto architect A.W. Holmes begin drawing up plans for the hospital. Father Fischer was familiar with Holmes' work as he had designed the new St. Mary's Church. Although it is clear that she already had definite ideas about the hospital's design, Mother Regis paid Holmes \$700 to prepare the plans. But when Holmes first met with Mother Regis in Kingston for instructions, she presented plans that she had

already prepared, containing "many things about which he did not like."

Holmes offered to prepare an alternative plan, as well as the one based on Mother Regis' ideas. He later explained to Father Zinger that he has spent considerable time developing "an idea of an up-to-date hospital but it received no consideration by Mother Regis."⁶

By March 1917, Holmes, Father Fischer and Mother Regis had agreed on the general plans for St. Mary's Hospital that were essentially the layout prepared by Mother Regis. According to the initial plans released to the



The Very Reverend Albert L. Zinger (1874–1948)

Father Albert Zinger, also known as "The Builder," was born in the small town of Teeswater in Bruce County and followed a very similar path to the pulpit of St. Mary's Church as Father Fischer. After his ordination in 1901, he joined the faculty of St. Jerome's College as a teacher, became president of the college in 1905 and remained there until his appointment to St. Mary's Church in 1919. While at St. Jerome's College, he built a new administration building, and then a gymnasium and, during the early 1920s, built St. Joseph's School and a new rectory for St. Mary's Church. Father Zinger would strengthen this reputation as "The Builder" by overseeing the building of a new hospital for the K-W community.

Source: SJU



Along with St. Mary's Church, the presence of St. Jerome's College in Berlin since 1866 reasserted Berlin's primacy as the County Town and the prominence of the Roman Catholic community within Berlin. This new addition was opened in 1908.

Source: SJU

press, Kitchener's St. Mary's Hospital was to "be one of the most up-to-date and best equipped in the Province." The main three-storey building was to be absolutely fireproof with a brick exterior that was to be plain and simple in design. Reflecting the Sisters of Providence's long interest in the care of the mentally ill, the plans included a detention room for alcoholic and disturbed patients on the ground floor, along with a special room on the first floor for nervous patients and those with temporary dementia or alcoholic depression. There were also plans for a separate ambulance entrance at the rear of the main floor, an on-site diagnostic laboratory and pharmacy on the ground floor, diet-kitchens on every floor and a system whereby all patients would be given their own personal food tray and set of dishes that they would use while in the hospital to promote sanitation. Also of note was the modest maternity department, which would accommodate six to eight public ward patients and six private patients at any one time. There were also plans for a separate three-storey home for nursing staff and the Sisters, which would include a lecture room for the training of nurses.⁷

Despite the good intentions of the Sisters of Providence, these early hospital plans did not get off the drawing board. The Bishop of Hamilton, the Reverend Thomas J. Dowling, who had initially given his consent for the Sisters to proceed, now decided that "the necessary formalities or laws had not been complied with." Bishop Dowling was particularly concerned about who would own the hospital, how it was to be maintained, and

what the hospital's financial obligations to the Kingston Motherhouse would be. He also wanted to see the Rules and Constitutions of the Sisters of Providence. Once he had this information, he would consult with his Diocesan Council, consent from which was necessary before the project could proceed. The bishop's position seemed strange to the Sisters. After all, they had not volunteered their services, but had been invited by Father Fischer to come and establish a Hospital. It may be significant that Father Fischer was not a diocesan priest, but a member of the Congregation of the Resurrection, whose relationship with the bishop was not without its own problems.

Meanwhile, Bishop Dowling was now insistent that "There should be a written agreement that the Building would always remain a Catholic Hospital, that the greater part of the profits should be expended on the hospital, not be sent to the Mother House."⁸ As the Sisters perceived it, a serious misunderstanding had developed between Kingston, Kitchener and Hamilton. Father Fischer hoped Mother Regis would meet with Bishop Dowling in Hamilton to sort out these differences, but she declined. By November 1917, the St. Mary's Hospital project was at a standstill.

Father Fischer was perhaps overly enthusiastic about building a new hospital for Kitchener. More importantly, he was somewhat naive about the political implications involved in inviting a congregation of Sisters from an outside diocese such as Kingston, without first consulting the bishop.

While the local tensions in Kitchener and the wartime economy each played a role in undermining the hospital project, more significant was the financial position of the Sisters of Providence. The previous decade of expansion had left their financial resources stretched almost to the breaking point. Then the Order found itself embroiled in a highly publicized court case which left them "financially and morally crushed in the aftermath of the trial," and thus in no position to proceed with the Kitchener mission even if the other obstacles had been overcome.⁹

Despite these difficult circumstances, the Queen's Crescent property remained in the hands of the Sisters of Providence. Nothing

further took place towards the establishment of a new hospital until June 25, 1919, when Mother Regis' successor, Mother Mary Clement O'Shea, wrote to Bishop Dowling seeking his advice about selling the property. The Sisters had invested \$7,500 on the Kitchener mission and "owing to our increased outlay during the past two years, because of prevailing conditions we are much in need of our money." Mother Clement asked the bishop if he knew of a possible buyer. "That there is a great need of a Catholic Hospital, there is no doubt. Is there any probability of another Community taking up the work?"¹⁰ Mother Clement would not have to wait long to receive an answer, but it would be several years before the Sisters of Providence received any money for their Queen's Park Crescent land.

Birth of a Hospital, Phase Two

Soon another congregation of Sisters expressed an interest in the mission to build a Catholic hospital in Kitchener. In August

1919, shortly after becoming pastor of St. Mary's Church, Father Zinger resumed Father Fischer's hospital campaign. In looking for a more local religious community that might be interested in the project, he turned closer to home, to the Sisters of St. Joseph of Hamilton, to continue what the Kingston Sisters had started.

Father Zinger brought considerable experience and personal charisma to his efforts to build a new hospital for Kitchener. Indeed, among the people of Kitchener, Father Zinger was remembered as a "a man of commanding presence, a favorite with old and young, regardless of creed or political affiliations." Among his friends were "many Protestants as well as Roman Catholics, and he enjoy[ed] the respect of all in the community."¹¹ He assured the Sisters of St. Joseph that \$200,000 could be raised within the local community to facilitate the hospital project.

From the outset, Father Zinger sought the active support and involvement of the local business community to back his campaign. In

late August 1919 he told Mother Mary Martina Long, Superior General of the Sisters of St. Joseph of Hamilton, that a drive was planned for early September among the Catholic community and businessmen of Waterloo County in support of the new hospital. He asked Mother Martina to find out from Mother Clement in Kingston the lowest price that the Sisters of Providence would accept for their Queen's Crescent property. In order to secure a six-month option to buy, Father Zinger himself paid the \$57.92 outstanding

The Sisters of St. Joseph

The Sisters of St. Joseph mission was founded in France in 1650 by Jean-Pierre Médaille, a Jesuit preacher who recognized a dedication to service in a number of religious women who sought his guidance. He outlined a spiritual way of life that would allow them to serve all types of individuals through any activity that promoted unity among all people and with God. The Sisters initially worked in secret as the Church was suspicious of non-cloistered religious women. The Bishop of Le Puy soon sanctioned their mission and gave them charge of a house of refuge for orphans and destitute women. The Sisters rapidly spread across France until the start of the French Revolution in 1789. Many religious orders were disbanded during the Revolution, but the Sisters of St. Joseph mission was reestablished in 1807 by Sister St. John Fontbonne. She recruited a new generation of women, including her niece, Sister Delphine Fontbonne. In 1836, Sister Delphine established the first Sisters of St. Joseph congregation in North America near St. Louis, and then founded the first Canadian congregation in Toronto in 1851.

NEW HOSPITAL TO BE ERECTED IN KITCHENER BY SISTERS OF CHARITY

Five Acres of Land Purchased on Queen's Crescent, Queen Street, South, for Proposed New Institution — Will Accommodate 50 to 60 Patients.

TO BE KNOWN AS ST. MARY'S HOSPITAL

This city is to have a new hospital which will be known as the St. Mary's Hospital, according to information given out this morning to the Telegraph by Rev. A. J. Fischer, pastor of St. Mary's R.C. Church. The institution will be erected by the Sisters of Charity, whose Mother Home is at Kingston. The Mother Superior of the Order and the Sister Superintendent of the Brockville Hospital have been in the city for the past week and have completed negotiations previous to the drawing of the plans of the building.

Queen's Crescent at the head of Queen street, south, has been purchased by the Sisters and it is upon this site that the hospital will be erected. Five acres of ground have been secured, which will give ample room for a substantial building and spacious grounds. The institution will have a

nurses' training school in connection with the institutions and prospective nurses will be taken in from the opening of the institution and trained for the profession.

This building will have a quickening effect upon the real estate in the vicinity and will add greatly to the section of the city in which it will be erected. It will be a worthy addition to the institutions of the city and the extra hospital accommodation it will afford will be welcomed.

The Order of Nuns, the Sisters of Charity, who will erect the institution have been eminently successful in hospital work in this country. They have an excellent hospital at Smith Falls and another one at Brockville. The Sisters are at present engaged in the erection of a large hospital at Moose Jaw, Sask. Just when excavation for the erection of the hospital in this city will begin has not been definitely

ST. MARY'S RECTORY
24 DUKE STREET

Private

KITCHENER, ONT.

About the hospital — I have not called a meeting as yet — there is a time and a place for everything if you want to accomplish results. I notice that I have mentioned the matter, all seemed very much pleased that the matter of a hospital here had been given new life.

St. Harry Luckner says: "you get the hospital and I'll fill it for you".

We are now entering upon a time of serious thinking. Hospital business is not a matter of levity.

If the Government would not charge business tax and income tax on money given by business firms for charity, then we would have much less difficulty in getting some large contributions.

A. F. Z.

project, and a smaller committee of seven was chosen to gather information about fundraising prospects. Father Zinger felt that in order to maintain local enthusiasm, and to ensure that an "ideal" hospital would be built, he should work closely with Mother Martina and the Hamilton Sisters. Mother Martina was born in 1860 in Hamilton and had joined the Sisters of St. Joseph in 1888. She was a trained nurse and was involved in the founding of the School of Nursing at St. Joseph's Hospital in Guelph in 1899. She had served also as Superintendent of the Sisters' hospitals in Guelph and Hamilton. As Mother Superior of the Hamilton Sisters between 1917 and 1920 she was an enthusiastic supporter of the proposed Kitchener hospital project. The name of the new hospital was to be left up to Mother Martina to decide. The advisory board was anxious that a name be finalized quickly, "because we do not desire to give too much publicity to the 'Catholic' hospital, but prefer to speak of it as St. Mary's, or St. Joseph's, or St. Tanlac...or some other saint's hospital."¹⁴ The most common name for the hospitals and convents founded by the Hamilton Congregation of the Sisters of St. Joseph was "St. Joseph's."

The Hamilton congregation was part of a network of independent motherhouses in Ontario that worked under a common constitution and common customs. Their mission was based on the model of St. Joseph, who held an honoured position in the Catholic Church as the patron saint of teaching, nursing, care of orphans and the elderly and all efforts to help the less fortunate. The Sisters owned and operated their own network of institutions in the Hamilton diocese, such as hospitals, orphanages and homes for the elderly. They also served as teachers, nurses and administrators in these and other institutions throughout the diocese.

The Hamilton congregation of the Sisters of St. Joseph began in April 1852 after three Sisters from the Toronto Motherhouse—Mother Superior Martha von Bunning and Sisters Mary Joseph McDonnell and Mary Aloysius Walker—responded to an urgent appeal from Vicar General Edward Gordon to assist with caring for the orphans of Hamilton. The Hamilton Sisters began their work as teachers in Hamilton schools in

This letter of Father Zinger's reveals that timing, faith and taxes were important to his efforts to revive interest in a Catholic hospital in Kitchener. Father Zinger was writing in February 1923. The construction of St. Mary's Hospital began in the summer of that year.
Source: SMGH

property tax the Kingston Sisters owed the City of Kitchener. Although he wanted to be fair to Mother Clement, if she demanded too much for the property, he would have to find another site.¹²

In early September, Father Zinger chaired a meeting of about thirty men representing the Catholic community of Kitchener and Waterloo to discuss the hospital project. This group was "very enthusiastic that the matter be proceeded with, especially that they now know that the Sisters of St. Joseph, and not 'somebody' else will own the building when erected."¹³

At the meeting, an advisory board of thirty was established to oversee the hospital

1853, and in 1858 began their service outside Hamilton through the opening of convents elsewhere in the diocese.

By 1919, the Sisters of St. Joseph of Hamilton were well experienced with hospital building, although they had not undertaken such a mission since 1890 when they established St. Joseph's Hospital in Hamilton. The Hamilton Sisters had been involved in caring for the sick since shortly after arriving in the city. In 1854–55 major typhus epidemics in the area sharply tested the courage, nursing skill and faith of the Sisters, who cared for the stricken in railway sheds that served as temporary hospitals. In 1861, the Sisters were invited by a local Jesuit priest to establish a more permanent health care facility in Guelph, which was the first Catholic hospital in the diocese.

Despite the growing enthusiasm locally and the apparent interest of the Hamilton Sisters, by 1920 it was clear that the timing was not yet right for the Kitchener hospital project. Outside forces unrelated to the Sisters or the Kitchener community resulted in the sudden curtailment of the project. It is unclear what these forces were, although in February 1923, when the project was revived for the final time, Father Zinger noted in a letter to Mother M. Thecla Padden, the new Superior of the Hamilton Sisters, that

In fact, the hospital would be built now and the Sisters of St. Joseph would be located here if our plans of 1919–20 had not been blocked by someone not resident in Kitchener. However, that, perhaps, was providential because as a result of it we got a new rectory [for St. Mary's Church] which would not have been built if the hospital had succeeded.¹⁵

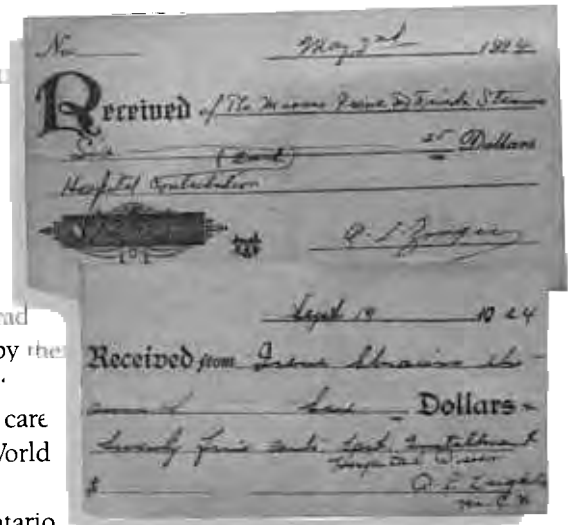
While Father Zinger's building projects and community work outside his church were widely celebrated in Kitchener, there were others within the Congregation of the Resurrection who were not always as happy about it.¹⁶ Because of this opposition, the St. Mary's Hospital project would have to wait until a more favourable time, not only for Father Zinger and the Congregation of the Resurrection, but also for the Hamilton Sisters, and for the broader Kitchener-Waterloo community.

Birth of a Hospital, Phase Three

The years surrounding the opening of St. Mary's Hospital coincided with the final development of the Canadian hospital. By the 1920s the traditional charitable institution of the seventeenth to nineteenth centuries that provided free care primarily for the poor and needy had been transformed into a modern scientific, bureaucratic, and professional health care institution designed to serve an entire community. This transition period involved new tensions and challenges for Father Zinger and the Hamilton Sisters of St. Joseph. The greatest tension was financing and building a brand-new modern building that would meet the increasing standards of the 1920s. The hospitals earlier established by both the Sisters of Providence and the Sisters of St. Joseph, among others, were almost always founded within existing buildings or institutions. It was not until the turn of the century, with the emergence of scientific medicine, new theories of disease and the Nightingale system of nursing, that hospitals gradually became perceived by the public as institutions that offered superior medical care. At the end of the First World War, the beginnings of a health care system in Ontario

had emerged, monitored by a provincial inspector and dependent upon an evolving system of municipal and provincial funding. By September 1924 there were 122 public hospitals in Ontario (including ten tuberculosis sanatoria) and fifty-one private hospitals. A year later, twelve new public hospitals had been built, including St. Mary's Hospital along with six new private hospitals.¹⁷

During the first two decades of the twentieth century the pace of medical science accelerated, especially in the areas of preventative medicine and public health, diagnosis and medical technology, surgery, drug treatments, nutrition and mental health. Medical specialization also increased, as did bureaucratization and the costs of medicine. There were also growing calls for various forms of



From its first years, St. Mary's Hospital depended upon a wide range of community support. Father Zinger signed hundreds of these receipts for those who pledged to pay as much as they could, often through installments.
Source: SMGH



W.J. Motz, publisher of the *Kitchener Daily Record*, began a long association with St. Mary's Hospital when he pledged substantial financial support for the building of a hospital.
Source: UW/KWR

socialized medicine and government regulation. For hospitals, it was a serious challenge to keep pace with such change and adapt to it successfully, especially for hospitals funded by modest religious and charitable organizations.

The threat of infectious diseases had the most impact on hospitals and their work. Indeed, many hospitals founded during the latter half of the nineteenth century, including the Sisters of St. Joseph hospitals in Toronto and Hamilton, were established during or in the wake of major epidemics, including cholera, typhoid, diphtheria and smallpox. Such diseases dominated the patient registers of these hospitals until the 1910s and 1920s, when significant improvements in public health infrastructures and the introduction of new antitoxins and vaccines had lessened much of their threat. However, there were older disease dangers, such as influenza, along with newer ones, such as epidemic poliomyelitis [polio], that would have a major impact on hospitals in Canada and their evolution during the first part of the twentieth century.

The influenza pandemic of 1918–19, which killed more people worldwide than had died in the war, was a major threat for all of Canada. In particular, it presented a dramatic challenge for the Kitchener-Waterloo Hospital. The epidemic, which peaked in October 1918, demonstrated the practical value of this hospital during a difficult period in its history and established it as an essential community resource. It also highlighted the limits of the hospital's physical capacity to meet the health care needs of a growing population in the Kitchener-Waterloo area.

Since its opening in 1895, the people of the Kitchener-Waterloo area had relied on the seventy beds of the K-W Hospital for their health care needs. It had been founded as a community hospital, built through local subscriptions at a time when similar institutions had been established in Galt and Guelph. There were other hospitals in the area, such as the Freeport Sanatorium, as well as those in Hamilton and London, but the K-W Hospital was the primary institution for most citizens of Kitchener and Waterloo during this period. Between 1914 and 1920, K-W Hospital had experienced a period of

growth following an expansion in 1913. In particular, the numbers of babies born in the hospital's new maternity ward had tripled. This reflected not only a rise in the local birth rate, but also the increasing public confidence in hospitals as desirable places for mothers to give birth. Another reflection of the growing public confidence was that paying patient revenues increased by 150 per cent during the 1914–20 period. The number of indigent patients being treated was also increasing, placing financial pressures on the hospital and on local governments to pay for their care.

Thus, despite the growth of the K-W Hospital, by 1919 its financial situation was unstable. The hospital had a significant deficit, due to rising costs and post-war inflation which resulted in significant changes in its management. In 1922, the hospital's long-serving Lady Superintendent, Maude Horner, was replaced by a professional man with a business background, Dr. John J. Waters. The following year the hospital almost closed because of its financial problems. The Kitchener and Waterloo local governments were forced to take control of the hospital and establish the K-W Hospital Commission. As of May 1924, the K-W Hospital became municipally owned.

The final resurgence of the St. Mary's Hospital project began in February 1923. In view of the problems involving the K-W Hospital, the physicians of Kitchener-Waterloo were interested in seeing a new hospital and they assumed an active role in supporting the efforts of Father Zinger to bring in the Sisters of St. Joseph from Hamilton to complete the job. Indeed, Dr. Harry M. Lackner, who was perhaps Kitchener's busiest and most prominent physician, told Father Zinger in early February 1923: "You get the hospital and I'll fill it for you."¹⁸ Harry Lackner's father, Dr. Henry G. Lackner, had practised medicine in Kitchener from 1876 until his death in 1925. He had played a key role in the founding of the K-W Hospital and would be the first of four generations of Kitchener doctors who will practise at St. Mary's Hospital. Joining Dr. Harry Lackner in support of additional hospital facilities was a growing number of young doctors who had

set up new practices in Kitchener and Waterloo after the end of the First World War.

A key factor behind the more active support of the local doctors for a new hospital was the continuing financial uncertainties at the K-W Hospital, as well as the ongoing political battle for its control. When Father Zinger heard of the Council's proposal to take over control of the hospital,

new hospital, with A.R. Lang appointed as its first chairman.¹⁹

At this meeting in February 1923, it was clear that Father Zinger had a much broader base of support for the hospital than in 1919, and interest went beyond the Catholic community. As he told Mother Thecla, "All the Catholic people here and very many non-Catholics are very anxious to have a Sisters' Hospital here." He also stressed the



he immediately called a meeting of twenty representatives from the Kitchener and Waterloo parishes, all of whom were enthusiastic about the proposition for a new Catholic hospital. They pledged themselves to contribute \$30,000 to the project. Among this group were such community leaders as August A.R. Lang, a prominent manufacturer and one of Kitchener's wealthiest citizens, John Schwartz, Alois Bauer, Henry Braniff and W.J. Motz, the owner and publisher of the *Daily Record*. These men would form the Building Committee for the

encouragement of nearly all the physicians, almost all of whom were non-Catholic. At the same time, the Sisters of St. Joseph of Hamilton were willing to purchase the original Queen's Crescent property, assuming that the Building Committee decided to build there. The Sisters would also take responsibility for payment of the debt, pending permission from Rome. Father Zinger also had the support of the mayor of Kitchener, Louis O. Breithaupt, who asked Father Zinger to ensure that news of the meeting would be made public the next day.²⁰

The shadow of famed Kitchener photographer Ernest Denton and his box camera dominate this shot of the hospital excavation, dated from September 1923. The hospital was built on the western outskirts of Kitchener; beyond lay the woodlots and rolling farmland of Waterloo Township. Source: SMGH

Over the next few days a Finance Committee began planning a fundraising drive for the new hospital, now officially “St. Mary’s Hospital.” With the hospital mission once again revived, Father Zinger asked Mother Thecla to contact Mother Clement of the Kingston Sisters to ask what price they would accept for their property.²¹ By March, support for the hospital was growing steadily, even before public canvassing had begun. When Father Zinger met with representatives of the Waterloo parish, “those present subscribed \$21,200 which is considered very good.” At the same time, all adults present at the Masses at St. Mary’s Church were given subscription cards that were to be signed and returned on the following Sunday. As Father Zinger emphasized to Mother Thecla, “There appears to be no doubt that the hospital proposition will be a

Hamilton in 1863, she had joined the Sisters of St. Joseph in 1887 and had spent the greater part of her religious life teaching boys in the higher grades. As a teacher and Superior of the Congregation, she was considered “zealous, patient, kind and an excellent disciplinarian,” qualities that were a great asset in the challenging task of building a modern new hospital.

Dr. Harry Lackner was very enthusiastic about the project. Although himself a Presbyterian, he assured Father Zinger that “the entire medical fraternity here are anxiously looking forward to the completion of the Sisters’ hospital,” and “that a great many of the leading Protestants will support our hospital.” Keen to ensure that the new hospital would be as up-to-date as possible, in April 1923 Lackner even took a trip to the famous Mayo Clinic in Rochester, Minnesota, to gather useful information about how St. Mary’s should be put together.²³

Meanwhile, a quiet fundraising effort had raised about \$80,000 from the Kitchener and Waterloo Catholic parishes. Nothing had yet been solicited from “the merchants and manufacturers, i.e. non-Catholics—nor have we asked individual Protestants, quite a number of whom have expressed themselves as being willing to help us.” A potential complication emerged in early April, when the K-W Hospital announced plans for a summer fundraising campaign to raise \$150,000 for its own expansion program. Fortunately, when the plans for St. Mary’s were announced in June, K-W Hospital dropped its campaign. Father Zinger was confident that the general public was behind the St. Mary’s Hospital project, although it was clear that it was time for the fundraising work to expand beyond the Catholic community. By now the Queen’s Crescent property had been purchased from the Kingston Sisters for \$8,500, and the architectural firm of Watt and Blackwell of London had been hired to design the hospital.²⁴

Watt and Blackwell’s plans and specifications for the new three-storey, pavilion-style red-brick hospital were unveiled to the public through the *Daily Record* on June 16, 1923. As the paper stressed, “The proposed new hospital to be erected will not only be a great acquisition but a credit to the



Another Denton photo, this one taken from the box of one of the horse-drawn wagons, emphasizes the construction methods of the time. Source: SSJ

success. All the Catholics want the hospital and many non-Catholics have expressed a desire to assist us.” But he reminded her that “We shall have to move fast if we want to get the hospital under roof before next winter’s cold weather sets in.”²²

Mother Thecla, who had succeeded Mother Martina as Superior General of the Sisters of St. Joseph of Hamilton in 1920, had no previous experience with hospitals, but she was more than able to oversee the financing, design and construction of the hospital through to completion. Born in



community and with its 100 beds, besides its other facilities for looking after the sick, it will certainly be a boom to those afflicted.” Highlights of the layout included two operating rooms in the front wing of the third floor, illuminated with natural light through large north-facing windows, and an entire wing of the second floor devoted to a complete maternity section. The front wing of the first floor was to accommodate general offices, waiting rooms and doctor’s consultation rooms. The rear of the first floor would serve as the home for the Sisters working at the hospital, who could visit the hospital’s chapel by a private stairwell. As the newspaper report noted, “This chapel, although severe in its design, will be one of the most attractive chapels in western Ontario.” The basement level was to accommodate a complete kitchen, along with bedrooms for the staff and lecture rooms for nursing students.²⁵

As the city then had only three X-ray machines, each owned by private physicians, St. Mary’s X-ray unit was a valuable attraction to new physicians and patients.²⁶

The contract for building St. Mary’s

Hospital was awarded to W.M. Sutherland Co. Ltd. of Toronto, for a cost of \$258,000. Work began on the Queen’s Crescent a week later, in July 1923, when Mother Thecla, along with several Sisters from the Hamilton Motherhouse, turned the first sod. News coverage of the ceremony included an artist’s conception of the Sisters’ new hospital, complete with lush gardens, trees, and a fountain in front. By early August, the *Daily Record* reported, “Visitors to the scene have been forced to remark the unusually rapid progress that has been made with the work.” But despite the rapid progress in construction, the challenge was to complete the main structure before the snow fell.²⁷

With construction underway, the next step was to launch the hospital’s public fundraising campaign in September, to be targeted mainly to the industrial plants and businesses of the Twin Cities. Campaign headquarters were set up at 21 King Street West in Kitchener, and everyone was invited to use the mail or to visit the office, or any of a variety of stores, to make a donation. As the campaign advertisements emphasized, the “Twin City secures a \$500,000 hospital

Surveyors and excavation crews pause briefly in the hospital’s foundations during the summer of 1923. Under Father Zinger’s watchful gaze, construction moved quickly; by Christmas of 1923 the hospital building had been closed in.

Source: SSJ

of 100 beds at a minimum of cost.” The Sisters had committed \$350,000 to building the hospital and the Catholic congregations of Kitchener and Waterloo had already donated \$100,000. This left \$50,000, which the people of the Twin Cities were asked to provide.²⁸ The promotional literature emphasized the need for a second hospital in the K-W area by pointing out that such cities as Guelph, Kingston and Peterborough, which were all smaller than the combined Kitchener and Waterloo populations, each had two hospitals with a total of 175 to 180 beds; the 30,000 people of the Twin Cities had only 70 beds available. It was also stressed that other hospitals built and operated by the Sisters of St. Joseph in Ontario were actually providing health services more often to non-Catholics than to Catholics. There would be “absolutely no interference with religious convictions of patients. Clergymen of any denomination have access to the institution at any time to visit members of their flock.”²⁹

The St. Mary’s Hospital public fundraising campaign was a great success, raising over \$20,000, or almost half of its goal, by February 1924. The Sisters insisted on writing thank-you letters to most donors, although Father Zinger told them that “It is not necessary to write letters to all on the

enclosed list in one day. Take your time at it. You are doing a tremendous amount of writing.”³⁰ Among the major supporters of the hospital were the Economical Mutual Fire Insurance Co., which gave \$5,000 to the building campaign, and the Mutual Life Assurance Co., which gave \$2,500. The next largest donations were for \$500 from the Waterloo Mutual Fire Insurance Co., the Dominion Life Assurance Co. and Schreiters Ltd., furniture manufacturers. A variety of local businesses and many members of the medical community also gave donations between \$100 and \$300.³¹

The climax of the fundraising campaign came with the laying of the cornerstone of the new hospital on October 21, 1923. This occasion was reported at length in the *Daily Record* and proved to be a large community celebration of several thousand that combined “all of the impressiveness of the ritual of the Roman Catholic Church and...all of the dignity of civic ceremony.” The afternoon festivities began with a large procession from St. Mary’s Church, consisting of members of the Kitchener and Waterloo Catholic congregations and led by the Kitchener Regimental Band. Joined by the young and old of the community, the parade made the trek from downtown up Queen’s Boulevard, which was then a dirt

Several hundred people braved the cooler weather and the dirt of Queen Street to see dignitaries lay the cornerstone of St. Mary’s Hospital. It was Sunday 21 October 1923; the hospital accepted its first patients exactly one year later.
Source: SMGH





Kitchener mayor
(and future Ontario
Lieutenant-Governor)
Louis Orville
Breithaupt speaks at
the hospital's corner-
stone laying. Despite
later additions to
St. Mary's, the original
cornerstone is still
visible just outside the
hospital's emergency
entrance.
Source: SMGH

surrounded by a half a mile of open field in front and miles of farmland behind.

Among those who made the trip by other means were three teenage girls whose lives would become closely entwined with St. Mary's, especially as volunteers. The Esbaugh sisters, Johanna and Loretta (later "Mickey" Heric and Loretta Killion) took a streetcar from Waterloo to downtown Kitchener, and then a "jitney" for a nickel up Queen's to the event, while Jessie Zlak (later Riedel) got a ride from her father. Sixty-five years later, Jessie's strongest memory of that day was "all the dirt in the field and hoping I wouldn't get my good dress dirty because I knew my mother would be annoyed if I did."³²

Dignitaries on the official platform included Kitchener Mayor Breithaupt and Waterloo Mayor W.G. Weichel, members of the Kitchener-Waterloo and Waterloo county councils, members of the clergy from various Catholic parishes in the diocese, the Vicar General of the Hamilton diocese, Monsignor John Kelly, Monsignor Joseph O'Sullivan, Chancellor of the diocese, who represented Bishop Dowling, and the Superintendent of the Ontario Hospital in Orillia, J.P. Downey, who gave the main address.

Daily Record and some of the Toronto newspapers of the day, along with parish directories and a sketch of the occasion, was placed jointly by the mayors of Kitchener and Waterloo. Father Zinger declared that this day "would go down in the history of the Twin City as a red letter day...that marked the beginning of an institution that would take a large part in the life of the community." St. Mary's Hospital would not just be a pile of bricks and mortar built to generate profits, but a building "which would bring the angelic ministrations of self-sacrificing sisters to the suffering." He paid tribute to the Sisters of Providence, who had chosen the Queen's Crescent site,

for it was one which abounded in the beauties of nature and it placed the hospital on an eminence from which the sick might look out upon the beauty of an imposing scene and be cheered in the days of convalescence. They could see the city laying at their feet with churches and industries and homes and the sight would be an inspiration to them in their convalescing days.

Others spoke about the ecumenical mission of the hospital and the unifying effect it

would have on Catholics and Protestants of the area and on the cities of Kitchener and Waterloo in general. In particular, Mayor Breithaupt emphasized that “the event was a splendid testimony of the unity existing in the community. A new hospital had long been needed and the spectacle of Catholics and Protestants joining in such a splendid enterprise spoke well for the balance of the community.”³³

Hospital construction progressed ahead of schedule and Father Zinger kept a close eye on the entire building project. He visited the site almost every afternoon, and on November 14, 1923, was able to tell Mother Thecla that “This fine weather [is] very suitable for the growth of the new hospital building. Everything is going along nicely.” The new building had grown beyond the first storey and would be under roof by Christmas. As a reporter described it then, “A slight idea of the size of the structure was gained at the time of the corner stone laying but a visit to the site now is a complete revelation as to the size of the edifice.” From the second floor “an inspiring panorama is unfolded to the eye of the observer stretching from the confines of Waterloo to the vicinity of Doon.”³⁴

Work on the hospital progressed smoothly, to such an extent that by early October 1924, construction was nearly complete and preparation began for opening

the hospital to patients. On October 14, Father Zinger and the Building Committee joined members of the press, a group of local councillors and other public leaders for a preview inspection of St. Mary’s. All were impressed, including the reporter, who was struck by “the general atmosphere of cheeriness. Light and airiness pervade corridors and rooms alike while an abundance of sunshine pours through the many well-arranged windows. The architectural keynote of the entire building is sounded in the two health-giving mediums of light and fresh air.” Although not all of the equipment and furnishings had been installed in the maternity department, “tiny enameled cradles already await the little newcomers who will be ushered into the world under the most favorable conditions, while in another wing white-painted cots in cheery surroundings accommodate older children in their hours of pain.”³⁵


The following day, Father Zinger celebrated the first mass in the hospital chapel in the presence of Mother Thecla and the eleven Sisters who had been assigned to St. Mary’s, including the newly appointed Superintendent, Sister M. Bonaventure Halloran. There were no public ceremonies to mark the official birth of St. Mary’s Hospital on October 21, 1924. Characteristic of the Sisters, the formalities were modest. A banquet was served by the Sisters at the

The St. Mary’s chapel dome, a familiar architectural feature to generations of visitors, takes shape.
Source: Private

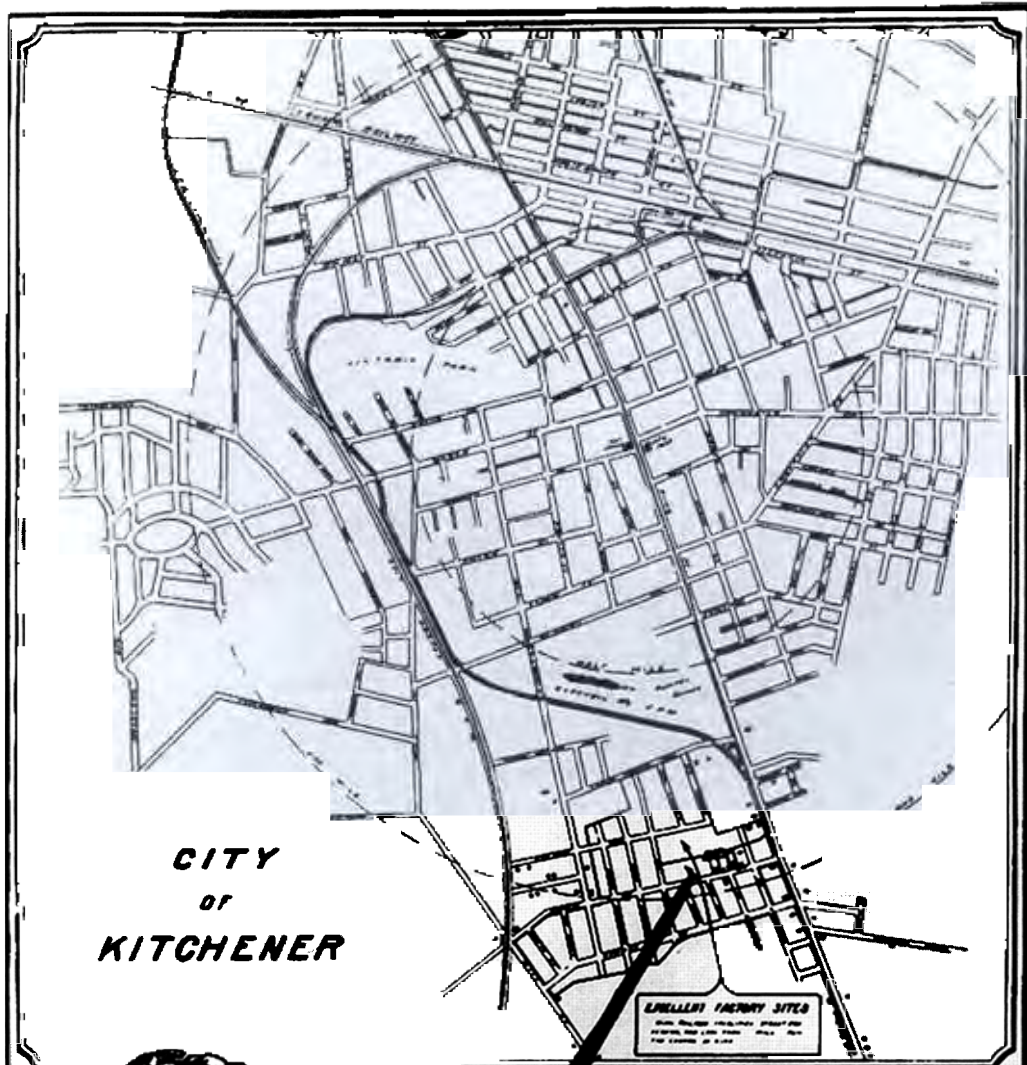




hospital, to which they had invited the doctors of Kitchener, Waterloo and surrounding area, along with the Mayor and City Council of Kitchener. Beyond receiving

the first patients, opening day seemed strangely quiet. The business of caring for the sick took priority on that important day, as it would for the next seventy-five years. 

The new hospital, seen here under construction, was at the end of a dirt road on the outskirts of Kitchener.
Source: SMGH



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CHAPTER 2

Growth and Challenges

During the ten years of operation, 15,000 patients without regard to race or creed, have received a kind welcome at St. Mary's Hospital.

Daily Record, May 20, 1934.

St. Mary's Hospital's first decade was not easy. Substantial building debts, rising health care costs, and the onset of the Depression created a difficult environment in which to entrench St. Mary's caring spirit into the community. This first decade, however, would reveal substantial community support and professional recognition for the work of St. Mary's Sisters, doctors, nurses and volunteers. By its tenth anniversary, St. Mary's had firmly established itself as the largest and most modern institution of its kind between Toronto and London.

The First Patients

On October 21, 1924, Mr. Edward Markie's appendix was inflamed and he became the first patient admitted to St. Mary's Hospital. Dr. Harry M. Lackner performed an immediate appendectomy on Mr. Markie, the first operation in the new hospital. That same day, St. Mary's new X-ray facilities were available for Dr. John Hett to treat an out-patient's fractured arm. Dr. Hett was well experienced with X-ray diagnosis and therapy, having been the first physician in the Twin Cities to have his own X-ray machine. Although the X-Ray Department at St. Mary's consisted of one small room, the facility was now

available to all physicians in the region.

During St. Mary's first ten days, thirty-one patients were cared for, seeking medical attention for a variety of ailments, the most common of which were broken arms, shoulders, legs or ankles, appendicitis, and tonsillitis. Several other patients were admitted for observation, for rheumatism treatment, and for a special gynaecological surgical procedure known as curettage. Some were admitted with sciatica (low back and leg pain), stomach trouble, eczema, a kidney condition and tuberculosis, while another required a finger amputation and one needed radium treatment for a malignancy.

Getting to St. Mary's during the first months of its existence was often a challenge in itself; the hospital was surrounded only by farmers' fields and no houses had yet been built in the area. Indeed, the hospital "stood out like a sore thumb," according to Orpha Meyer, a long-time St. Mary's nurse who grew up in the neighborhood. The road leading to the front door was not paved; there were no buses, and some taxis actually refused to drive up to the hospital. Until the road was paved and a bus route was set up late in the 1920s, patients travelled to the hospital by whatever means they could find. While cars were increasingly common in Kitchener, people also made their way by horse and wagon, or by foot. No ambulance service would exist until 1927, when St. Mary's began to share an ambulance owned by K-W Hospital.



Sister Mary Bonaventure Halloran (1867–1932)

Sister Bonaventure was fifty-seven years of age when she assumed control of St. Mary's earlier in 1924 while the hospital was still under construction. She brought to her new job a wealth of leadership experience that she had gained as a teacher and administrator. Born in Hamilton in the same year as Confederation, Sister Bonaventure entered the Sisters of St. Joseph Congregation in 1885. Before moving to Kitchener, she taught in Hamilton, Brantford and Arthur, and served as a principal in 1918. She had been Mistress of Novices at the Hamilton Motherhouse in 1897–98 and 1914–19 as well as a General Councillor for the Congregation in 1911.

Source: SSJ

As a modern hospital of the early 1920s, the experience of being a patient at St. Mary's was dramatically different from what we would expect today. In the public wards, privacy was sacrificed in favour of more space, better ventilation and greater social interaction than was possible in private rooms. While St. Mary's wards were spacious, bright and spotless, hospital wards of the 1920s were generally quite noisy, not only from the patients, but also because of the frequent toppling of bed screens, which had wooden frames; curtain rods or metal tracks had not yet been invented. One convenience taken for granted today was a rarity in the hospitals of the 1920s: private washrooms. There was "a lamentable dearth of plumbing on patients' floors," the result of which was "a constant parade throughout the day, particularly of nurses with bedpans and washwater, or of patients being helped to the washrooms."¹

The state of medical practice and technology in the 1920s was also very different from today. There were no recovery rooms after surgery or childbirth and the first intensive care unit in the Twin Cities, pioneered at St. Mary's, was still forty years in the future. There was no blood transfusion service within hospitals and no intravenous preparations, such as saline or prepared glucose. Electronic equipment was also minimal; portable electrocardiograph machines were just entering the market, but only the larger hospitals could afford them. Sulfa drugs did not become available until the early 1930s, and there was no life-saving heparin or other blood thinners until the late 1930s, no penicillin until the early 1940s, and no vaccine against polio until the mid-1950s.

Epidemic polio was an increasingly baffling challenge given the decline of other infectious diseases, especially with the introduction in the mid-1920s of a toxoid that immunized against diphtheria. Tuberculosis was also declining rapidly by the 1920s and improvements in early diagnosis and lung surgery had a more positive effect on its conquest than open terraces in winter. The big news of the early 1920s was the discovery of insulin at the University of Toronto, which finally brought diabetes under control. Other advances of the 1920s included new blood transfusion techniques and a variety of new surgical procedures that came out of the First World War.

The First Sisters

Tall and elegant in her white habit, the first Superior, or Superintendent, of St. Mary's Hospital, Sister Mary Bonaventure Halloran, made it a practice to welcome the new hospital's patients personally. Indeed, "Whenever possible it was her daily practice to visit every patient, whether in a private room or public ward and without thought of differences in religious opinion. Many a sufferer found her presence a source of consolation." In her quiet, unassuming way, Sister Bonaventure would oversee the rapid growth of the hospital from 1924 to 1931.²



In 1925 Kitchener's newly opened City Hall designed by W.H.E. Schmalz and B.A. Jones focussed interest on the city and marked the beginning of urban development, ending the divisions and rancour which had divided the city during the years of the Great War (1914–1919).

Source: UW/KWR

Sister Bonaventure led a dedicated group of eleven Sisters assigned to St. Mary's to serve as nursing supervisors and support staff. These women were mostly from small towns in the Hamilton diocese and brought with them a variety of backgrounds and experience. Most had been either teachers or nurses with varying degrees of hospital experience before coming to St. Mary's.

Sister St. Basil McClarty (1868–1961), who had joined the Sisters in 1895, was the most experienced of the new Sisters in hospital work when she became the first



Sister Frances Xavier Reding and Sister Audrey Schmidt relaxing for a moment on the roof of St. Mary's. The open countryside surrounding the hospital is clearly visible in the background.
Source: Private collection

Operating Room Supervisor at St. Mary's. During the early 1920s she served as Superintendent of St. Joseph's Hospital in Hamilton, where she had completed her qualifications to become a registered nurse. Both the Irish-born Sister M. Frances Clare Donaghy (1870–1955), Supervisor of Obstetrics, and Supervisor of Nurses Sister M. Xavier Reding (1893–1931) were trained nurses. Before her appointment to Kitchener, Sister Frances worked at St. Joseph's Hospital in Guelph. Sister Xavier, at thirty-one, the youngest of the first Sisters at St. Mary's,

had already served as Supervisor of Nurses at St. Joseph's Hospital in Hamilton, before joining St. Mary's.

Sister M. Madeleine Enright (1871–1953) and Sister M. Angela Cahill (1867–1939) each brought strong teaching backgrounds to their new assignments in St. Mary's pharmacy and business office, respectively. St. Mary's was the first major assignment outside Hamilton for three of the Sister Supervisors, Sister M. De Pazzi Cassin (1864–1950), the Assistant Superintendent, Sister M. Andrea Cairns (1888–1979), who assumed the position of X-ray and Laboratory Supervisor, and Sister M. Rosalie Long (1889–1972), the Supervisor of the Domestic Staff.

This group organized the running of the new hospital with the assistance of several other Sisters, one of whom was the popular Sister M. Consilli Schmidt (1877–1966), who served as a nurse, and also in the office at St. Mary's, until her retirement in 1947. She had a keen wit and was famous for her artistically arranged food, which was not only served hot, but surely added to the recovery of patients by stimulating their appetites. The Sisters were also helped by a small lay staff of maids, an orderly, an office clerk and an engineer. While there were many changes in the staff during the first years, there were some who remained for several years. Beatrice Klein was St. Mary's first office clerk and switchboard operator, while Joseph Moert was St. Mary's engineer during the early years. He came highly recommended by Father Zinger; however, his initial salary of \$75 per month, along with room and board, was considered by Father Zinger to be "low for a man of his capabilities." As he told Mother Thecla in July 1924, "when the hospital is going he will save it many dollars in plumbers, steamfitting, electric and general repair bills."³

The First Nurses

On opening day, fourteen nursing students nervously waited for the first patients to arrive. Four were students in their third year of the nursing program at the St. Joseph's Hospital Nursing School in Hamilton, who were loaned to St. Mary's on a rotating basis every two months. During this final year of



Class of 1927

Back row (l. to r.): Mae Stroeder, Clara Dietrich, Hazel MacDonald, Irene Busch, Constance Witter, Matilda Busch, Leona Carson, Kathleen Bodendistel, Bernadette Hawkins, Anastasia O'Toole, Anna Buhlman
Centre front: Marguerite Fischer
Source: SMGH

their training, the nursing students would be taught by Kitchener doctors in the newly established St. Mary's Hospital School of Nursing. These students were assisted by six first-year students who had just entered St. Joseph's Hospital School, but who would continue their studies in Kitchener.

The first class admitted to the St. Mary's School of Nursing, who would become known as the Class of 1927, was made up of twelve young women, most of whom were from outside the Kitchener-Waterloo area. By the time they graduated, few would actually get a nursing job at St. Mary's, or indeed at any other hospital. During the 1920s, almost all the nursing at St. Mary's was done either by the nursing students as part of their training, or by those Sisters who had been trained as nurses. Through the 1920s there was only one registered nurse on staff at St. Mary's who was not a Sister. This position was first filled by Miss B. Haller in 1924–25

and then by Helen Lavelle, who began as Supervisor of Obstetrics in 1926. Over half the graduate nurses found work as private-duty nurses, and many left the profession after getting married. The reality was that hospitals of the 1920s and 1930s were not in a financial position to hire very many graduate nurses. Nursing students were thus relied upon to provide a range of services, both nursing and domestic, and in effect became a source of inexpensive labour, in exchange for an education program and accommodation at the hospital.

During the hospital's first decade, nursing students at St. Mary's were given room and board and paid an allowance of \$6 per month in the first year, \$7 per month during second year and \$8 per month for the third year of their program. While the third floor of the hospital soon became home for most of the student nurses, until 1931 some slept, or at least tried to sleep, in the basement.

Rose Schmaltz, a young nursing student who had been transferred from Hamilton to St. Mary's just before it opened, later recalled that the basement was not a quiet place. Many nurses invariably stayed up late studying, chatting or washing their clothes after their evening lectures, which were held in the basement of the hospital. In 1925, Father Zinger was asked by Sister Bonaventure to give the student nurses a religious talk once a week. As he told Mother Thecla in his characteristic self-deprecating and jovial manner, "I gladly consented (proof of my stupidity, or arrogance) and now test their patience an hour every Friday afternoon—until stoned to death."⁴

Student nurses worked twelve to fourteen hour days in the hospital and were also expected to attend 6:00 a.m. mass in the chapel. That regimen left little time for fun; everyone was simply too tired. Student nurses assisted the doctors in many ways beyond what might be expected. They spent considerable time washing the operating floors before and after surgery and coating operating instruments with vaseline to keep them sterile. There were also strict rules for

nursing students that were enforced by the Sisters. Smoking was forbidden, as were personal relationships with the doctors. Discovery of either activity would result in the nurse being expelled. Many of the doctors, however, went out of their way to defend the nurses and openly resisted some of the stricter, or more impractical rules, such as the one that prohibited nurses from using the elevators. As Rose Schmaltz later recalled, Dr. Lackner objected to this rule and offered to pay any extra maintenance charges that might be incurred should the nurses use the elevators. That particular rule was soon dropped.

The First Doctors

During the first year, some twenty-six doctors treated patients at St. Mary's. They also performed 429 operations and managed sixty-four emergency cases. As was common in smaller hospitals, the first doctors at St. Mary's worked in an environment with no formal hospital departments, no medical by-laws, no official rules and regulations, and few controls over patient care beyond that exercised from Sister Bonaventure's office.

By the early 1930s St. Mary's Hospital had become a significant landmark, providing a sense of dignity at the terminus of Queen's Boulevard and ensuring the place of the hospital as a prominent community presence.
Source: UW/KWR



DR. L. V. LANG
PHYSICIAN AND SURGEON
11 KERR ST. W.

KITCHENER Dec. 2nd, 1926.

REV. MOTHER SUPERIOR,
St. Mary's Hospital,
Kitchener, Ont.

Dear Sister Superior,

I beg to
ask for appointment
to St. Mary's Hospital,
Kitchener, Ont.
as an internist for the
month of January, 1927,
at St. Michael's
Hospital, Kitchener,
Ont.

*Rev. Mother Superior,
St. Mary's Hospital,
Kitchener.*

Dear Rev. Mother Superior,

I am a graduate of the University of Toronto, B.S., 1925, and am a resident physician at St. Mary's Hospital, Kitchener, Ont. I am hoping to be granted an appointment to St. Mary's Hospital, Kitchener, Ont. as an internist for the month of January, 1927.

*Yours respectfully,
L. V. Lang
2/1/26*

These letters from Drs. Lang and Shoniker seeking appointment to St. Mary's Hospital staff bespeak simpler times in Ontario's health care system.
Source: SMGH

From the beginning, St. Mary's was primarily a maternity hospital. The first babies born there arrived in early November 1924. Two boys were born on November 3, 1924: Walter, the son of Anne and Cletus Schnitzler of Waterloo, delivered by Dr. Charles McCarville, and a son for Ada and Emile Beauprè, also of Waterloo, delivered by Dr. Alfred Turner. Two more boys were born before December 11, which saw the birth of St. Mary's first girl, Patsy, to Hilda and Fred Mullens of Kitchener. Dr. Frank Harvey, who delivered Patsy, himself drove her mother up the dirt path to the front door of the hospital in time for Patsy's safe arrival. Although he delivered few babies, Dr. Harry Lackner was clearly the busiest doctor at St. Mary's during its first decade. The hospital's patient register records his name more than any other during this period. He served as President of the medical staff and was perhaps the best educated

physician of his generation within the Kitchener and Waterloo area. His surgical skills were very much in demand at both St. Mary's and K-W hospitals, and he built up a large consulting practice. However, Dr. Lackner was not always in the operating room. He treated all manner of ailments at St. Mary's. Among his most frequent operations were appendectomies, tonsillectomies and various gynaecological procedures. Dr. Lackner also treated a variety of tumours surgically. In some cases he used radium, most often in the form of small radium needles or plaques from the small private supply that he owned. During the rare opportunities that he managed to get away from his patients, Dr. Lackner retreated to his Chicopee Valley farm, where he raised and bred award-winning American saddle horses. Until the end of the Second World War, the general practitioner, or family physician, was the most common type of doctor in general hospitals like St. Mary's. They almost always worked in solo practices, although they often traded off duties during surgery; one doctor would perform the operation while another managed the anaesthesia, and they would switch roles for the next operation they did together. Most members of St. Mary's first medical staff were young family doctors, often First World War veterans, fresh out of medical school. Among new doctors was Dr. Lawrence J. Crowley (1897-1966), who would likely have surpassed Dr. Lackner as the busiest doctor at St. Mary's if he had stayed in Kitchener past 1929. Dr. Charles R. McCarville (1889-1964) was another popular general practitioner at St. Mary's during its first months. Other young family doctors included Dr. Reginald G. (Dick) Ratz, Dr. Harry J. McNally (1892-1962), Dr. Arthur J. McGanity (1887-1973), and Dr. Harold P. Hamilton (1890-1960). The more senior members of St. Mary's medical staff included Dr. William Gillespie (1881-1959) and Dr. Alfred T. Turner, who put himself through medical school at The University of Western Ontario by playing professional baseball.

In addition to Dr. Lackner, there were several specialists at St. Mary's, including Dr. Henry H. Huehnergard (1884–1945), an obstetrician, who also counted children's diseases, anaesthesia, and local politics among his specialties. Eyes, ear, nose and throat ailments were the specialty of Dr. Roy H. Henderson (1889–1976). Another leading surgeon when St. Mary's opened was Dr. Frank R. Harvey, a man of firm opinions who was impatient of opposition. Also firm in his opinions to the point of eccentricity was Dr. Andrew L. Campbell (1884–1950). Although he did not visit his patients after surgery, nor send out accounts, he was somehow able to maintain his practice and a good relationship with his patients.

Perhaps the most distinctive of the first doctors to walk St. Mary's hallways was former Berlin mayor, Dr. John E. Hett (1870–1956), who received his medical degree from the University of Toronto in 1891. Dr. Hett was a prolific writer, lecturer and "original thinker." He was best known for his cancer serum "cure" that he had developed in 1931, but in 1937 he was struck from the rolls of the College of Physicians of Ontario for not revealing its formula. He was also remembered for his controversial opinions on such topics as sex education, socialized medicine and the cause of suicide. One of the means through which he broadcast his contentious views was over the radio. Owner of one of the early radios in Berlin, Dr. Hett promoted its great potential in his newspaper column, "Radio News for Common Folk."

At the end of 1926 there were two important additions to the medical staff of St. Mary's Hospital, both of whom quickly became loyal supporters of St. Mary's on many levels throughout their medical careers. Dr. Harry J. Shoniker (1895–1964) graduated from the University of Toronto in 1922 and after three years of post-graduate work at St. Michael's Hospital in Toronto, moved to Kitchener in 1926, shortly before his marriage to Hilda Marie Wintermeyer, a Kitchener native. In early December 1926, Dr. Shoniker applied to Sister Bonaventure to join the hospital staff. He was attracted to the Kitchener area, and to St. Mary's Hospital in particular, because of his strong Catholic

faith. There were very few Catholic physicians in the Twin Cities at this time, and he hoped to serve the growing Catholic population of the area.⁶

Dr. Louis V. Lang (1902–1987) also applied to join the medical staff at St. Mary's in early December 1926. He was a Kitchener native and had graduated from the University of Toronto in 1925. Dr. Lang had already been the first intern at St. Mary's, a position he held for three months, during which time he became well liked by Sister Bonaventure. He also interned at the Ontario Hospital in Hamilton and at St. Michael's Hospital in Toronto, along with Dr. Shoniker, before beginning his Kitchener general practice in 1926 at the Weber Street home in which he grew up. Dr. Lang shared Dr. Shoniker's Catholic faith and a strong attachment to St. Mary's Hospital and the work of the Sisters. As Dr. Lang's wife Roxy later recalled, "Louie would do anything for St. Mary's." He cared for the Sisters when they were sick and advised them about better managing the health care of patients when they asked.⁷

The Costs of Caring

St. Mary's annual report to the Provincial Inspector of Prisons and Public Charities, responsible for Ontario's public hospitals, provides a fascinating look at the hospital's first year. It also reveals some of the challenges Sister Bonaventure faced in managing the new hospital. During the first year there was a total of 846 patients admitted, 74 births, and 238 deaths. Of these patients, 595 were Roman Catholic, 317 Protestant and eight were classified as other denominations. The average cost of care at St. Mary's was \$3.90 per day, which was considerably less than the \$5.04 at the K-W Hospital. The voluntary services of the Sisters living at St. Mary's were a major reason for this difference. While the Sisters were not actually given a pay cheque, the provincial government required that a monetary value be placed on their work. According to St. Mary's account books, the value given by the fifteen to eighteen Sisters at St. Mary's grew from \$13,128 in 1925–26 to \$18,000 in 1931–32, all of which was "donated" back to the hospital. The work of the Sisters, along with that of the student nurses, meant that only a small



Dr. Harry M. Lackner (1883–1964)

Energetic and always perfectly groomed, Dr. Harry Lackner was born in Berlin, Ontario, in 1883 and received his medical degree from the University of Toronto in 1907. His father had also graduated from the University of Toronto, as did the next two generations of Lackner doctors, Allister (1938) and John (1963). This set a record for the University of Toronto Medical School. After a year of further study in Europe, and another as an intern at the Toronto General Hospital, Dr. Harry Lackner went into practice with his father in 1909. Remembered as a perfectionist in the operating room, Dr. Lackner focused most of his considerable energies on surgery and served as Chief of Surgery at K-W Hospital and then also at St. Mary's soon after it opened.

Source: Private Collection



Drs. Louis Lang,
Victor Traynor and
Charles McCarville
bring modern surgical
techniques to Kitchener
– May 15, 1931.
Source: Private Collection

paid support staff of twelve to twenty people was necessary. Over the first decade, the daily cost of care at St. Mary's actually fell, ranging between \$3.59 in 1926–27 and \$2.32 in 1930–31. An increase of available beds in the hospital, from eighty-five to ninety-six during 1925–26, and then up to 137 by 1928–29, in part accounts for the cost reduction.

During most of St. Mary's first decade of operations, the two largest regular expenses incurred by the hospital were for food and for the interest charges on the hospital's substantial mortgage and bank loans. While the loans totalled about \$500,000 when the hospital opened, they had fallen to about \$300,000 by 1930. Annual debt-servicing costs ranged between \$9,000 and \$20,000 over the first decade, although after 1928 they stabilized at about \$15,000. The costs of drugs, surgical supplies and utilities were each considerably less than the costs of feeding the patients and staff and servicing the debt. Local markets supplied much of the hospital's food and a significant amount of the fruit and vegetables originated from nearby farms. Sister Hildegard Schill and her small staff canned donated produce in the hospital's large basement kitchen.⁸

Financing the operations of St. Mary's Hospital during its first year was a major challenge. Other than income from private patients, which totalled just over \$21,000 in 1924–25, the hospital survived its first year primarily on borrowed money, supplemented by donations from the Motherhouse, local individuals and the Catholic Women's Leagues of Kitchener and Waterloo. The hospital did not receive any government funding from the province until June 1925, and nothing from the City of

Kitchener for local indigent patient care until almost two years after opening day. During its first five years St. Mary's reported annual losses of between \$2,000 to \$8,000.

As a public hospital, St. Mary's was subject to the Ontario Hospitals and Charitable Institutions Act of 1912. Of particular importance for a new hospital like St. Mary's, the act provided "a Provincial grant...for all patients in a hospital during the first ten years of its existence at the rate of 50¢ per day, irrespective of what sum is contributed by the patients themselves." Though modest, these universal provincial payments were limited to 120 days of hospitalization.

When St. Mary's Hospital opened its doors, little had been done to take advantage of all the provincial funding to which it was entitled. The Hamilton Sisters had not built a new hospital since the 1912 legislation came into force and they may have been unaware of its provisions. The timing of St. Mary's opening was also awkward. The provincial government's fiscal year ended on September 30 and the Inspector of Hospitals published the 1924 listing of public hospitals just before St. Mary's opened; thus the hospital was not

included until after its first year had passed. In early January 1925, when the federal Department of Health inquired about St. Mary's status, Sister Bonaventure had to explain that St. Mary's had been open since October 1924. She also noted that "We have then not as yet received provincial or municipal grants but expect we shall as we are caring for indigent patients from the city and the municipality." Little changed until early February when, with the hospital's finances in a precarious position, Sister Bonaventure wrote directly to the provincial Inspector of Hospitals and Charities. Less than a week later, the Ontario Provincial Secretary recommended that St. Mary's Hospital receive the



50 cents per day grant, retroactive to October 1, 1924. The first cheque for \$1,469.80 arrived in June. Over the next three years, provincial funding to St. Mary's ranged from about \$5,000 to \$7,000 a year, then rose to between \$10,000 and \$12,000 annually for the balance of St. Mary's first decade.⁹

With provincial funding established, Sister Bonaventure next turned her attention to the local governments. The relations between St. Mary's and the City of Kitchener got off to a poor start as the City Council was not forthcoming in making payments to St. Mary's for indigent patient care. As Sister Bonaventure noted in a letter to the Inspector of Hospitals, the city had paid little to St. Mary's by February 1925. According to the hospital's account books, no money was received from the city during the hospital's first year. Sister Bonaventure wrote to the Mayor and City Council in May 1925 to protest the way St. Mary's indigent patient situation was being managed by the city. She wrote again in September, and emphasized

that "We have fulfilled the requirements which should entitle us to remuneration for the care of such [indigent] persons and would appreciate very much your consideration of the matter as to date no recompense has been made." The first record of a city cheque, for \$365, does not appear in the hospital's account book until July 1926; the second, for \$669, arrived in September, after which they came more regularly.¹⁰

The majority of patients treated at St. Mary's during its first decade were residents of Kitchener. They accounted for 70 to 84 per cent, while 12 to 21 per cent came from the towns, villages and townships of Waterloo County and 3 to 9 per cent lived elsewhere in Ontario. According to The 1912 Act, St. Mary's was eligible to receive funds from the home municipal government of each indigent patient admitted to the hospital. Within Waterloo County, however, seeking funds from every small town, village and township individually was not practical. The county government assumed this responsibility on behalf of the smaller municipalities and then sought reimbursement from them directly, or through the general taxes they paid to the county government. Sister



Bonaventure first approached the Waterloo County Council about this issue in early June 1925 and asked for a grant to cover the costs of indigent patients. St. Mary's was not the only hospital seeking an indigent patient support grant from the county at this time. Kitchener-Waterloo Hospital, the Galt Hospital Trust and the Toronto Hospital for Sick Children were also applying for similar grants. The County Council agreed that St. Mary's, K-W Hospital and Galt Hospital would each receive an equal annual grant of \$2,100. This arrangement was welcomed by Sister Bonaventure and would continue until 1932.¹¹



The presence of student nurses brought a sense of vitality to St. Mary's Hospital. These photographs, from the scrapbook of Mrs. Roxy Lang, do much to capture the flavour of student life in the late 1920s and early 1930s.

Source: Private collection

Consolidation

When St. Mary's Hospital opened, it was governed by a Board of Directors made up of Sisters from the Hamilton Motherhouse under the leadership of the Mother Superior, Mother M. Thecla Padden. As the hospital grew during its first years, the increasing complexity of its operation, coupled with its distance from the Motherhouse and a need to serve the residents of the Twin Cities and district better, prompted the formation of a local governing body. The new board was to advise Sister Bonaventure on hospital policy and to help raise local funds to manage the hospital's debt. While the Board of Directors in Hamilton remained the ultimate authority, beginning in February 1927, Sister Bonaventure had a local Advisory Board to assist her with the growing demands of her work.

Building on the extensive network of community leaders and prominent Catholics he had brought together to build St. Mary's Hospital, Father Zinger played a key role in setting up the Advisory Board. William J. Motz, Rudolph Krug and George Lang Jr. were appointed to represent the Kitchener community, while Louis F. Dietrich and Edgar J. Bauer represented the interests of the people of Waterloo. The City Council of Kitchener, the Town Council of Waterloo and the County Council were each asked to appoint a representative to sit on the new board.

W.J. Motz (1870–1946) was named the first Chairman of the Advisory Board. Publisher of the *Daily Record*, Motz was a strong Catholic and active in local church, community and business affairs. Louis Dietrich (1868–1947), appointed vice-chairman, was a reeve of the town of Waterloo, and mayor in 1929–30. Dietrich was also a member of the St. Louis Catholic Church and one of the first automobile dealers in Waterloo. George Lang Jr. (1896–1952), named secretary of the new board, was a life-long member of St. Mary's Church and a vice-president of the Lang Tanning Company, which his father, George C.H. Lang, had founded. According to Father Zinger, George C.H. Lang was "the greatest benefactor of the Hospital." Rudolph Krug (1882–1954), also a Catholic, was a prominent industrialist in Kitchener and President

of the H. Krug Furniture Company Ltd., which had been founded by his father, Hartman Krug. Edgar Bauer (1888–1959), the son of Alois Bauer, who had taken such an active interest in building St. Mary's, was well known in the Twin Cities community. Edgar was also an active member of St. Louis Church in Waterloo, and ultimately knighted by the Pope as Sir Edgar Bauer.¹²

At the first meeting of the St. Mary's Hospital Advisory Board, Father Zinger outlined its sphere of activities. At this meeting the members discussed how to collect outstanding accounts (the hospital was owed \$2,600 by private patients), the appointment of a committee to collect arrears from promised donations to the hospital's original building fund, and the possibility of securing a bus route that could bring patients, visitors and staff to the hospital.¹³ The overriding issue, however, was the problem of indigent patient payments by the City of Kitchener. Although the funding relationship between St. Mary's and the city had stabilized during 1926, the issue re-emerged in 1927, when new arrangements were discussed to manage better the rising costs of indigent patient care, as well as the general costs of hospital care to the city. In March 1927, the City Council offered a grant of \$4,500 to St. Mary's instead of payments for indigent patients on an individual case basis. The Advisory Board rejected this idea, preferring the old arrangement.¹⁴ An agreement was reached by October 1927, whereby the city would continue payments on an individual case basis, but supplement this payment by a regular annual grant of \$2,000. However, as the numbers of indigent patients rose, so did the costs of their care, and by 1932 the city's contribution had risen to \$11,300.¹⁵

The Advisory Board also helped improve relations between St. Mary's and the K-W Hospital. St. Mary's was the larger hospital of the two until 1951, and had some extra beds available for patients during the late 1920s and early 1930s. In January 1929, in an effort to ease a serious shortage of beds at K-W Hospital, its chairman approached St. Mary's and suggested a system of cooperation between the two institutions. The board agreed and twelve patients were transferred from K-W Hospital to St. Mary's.

Despite the cooperation that was evolving between the two hospitals, there remained an undercurrent of competition during the 1920s and 1930s that emerged out of a high-profile effort among North American hospitals to become standardized, or accredited, by the American College of Surgeons. After detailed inspections of hospitals seeking accreditation, they were classified as either approved, provisionally approved or not approved. Of particular interest to the inspectors was whether or not each hospital had a sufficient standard of medical staff organization, medical record keeping and statistical analysis of patient care, as well as formal constitutions, by-laws and staff rules and regulations. St. Mary's began the process of standardization in May 1926 and was declared a Class A standardized hospital in June 1927.¹⁶ The K-W Hospital would not be able to fulfill all the standardization requirements until 1943.

Accreditation by the American College of Surgeons raised St. Mary's public profile in the Kitchener and Waterloo community and it also gave a boost to St. Mary's fundraising efforts. The first such fundraising effort, known as "Tag Day," took place in November 1928 and raised \$3,600. The success of this first Tag Day, also known as "Rose Day," because roses were sold to raise money, was very gratifying to Sister Bonaventure. "We realize that we are no longer strangers and in the four years that we have laboured in this community we have made many friends."¹⁷ A second Rose Day took place in early June 1929, raising \$3,400. This campaign was organized by the Advisory Board with the help of several women from Kitchener, Catherine Lobsinger and Annie Wellheiser, along with Jessie Krohn, Theresa Arnold and Annie Dietrich from Waterloo. A third campaign had been planned for June 1930, but the worsening economy of the Depression intervened.¹⁸ There would be no more Rose Days until 1934, when the hospital's financial crisis forced the issue and the new Ladies' Auxiliary was in place to help organize a new campaign.

The year 1930 would see changes in the St. Mary's School of Nursing. By the fall of that year, the School had graduated a total of forty-two nursing students from four classes

since the first graduation ceremony in June 1927. A new class of ten young women entered the School and would become known as the Class of 1933. Among this group was Roxy Taylor Roche, who would later marry Dr. Louis Lang. Roxy was about to turn seventeen when she started as a nursing student. She was in good hands at St. Mary's and arrived at an interesting time in the history of the School of Nursing. Roxy made the trip to Kitchener from her home town of Peterborough. Her father was an optometrist and he had heard about the new hospital in Kitchener from a doctor friend of his. Roxy had always wanted to go into medicine, but the size of the family made medical school difficult to afford. Nursing was a good compromise and since St. Mary's was not a big hospital in a big city, her father allowed her to attend the School. The Supervisor of Nurses since St. Mary's opened was Sister M. Xavier Reding, an experienced and stimulating teacher who, according to Roxy, "was one of the most intelligent and most charming persons I have ever met; a very gifted woman."¹⁹

The nursing students and staff were still living in a ward on the third floor and in the basement, but their presence was making it difficult for the hospital to open up new



Rose (Schmaltz) Moody in her graduation picture (1924) from St. Joseph's Hospital in Hamilton was one of the first nursing students. She was transferred to St. Mary's from Hamilton just as the hospital was to open. Source: Private collection

The Nurses' Residence, opened on May 6, 1931, ushered in a new era for St. Mary's Hospital. As a "home" to hundreds of student nurses throughout the hospital's history, this building played an important part in the development of the hospital as a community institution.
Source: SSJ



beds. The provincial Inspector of Hospitals was concerned about the suitability and safety of the staff accommodations in the hospital, as well as an inevitable shortage of patient beds should the staff remain in the hospital. At the same time, there was a growing movement to improve the quality of nursing education in Ontario, in part prompted by the American College of Surgeons' standardization program. This trend was reinforced by a variety of studies, surveys and reports on the state of nursing education. The hospital also had to take into account the costs involved to house some of the nurses in rented apartments should a residence not be built. The only viable option was to proceed with a new building and somehow manage the increased debt burden that this decision would bring.

The awarding of contracts for the project was left to the Sisters in Hamilton who financed the entire project. The Sisters required the permission of the Bishop of Hamilton to borrow the necessary \$75,000, but they felt confident in telling him "that with this addition to the hospital we can be able to pay at least Ten Thousand Dollars a year towards the wiping out of its debt, an amount which will increase as the years go by." At the time, the hospital was still carrying an outstanding debt load of some \$300,000.

The plans for the new residence called for a three-storey red brick building designed to match the main hospital building in appearance and house forty-six nurses—the number living in the hospital at the time. The Piggot Construction Company of Hamilton was awarded the contract at a total cost of just over \$83,000. Construction began in October 1930, rather than in the spring of 1931, "to provide some relief to the present unemployment situation." All the labour and supplies used in constructing the new building came from the Kitchener-Waterloo area. The finished building officially opened on May 6, 1931 and housed forty-five nurses in single rooms. Nursing students who had endured the crowded quarters of the hospital must have welcomed the innovation.²⁰ But the celebrations surrounding the opening of the new residence were tinged with sadness. Sister Xavier, the beloved Superintendent of Nurses, had died a few weeks earlier, on April 17, 1931.

The new building was immensely popular with the students. It had eighteen "inviting and cozy" bedrooms, complete with a large clothes closet, on each of the second and third floors, and ten rooms on the first. Modern classrooms, laundry, and recreation rooms were located in the basement, while the first floor contained a reception room

and a library. An added attraction of the “Stately New Home” was the roof garden and two sun porches, with panoramic views of the surrounding countryside.²¹

As Sister Bonaventure emphasized in her last annual statement as Superintendent, the opening of the new residence was “the outstanding event of the past year. St. Mary’s Hospital is now able to take its full quota of patients whenever the need for such accommodation may arise.”²² The hospital’s total bed capacity did not change with the opening of the residence; it was still set at 137, as it had been since 1929, but with space now available, particularly on the third floor, for new beds and equipment when patient demand and financial resources made it necessary.

When Sister Bonaventure retired as Superintendent in December 1931, at the end of the normal six year term, the hospital’s finances seemed relatively stable, with operating revenues in excess of expenses. The grants received by the hospital from the provincial and local governments were just enough to pay the required \$15,424 in interest payments on the debt, the total amount of which had been increased by \$70,000 to pay for the new building. Managing such a debt would be a major problem for Sister Bonaventure’s successor, Sister M. Helen Harris. It was a situation that Sister Bonaventure would not live to witness, as she died suddenly on May 12, 1932, at the age of sixty-five.²³

Depression Crisis

Although the stock market crash that marked the start of the Great Depression happened in October 1929, St. Mary’s Hospital and Kitchener in general were spared its full effects until the years between 1931 and 1934. Troubles began to emerge locally in 1930 when construction activity declined sharply, followed by a dramatic drop in the city’s extensive furniture business. By December 1930 there were 582 unemployed men in Kitchener, and twice as many a month later. Those with jobs saw their wages fall. By 1933, Kitchener’s hardest year of the Depression, a total of 4,500 men, women and children were living on a meager \$26 monthly relief from the city.

For St. Mary’s, the lowest point of the

Depression came in 1932. The crisis was sparked by a sharp rise in the numbers of indigent patients arriving at the hospital, and the alarming increase in the costs of their care. This situation was made worse by a growing reluctance on the part of local municipalities, especially the Waterloo County Council, to cover these costs to the level they were legally committed to under the new 1931 Public Hospitals Act. Already serious, the situation was exacerbated by sharply lower private patient revenues, which were critical to subsidizing the costs of indigent patients. On top of all this was the challenge of managing the hospital’s heavy debt load under a new superintendent.

The financial situation faced by St. Mary’s during this period was not unique. The local crisis was, however, more serious at St. Mary’s than at K-W Hospital, which had little space available to handle the growing numbers of indigent patients in the Kitchener-Waterloo area. St. Mary’s, with a 137-bed capacity, could take more patients, and had been operating at a daily average of just over 50 per cent occupancy since it opened. While it was getting busier all the time, growing from admitting 846 patients during its first year, to 1,296 in 1926–27, and to 1,857 in 1929–30, St. Mary’s still had room to absorb much of the extra indigent patient demand; it did not, however, have the financial resources to pay for this extra load.

The first signs of trouble emerged in 1931. In February, along with its normal \$3,000 grant from the City of Kitchener and its regular indigent payments, St. Mary’s also secured a modest \$300 grant from the Waterloo Town Council. But in October, when a delegation from the Advisory Board approached the County Council, seeking an increase, the County Finance Committee denied the request. It recommended that “the heads of the various municipalities exercise greater discretion in sending indigent patients to hospitals.”²⁴ For the hospitals, such advice was unacceptable and something had to be done.

St. Mary’s was compelled by law to accept every patient, whether or not they were able to pay. The previous two years, the costs associated with indigent patients from Waterloo County was \$1,700 more than the



Sister Helen Harris (1864–1947)

Tall, soft-spoken and of Irish background, Sister Helen Harris was born in Hamilton and entered the Congregation of the Sisters of St. Joseph in 1894. Like Sister Bonaventure, she had also been a school teacher, and had received her Teacher’s Permanent Certificate in 1907, and then a Music Teacher’s Certificate in 1924. Sixty-eight years of age when she was appointed St. Mary’s second Superintendent, she had the challenge of guiding the hospital through one of the most difficult periods in its history.

Source: SSJ

County Council grant, and this shortfall had to be made up from other essential hospital revenues. The situation was getting desperate, and W.J. Motz, Chairman of the Advisory Board, told the County Council that its 1932 grant of \$2,100 would be accepted only on the condition that the Council “assume full responsibility for all expenses in connection with the care of county indigent patients over and above the sum of \$2,100.”²⁵

Little changed until June 1932 when the County Council struck a special committee to deal with the St. Mary’s grant situation. By late September 1932, the committee offered St. Mary’s an extra \$500 in 1933, in addition to the regular grant.²⁶ St. Mary’s flatly rejected this offer and responded by requesting an annual grant of \$3,500. The Advisory Board had support from the Deputy Minister of Health, who cited the recently enacted Public Hospitals Act. The Ontario Department of Health, which had assumed all responsibilities for public hospitals under the 1931 act,

“would refuse to ratify an agreement to accept an insufficient grant from the County.” St. Mary’s also received support from the Kitchener City Council. As was reported by the *Daily Record*, Kitchener Alderman J.A. Smith regarded St. Mary’s as a public institution that over the previous year had treated more Protestant than Catholic patients. Moreover, the city had found that St. Mary’s had saved capital expenditures to Kitchener. In the face of this publicity, the

County Council reconsidered its position and recommended that, as of October 1, 1932, St. Mary’s, K-W Hospital and Galt General Hospital be paid for county indigent patients on a per diem basis, in addition to their \$2,100 grants

for 1932. St. Mary’s and Galt General Hospital would each receive an extra \$500 to help cover the cost of the larger number of indigent patients they admitted in 1932.²⁷

Shortly after the settlement with the County Council, Sister Helen tabled her first annual statement to the Advisory Board. Its tone underscored the seriousness of the hospital’s financial situation. “The exceptional conditions existing during the past hospital year are evident from the fact that in the financial statement the receipts from paying patients are \$11,000 lower than a year ago, while payments for indigent patients are \$4,000 higher. After allowing \$23,000 for depreciation, this year’s operations show a loss of nearly \$7,000.” At the same time, St. Mary’s managed to reduce its debt further by \$17,500 and pay \$13,000 in interest, thanks to the ten-year provincial grant to new hospitals.²⁸ However, a year later, paying patient revenues were still down, while indigent costs were up sharply, tripling from \$7,448 in 1930–31, to \$22,270 in 1932–33. As Sister Helen noted in her 1933 report, “The situation is not a favourable one for any hospital, since the legally fixed daily payment for indigents does not allow anything for extra outlay which the hospital must incur frequently for special treatment, medicines and X-ray.”²⁹

By 1934, Advisory Board members were preparing for the ending of the provincial ten-year universal grant of 50 cents per patient per day. This potential loss of income to the hospital prompted the rebirth of the St. Mary’s Rose Day campaign. In December 1931, the Advisory Board asked Father Hinsperger of St. Mary’s Church to look into what could be done “with the various Ladies’ Committees in view of helping the hospital.”³⁰

Sister M. Assumption Kehoe, Sister Xavier’s successor as Superintendent of Nurses, initiated the formal establishment of the Ladies’ Auxiliary by inviting eighteen women to a meeting on December 7, 1932. This group consisted largely of the wives of Advisory Board members and the medical staff, who were also interested in supporting the work of St. Mary’s. A second meeting was called a week later, at which a total of sixty-two women became charter members and elected the first executive. The leadership of

Medicine jars and a mortar and pestle from the collection of Cleo Heimler, St. Mary’s Pharmacist from 1948–1961.



the Auxiliary mirrored that of the Advisory Board: Catherine Lang was elected president, Rita Dietrich, Angela Lang and Mabel Krug named first, second and third vice-presidents, and Margaret Sargeant, elected secretary-treasurer. Also elected to the executive as convenors were Hilda Shoniker (surgical dressings), Louisa Zinger (sewing), Mabel Krug (social) and Mary Motz (publicity).

Shortly after its birth, the Ladies' Auxiliary held a card party at the nurses' residence and raised \$124 for the hospital, followed by a sacred music concert performed by the Kitchener Musical Society that brought in \$23.91. Additional money was raised through teas, bake sales, bridge parties and raffles, and also by instituting a 25 cent membership fee. The Ladies' Auxiliary raised \$464 during its first year. Of these proceeds, \$317 were used to buy such items as a new sewing machine, repair an old one, and to purchase furniture for the nurses' library and new curtains and lampshades for the private rooms and wards of the hospital. Throughout its first year, Auxiliary members also spent many hours mending and making new sheets and surgical dressings, and sewing such items as pneumonia jackets, breast binders, baby booties, children's bedgowns, gauze masks and covers for operating room instrument tables. The sewing committee contributed more than one thousand hours of work that first year, while the surgical dressings committee made over twenty-four thousand dressings.³¹

In April 1934, the Auxiliary was asked to undertake another tag day to help reduce the hospital debt. Between May 14 and May 19, the 1934 Rose Day campaign collected a total of \$4,700, which was considerably more than the objective. Just over \$3,300 was raised in Kitchener, while \$1,100 came from Waterloo residents and \$115 was collected outside of the Twin Cities. Similar to St. Mary's original 1923 building campaign, and reflecting the leadership and business connections of the Advisory Board, the largest donors were insurance companies, manufacturers and merchants in Kitchener and Waterloo, as well as professional men and private individuals.³²

Newspaper reports on the results of the campaign highlighted its outstanding success and the vital work of the Ladies' Auxiliary, to whom Sister Helen paid special tribute. The press also stressed the financial challenges that the ending of the provincial grant would pose for St. Mary's, and the importance such funds had been to managing the hospital's debt. However, the Rose Day triumph prompted a refreshing and optimistic perspective in the *Daily Record* on the growth of the hospital and the importance of its fundamental mission: "During the ten years of operation, 15,000 patients without regard to race or creed, have received a kind welcome at St. Mary's Hospital." Maintaining this caring mission was the challenge Sister Helen faced as St. Mary's entered its second decade. ☛

Kitchener circa 1930,
from the fourth floor
of St. Mary's.
Source: SMGH





CHAPTER 3

The Middle Years

The hearty response to the appeal for funds is definite evidence that the people of Kitchener, Waterloo and district fully appreciate the splendid work of the Sisters and those associated with them in the management of the St. Mary's Hospital.

Financial Statement, St. Mary's Hospital Campaign, August 20, 1937.

Recovery and Growth

A routine of care was well established and growing as St. Mary's Hospital entered its second decade. According to the hospital's patient register the majority of patients were women in need of prenatal care, whose babies were then delivered at St. Mary's, children who were getting their tonsils and/or adenoids removed, or individuals suffering from appendicitis. Most patients admitted to St. Mary's would have been treated by the same group of physicians who had served the hospital from its opening: Drs. Harry Lackner, Louis Lang, Charles McCarville, Harry Shoniker, Harold Hamilton, Neil Morrison, W. Sehl, or Victor Traynor. If they needed surgery, they may have been operated on by several of these doctors working together. It was still the era of general practitioners: most specialists did

not arrive at St. Mary's until after the Second World War. The first paediatrician in the Kitchener-Waterloo area had opened his practice in 1931. Dr. David Whaley graduated from the University of Toronto in 1926 and after further study in Detroit and Germany set up his first practice, initially in Windsor, then in Kitchener a year later.²

During 1934 St. Mary's treated an average of sixty-three patients a day. By June 1935 the number had risen to seventy-eight. On July 17 the total number of patients reached 111, at the time the highest in the history of the hospital. This growth in St. Mary's patient population prompted the Advisory Board to discuss the idea of opening the western portion of the hospital's third floor. This would provide accommodation for an additional twenty-five to thirty patients and bring the hospital's capacity to 130 adult beds. Reinforcing such expansion plans, Sister Helen Harris in 1935 reported the substantial increases in the hospital's revenue over the first year of her term. Paying patient income had risen by \$15,000, while the costs of indigent patients had declined by \$4,500. It seemed as if the worst of the Depression was over.³

St. Mary's was not the only beneficiary of the improved economic conditions in the Twin Cities area. Just as St. Mary's was preparing to open up the third floor to patient care, the K-W Hospital announced its plans to build a three-storey addition, which

ALL ACCOUNTS MUST BE PAID WEEKLY IN ADVANCE ALL OVERDUE ACCOUNTS WILL BE CHARGED INTEREST AT CURRENT RATES

KITCHENER, ONTARIO June 16, 1941

RR-1 Breslau Ont.

In Account With **ST. MARY'S HOSPITAL**

From	June 7/41	To	June 15/41		
	5 Days @ 2.33 per day			18.80	
Operating Room Fee				10.00	
Special Nurse's Board					
Ec-Ray					
Lab.	urinalysis 2 nd time 1 st			3.00	
Errors	Medicine			.43	
				<u>32.23</u>	

Although the fees charged for hospital services in 1941 would be considered a bargain by today's standards, St. Mary's had continuing problems in trying to meet its operating costs.
Source: SMGH

would open in April 1936. The St. Mary's Advisory Board congratulated its sister institution when news of the addition was announced, noting that the expanded K-W Hospital would provide "the Twin City with a total hospital accommodation of about 250 beds and covering future needs for some time."⁴

The two hospitals combined efforts in a number of ways through the decade. For example, K-W Hospital had established one of the first ambulance services in the province in 1901, and St. Mary's had also used this service since 1927. Beginning in 1926, the X-ray departments of the two hospitals also shared a staff radiologist, Dr. Frederick R. Pollock, whose services were also used by hospitals in Galt and Stratford. In 1935, when St. Mary's established a new pathology laboratory, Dr. Laverne C. Fischer was appointed staff pathologist and Director of Laboratories. When the K-W Hospital added a new pathology laboratory in 1936, Dr. Fischer was given a similar appointment there. Almost every day for most of the next decade, Dr. Fischer could be seen making the trip between the two hospitals on his bicycle.

As St. Mary's second decade began, Sister Helen oversaw the work of several new departmental Sister supervisors, several of whom were recent graduates of the St. Mary's School of Nursing. Sister M. Lioba O'Dwyer

and Sister M. Augustine Campbell were members of the Class of 1929, while Sister M. Chrysostom Sell had graduated in the Class of 1930. Remembered as "a great gal," the "angelic" Sister Augustine served St. Mary's as Instructress of Nurses, Superintendent of Nurses, and then as Superintendent of St. Mary's Hospital from 1948 to 1954. Sister Augustine had joined the Hamilton Sisters of St. Joseph Congregation in 1921. Before entering the St. Mary's School of Nursing, she had served at St. Joseph's Hospital in Hamilton, the Dundas House of Providence and at the Mount Carmel Infant's Home in Hamilton.

The St. Joseph's Hospital School of Nursing in Hamilton also provided St. Mary's with several important staff through the years. Sister M. St. Edward Duffy, the Superintendent of the St. Mary's School of Nursing during the mid-1930s, had graduated from the Hamilton School in 1932 and began her position in Kitchener in early 1934. Other Hamilton graduates were Sister M. Leone Martin, and Sister M. Consilli Schmidt. Sister Gabriel Buckley was a 1934 graduate of the St. Joseph Hospital School of Nursing in Guelph. Another St. Mary's Sister Supervisor among the Hamilton nursing graduates was Sister M. Mercedes Gallagher, "a little lady" who, like Sister Augustine, served St. Mary's in many capacities. Since joining the Order in 1912, Sister Mercedes had spent most of her life caring for the sick in hospitals, culminating in her brief appointment as St. Mary's Superintendent in 1947-48.

By now, the lay staff of St. Mary's had grown to include three people working in the kitchen under the direction of Sister M. St. James Culleton. Sister St. James was trained as a dietitian at the Ontario Agricultural College, and then joined the nursing Class of 1936 at St. Mary's. Ann Buhlman, a graduate of St. Mary's first class, was hired as Night Supervisor of Nurses, while Mrs. H. Lavelle and Miss Mary Marcella Cronin worked as graduate nurses on floor duty. Miss Cronin had graduated from the St. Mary's School in 1931 before being hired as a full-time nurse. Mrs. Lavelle affectionately known as "Ma Lavelle," had been trained at St. Michael's Hospital School



of Nursing in Toronto and after her graduation in 1929 had joined the St. Mary's staff in the Obstetrics Department. Ma Lavelle "loved her babies," was meticulous in her nursing work, and kept the nursing students on their toes all the time. Other members of Sister Helen's support staff included four clerical workers, seven helpers in the laundry, one orderly, and nine women and two men who supplied domestic help to the hospital.

Life of a Nursing Student in the 1930s

During St. Mary's first decade, very few graduates of the School were employed by St. Mary's or any other hospital. Most found work as private duty nurses or as public health nurses for the local or provincial departments of public health. This situation began to change in the late 1920s as nursing schools graduated larger classes at a time

when their employment prospects were declining. There were simply too many nurses competing for fewer potential private patients, growing numbers of whom were seeking their health care in hospitals.

The onset of the Depression forced many nursing graduates to abandon the profession altogether. Nursing school enrolment declined, leaving hospitals like St. Mary's scrambling to recruit new students to care for the growing numbers of patients. The dependence on nursing students to provide a variety of services—both nursing and non-nursing domestic services—took considerable time away from classroom instruction and had the effect of weakening the educational work of nursing schools during the 1930s.⁵

A young woman who entering the St. Mary's School of Nursing during the

Class of 1937

Mildred M. Ahrens, Olive G.M. (Bennett) Boltz, Jessie Buchan, Ila Sarah (Buck) Eidt, Margaret L (Halloren) Gilmour, Mary Margaret Hillsdon, A. Ruth (Shipley) Kaufman, Phyllis Marie McKersie, Melinda (Voegel) Nuha, Irene I. (Young) O'Rourke, Marjorie J. (Hause) Peterson, Audrey O. (Chamney) Pickard, Jean M. (Keenan) Pickard, Annis (Aston) Smith

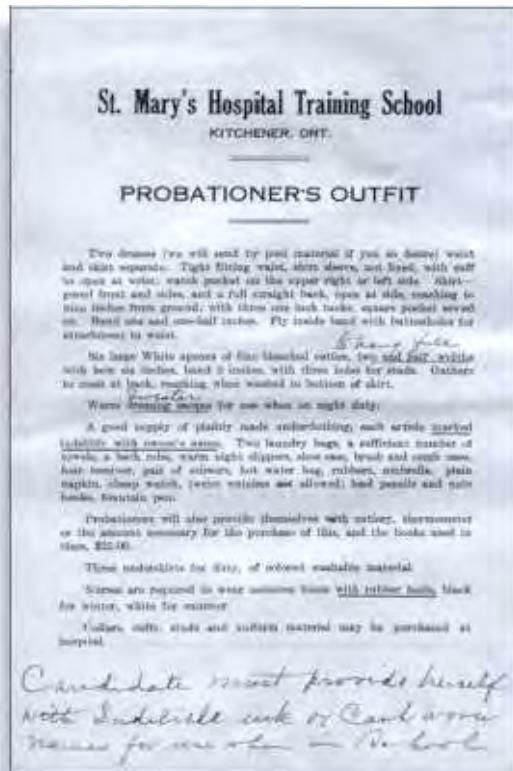
Source: SMGH



Sister Mary Grace Stevens

Stern but fair, Sister Mary Grace had been Surgical Supervisor and then Instructress of Nurses at St. Joseph's Hospital in Hamilton until her move to Kitchener. Though a "tiny" woman, she had become a Sister at an older age than most and brought to St. Mary's broad, worldly knowledge and experience as a nurse and as a well-travelled working woman. After her years at St. Mary's, she would return to Hamilton as Superintendent of St. Joseph's Hospital. She had a genteel manner, yet all who worked with her remember her as a sharp and very clever woman and an innovator in nursing and hospital management.

Source: SSJ



Nurses' uniforms have changed dramatically over the years. The rules, however, have always emphasized a sense of proper decorum. Source: SMGH

mid-1930s had to be between eighteen and thirty years of age, at least five feet four inches in height and of average weight and physique. Her application had to be supplemented by a letter from "a clergyman testifying as to moral character," and health and vaccination certificates from a physician. A monthly allowance of \$5 for first-year students, \$6 for second-year students and \$7 for third-year students was given until the mid-1930s, which was a \$1 reduction from the pre-Depression rate. In 1936 this allowance was reduced further to \$3, \$4 and \$5, and remained at these levels

until 1946. Nevertheless, students were "to make good any damage or breakage, caused by themselves." New students were asked to bring a moderate amount of clothing, two pairs of black Oxford shoes, a watch with a second hand, black stockings, \$30 to cover the cost of textbooks, and their nursing uniforms and aprons.⁶

For Patricia Farrell, nursing training began on September 8, 1932, as a probationary student, or "probie," along with eighteen other young women who would make up the Class of 1935. The residence was crowded when she arrived. Normally, first-year students were given private rooms on the third floor and then progressed down to the first floor by their senior year. Patricia could not get a private room until some of the recent graduates moved out. In the meantime, she and three other "probies" temporarily bedded down in the third floor sunroom. Their probationary status lasted for four months, after which their monthly allowance began and they were given their caps and starched bibs, which they "added to the blue uniform and white, starched (but not too stiffly) apron...if all requirements were met."⁷

The probationary period was largely spent in the classroom, with limited morning and late afternoon hospital duties starting after the first three weeks. Most of the class time was spent studying nursing principles and methods, in addition to lectures in anatomy and physiology, *materia medica*, history of nursing and ethics, bacteriology, hospital housekeeping, dietetics, hygiene and sanitation. When not in class, first-year students spent the balance of



their time doing general nursing, rotating between all floors.

During the second year, several subjects were added, including communicable diseases, general medicine, obstetrics, paediatrics, and venereal diseases. Outside of the classroom, second-year students worked in the diet kitchen, the nursery of the obstetrics department, the children's ward, general wards, and the operating room. Second-year students took all temperatures, did certain treatments and generally cared for the sickest patients in the wards. The course work of the third year continued many of the second-year courses, and introduced courses in dermatology, eye, ear, nose and throat, gynaecology, mental diseases, tuberculosis nursing, orthopaedic surgery, general surgery and public health. Hospital service for third-year students included work in the

allowed each year, but "at the time most convenient to the Institution."

For Patricia Farrell, the reality of the workload was somewhat different.

The months we served in O.R. were stressful & our hours were long—7:30 a.m. until 7:30 p.m. We did have (if we weren't "snowed under") 2 hrs. off during the day, but from Sept. until June, those hours were devoted to Lectures. The 7:30 p.m. "end of hours" was never a sure thing, either,—we stayed until the last glove was patched (yes, we did that, too!) & last instrument cleaned, sterilized & wrapped.... The nurses mopped floors, washed walls—& if we had a "dirty" case—washed all the linens, drapes etc. in cold water before they were sent to the laundry!! And we were on call for all surgeries (emergencies) between 7:30 p.m. & 7:30 a.m.



Class of 1934 in the grotto behind the original hospital: (clockwise from lower left) Loretta Bogman, Mickey McDermott, Margaret Toman, Estelle Knipfel, Margaret Finkbeiner, Pat Farrell, Kay Sweitzer, Irene Steel
Source: SMGH

operating room, assisting with deliveries in obstetrics, and senior duties throughout the hospital.

During the mid-1930s, nursing students were on duty for some fifty-eight hours a week while on day shifts, and when on nights they worked for about seventy-one hours. Students were given two hours each day for relaxation, in addition to one afternoon a week, as well as some time off on alternate Sundays. These breaks, however, were "subject to the requirements of the work." A two-week vacation was also

Yet the life of a St. Mary's nursing student was not all work. As Patricia recalled, "when we *did* have a rare time off with nothing much to do, we felt the urge to 'clown' a bit [in the operating room]—with caps on backwards, masks upside-down, huge glasses & a wild assortment of instruments."⁸ Every class of nurses seemed to take advantage of any opportunity to let off steam and have some creative fun. Roxy Roche remembers one trick often played in the hospital before the nurses moved into the new residence:





1947 Graduating Class

(Top to bottom, left to right)

Virginia Mary Winterhalt, Dorothy Eileen Vonhatten, Shirley Darroch, Margaret Mary Kroetsch, Mary Alma Sehl, Geraldine Dillon, Leona M. Druar, Gertrude M. Zettel, Mary Alice Connors, Kathleen H. Beaudoin, Beulah Anne Litschgy, Patricia Alice Schnurr, Mary Joan Kuntz, Catharine Margaret Young, Audrey Cornish, Rita Anne Sehl, Margaret Alice Holle, Mary A. Dietrich, Elaine Marjorie Wildfang, Anita M. Kane, Doreen R. Wingfelder, Shirley E. Maxwell.

Source: SMGH

They loved to pull a nurse in a sheet over to the elevator when they heard it coming up, and just drop her there because they felt that a doctor would be coming in in the evening, and the nurse would be caught there wrapped in the sheet; that was one they really pulled. They pulled it on me, I know. I think I got up very hurriedly, grabbing my sheet, and made it back.

A certain amount of levity among the students seemed to be acceptable to the Sisters. Discipline was generally quite strict, but the Sisters acted more like mothers, particularly towards the younger students and those from outside of the Twin Cities. The nurses had a great deal of respect for the Sisters and understood the genuine interest they took in the students' professional and personal happiness. Sister Raphael Sweeny, a graduate of the St. Joseph's Hospital School of Nursing in Hamilton in 1931, and who later served as Surgical Supervisor at St. Mary's, was remembered particularly fondly by Roxy Roche. Sister Raphael felt that sometimes

rules were meant to be bent. Sister Raphael was largely responsible for encouraging the courtship of Roxy and Dr. Lang.⁹

Other memories of the time were tinged with tragedy. One member of Patricia Farrell's Class of 1935, Margaret Patricia McDermott, also known as "Mickey," was looking forward to graduating when a bout of influenza became complicated by tuberculosis and meningitis. She died on May 14, a few days before graduation, leaving her close friend Patricia and the rest of the class heartbroken. "She was buried the day before our Graduation, wearing her uniform, and with her cap, pin, diploma, and red roses on the casket."¹⁰ Her death underscores the health risks that nursing students have always faced while working in hospitals, especially during the pre-penicillin era.

Nevertheless, a 1936 provincial inspection of the School noted that, "There seems to be comparatively little illness among the students. Last year there were 3 1/2 days of illness per student." Such government



Although x-ray technology had been developed at the time of the opening of St. Mary's, the safeguards which have become commonplace were still not clearly understood as an x-ray is taken of student nurse Amelia (Kontura) Senek. Source: UW/KWR

inspections of hospital nursing schools, of the health of nurses and staff, reflected the continuing trend towards higher levels of standardization in North American hospitals during the 1930s. Standardization was a central theme of a special *Bulletin* published by St. Mary's Hospital in April 1937 as part of a major fundraising campaign. The booklet reflected St. Mary's efforts to portray itself as a modern, scientific hospital. It included reports on nurses records, medical records and staff conferences, and described the equipment acquired by the hospital over the past year through the fundraising work of the Ladies' Auxiliary.¹¹

The *Bulletin* also spotlighted the hospital's modest new medical library, which opened in July 1936 when the widow of Dr. Claude O. Reist donated her husband's medical library to the hospital. Dr. Reist had set up his practice in Preston in 1919 and had quickly become one of the leading physicians of the area, culminating with his appointment as coroner in early 1935. To accommodate Dr. Reist's donation a room known as the private parlour for the medical staff was converted into a doctor's library.¹²

Volunteers and Roses

Since its founding in 1932, the St. Mary's Hospital Ladies' Auxiliary had grown



Student nurses in the Class of '48 posing during rounds. Both the patient and the nurses seem to be enjoying a moment of respite from their more formal duties. From left to right the students are: M. Herman, P. Matthews, J. Zettel, E. Braniff; the Registered Nurses are M. Paddin and A. Janowski. Source: SMGH

Dr. Stanley Leavine's prescription pad for those on municipal welfare or "relief" specifies that this applies only to patients who were residents of Kitchener or Waterloo – no residents from "outside municipalities" may apply.

Source: SMGH



substantially. The Auxiliary's fundraising activities were dedicated to providing a wide range of equipment to the hospital. Through card parties, teas, bake sales, recitals, concerts and raffles, the Auxiliary raised a total of just over \$1,500 through its first four years. Late in 1936 the Auxiliary provided \$175 towards the cost of a new portable X-ray machine. The Auxiliary also provided subscriptions to various magazines and a German newspaper for the patients. Perhaps of more value was the time that members of the Auxiliary's Sewing Committee volunteered to the hospital.

The Auxiliary was particularly active during 1936 when a membership drive brought its roster of volunteers from seventy-two at the end of 1935 up to 266. The important work of the Auxiliary was displayed in many ways during the year, including a public exhibition in the nurses residence of all the various supplies made by the Auxiliary since its founding. The bout of activity in 1936 was generated by the enthusiasm of the Auxiliary executive, led by its second president, Rita Dietrich.

When plans for another Rose Day campaign were initiated in October 1936, the proceeds were to be directed to reducing the hospital's debt load. By January 1937 other service clubs and church organizations had also accepted the invitation to join the fundraising effort. A new Auxiliary executive, elected in January 1937, took a strong interest in preparing for Rose Day under the leadership of its new president, Mary Motz. Other volunteers served as convenors for the Rose Day campaign, supervising the fundraising efforts across the Twin Cities, and

managing the central King Street headquarters for the campaign.

During the months before the campaign, a sharp rise in the number of patients admitted to St. Mary's forced the Advisory Board to reconsider its plans for the Rose Day proceeds. March 1937 was the busiest month in the history of St. Mary's to date, with a total of 282 patients admitted to the hospital, including thirty-one births. During six days in March there were more than one hundred patients in the hospital. This situation renewed plans for opening up the unused wing of the third floor and equipping it to accommodate about nineteen patients.¹³

The Rose Day campaign took place during the first week of June and volunteers collected just over \$10,400. The Kitchener community contributed \$7,000, Waterloo citizens gave \$2,000. Contributions from the smaller communities of Waterloo County included \$265 from New Hamburg and \$230 from Preston. Individuals from outside Waterloo County donated \$382. As was stressed by the Advisory Board, "The hearty response to the appeal for funds is definite evidence that the people of Kitchener, Waterloo and district fully appreciate the splendid work of the Sisters and those associated with them in the management of the St. Mary's Hospital."¹⁴

Rather than paying down the hospital's debt, Sister Helen and W.J. Motz recommended spending the new funds on building repairs and furnishing the third floor, as well as on moving the laboratory, extending the X-Ray Department, and buying urgently needed hospital equipment. The sharp increase in the numbers of patients and paying patient revenues, and a decline in the indigent patient population, placed St. Mary's in a better financial situation by the fall of 1937.

While the hospital's debt burden may have eased, the problem of recovering the cost of extras provided to indigent patients re-emerged in 1938, especially for patients whose hospitalization was the legal responsibility of the Waterloo County government. Of the three general hospitals in Waterloo County, St. Mary's shouldered the majority of the county's indigent patient load and incurred significant deficits in treating them.

However, county payments did not cover the costs of such extras as X-ray diagnosis, new drugs, and other specific treatments or surgical procedures. Hospitals were not legally obliged to provide such services, but such extras led to earlier discharges, which cut the cost of maintaining indigent patients in the hospital. Reflecting the changes in hospitals, medicine and technology during the 1930s, Francis Maurice Hearn, a banker and former Kitchener alderman who had recently joined the St. Mary's Advisory Board, pointed out to the County Council that "hospitalization today is not merely for nursing treatment," and it was time that government funding for hospitals recognized this reality.¹⁵ In October 1938, the County Council reluctantly decided to give a modest one-time grant of \$1,000 in total to the three hospitals in the

area to ease their deficits. St. Mary's received \$500 and K-W Hospital and Galt General split the balance equally.¹⁶

The year 1938 saw several new faces at St. Mary's who would assume leadership of the hospital through most of the war years. W.J. Motz was succeeded as chairman of the Advisory Board by E. Russell Purtle, a Kitchener businessman with Snyder's furniture store. He had joined the Board in 1929 after serving as secretary for the 1929 Rose Day campaign. W.J. Motz's son, John, now the managing editor of the *Daily Record*, also joined the Board in April 1938 and was elected secretary. Another recent addition was Colonel William M.O. Lohead, an active member of the Knox Presbyterian Church of Waterloo who had commanded the 118th Battalion during the First World War, and was

The nursery has always been a popular place in the hospital, even without great grammar.
Source: SMGH





Walter J. McGibbon (1902–1979)

Walter McGibbon graduated from the Osgoode Law School in Toronto in 1926 and set up his law practice in Kitchener the following year. His first office was at King and Queen Streets, where he worked alone. Six months later he joined A.B. McBride in a Waterloo law firm, and after McBride's death in 1932, McGibbon ran the practice himself until 1948. McGibbon was named town solicitor for Waterloo in 1928 and played a key role in changing its municipal status from town to city in 1948. In 1945 he began a long association with the Waterloo Mutual Insurance Co., for which he would serve as director, vice-president and chairman.

Source: SMGH

well known for his diverse community work. Starting in 1937, the Board appointed Dr. Frank Harvey as its first representative of the medical staff. He was followed by his brother, Dr. Milne Harvey, between 1938 and 1940, Dr. Victor Traynor in 1941–42, Dr. Louis Lang during 1942–43 and Dr. Harry Shoniker between 1944 and 1946.

In September 1938, Sister M. Gerard Moran (1882–1963) succeeded Sister Helen as the third Superintendent of St. Mary's Hospital. Characterized as a perfectionist, Sister Gerard had graduated in 1923 from St. Joseph's Hospital School of Nursing in Hamilton. She was then placed in charge of the operating room in Hamilton until assuming the leadership of St. Mary's. Although Sister Gerard inherited a more stable environment than Sister Helen, the war would bring a different set of trials.

War Years

During the anxious months leading up to the start of the Second World War in September 1939, St. Mary's seemed strangely quiet. The Kitchener community was concerned that another war with Germany would bring again the turmoil seen a generation before. The onset of war affected St. Mary's and the Twin Cities in many ways. Economically, the war created considerable work for the manufacturers of Kitchener and Waterloo and officially put an end to any lingering unemployment. As war clouds gathered in Europe, the busy activities at St. Mary's of fundraising and renovations were replaced by a more focused attention on the mission of caring for the sick. Indeed, 1939 recorded the highest annual number of patients admitted to St. Mary's to date, a total of 2,450.

Many members of the St. Mary's medical staff joined the military. Among this group was Dr. Harold Hamilton, who served overseas in command of the Number 10 General Field Hospital. The third member of the Lackner family of physicians, Dr. Allister Lackner, joined the Canadian Army Medical Corps in 1940 and served for five years. He had graduated from the University of Toronto in 1938 and then joined his father's practice. Other popular doctors to serve in the military included Dr. Dick Ratz, who commanded the 24th Light Field

Ambulance, which was the only military unit raised from Kitchener during the war; Dr. Frank Zwick, who also joined the 24th Field Ambulance; and Dr. Aeneas M. Urquhart, who joined the Highland Light Infantry and was attached to the Canadian Forestry Corps in Scotland. Dr. Frank Harvey did not enlist, but the tragedy of the war touched him personally in 1942 when his eldest son was killed in action.

Under Russell Purtle's leadership, the Advisory Board focused on improving the financial health of the hospital during the war years. In concluding the 1939–40 annual meeting, he had predicted that the hospital would soon eliminate its operating losses. One of Purtle's successes in this effort was to obtain a reduction in the interest rates being charged on the substantial mortgages the hospital held from the Mutual Life Assurance Company.¹⁷

A number of important gifts from local groups helped to supplement the support provided to St. Mary's by the Ladies' Auxiliary during the war. Following another successful membership drive early in 1939, the Auxiliary's membership rose to over five hundred—an increase helped by an offer from Mary Motz of a prize to the lady bringing in the most members. The onset of the war, however, made keeping members difficult. By 1943 the numbers had declined to only 155 members. Despite the unstable membership, those involved continued to raise money and supply important items to St. Mary's, including an incubator, heaters, bed linens and other items, even providing Christmas gifts for indigent patients. By March 1941 it was clear that the hospital needed a new X-ray machine. The original machine had served St. Mary's well, but progress in radiology demanded that the hospital offer its patients the latest medical technology. This was just too big a piece of equipment for the Auxiliary to purchase. Financing ideas were needed.

Just such a new idea was at hand. The Kitchener-Waterloo Federated Charities was created in 1940 in an effort to combat donor fatigue caused by too many simultaneous appeals competing for the public's attention and dollars. Its mandate was to include "all deserving charitable and humanitarian

institutions operating within the two municipalities which depend for support upon local citizens.”¹⁸ Those associated with the Federated Charities would benefit from the proceeds generated by a single fundraising campaign conducted on their collective behalf. In October 1941 St. Mary’s was invited to join the Federated Charities, eliminating the need for conducting its own fundraising drive. In joining the Federated Charities, St. Mary’s applied for four years of funding that totaled \$10,000. Sister Gerard received the first installment of \$2,500 in November, which was directed to the X-ray equipment fund. By April 1942 the medical staff reported to the Advisory Board that the new X-ray equipment was a great improvement.¹⁹

“There’s always something you can do for a patient”:

Life of a Nursing Student in the 1940s

The war brought a number of changes and challenges to St. Mary’s School of Nursing. As well as the traditional jobs for graduate nurses in hospitals, private-duty nursing and public health departments, the war brought opportunities to serve in the military and related civilian

sectors. Such civilian and military demands for graduate nurses accelerated until about 1942, by which time reports of serious nursing shortages began to be heard. By 1944, hospitals in all parts of Canada were reporting difficulty in retaining their graduate nursing staff.

This changing employment climate was also felt at St. Mary’s, particularly in the wide fluctuations in the numbers of students entering and graduating from the School of Nursing.

In the fall of 1938, only eight students entered the School and then graduated as the Class of 1941. Yet by 1942, the rising demands for nurses and some relaxation in the admission requirements helped to attract a class of thirty-one students, the largest ever enrolled prior to the Class of 1957.

Sister Mary Grace Stevens’ appointment as Superintendent of Nurses at St. Mary’s School of Nursing coincided with the start of the war. She guided the School through the first and last years of the war, while Sister Geraldine Campbell, a St. Mary’s Class of 1929 graduate, held the position between 1940 and 1945.

Members of the St. Mary’s School Class of 1947 remember that Sister Mary Grace had to be strict, aloof, and keep a close eye on every student. It was Sister Mary Grace’s business-like manner that was particularly memorable, and probably attributable to her background as a buyer for a department store before becoming a Sister. While she never minced words, sometimes she showed a less stern position. Anita Kane recalled when Sister Mary Grace caught her smoking in her room after a long night of being on

Hospital food has always had a certain mystique. In this photo, staff are preparing meals for St. Mary’s patients.
Source: SMGH



call in the operating room. Anita could have been suspended for smoking, but Sister Mary Grace ignored the infraction and let her get some much-needed rest. Beulah Litschgy recalled some important nursing lessons from Sister Mary Grace: never stand around because “There’s always something you can do for a patient,” and always “Make your head save your feet.”²⁰

The changes at the School during the war years reflected the growing importance of the educational standards of nursing. Now more time was spent in the classroom and less time performing services in the hospital that did not support the educational program. The structure and subjects of the course of study did not change significantly, but there were more teachers involved. The beginnings of clinical instruction appeared by 1946. There was, however, considerable turnover in the teaching staff during this period. Sister Dominica and then Sister Ursula were full-time instructors in the School during the early 1940s. After her graduation in 1933 from St. Joseph’s School of Nursing in Hamilton, Sister Ursula completed a nursing instructor’s course at the University of Toronto. Sister Mary Bonaventure Fagan, a graduate of the St. Mary’s School Class of 1941, also took the instructor’s course in Toronto and then taught during the last part of the war, and for many years afterwards.

Another significant development during the war years was an increase in the numbers of non-Sister graduate nurses employed at St. Mary’s. During the first part of the war there were five or six graduate nurses on staff, but by early 1946 there were ten, as well as eight recent St. Mary’s graduates about to start. By the end of 1948 the nursing staff consisted of ten Sisters and twenty-two graduate nurses, in addition to a total of fifty-four nursing students.

Tuberculosis management was a major part of the training program for St. Mary’s nursing students during the early 1940s. Nurses received practical experience with TB treatment through an affiliation between St. Mary’s and the Freeport Sanatorium. This was the first affiliation program set up in the School, but it was soon followed by a more demanding educational structure and more

formal affiliations with other institutions. In 1943 an affiliation with the Hospital for Sick Children in Toronto focused on paediatric nursing. In the same year an affiliation with the Victorian Order of Nurses of Kitchener facilitated practical training in community nursing training. The nursing program was also broadened to include experience in psychiatric nursing through affiliations with the Ontario Hospital in London in 1946 and the Homewood Sanitarium in Guelph in 1951.

Chronic Growth

The war may have opened up other career opportunities for nurses, but at St. Mary’s, the number of patients continued to grow, and an increasing proportion of them were staying in the hospital for longer periods of time. In 1943, the number of cases admitted to St. Mary’s increased by 14 per cent; that year, close to 3,600 patients were treated at an average of 118 patients a day.²¹ This growing patient population continued through 1944 and was complicated by an increasing number of chronically ill patients taking up beds. The province did not as yet operate a network of hospitals for long-term care, so general hospitals such as St. Mary’s had to assume responsibility for the chronically ill. K-W Hospital was not in a position to help as it had been facing the same problem since 1941.

Dr. Harry Shoniker first brought the issue of chronic patient management to the Advisory Board in September 1944. He asked the Board “to bring pressure to bear on the Ontario Government and ascertain if anything can be done regarding the care of these patients, in order that more beds may be made available for acute cases.” There had been a shortage of beds all summer “and as winter approaches, this condition will become worse instead of better.” A temporary solution suggested by the medical staff was to move the chronic patients to a room in the basement of the hospital. This part of the basement was three-quarters above ground and would likely accommodate eight to ten patients and “has adequate lighting with six windows.” The provincial Medical Inspector of Hospitals initially thought this plan would be acceptable, although the

Department of Health disapproved in principle to putting patients in the basement of any hospital.²² Sister Magdalen, who had taken over from Sister Gerard as Superintendent in early September 1944, also did not like the idea any more than the Medical Inspector, but it would not be until the late 1940s with the establishment of the shared Federal-Provincial Health Grants program, that some progress was finally made on the thorny issue of chronic care.

In the meantime St. Mary's was overcrowded and near to capacity. By January 1945 there were 153 patients, including twenty-four newborns, in the hospital out of a total of 165 beds, cots and bassinets. The annual report of 1943, stating that the bed occupancy of St. Mary's was 87 per cent, prompted the Advisory Board to consider building a small addition to the hospital. This was an issue that dominated the first years of long service given by St. Mary's third chairman of the Advisory Board, Walter J. McGibbon, who had assumed the post in May 1943 after the untimely death of Russell Purtle.²³

The death of Russell Purtle provided an opportunity for the Sisters to fill a number of vacancies on the Advisory Board. Leonard Ruby and Colonel Hugh J. Heasley joined the Board in May 1943, while Albert J. Cundick and Dr. Louis Lang became permanent members in 1944. Leonard Ruby would serve on the Board until 1952, while Colonel Heasley remained closely involved with St. Mary's until 1972. Heasley, a Presbyterian, had served in the Canadian Army Service Corps during the First World War and had worked as an industrial engineering and management consultant in various parts of Canada and the United States before moving to the Twin Cities in 1939 to manage Carling Breweries in Waterloo. Albert J. Cundick, an Anglican and local politician, would serve on the Board until 1957.

The year 1944 saw another change in the management of St. Mary's. Sister Magdalen McFadden (1881–1948) assumed the position of Superintendent following an extensive teaching career. She immediately took the lead in advocating an addition to the hospital. At her first Board meeting in October 1944 she proposed to consult with a

local contracting firm "on the advisability of adding another floor to the hospital or erecting a new wing." The press picked up the story, emphasizing the seriously overcrowded conditions and the fact that partitions had recently been removed from the wards and beds were in the corridors to accommodate the overflow of patients.²⁴

Postwar Frustrations

A key reason for St. Mary's long struggle to expand was provincial government resistance to the idea. The K-W Hospital had already won approval for a major expansion project, which was set to open in 1951, so all St. Mary's could do was endorse its sister hospital's expansion plans and wait for its turn.

Another factor in slowing down St. Mary's plans may have been the many changes in superintendents from 1945 to 1948. After only one year in office, Sister Magdalen was replaced in 1945 by Sister M. Alfonsa Meegan (1880–1954). Sister Magdalen was assigned to St. Joseph's Convent in Brantford, where she died in 1948. Sister Alfonsa's term as Superintendent was also short-lived. With considerable experience with nursing and hospital administration, she had served as Superintendent at St. Joseph's Hospital in Hamilton from 1917 until her appointment to St. Mary's. After less than two years, however, illness forced her to leave the Superintendent's job to Sister M. Mercedes Gallagher in May 1947, who in turn was replaced in September 1948 by Sister M. Augustine Campbell. Sister Mercedes was reassigned to St. Joseph's Hospital in Guelph until 1950, when she returned to St. Mary's for service until 1958. Some stability in the St. Mary's administration was provided by Sister Augustine, who remained as Superintendent until 1954. It was under her tenure that the expansion proposal was finally revived in 1948.

In spite of the many changes in leadership at St. Mary's, the financial support in the Twin Cities was strong in the early postwar era. The healthy economy, and the housing construction boom of the 1940s and early 1950s, particularly in the immediate neighbourhood around St. Mary's, also had a major impact on the number of patients at the hospital. Between 1944 and 1945 admissions

to St. Mary's grew by 30 per cent, which was the highest growth rate prior to 1961–62. Much of this increased patient load was due to the greater number of babies born at the hospital, an inevitable result of such a vibrant economy and many young families moving into the area. This situation was not unique to St. Mary's, although its effects on an already overcrowded hospital were difficult to manage, especially in the Maternity Department.

The Obstetrical Unit was under the supervision of Sister St. Joseph, who had graduated in 1937 from the St. Joseph's School of Nursing in Hamilton. Working with Sister St. Joseph as Supervisor of the Nursery was Gertrude McCue, a 1923 graduate of the Hamilton school. The obstetrical patients were accommodated in a separate wing of the second floor in rooms that were bright in colour and in natural sunlight and nicely furnished. The department was divided into two rooms with four beds and three rooms with two beds. The rest were private rooms. The nursery had twenty-seven bassinets. Limited space did not allow for a separate room for premature babies, nor for an isolation room. There was only one delivery room, which was not isolated from the patients' rooms and nursery. Nevertheless, the department accommodated a total of 651 obstetrical patients in 1945.

Some relief for St. Mary's overtaxed nursing and support staff was made possible in

October 1947 by the arrival of fifteen "displaced persons" who had escaped the ravages of the war in Europe. They were young women from various parts of Ukraine who had lost their homes and families during the war. In an effort to offer a future to these women, the Canadian government arranged to offer employment to them in various institutions. St. Mary's responded by providing positions to the women as nurses' aides.²⁵

By April 1948, the idea of a new staff building was once again before the Advisory Board. In November, shortly after Sister Augustine assumed her position as Superintendent, she suggested that the east wing of the hospital should be extended in order to enlarge the Maternity Department. Renewed efforts to expand St. Mary's had been jump-started by the introduction of a major new program of federal-provincial health grants in 1948, which offered capital grants to hospitals. Sensing a better opportunity for expansion, in March 1949, McGibbon wrote directly to the Minister of Health, Russell T. Kelley, to expand the Maternity Department by fifty beds and sixty bassinets. McGibbon was fully aware that the new hospital building at K-W Hospital would relieve some of the overcrowding at St. Mary's, but he told the minister that "there is a great tendency on the part of many people to choose what might be termed a semi-private hospital for maternity purposes and we intend to cater to this business which we believe will increase notwithstanding the erection of another hospital building."²⁶

The minister seemed sympathetic, but the Inspector of Hospitals, C.J. Telfer, was less so. Based on an estimate of Kitchener's population and a standard beds-per-capita formula, Telfer suggested that the Twin Cities only needed 433 active beds. The K-W Hospital addition, together with St. Mary's, would provide "exactly the number of beds required by the area." Thus, "under existing regulations, any extension to St. Mary's could not be approved." Despite Telfer's advice, the minister felt that the Cabinet might feel otherwise and told McGibbon to wait for a few months to see what happened.²⁷

By October 1949, McGibbon and the Board were anxious to submit an application

As the hospital became busier, every available space was used. Here, a new mother tries to nap in a crowded corridor.
Source: SMGH



for government funding and McGibbon hoped to meet with the minister. Meanwhile, McGibbon ran in the Waterloo North seat for the governing Conservatives in the 1948 provincial election for the minister's Conservative party. He lost the election, but he hoped to utilize his political links on behalf of St. Mary's.²⁸ Health Minister Kelley once again sought advice from Telfer, who seemed less patient with the issue. Despite his advisor's position, Kelley continued to assist McGibbon as much as possible. He



arranged for McGibbon to submit a capital grant application under the Ontario Hospitals Aid Act of 1948. The expansion plans the Board presented called for a basement and three floors above it at an estimated cost of \$500,000.²⁹

In February 1950, St. Mary's application was passed to a special committee within the Department of Health for closer review. By June it became clear that K-W Hospital would only complete 203 active beds out of the proposed 313, leaving the eighth and ninth stories of the new building unfinished. This development threw a significant

complication into the government's evaluation of the requirements of the community and made a reassessment of the St. Mary's building proposal necessary. The health committee was at a loss to know how to deal with this second application from Kitchener.³⁰ Telfer's calculations (on the basis of 5.5 beds per thousand of population) that he had used against St. Mary's plans had come back to haunt him. Unfortunately, this frustrating conundrum resulted in the rejection of St. Mary's grant proposal and the effective end of any further expansion plans until the late 1950s.☛

Refugees from war-torn Europe, these young women from various parts of the Ukraine had lost their homes and families during the war. St. Mary's responded to their needs in October 1947 by offering them positions as nurses' aides in the hospital.
Source: SMGH

A young boy recovers from a broken arm in a very busy Pediatrics Department.
Source: SMGH





CHAPTER 4

The Limits of Growth

St. Mary's doors of mercy are always open. No one is turned away because of race, creed or lack of funds.

K-W Record, February 21, 1956.

In the twenty-five years since the opening of St. Mary's Hospital, the neighbourhood surrounding it had changed almost beyond recognition. The area had now become one of the most popular in Kitchener. Where once there were farmers' fields, now ranch-style and split-level homes sprouted up to the south. To the north, where a simple dirt road once led to the hospital's front door, a paved Queen's Boulevard lined with new homes, trees and street lights encircled the hospital and linked it with downtown Kitchener. Many young families moving into the area would put increasing pressure on St. Mary's to adapt to their health care needs in the years to come.

The physical world around St. Mary's had changed considerably over the previous twenty-five years. What had not changed was how its patients and the Twin Cities' community felt about the hospital and the care that they received from the St. Mary's family. Regardless of their faith, patients placed a great deal of trust in the Sisters and appreciated the personalized care under their leadership.

As the 1950s began, St. Mary's found itself in a difficult financial position. That

year the hospital reported a net loss of just under \$40,000, a figure more than double the loss the previous year. The average cost per patient day was rising, but without an equivalent increase in financial resources.

To add to these pressures, the post-war baby boom hit St. Mary's with a vengeance. The number of deliveries for 1950 was 1,095, which was seventy-seven more than in 1949. In 1951, a total of 1,224 babies were born in the St. Mary's Maternity Department. Late in the year and symbolic of the baby boom at St. Mary's, three sets of twins were born within a forty-eight-hour period. They were among a record total of eighteen new arrivals during those same busy two days. As the *K-W Record* described it,

With the nursery boasting a record population, the rustle of wings overhead is beginning to be a near-ominous sound for nurses at St. Mary's Hospital. Not that they mind the intermittent visits of Mr. Stork but for the past few days the wily old bird has been almost camping in the roof.

Moreover, "while Mr. Stork has always been erratic in his labors, the latest show of activity has been about all the nursery can readily handle."¹

In January 1952, not long after the new records had been set in the Maternity Department, another review by a provincial Inspector of Obstetrical Nursing Services



The return of soldiers from service overseas led to a significant increase in the birth rate and a need to provide new housing for their families. New residential areas sprang up around St. Mary's, and the hospital soon found itself surrounded by housing developments.
Source: UW/KWR

highlighted the chronic lack of space in the department and the need for a major expansion of the hospital. A more serious issue was the lack of a graduate nurse in the department; none of the nursing staff in the hospital had any post-graduate training.²

The lack of graduate nurses reflected the serious shortage of professional nurses across Canada from the late 1940s through the 1960s. As older hospitals expanded and new ones were built to meet the growing demands for health services, there were increased needs for graduate nurses. Ironically, nursing schools had difficulty attracting new students in the face of growing employment opportunities for young women outside the profession. As a result, nursing schools such as St. Mary's had to work harder to recruit new students. In this the hospital had some success. Enrolment into the School of Nursing continued to increase during the early 1950s, reaching a peak of thirty-seven students in 1957.

Nursing education was going through a period of change and re-evaluation. There was increased tension between traditional nursing, characterized as a religious calling to care for the sick, and the growing forces of nursing professionalization and government regulation. Catholic hospitals and their nursing schools were particularly sensitive to such new ideas. In his address to St. Mary's Class of 1952 graduation, Reverend Matthew

Meehan, a professor of philosophy at St. Alphonse's Seminary in Woodstock, Ontario, and a pioneer in the Catholic media, emphasized the value of resisting the "tendency to give into the professional touch of being cold, impersonal and smooth." It was essential that nurses remember "that the patient is a human being." The government and medical associations were stressing that nurse's training include more psychology and psychiatry, but all great nurses since Florence Nightingale, he said, saw their work more as a "crusade of mercy" than a profession.³ Through the 1950s, St. Mary's nursing graduates received similar advice but the pace of change increased nonetheless.

Such leadership in the School was provided by Sister Paula Schnurr, who became Superintendent of the School of Nursing and Director of Nursing at St. Mary's in 1950. She was a graduate of the school's Class of 1935 and later served in the School as an instructress and then as Associate Director of Nursing Education between 1947 and 1950. Under her leadership the School and the hospital's nursing service underwent many important changes, including improvements in its living and learning conditions. For example, students' council held monthly meetings and discussed current problems of the nursing service and also developed more relaxed rules for living in residence. The students were given more free time, part of which was devoted to social activities, including raising money to purchase hospital equipment and improving their residence.

Of particular importance to Sister Paula was updating the curriculum of the School, especially the level of clinical instruction given to the nursing students. Clinical teaching had been emphasized in recent years, but the newly appointed Inspector of Training Schools for Nurses felt it needed a firmer basis. "This cannot be done regardless of how conscientious the Instructors are, without the employment of clinical instructors on the wards." Such clinical instruction would reduce the amount of classroom time and also improve the quality of nursing care. It was apparent that the classroom and other teaching facilities in the School were also unable to meet the rising medical, scientific and technological demands of

hospital care. The inspector recommended establishing new science and dietetic laboratories, purchasing microscopes and expanding the demonstration room. Her report also echoed previous criticisms of the low numbers of graduate nurses employed at St. Mary's. Student nurses still provided about 58 per cent of the nursing service, a higher percentage than in many other hospitals in the province.⁴

The need for more space was the major problem for the School during the 1950s. The nurses' residence had been built to house fifty-four students, and thus was too small to accommodate the total 1952-53 enrolment of eighty students. Some had to live at home to ease the pressure on the School. To alleviate the crowding pressures of the hospital, the provincial inspector suggested that "the pharmacy be moved to the basement and that the maids who now live in the ground floor... be required to move out."⁵

Provincial inspection reports, though tough, did not suggest that patient care at St. Mary's was below standard, or that the staffing problems it faced were unique in the province. Nevertheless, beginning in 1953, Sister Augustine, the Advisory Board, and the entire staff seemed to rally to improve

the hospital within its physical and financial limits.

One clear sign of this renewed attitude was a motion by the Chief of Staff, Dr. Willard A. Sehl, to schedule regular formal meetings of the Board on the second Wednesday of February, May, September and December. This was in sharp contrast to the irregular pattern of meetings over the previous few years. Regular meetings served as a catalyst for the Board to generate a more aggressive approach to fundraising and efforts to upgrade the hospital. Indicative of this new energy, the Board asked for and received a \$6,000 grant from the K-W Federated Charities, although the Board felt that an independent campaign might be necessary to raise additional funds.⁶

The most significant source of new funding for St. Mary's, as well as for all hospitals in Ontario and Canada generally, was a program of Federal Health Grants that began in 1948 and was expanded in 1953. The first set of grants, worth \$30 million from Ottawa, were matched and administered by the provinces, and focused on general public health and research, tuberculosis control, mental health, venereal disease control, crippled children, professional training and

Class of 1957
(front to back, left to right)

Sheila McFarlane, Gertrude Elis, Marie Dalton, Joan Carey, Hilara Waechter, Celiste Schnarr, Patricia Brohman, Barbara Braniff, Helen Ruczek, Louann Fackoury, Pauline Cormier, Joan Monaghan, Patrica Durham, Audrey Schmidt, Mary Jane Hurlbut, Arlene Le Boeuf, Angela Belletti, June Livingstone, Shirley Hergott, Rosemary Maher, Adel Flannigan, Marcella Meyer, Jeanette Eales, Phyllis Hopkins, Eileen Ernewein, Sheila Beitz, Noreen Comerford, Margaret Butler, Nancy Kidner, Margaret Zlak, Marlene Batte, Marlene Jurell, Joy Hall, Leone Tracey, Mary Ann Woelfle, Frances Scott, Charlotte Martin
Source: SMGH



Overcrowded conditions at St. Mary's led to creativity and innovation as every nook and cranny was used. Dr. Jack Nichols "scrubs up" in a scrub station located in a former closet.

Source: SMGH

cancer control. Also part of this program were hospital construction grants worth \$13 million. While the hospital grants were crucial to K-W Hospital's 1951 expansion, St. Mary's did not benefit from them directly until its own expansion project proceeded at the end of the 1950s. Of more immediate relevance to St. Mary's were new federal grants launched in May 1953, part of which were for maternal and child health services, including new equipment for hospital maternity wards. Coupled with an existing provincial program of special hospital grants, the

new federal funds brought a series of substantial investments in St. Mary's through the balance of the 1950s.

Sister Augustine first received news of the new hospital grants in May 1953 and was much relieved to hear that St. Mary's was eligible for a grant of \$48,000. The bulk of the money was spent on modernizing the paediatric ward, with the balance used for buying new equipment for the obstetric department, X-Ray Department, operating rooms and the kitchen.⁷ Even so, the provincial grants did nothing to ease St. Mary's rapidly rising operating deficit.

Recent changes within the broader Waterloo County hospital situation also had implications for the future evolution of St. Mary's. Chronic patients continued to be a serious problem for general hospitals such as St. Mary's. The recently expanded K-W Hospital provided some relief, but in September 1953, Dr. Willard Sehl suggested that one answer for St. Mary's might be to build a chronic patient hospital in this area in order to release beds for active cases. However, the Board chairman, Walter McGibbon, felt that any such efforts should be delayed until the impact of the newly opened South Waterloo Hospital was known. In any event, it was clear by the following year that the new hospital had had little effect on St. Mary's patient load.

Upgrading

Spirits were raised in January 1954 by the welcome news that St. Mary's had once again been given full accreditation by the Joint Commission on Hospital Accreditation. Shortly after, the Advisory Board received word that the K-W Federated Charities had voted to increase its grant to St. Mary's from \$6,000 to \$10,000 for 1954.⁸

Nevertheless, St. Mary's rapidly rising deficit from \$58,400 in 1953 to just under \$100,000 in 1954 prompted a reluctant letter to the Federated Charities from McGibbon in January 1956, requesting an increased grant. The dramatic rise in St. Mary's deficit was a result of high labour costs, which had "increased very extensively to such a degree that hospital room rates cannot be increased in the same proportion." The total cost per patient per day now



exceeded the highest-priced private room in the hospital, while at the same time payments received for indigent patients were only a fraction of the cost of their care. It seemed that the busier St. Mary's became, the larger the deficit grew. The 1956 increase was given despite a request to grant recipients to "endeavour to keep your requests within last year's limit."⁹

The level of patient care at St. Mary's was boosted through the mid-1950s as the substantial new provincial and federal health grants materialized. In addition to the \$48,000 received in 1953, St. Mary's received another \$36,300 in 1954, and \$24,000 in both 1955 and 1956 in special provincial capital grants, which reshaped much of the hospital's interior. With the additional money, substantial upgrades in the X-Ray and Maternity Departments were made. In addition to the large cheques received from the province and the Federated Charities, new equipment purchases for the hospital were also made possible by more modest, but equally important, cheques from such local organizations as the Waterloo County Shriners Club.¹⁰

Spearheading the many changes within St. Mary's during the last half of the 1950s was Sister Mary Clotilde Dales, who took over from Sister Augustine as the new Superintendent of St. Mary's Hospital in September 1954. Sister Clotilde soon revived the idea of expanding St. Mary's¹¹ and in December 1954, a special committee was struck to discuss the financing of an addition to the hospital. In February 1955, the Board agreed to seek approval from the Motherhouse to make preliminary steps towards planning an addition to the hospital. In the meantime, Sister Clotilde authorized plans to revamp the hospital's electrical service and to install an emergency power plant. This work, along with adding auxiliary lighting to the hospital, required an additional grant from the province. Unfortunately,



such grants were only available for increased bed accommodation, or floor space for out-patient services, and could not be used for hospital repairs or operations.¹² Sister Clotilde proceeded with the project confident of securing funding from other sources.

The largest upgrade project at St. Mary's during this period, and one close to Sister Clotilde's heart, focused on the X-Ray Department. A new chief radiologist, Dr. W.A. Farrell, had been hired in August 1953, and under his supervision the X-Ray Department was expanded and upgraded substantially during 1954. The enlarged radiology department, with its new equipment, was touted as "the most modern diagnostic unit available in Canada," and more than doubled its patient care capacity.¹³

This spirit of renewal and modernization also extended to the Maternity Department. The nursery was the focus of the first phase of upgrades in February 1955 with the installation of twenty new bassinets," which, according to reports, provided "greater safety for the babies and improved convenience in

Sister Mary Clotilde Dales (1900–1989)

A tall, woman remembered fondly as "perfect in every way," Sister Clotilde joined the Hamilton Sisters of St. Joseph in 1920 and devoted her life to hospital service. Her first hospital work was in the kitchen of St. Joseph's Hospital in Hamilton between 1923 and 1927. She graduated from the School of Nursing at St. Joseph's Hospital in Guelph in 1931 and would supervise the X-Ray Department at St. Mary's between 1931 and 1936, and again between 1948 and 1949 before assuming the leadership of St. Mary's in 1954 for the first of two full six-year terms. Sister Clotilde was known as a good listener who carried out her duties with gentleness, patience and cheerfulness. She was also a fine lady who frequently took the time to acknowledge the accomplishments of members of the staff with a thoughtful gift.

Here, Sister Clotilde is monitoring an incubator in a special isolation room designed to reduce the danger of infection in the new nursery (circa 1955).

Source: SMGH



By 1953 the nursery suffered from severe overcrowding as nurses and doctors alike struggled to keep pace with a baby boom that was world-wide.
Source: SMGH

In one forty-eight hour period, three sets of twins were born at St. Mary's, straining an already overcrowded nursery. Left to right, Joan Sobczak holding the twin girls of Mr & Mrs Peddle, Lois Schmiedendorf with the twin sons of Mr & Mrs Payne, and Colleen Huras holding the twin girls of Mr & Mrs Williams.
Source: SMGH

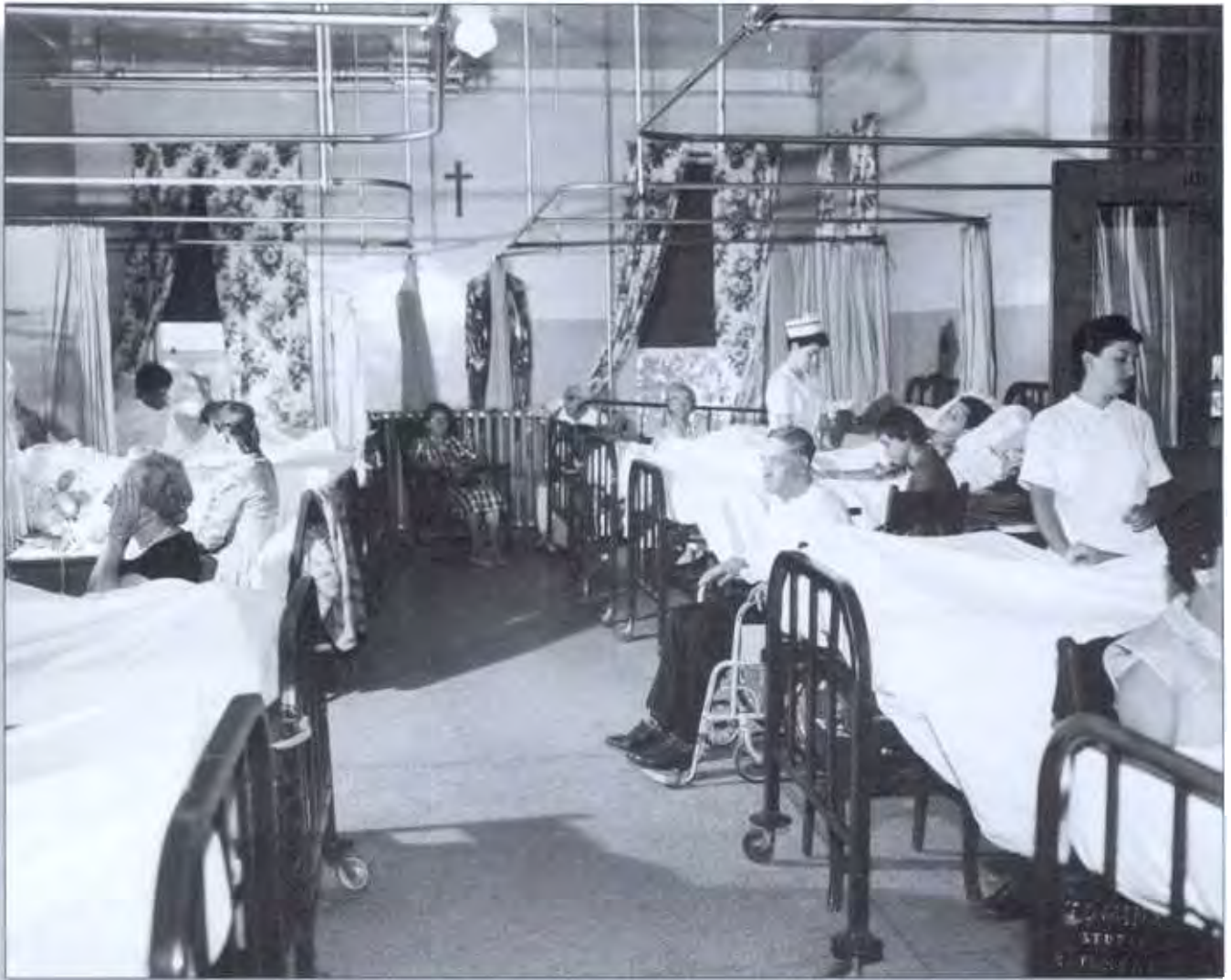
their care.”¹⁴ The new bassinets were made possible by the Ladies' Auxiliary, which pledged to pay for them over the next two years. Other improvements in the maternity department included an isolation unit to reduce the danger of infection in the nursery. However, one of the major recommendations, the installation of a separate formula room, required additional funding from the province. However, physicians such as Dr. Louis Lang and Dr. Willard Sehl encouraged new mothers to breast-feed and helped the process along by providing beer to nursing mothers to promote milk production.¹⁵ It is not recorded how popular or successful this supplement was.

Improvements also continued in the School of Nursing. In 1954 a second classroom was established and equipped with additional teaching aids. New instructors joined the faculty in 1954, and several were recent graduates of St. Mary's, including Rosemary

Monaghan (Class of 1951), Irene Nowak (Class of 1952) and Theresa Petroski (Class of 1954). Expansion in the hospital's clinical facilities in 1954 allowed for significant changes in the School's curriculum. Such modifications included the establishment of a three-week block of lectures and the gradual introduction of the clinical program in the third year. The new block system of teaching allowed for three eight-hour shifts of duty for student nurses,

which was a welcome change from the long twelve-hours shifts. Additional instructors and new teaching methods were now being used, particularly with the junior students. Small group discussions of common nursing problems covered the scientific dimensions and the emotional, physical, social and spiritual needs of patients. Students were introduced to aspects of community health through visits to local community agencies, group projects and guest speakers.





Educational films were also used regularly.

While the educational experience of St. Mary's nursing students rapidly changed during the 1950s, the personal and social experience they shared remained. They lived together as a family with a tremendous amount of personal interaction and camaraderie. The students were always looking out for each other. There was a nurses' choir and a religious group called Sodality, through which spiritual retreats were organized. Most of the students were Catholic, but there was usually a small group of Protestant students who took part in most social activities, but who did not have to get up early to attend mass. On most mornings after breakfast "we would open all the patient doors and we would kneel up and down the halls as the prayers were broadcast. If Maternity was not busy, Sister Paula had us in the chapel praying for business."

The role of the Sisters as teachers in the School declined during the 1950s, but their influence on the lives and work of St. Mary's nursing students remained strong. Indeed, they somehow knew what was going on on every floor, "and we could never figure out how." Their supervisory and practical spiritual skills were the most memorable. As one nurse recalled, "It was nice during those days seeing the Sisters in the hospital. Those were the days the Sisters fed the hungry and homeless, and students, under the stairs." Nevertheless, the Sisters put considerable pressure on the students in the hospital and closely oversaw them in the residence. "When the Sisters were in charge you always had to be busy and if you weren't busy you would have to fold newspaper bags in the utility room which no one wanted to do, especially with clean white uniforms." Most could handle such pressures, but others had more difficulty. One student

In the face of a steady increase in the number of patients choosing St. Mary's, nurses and doctors struggled to maintain a sense of privacy in a twelve-bed ward (circa 1955). Source: SMGH



Even space for the laboratory was in short supply as the staff sought to keep pace with the advances in modern medicine, diagnosis and prevention. Left to right: Marjorie Morrison, Joan Baxendale, Ruth Mittleholtz and Noel Geffros
Source: SMGH

wanted to read a book so badly she sat in a stall and read until 1:00 a.m. She put her legs up when Sister Mary Grace went to check on the students, as they were supposed to be in bed by 10:00 p.m.¹⁶

The School enrolled its largest class to date in 1954–55. The residence was still crowded, however, and when a new program of paediatric nursing started at St. Mary's in 1955, the need to send students to The Hospital for Sick Children in Toronto for this part of their training ended and the crowded situation increased. It was the same story throughout the hospital.

The Quest for Expansion

Support for the hospital reflected a genuine affection among the Kitchener-Waterloo

community for the Sisters, nurses, doctors and entire staff of St. Mary's and for the high level of care that they provided. This goodwill was particularly important as more and more people, including many immigrants, settled in the Twin Cities. The 1956 Federated Charities fundraising campaign emphasized this new reality. Much of the press coverage of the campaign was aimed at the "numerous strangers in the Twin Cities" in an effort to educate them about the Federated Charities' mission and how it related to St. Mary's. Numerous articles pointed out that St. Mary's "doors of mercy are always open. No one is turned away because of race, creed or lack of funds." In 1955, at least 40 per cent of the 6,518 patients admitted were other than Roman

Catholics and all of whom “usually leave the hospital praising its service.”¹⁷

It was becoming more and more urgent that a large addition to the hospital be built. Financing such a project, however, remained a serious problem, as government grants would pay only a small portion of the actual cost. By this time the groundwork for a universal hospital and diagnostic insurance plan across Canada had been agreed to by the federal and provincial governments. It would take another three years before the Hospital Insurance and Diagnostic Services Act came into force and Ontario had put its plan into motion. However, in anticipation of such an act, in 1956 the Ontario Department of Health transferred the administration of hospitals to a new semi-independent body known as the Ontario Hospital Services Commission (OHSC). Walter McGibbon met with the new commission chairman in late September 1956 and shortly after was informed that “the Commission would be prepared to recognize an extension to St. Mary’s Hospital, not to exceed 150 beds which, I believe, is approximately what you and your group have in mind.”¹⁸

Walter McGibbon was the leader of the St. Mary’s expansion effort, after having played a similar role in 1949. By January 1957 the Toronto architectural firm of Somerville, McMurrich and Oxley had been hired to design the new addition and its first task was to survey the present hospital site. The Kitchener-Waterloo community first heard about St. Mary’s renewed expansion plans in March 1957 when McGibbon wrote to Waterloo City Council requesting an annual grant for St. Mary’s. Included in his letter were preliminary details about the addition. His letter, released to the press, emphasized the serious overcrowding: “Beds are now being placed in the halls and every available inch of space is being utilized.” The project was estimated to cost \$3 million, and it “could not be undertaken without the financial assistance of the cities of Kitchener and Waterloo and Waterloo County.”¹⁹

Financing the project was of less immediate importance than solving the practical problems of the location and design of the new addition. According to C.J. Telfer, now a director of the OHSC, “The main difficulty in

this case is that the hospital is located on an oval-shaped site, which is restricted by the street allowance, which extends completely around it.”²⁰ This potential problem had been apparent since St. Mary’s opened. Now, with the continued growth of the hospital’s patient population, plans were made to buy Hydro property adjacent to St. Mary’s for parking, or perhaps for the hospital’s expansion.

These initial practical issues were discussed in mid-May, along with several alternative plans for expansion. Within a week, the Sisters and the hospital administration had fixed on “Scheme D,” which involved building a new seven-floor vertical structure just north of the existing hospital. Other ideas included building an entirely new hospital near the St. Jerome’s College campus at Kingsdale on Kitchener’s southern limits. The Board’s initial preference was to build a separate building across Queen’s Boulevard, north-west of the existing hospital and connect the new and old buildings with a tunnel.²¹ It is unclear why Scheme D was chosen, although the higher cost of the other schemes was clearly a factor. There were a number of faults with Scheme D, which the architects felt they had to record. For example, any further expansion could only be upward, and “the appearance of the joining of the old and new will not compare too favorably with an all new unit.”²²

Once the Sisters had decided on Scheme D, with the addition built directly on the front of the existing hospital, the architects focused on developing this plan in more detail. The eventual plan, unveiled in October 1957, called for a nine-storey building, the extra two storeys providing an opportunity for future growth by leaving the two top floors unfinished. The new plan allowed for an increase of 150 beds and would bring the hospital’s accommodation to a total of 270 beds.²³ The estimated cost of the new building was just under \$2 million, while the renovations of the original hospital brought the total cost of the project to \$2,526,800.²⁴

The challenges of financing the expansion plans delayed any real progress until the middle of 1958. The main problem was arriving at a level of support from the local



Rabbits

The maternity ward was literally hopping. In the 1950s, rabbits used to confirm pregnancy were housed in the laboratory where they enjoyed the best carrots from the hospital’s kitchen. Today, early pregnancy tests that give results within minutes are available in pharmacies.

governments that was acceptable to them and to the Sisters. Missing from this plan was capital funding from the provincial and federal governments, the amounts of which were still to be determined. Indeed, the possibility of substantial provincial and federal funding was not even considered until September 1958 when the Commission gave final approval of the addition and then suggested that a grant of at least \$1,000,000 was likely from the Ontario and federal governments. By this time the final estimates from the architects had risen to just under \$4.4 million.²⁵

It was not until October 11, 1958 that the public first saw the architect's sketch published in the local press. By this time the City of Kitchener was asked to contribute a grant of \$900,000, while \$200,000 was sought from Waterloo, and \$300,000 from the county. A total of \$1,700,000 was expected from the provincial and federal governments, while the Sisters of St. Joseph would finance a \$600,000 contribution. Press coverage of the unveiling emphasized the clear necessity of the expansion, especially in light of the expected introduction of the provincial hospital insurance plan on January 1, 1959. Thus, with the substantial financial backing of the Sisters, along with the government grants, the *K-W Record* stressed that "Kitchener can get 238 hospital beds for \$900,000 which otherwise would cost [City taxpayers] \$2,000,000."²⁶

The size of the contribution from Kitchener needed approval from the community. Accordingly, the municipal election to be held on December 1 also included a plebiscite on the proposed grant. The campaign turned out to be more dramatic than expected and provided an important opportunity for community leaders and the public to express their support for the work of St. Mary's. Some criticism against St. Mary's surfaced, based mainly on religious concerns and some taxpayer resistance from the more distant rural communities in Waterloo County. Religious opposition was heard from the Benton Street Baptist Church. Its members passed a resolution stating that "St. Mary's is a sectarian Roman Catholic institution and we affirm it is entirely wrong for any public tax money to be contributed

towards any religious institution." Part of that tax money, they argued, was from the Baptist community of Kitchener "and we protest the use of that money." St. Mary's could ask for voluntary donations, but they felt that it was "wrong in principle and practice for Protestants in general and Baptists in particular to be forced to give contrary to their conscience."²⁷

Others remained split in their views, as was clear from the popular "Looking Around" column in the *K-W Record* by Sandy Baird, who was a Presbyterian. A sentence in a letter summed up the opposition to St. Mary's plans: "My humanitarian instinct says quickly, 'yes, by all means.' Meanwhile, in the background, my religious beliefs hold me back. They say 'no. How can you support a project whose administrators are pledged to convert everyone to the Roman Catholic faith?'" In defence of St. Mary's, several letters and comments were published in Baird's column and elsewhere in the *Record* stressing that "St. Mary's is a public hospital, not a church."²⁸ By the end of the campaign, many felt shocked and embarrassed by the controversy over the plebiscite, especially because it had come from other churches. It was clear that there were strong feelings about the work of St. Mary's. One letter to the editor of the *Record* from Irvin Erb, well-known community activist, summed them up nicely:

*Whether you be Jew, Protestant or Catholic, or doctor, or sometime in the past or sometime in the future it has been or may be your good fortune to appreciate with your heart and prayer the unsurpassed nursing of the sisters and staff of St. Mary's Hospital—may God bless them.*²⁹

Until this campaign, St. Mary's, and especially the Sisters, had maintained a relatively low public profile. The debate over the plebiscite provided a necessary opportunity for St. Mary's to showcase its overcrowded conditions and the great need for expansion, while offering a rare public glimpse into the life and work of the Sisters and staff at the hospital.

An article highlighting the acute, persistent lack of space at St. Mary's was vividly presented in the *K-W Record* in November.



It described the Radiology Department with the "Secretary's desk crammed into a nook in the control panel of an X-Ray machine;" the Maternity Department, where crowding reached the ultimate as a former linen closet was converted to accommodate the incubators used for premature babies, and a closet in a hallway, after the door was removed, converted into a scrubbing station for doctors. All that could be said about the Paediatrics Department was "crowded, crowded, crowded." Storage space was "hopelessly inadequate," and to cut costs laboratory tables had been made from surplus doors.³⁰

Despite these difficult conditions, nineteen Sisters worked tirelessly to care for the sick at St. Mary's Hospital. Indeed, this was more than a profession; it was "a way of life." They all rose at 5:15 a.m. and visited the hospital chapel "to pray for the strength to face the day." If they had any spare time during the day they would also visit the chapel in the middle of the afternoon. However, their lives were not all filled with working and praying. They all enjoyed "relaxing in their recreation room with folk dancing, a variety of games, singing and favorite music on their hi-fi." Each year the Sisters were given a two-week holiday to spend with their families at home, or at the

summer cottage owned by the Sisters of St. Joseph in Muskoka. One week out of the year was also spent in retreat at the Hamilton Motherhouse. Sister Clotilde ruled St. Mary's "firmly but sympathetically." She believed that patients were often reassured by the appearance of the Sisters and she made sure that regular visits were arranged by them. Sister Clotilde received a report on every patient each morning, and she tried to

visit as many in person as possible. While she had many ideas about how all the beds and new space could be used in the addition, she described her role at this stage as "sitting behind the scenes and praying."³¹

During the month-long campaign the *Record* published testimonials from a broad cross-section of community leaders, asking the public to vote yes to the plebiscite. Among the more prominent supporters were Kieth Hymmen, the Mayor of Kitchener, and a candidate for mayor, Fred Breithaupt, as well as John J. Wintermeyer, the Leader of the Opposition in the Ontario Legislature, the local M.P., Mike Weichel from Elmira, along with business leaders and leaders of the carpenters union. Of this group, only Wintermeyer was a Catholic. The chairman of the K-W Hospital Commission, M.J. Smith, also strongly supported the St. Mary's expansion project. He argued that "from a community standpoint the St. Mary's addition would mean that any building program at K-W Hospital would be deferred for some period at least."³²

The results of the plebiscite vote confirmed the public's strong support for the hospital. A total of 9,319 Kitchener citizens voted in favour of the grant, while only 3,209 voted against it. ❀

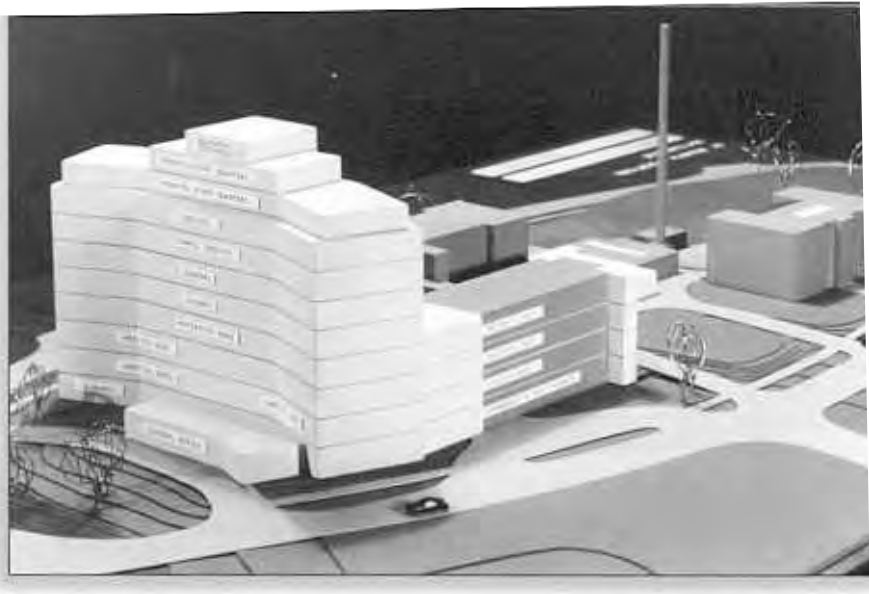
Concomitant with the baby boom, the hospital's pediatric department soon experienced an increase in a young clientele with broken limbs and childhood diseases.

Source: SMGH

Sister Zita and Her Butter Tarts

Sister Zita McQueen's butter tarts were famous in the Kitchener-Waterloo area, as were the many other baked goodies she made while she worked at St. Mary's between 1946 and 1964. Her baking reputation remained long after she left St. Mary's well-stocked kitchen. She learned the most important things in her mother's kitchen and baked her first cake at age eleven. Remembered also for her big, deliberate steps, Sister Zita was a very quiet, hard working woman who somehow managed to remain slim and modest about her considerable accomplishments as St. Mary's master baker. Source: UW/KWR





CHAPTER 5

Transformation

The move spanned an era, with the patients moving from an overcrowded hospital typical of hundreds in Canada into the most up-to-date in the country.

K-W Record, January 16, 1962

The overwhelming support of the public in the plebiscite was very much celebrated at St. Mary's and was the first step towards securing the necessary local funding for the addition. The City of Waterloo and the Waterloo County Council now had to be brought on side. Successful grants would depend on lobbying the two councils directly. Shortly after the Kitchener vote, the City of Waterloo demonstrated strong support for St. Mary's, pledging \$200,000 towards the expansion project. Securing a similar level of support from the County Council, however, would be considerably more difficult.

In early January 1959, Dr. Louis Lang led a delegation from the St. Mary's Advisory Board to the County Council and asked for a \$300,000 grant. This figure was based on the patronage of St. Mary's by the people of Waterloo County outside the cities of Kitchener, Waterloo and Galt. Admissions from the whole county had accounted for one-quarter of hospital days at St. Mary's over the 1954–58 period, which was more than those admitted from the City of Waterloo. The total community contribution

needed for the expansion was \$2,500,000; on the basis of hospital visits, the County's share would have been \$456,000. St. Mary's request for \$300,000, Dr. Lang suggested, was therefore "very reasonable," and, if paid over fifteen years, would cost each county resident one-eighth of a cent per day.¹

The request for a grant quickly ran into significant political resistance from Council members from the southern communities of the county, especially Preston, Hespeler and North Dumfries Townships, which had entered into an agreement with the City of Galt in support of the South Waterloo Memorial Hospital. Deputy Reeve Gordon Bolender of Preston suggested that the people from the south using St. Mary's "were all Catholics. Shouldn't the Catholic Church pay the cost?" Fred Howard, the Deputy Reeve from Elmira, "asked that the religious question be left out of the issue," particularly since "Catholic taxpayers more than likely had contributed to the cost of the Galt hospital." Beyond the political disagreements between north and south, there were legitimate concerns that a \$300,000 grant would be unaffordable, although Elmira Reeve Robert Cousineau felt that "the question of having enough beds to look after the sick should be considered ahead of costs."²

Preston politicians resisted a suggestion in March by the County Council Finance Committee to make a lesser grant of \$200,000 to St. Mary's. They were not

As part of the community campaign, in March 1960 Col. Hugh J. Heasley received cheques from Dominion Stores and from the Bank of Montreal to support the purchase of an Anaesthetic Gas Machine.
Source: UW/KWR

interested in “paying double” for hospitals. When it was revealed that the people of Preston actually used St. Mary’s more in 1958 than the rest of Waterloo County’s population, except for the Twin Cities, Preston’s residents spent 1,881 days at St. Mary’s, Preston Reeve James Sanderson admitted that Preston undoubtedly had an obligation to St. Mary’s; at least a token payment would have to be made.³ On March 25, after considerable debate, Waterloo County Council offered \$15,000 to St. Mary’s instead of the \$200,000 recommended by the Finance Committee. During the debate, Dr. Lang warned those opposed to the larger grant, “that they should be prepared to look elsewhere for hospital beds other than in St. Mary’s.”⁴

The \$15,000 token grant was rejected by St. Mary’s Advisory Board in early April 1959. As the Board secretary, John Motz, stressed to the County Council, lack of county support forced St. Mary’s to rethink its plans and concentrate more on providing hospital services only to the cities of Kitchener and Waterloo. “It would be improper and unfair to the cities for us to accept the \$15,000 grant offered, as it would not provide any reasonable financial assistance to us in fulfilling our plans.”⁵

Despite the setback in county funding, the general plans for the expansion evolved through the spring and summer of 1959. Sister Clotilde, the Advisory Board, and the Sisters of St. Joseph faced the increased financial hurdles by planning a major public fundraising campaign. The Sisters also committed themselves to undertaking a larger debt burden in order to see the



building project through. The more complex administrative demands associated with raising money and caring for record numbers of patients, while also planning the expansion, prompted the hiring of Robert T. Cardy to fill the newly created position of business manager in May 1959. Cardy had served as business administrator of Guelph Separate Schools before taking up his post at St. Mary’s. He would later become secretary to the Advisory Board and be instrumental in chronicling the history of St. Mary’s in the volume, “Record of Permanence.”

The real driving force behind the building campaign was Colonel Hugh J. Heasley. Irish-born and a Presbyterian, Heasley had served in the Canadian Army Service Corps during the First World War, and he also brought extensive engineering and management experience from his position as manager of Carling Breweries in Waterloo. He had served on the Advisory Board since

1943 and had been on the executive of the K-W Federated Charities. When Walter McGibbon named him as general chairman of the hospital's fundraising campaign, planned for the fall of 1959, Colonel Heasley already had considerable experience and an enviable reputation for work in the community. He would follow the strategy that had proven so successful before, focusing on local and national corporations doing business in the area and businesses and individuals from the area St. Mary's served.⁶ He was joined on the campaign organization team by Dr. Louis Lang as honorary treasurer, Dr. H. Allister Lackner, hospital division chairman, J. Albert Smith, personal gifts chairman, and D.G. Knox, corporations' division chairman. Other campaign officials included R.H. Magwood, treasurer, and J.E. Fehrenbach, deputy chairman, supported by forty-one volunteers who made up the six campaign committees.

One of the first decisions of Colonel Heasley and his team was to change the hospital's name to St. Mary's General Hospital. There was a lingering perception among some in the community that St. Mary's was a hospital only for Roman Catholics. Such a perception was difficult for the Sisters to accept and in order to stress that all people in need of help were welcome

at St. Mary's, the addition of the word "General" was first suggested in 1957. The Board felt that while the new addition was going forward, it would be the opportune time to make the change. Approval from the Ontario Hospital Services Commission was necessary, and this was completed on November 19, 1959,⁷ allowing the new name to be used on the hospital's letterhead as well as on advertising and other literature prepared for the building campaign.

The campaign was officially launched on October 31, 1959, under the slogan, "Deserving Through Serving." Many prominent men and women lent their names as honorary patrons, including Ontario's former Lieutenant-Governor Louis Breithaupt, who, as Mayor of Kitchener, had helped lay the cornerstone of St. Mary's in 1923. Breithaupt had also been the Member of Parliament for Waterloo North and had served as Lieutenant-Governor between 1952 and 1957.

The goal of the campaign was to raise \$1,100,000, with the Sisters of St. Joseph pledging to underwrite any funding shortfall up to \$600,000. This meant that the public campaign had to raise at least \$500,000. In addition, as Colonel Heasley noted, "the 19 nuns on the hospital staff donate their



Like all hospitals, St. Mary's was heavily dependent on corporate donors as well as many individual supporters. In 1959 the building fund was headed by D.G. Knox (right), the president of Carling Breweries. Shown with him is Norman Schneider (centre), formerly Kitchener's Member of Parliament and a prominent business and civic leader; holding the poster is Gerry Corlett.

Source: UW/KWR

Loyalty to St. Mary's affected many in Kitchener, Waterloo and the surrounding communities; age made no difference as nine-year old Terry McGrath proudly presented his one-dollar donation to Robert Cardy, St. Mary's Business Manager.
 Source: SMGH



doctors, 110 employees and 19 Sisters contributed \$53,000 of the \$313,000 raised during the first month of the campaign. Dr. Allister Lackner and Dr. Harry Shoniker led the campaign among St. Mary's doctors, which raised \$46,000 during the first month, including twenty-nine doctors who gave at least \$1,000 each to the cause.¹⁰ While the support of the St. Mary's family was significant, it was the corporate donations that quickly moved the hospital towards its ultimate fundraising goal.¹¹ "Gifts of Permanence" accounted for about \$100,000 of the total donations received by early

services free of charge and this amounts to a contribution to the community of at least \$76,000 a year."⁸

Among the first gifts was \$10 from Walter J. Schnitzler of Toronto. Little significance was given to the donation until campaign officials recognized that the name was that of the first baby born at St. Mary's. The story of the first girl born at St. Mary's, Patsy Mullens, was also highlighted during the campaign. She was now an active member of the Auxiliary at the St. Joseph's Hospital in London. Over the thirty-five years since Walter and Patsy were born, more than 22,000 babies had been delivered at St. Mary's Hospital, while the original hospital building had been the centre of care for some 160,000 other patients, "a total greater than the population of the area it serves."⁹ Nor were the current doctors and staff lacking in their commitment to the expansion. Boosted by the support of hundreds of graduates of the St. Mary's School of Nursing from all over the world, the St. Mary's family of ninety-one nurses, 142 active and other

December. Ranging in size from \$1,000 to \$12,000, these gifts were targeted towards the construction, furnishing and equipping of individual rooms in the new St. Mary's addition. Among such Gifts of Permanence were patient rooms donated by the Motz, McGibbon, Zuber and Ball families, and such local firms as Bauer's and J.M. Schneider's. Longtime Advisory Board member William Lohead and his son George together paid for the new waiting room. Other Gifts of Permanence came from the Krug family, who supported the main lobby, while the Knights of Columbus took responsibility for the new children's nursery, and the St. Mary's Ladies' Auxiliary committed themselves to an infant's nursery.¹²

By mid-January 1960, the building campaign had passed the \$700,000 mark, a total built not only upon large donations, but also on many small ones. One of the smallest gifts came from one of the youngest donors to the campaign. Nine-year-old Terry McGrath gave a dollar, which he "jiggled out of his piggy bank." His name was added to

the 1,723 others who had also supported the St. Mary's drive, including many other children, all of whom received a letter of thanks from the Sisters of St. Joseph.¹³ By early February, when the campaign office officially closed, the fund was short of the \$1,100,000 objective by \$300,000. However, the campaign was not over. The office staff moved into the hospital and by mid-August 1960, another \$50,000 had been raised when it was decided to resume the campaign in the fall in an effort to reach the final goal.¹⁴

One reason for the shortfall was the absence of funding from Waterloo County. In late November, 1959 the County Council had debated what to do with the \$15,000 the hospital had turned down earlier in the year. Hespeler Reeve Erwin Nelson sparked the debate by moving that the \$15,000 item be deleted from the budget. Warden Howard Ziegler felt that the county clearly owed St. Mary's \$15,000 towards its operations, but warned the council that, "If that grant is cancelled in his opinion it would put the county in a bad light."¹⁵ For St. Mary's part, refusing such local support might have an impact on provincial and federal funding, which had yet to be approved. Colonel Heasley therefore informed the County Council that St. Mary's would accept the \$15,000 gift after all. However, he hoped "that should we need further assistance in reaching the amount needed to bring the Hospital into being, our acceptance of this gift will not prejudice our approach on a future occasion." Preston politicians resisted any grants to St. Mary's, arguing that "Certainly we have excellent hospitalization facilities here, and there is no need to drive to Kitchener for hospitalization."¹⁶ As was clear during the earlier debate, however, many people in Preston voted with their feet, or at least with their cars, by often making that trip north when they needed hospital care.

On May 17, 1960, rain fell on St. Mary's for most of the day. However, the sun shone just long enough to allow Albert J. Cundick, a member of the Advisory Board for nineteen years, to turn the first sod of the new addition before a crowd of two hundred people. Overseeing the ceremony were Kitchener Mayor Wambold and Waterloo Mayor Bauer, along with Walter McGibbon, Colonel

Heasley, Norman H. McMurrich, architect of the new hospital, and the Bishop of Hamilton, Joseph F. Ryan, who blessed the site and gave the keynote address. Terry McGrath, the boy who gave a dollar to the building campaign, and who symbolized all donors, presented Mr. Cundick with a silver-plated shovel. Shortly after the sod-turning ceremony, Walter McGibbon, on behalf of Mother Paschal, Superior of the Hamilton Sisters, presented Colonel Heasley with a scroll announcing that the auditorium of the new hospital would be named Heasley Hall.¹⁷

The project was now opened for tenders to compete for a contract "believed to be the largest single one ever awarded for any project in Twin City history." On August 4, 1960, the contract was awarded to Ball Brothers Ltd., who had offered the lowest bid of \$4,455,216. Power shovels and dump trucks arrived the next day to begin the two-year project to build the ten-storey addition and to renovate the old building. When finished, the new St. Mary's, as highlighted in the press coverage, would "be the first fully air-conditioned hospital in Ontario."¹⁸

Two weeks later, official word arrived from the Ontario Hospital Services Commission that a provincial grant to St. Mary's had been approved in the amount of \$1,000,947. Provincial funds were dependent upon the Sisters of St. Joseph financing a total debt of just over \$1,350,000. The Commission was confident that this debt "could be serviced from revenue from preferred accommodation and from contributions from the Sisters."¹⁹

Expansion

While August 1960 marked the long-awaited beginning of the new St. Mary's building project, it also ended the six-year term of office for Sister Clotilde as Superintendent of the hospital. She was transferred to St. Joseph's Hospital in Brantford as Assistant Administrator and was replaced at St. Mary's by Sister Paula Schnurr. According to Walter McGibbon, Sister Clotilde was "the moving spirit in bringing the enlarged hospital to this community and her departure will be a great loss to everyone."²⁰

Sister Paula was fifty-one years old when she assumed her new assignment at

Sister Paula Schnurr (1909–1996)

Born into a Mildmay family of sixteen children, Sister Paula entered the Hamilton Congregation in 1926. Her ambition was to be a dietitian, but Mother Marguerite, then Superior General of the Hamilton Sisters, recognized her potential as a nurse and assigned her to St. Mary's School of Nursing. She graduated from the School in 1935 and stayed on to take charge of the maternity floor until 1944. Sister Paula is remembered as an excellent obstetrical nurse, and many of the babies she helped deliver were named after her. After serving as Superintendent of Nurses at St. Joseph's Hospital in Guelph, she returned to St. Mary's in 1948 to assume a similar position in the School of Nursing. Her energy and professionalism, as well as her singing voice, were particularly remembered at St. Mary's, especially among the nursing staff.

Source: SMGH



St. Mary's, becoming the youngest and best-educated Superintendent that had yet been appointed. Sister Paula had taken a post-graduate course in obstetrics at Toronto General Hospital, and along with a burning desire to improve facilities, she brought a new and more modern perspective to her leadership position. She would need it in the difficult months to come, particularly in her dealings with the OHSC bureaucrats. The Commission was questioning the differences between St. Mary's budgeted and actual spending patterns, especially for salary increases and adjustments given to maintain the morale of St. Mary's staff under such difficult working circumstances. However, as Sister Paula stressed to the Commission's Regional Representative in June 1961,

It is doubly necessary that we do everything possible to ensure patronage, otherwise we would be a real liability. To do this we must make every effort to satisfy our patients in respect to Service. Our conditions are not ideal, and it is reasonable to assume that our employees would rather work elsewhere, free of noise and dust. So we do not feel any

misgivings in trying to equalize ourself with other establishments, in salary at least. Our efforts could be interpreted as one of helpfulness in trying to protect the gracious and generous investments that are being made in our project by the Provincial and Federal Governments.²¹

Federal funding to St. Mary's was approved in May. The federal grant awarded to St. Mary's was \$849,000, paid in quarterly installments, the first of which arrived on May 18, 1961.²² A major challenge that Sister Paula and her successor at the School of Nursing, Sister Mary Rose Paulter, faced during the construction period was maintaining the full educational program for the growing number of nurs-

ing students. The number of new students entering the School jumped to thirty-seven in the fall of 1961, and accommodating all of them was impossible, even when students from the local area lived at home. The crowded situation had been eased somewhat a year earlier when the hospital purchased a small house on Spadina Road in which six second- and third-year students took up residence. This house soon was named "Marymount" and the students who lived there were known as the "Marymount Six."²³

It was not only the student nurses who were forced to live outside of the hospital. The dislocations created by the erection of the hospital tower forced a number of departments and offices to move into temporary quarters in nearby houses. Provincial grants assisted with the purchase of a number of properties which would eventually make way for an expanded parking lot. In December 1960, the Gruenwald home to the west of the hospital was purchased and, beginning in January, it became the interim home for the hospital's laboratory on the first floor, as well as Bob Cardy's office on the second.

Construction remained at least one month ahead of schedule as 1961 began. The new tower had grown up to the tenth storey, and although it was still a bare concrete shell, it dominated the Kitchener skyline. But the weather was less of a friend in January than it had been when the project began and construction workers faced bitter winter winds while they prepared to add the tenth floor. Although it was much warmer inside, it was also noisier and dustier. Walls were knocked down, others were bricked up and plumbers and electricians did their work.²⁴

Not everyone was happy with the St. Mary's situation. One housewife who lived near the hospital expressed her concerns to the *K-W Record*: "Regarding the St. Mary's Hospital addition, we nearby residents, knowing the fine work the sisters do, have borne up bravely under what is a bit of a mess. But the workmen park their cars all day long on the narrow street in front of our houses (sometimes on both sides) leaving just enough space for driveways." Nevertheless, the last load of concrete was

poured on the superstructure at the end of March 1961, months ahead of schedule.²⁵

During the summer of 1961, considerable progress was made in finishing sections of the new addition and in renovating the old building to enable a number of departments to move into their new homes. By July, at least half of the new building was occupied, thus enabling renovations to the original building to proceed. A new cafeteria and a centralized kitchen were opened in a newly renovated space on the ground floor of the original hospital.²⁶ Now was the time to show the people of the Twin Cities the results of all the turmoil and inconvenience they had endured all summer. And what better way to promote the advantages soon to be offered by the St. Mary's expansion than to hold an open house?

The Ladies' Auxiliary swung into action with the help of Sister Zita McQueen. Sister Zita's butter tarts were legendary in the Twin Cities, as were her Chelsea buns, rolls and coffee cakes. For the six hundred visitors who crowded into the newly expanded



Surrounded by local officials and dignitaries, Kitchener Alderman Albert J. Cundick turned the first sod for the new addition. Standing next to him was Terry McGrath and watching over the event were Colonel Hugh J. Heasley, Walter McGibbon, Bishop Joseph F. Ryan, Kitchener Mayor Harold Warnfold and Waterloo Mayor James Bauer.

Source: SMGH



In 1961, the new ten-storey tower addition to the hospital takes shape.

Source: SMGH

building that day in September 1961, Sister Zita and her staff baked more than seven hundred tarts, cakes and buns. The *K-W Record* reported the success of the mammoth bake sale, which raised more than \$700 for the hospital. As the paper wrote, “many of the hundreds of visitors who thronged the hospital to attend the sale were ex-patients who first sampled Sister Zita’s tempting pastries in their hospital beds.”²⁷

The people of Kitchener-Waterloo who came to the open house were given a first look at the many innovations incorporated into the new addition. Featured on the tour were the new laundry and cafeteria, as well as two patients’ rooms which had been designed, according to Sister Paula, to “have the decor resemble that of a home so that patients will not find adjustment difficult. We want them to feel that they are going to visit friends.” Visitors were also informed that the emergency operating rooms, the operating theatre, recovery rooms, obstetrics and nurseries would have bacteria-free air. This feature, like the hospital’s air-

conditioning system, was unique in Ontario at that time.²⁸

The opening of Heasley Hall took place more formally on September 11, 1961. The new auditorium was designed with a retractable wall dividing it from the dining room so that it could be used for meetings, presentations and assemblies. Walter McGibbon unveiled a special plaque honouring Colonel Heasley, after which Monsignor R.M. Haller of St. Joseph’s Roman Catholic Church, gave the invocation and address.²⁹

A week later, and almost thirty-eight years to the day after St. Mary’s first cornerstone day in 1923, Monsignor Haller again officiated, this time at the laying of a new cornerstone at the base of the hospital’s ten-storey tower. Much had changed in and around St. Mary’s during the intervening years. In 1923 St. Mary’s Hospital was rising in the middle of an open field at the end of a dirt road. In 1961 St. Mary’s General Hospital stood at the centre of a growing neighbourhood of new homes and young families that depended upon its expanding

range of health care services. Before the new cornerstone was laid, the original from 1923 was opened in preparation for moving it to the newly restored building. Unfortunately, all the paper documents and newspapers within had crumbled to dust. A crucifix and religious medals were all that remained in good condition. To prevent the same thing from happening to the newspapers, celebratory letters and other documents placed in the new cornerstone, a new steel box with an air-tight rubber gasket was donated. In addition, an argon gas capsule was placed in the box to force out the oxygen, while the papers were sealed in a plastic coating in the hopes that "people can dig out this box in 100 years and find everything in perfect shape."³⁰

Renaissance

On January 16, 1962, the old and the new were symbolically joined when the first patients were wheeled from their rooms in the original building to one floor of the new addition. "The move spanned an era, with the patients moving from an overcrowded hospital typical of hundreds in Canada into the most up-to-date in the country." Even before the construction and renovation work was complete, the threshold between the old and new buildings appeared seamless. The OHSC officials found it "difficult to know where the existing building ceases and new construction starts."³¹

Now a more general migration took place. Patients, staff, equipment, and entire departments moved to the new hospital in order to allow the original building to undergo the extensive renovations and upgrades that had been planned. One of the first departments to move was the Maternity Department, which opened a few hours earlier than had been planned when the first baby was born in the new addition.³² A week later, Dr. Allister Lackner kept intact a family

tradition unique in Canadian medical history. He performed the first operation in the new St. Mary's addition, just as his grandfather, Dr. Henry Lackner, had conducted the first surgery at the Berlin-Waterloo Hospital in 1895, and his father, Dr. Harry Lackner, had performed the first operation at St. Mary's shortly after it opened in 1924. Furthermore, with Dr. Allister Lackner's son John a third-year medical student at the University of Toronto, it was the first time in the history of the university that four generations of one family had studied medicine consecutively.³³

During the spring of 1962, as the new and expanded facilities of the addition opened up, St. Mary's staff increased to match. Among the new personnel joining the St. Mary's family was an assistant radiologist, Dr. Robert Gagnon, who would assist Dr. W.A. Farrell in the upgraded Radiology Department. Dr. Gagnon was a graduate of Laval University and later studied at the Radium Institute of Montreal and the Hotel Dieu and Notre Dame hospitals. Another new service offered by the expanded hospital was physiotherapy. Anne Wilkin had been appointed to oversee the new Physiotherapy Department in October 1961 and the department's preparation for its opening in August 1962.³⁴

Reverend Harry Feeney was appointed as St. Mary's first resident chaplain in June 1962. A member of the Congregation of the Resurrection, like the hospital's founders Fathers Fischer and Zinger, Father Feeney had been assigned to St. Jerome's High School prior to moving into St. Mary's.³⁵

The Ladies' Auxiliary established a beauty salon and an expanded gift shop to boost the morale of patients. Sister Paula felt that while a woman convalesces in the hospital, "she reaches a certain plateau where her environment and appearance play an important role in improving her morale, thus hastening her recovery."³⁶



Dr. Allister Lackner

Dr. Allister Lackner, who served on the St. Mary's Hospital Board, also has the distinction of performing the first surgery in the new addition at St. Mary's Hospital just as his father, Dr. Harry Lackner, in 1924, had performed the first surgery in the original St. Mary's Hospital. His father, Dr. Henry Lackner, in 1895, had performed the very first surgery in what was then the Berlin-Waterloo Hospital. Dr. John Lackner is the fourth generation of his family to graduate from the School of Medicine at the University of Toronto and to practice medicine in this community.

Source: Private Collection



On March 15, 1962, the new front entrance into St. Mary's General Hospital had been opened, allowing patients and the public full access to all floors in the tower.³⁷ One of the most striking sights as one entered the new front doors was a brilliant mural on the wall of the main lounge entitled, "A Tribute to Medicine," painted by a former Kitchener resident, Mrs. Jane Birchell. The subject of the mural, and which mirrored the marriage of the old and new at St. Mary's, was the history of medicine and the depiction of its progress from prehistoric times to the present. The four panels of the mural had taken nearly a year to research and paint, beginning in the upper left with early cuneiform writing from 3000 B.C. and ending on the far right with a depiction of a family, which, thanks to modern medicine, is enjoying a happy and healthy life. Also featured are Hippocrates, the father of medicine, Roman medical instruments, an early Christian infirmary, a Renaissance artist sketching human anatomy, and a modern microscope.³⁸

Beyond the main lounge, other services on the ground floor of St. Mary's new tower included, Admitting, Medical Records, Pharmacy, X-Ray and Accounting. The second floor, decorated in a soft green, was for surgical patients. The aqua-toned Paediatrics Department shared the third floor with a new Gynaecology Department, which was rapidly becoming one of St. Mary's busiest departments. Pediatrics featured a playroom that was made possible by a Gift of Permanence from the architectural firm that designed the new building. The Maternity Department occupied the fourth floor, while the fifth and sixth floors were to become the new home of the Department of Medicine, once the renovations were complete in the old building. The Surgical Department was established on the seventh floor, while the eighth floor was dedicated to a seven-room operating theatre, including rooms for Orthopaedics and Cystoscopy. A large recovery room also occupied the eighth floor. The ninth and tenth floors were the Sister's Suites.³⁹

On June 20, 1962, Sister Paula informed the OHSC that "The entire addition is completed and functioning. This takes us

right to the point where the new building joins the old." At the same time, the Commission had boosted its capital grant to St. Mary's by more than \$63,000.⁴⁰ Good funding news was also received a month later when the Atkinson Charitable Foundation, which had been established by the founder of the *Toronto Star*, donated \$13,000 to help equip the new Obstetrical Department.⁴¹

One long-awaited feature of the new St. Mary's General Hospital was the establishment of an Emergency Department. The need for emergency services at St. Mary's had been highlighted on the evening of October 11, 1960. Brunon Grudz, an employee of St. Mary's, was struck by a car a few blocks from the hospital, leaving him unconscious and suffering from a fractured pelvis, thigh and ankle. Mr. Grudz was rushed by ambulance to the K-W Hospital instead of back to St. Mary's which was much closer.

At the time, Kitchener's ambulance services consisted of four vehicles operated by the City of Kitchener on behalf of both hospitals. A spokesman for K-W Hospital explained that, "Unless a patient specifically requests to be removed to a certain hospital, the ambulance attendants will bring him here to the municipal hospital," which had the only emergency unit in the area that was open twenty-four hours a day.⁴²

At long last it seemed that the building program was complete.⁴³ Plans for the official opening had been in the works since September 1961, and the Governor General of Canada, His Excellency Georges P. Vanier, had accepted the invitation to officiate at the opening ceremonies on November 7. Three days earlier, the new hospital was blessed by Monsignor Haller in St. Mary's Chapel. The chapel was actually one of the few parts of the old hospital building that had remained unchanged during the renovation project.⁴⁴

Governor General Vanier cut the ribbon and officially declared St. Mary's open before a crowd of seven hundred people, many of whom had waited in the rain for his arrival and for his address. "The people of Waterloo County must receive full credit for the support they have unstintingly given," he said. "The full time and voluntary efforts of so many people will be long remembered." His Excellency gave a special tribute to the



Sisters of St. Joseph “and the wonderful work they have accomplished in so many countries.... I know the Sisters do not seek praise, but I feel it my duty to say in conclusion that this hospital is the tangible expression of a

community’s recognition and gratitude for the wonderful work the Sisters are doing in the service of humanity.”⁴⁵ His sentiment was shared by all those who knew of St. Mary’s Hospital and the Sisters of St. Joseph. ❧

Governor General Georges P. Vanier and Madame Vanier loved children and the feelings were mutual, as seen in the faces of these youngsters at St. Mary’s Hospital.
Source: SMGH

By the time that the new addition was completed, the surrounding countryside had also undergone a metamorphosis as new subdivisions appeared in every direction. St. Mary's was an urban hospital around which a city had grown.

Source: UW/KWR



CHAPTER 6

New Challenges

Where there are people there are problems. There is no limit to the amount of social work which can be done in a 467-bed hospital.

Sister Paula Schnurr,
March 1, 1963

After the festivities of opening day were over and Governor General and Madame Vanier had left, Sister Paula found herself pondering new challenges for her restless energy. For the previous two years her life had been dominated with ensuring that St. Mary's health care services were maintained amidst all the dust and confusion of construction. The hospital had tripled in size since she was appointed Superintendent in August 1960, and her new mission was to provide a larger patient population with the best care and the latest medical technology available. She also had to redefine the mission of the expanded St. Mary's General Hospital.

One of the most immediate issues was how to pay for the expanded hospital, and how the Sisters of St. Joseph were going to finance their \$1,700,000 debt. More than \$100,000 remained outstanding from the building campaign, and some \$250,000 in federal and \$130,000 in provincial grants had yet to be received. Several ideas were suggested, including renewing the building campaign, and immediately seeking additional municipal grants while the

publicity about the expansion was fresh in everyone's minds. In contrast to the sharp debates over expansion in 1959, the County Council simply granted \$15,000 each year from 1962 through 1964. The county boosted its support to \$25,000 when it became clear that 42 per cent of the patients admitted to the county's three hospitals were cared for at St. Mary's. Coupled with new grants from the Kitchener and Waterloo city councils, this local support provided St. Mary's with a modest but consistent income of at least \$71,000 a year, to be put towards retiring the Sisters' debt load.¹

The Sisters themselves provided even more funding than the local municipalities. As they had since the hospital opened, the Sisters living and working at St. Mary's donated their salaries to the hospital. By the early 1960s, the total annual salary of St. Mary's eighteen Sisters was just over \$84,000. Still, the debt load was worrisome. Although the Ontario Hospital Services Commission was confident that it was manageable, the Commission placed increasing pressure on Sister Paula to improve the hospital's management. This was a new challenge for Sister Paula and her staff, but it was also necessary within a much larger and more complex hospital, with the province tracking every penny spent during the early years of Ontario's public hospital insurance system.²

The incredible demands that Sister Paula had faced in transforming St. Mary's into a





During an open house in 1962 to celebrate the hospital's new addition, Dr. Farrell proudly displays a new Picker x-ray unit.

Source: SMGH

modern, innovative institution made the new administrative and financial realities seem much easier. A formal acknowledgment of Sister Paula's accomplishments was given in April 1963 when she was named the "Woman of the Year" by the Kitchener-Waterloo Quota Club. She clearly deserved the title. According to the president of the Twin Cities service club, "No other woman, to our knowledge, has undertaken a project as large as a 10-storey building in this community, which becomes an even bigger project when this is an extension to a hospital that had to function efficiently, even during a long and trying construction period." Commenting on the award, a St. Mary's staff member stressed how Sister Paula has "made the whole function as a 'well-oiled machine.'"³

Sister Paula's well-oiled machine was not without its problems. On April 4, 1963, southern and eastern Ontario was hit by a damaging storm with high winds. Overhead power lines were blown together and St. Mary's two power transformers short circuited, plunging the hospital into darkness for nearly twenty-four hours. Seven operations were performed by flashlight while the hospital's emergency generators struggled to supply power. Fortunately, the operating rooms had large windows which allowed daylight in, although some of these windows were victims of the wild winds, along with

the front door of the hospital. Dr. Thomas J. Shoniker, who had been hired in November 1962 as St. Mary's second pathologist, recalled that in the hospital's new laboratory long, long extension cords had to be plugged into the nearest functioning electrical outlet to keep vital laboratory equipment working.⁴ The poor performance of the hospital's emergency power system during this blackout marked the beginning of a series of expensive maintenance troubles that persisted through the early 1960s.

Leading the Way in Patient Services

Despite these somewhat embarrassing glitches, Sister Paula had considerably more success in introducing several new patient services. By the early 1960s, intensive patient care was "becoming the hottest thing going" in Canadian hospitals, with close to 10 per cent of Ontario hospitals establishing an intensive care unit (ICU) by 1963. The senior anaesthetist, Dr. Alexander Campbell, had been interested in the ICU concept for some time, and had led the St. Mary's medical staff in pressing the issue to Sister Paula in 1960. By April 1962, a thirteen-bed ICU was proposed, and despite one consultant suggesting that this plan seemed "extravagant," the project proceeded.⁵

The first Intensive Care Unit in Waterloo County opened at St. Mary's in January 1963. It provided one graduate nurse for every two patients; one private room for infectious or "noisy" cases, and one waiting room for visitors. In its first three weeks, the new unit accommodated seventeen patients, and as many as five at once. As Head Nurse Rosemary Corriveau told the *K-W Record*, "They came so fast we began to wonder what we had done without it."⁶

Six months later, St. Mary's established the region's first radioactive isotope laboratory. The *K-W Record* used cold war imagery to describe how St. Mary's was "bringing radioactivity, a development of the atomic age, into its arsenal of weapons in the fight against disease." Patients no longer had to travel to Hamilton, Toronto or London to access similar technology. Spearheaded by Dr. E. Earle Brown, fresh from graduating from The University of Western Ontario medical school and completing research

fellowships in internal medicine and nuclear medicine, the modest two-room laboratory was designed primarily for out-patient diagnosis of a variety of diseases. The diagnostic procedure involved patients swallowing small amounts of radioactive iodine, which was then traced through their system with a specialized scanner designed to detect the radiation within tissues such as the thyroid.⁷

St. Mary's pioneered several other new hospital services during the first half of the 1960s, introducing the first cardioverter heart machine in Waterloo and Wellington Counties in August 1963. This combined pacemaker, defibrillator and cardiometer was designed to regulate fibrillation in hearts, thereby permitting normal activity for some patients whose lives had been seriously curtailed by various heart conditions. Such was the case for one of the first local patients treated with the new machine, Hubert Greulich of New Dundee. "With the push of a button on the machine, the heart beat changed from an irregular 130 to a normal 80. It was still 80 a week later, while his shortness of breath disappeared immediately and he was able to get around normally."⁸

Other increasingly important diagnostic tools introduced by St. Mary's included the area's first electroencephalogram that went into operation in August 1964. Otherwise known as an EEG, it detected brain tumours or epilepsy and, like the radioisotope laboratory, eliminated the need for patients to travel long distances for such tests.⁹ Measurement of respiratory function and the diagnosis of breathing problems was another new service which St. Mary's introduced in October 1964 and expanded into a fully equipped Pulmonary Function Laboratory by August 1966. This service was of particular value for testing post-polio patients with breathing difficulties, as well as for assessing emphysema cases. The laboratory was built through the initiative of Dr. M.J. Diamond, an anaesthetist, whose efforts enabled St. Mary's to "become the only non-teaching hospital west of Toronto with a fully equipped laboratory that can measure all functions of the lungs."¹⁰

New services offered by St. Mary's were not always focused on expensive new technology and the diagnosis and treatment of

diseases. There was also a growing trend towards personal service for the patients at St. Mary's. In 1963 the Ladies' Auxiliary initiated a new "A La Carte" service that extended the "Sunshine Cart" rounds, which since 1955 had brought magazines, toiletries, candy and other items to a patient's bedside, to include such items as baby oil, baby powder and baby bottles, especially for new mothers.¹¹ The success of these new patient services was boosted in 1963 with the organization of a Junior Auxiliary, or "Candy Stripers" as they became known because of their crisp and "perky" pink and white striped pinafore uniforms.¹²

According to Sister Paula, the personal services provided by Auxiliary volunteers and Candy Stripers, along with good nursing, "is not only to aid the patient physically, but to help their mental outlook." Sister Paula recognized that "where there are people there are problems." To relieve her from the struggle of dealing with individual patients' social or psychological troubles, she handed this responsibility to Esther Strub, who began a new social service in March 1963. According to Sister Paula, there were "no bounds to the amount of social service work which can be done in a 467-bed hospital." She agreed with Mrs. Strub that "aged patients pose the greatest problem." Since her appointment, most of Mrs. Strub's time was spent on the difficult task of "persuading families to take back older hospitalized relatives whom they have decided they can no longer care for in their homes."¹³

Meeting the various spiritual needs of hospital patients facing disease, disability and death had always been an important part of St. Mary's mission. Reflecting the "modern concern with treating the whole person—mind and body," spiritual services assumed an increasingly important place within the larger St. Mary's during the 1960s under the spiritual leadership of Father Feeney.

Since his arrival in early 1962, serving the many religious affiliations of patients had been a challenge to the Irish-born Father Feeney. About 60 per cent of St. Mary's patients were members of various Protestant denominations, in addition to others of non-Christian faiths. As he told the *K-W Record*, "Some people think I should visit every

St. Mary's Candy Stripers

The nucleus of the first group of Candy Stripers in 1963 consisted of ninety-seven students from St. Mary's High School, whose over-all aim was "spreading sunshine to the patients." While staffing the Auxiliary's Gift Case and new maternity Sunshine Cart, as well as handling TV rentals for patients, the teenage volunteers were expected to exhibit "proper deportment, grooming, discretion and responsibilities of service." They were forbidden from "chewing gum, smoking, loud talking, singing, humming or 'nonsensical demeanor.'" It was hoped that some of them would choose nursing as a profession, or at least become full-fledged members of the Ladies' Auxiliary.

Source: SMGH



St. Mary's Auxiliary members are all smiles as they see first-hand the new equipment purchased through the generosity of their centennial gift to the hospital.

Source: SMGH



patient, Catholic, Protestant, Jew or otherwise. But I think visiting non-Catholic patients might be resented or perhaps misinterpreted." Although he thus restricted his unsolicited visits to Catholics, Father Feeney was "prepared to go to the bedside of any patient needing help or wanting to talk about spiritual matters." Not long after his appointment to the "parish with a difference," as he described St. Mary's, Father Feeney oversaw the first refurbishing of the hospital's chapel since 1924. This was completed in October 1963.¹⁴

The Politics of Change

Although many significant changes remained for St. Mary's General Hospital during the second half of the 1960s, they would not be for Sister Paula to oversee. When her six-year term as Superintendent expired in August 1966, Sister Clotilde Dales was appointed Superintendent for a second term. The return of Sister Clotilde to St. Mary's was welcomed, especially among the more senior doctors and staff who were familiar with her quiet, elegant and graceful demeanour. Her second term at St. Mary's coincided with a period of retrenchment for St. Mary's amidst increasingly apparent space limitations in key

parts of the hospital, uncertainties about the future of the Nursing School, and a stronger provincial influence in shaping both hospital policy and the planning relations among the area's hospitals.

Questions about the future of the Nursing School were of particular importance to Sister Clotilde. Under Sister Paula the School had undergone considerable adjustments to meet the increasing demand for graduate nurses. One problem was attracting nurses to St. Mary's and keeping pace with their rising salary demands while complying with the budgetary restrictions imposed by the Ontario Hospital Services Commission. By August 1966, the size of the nursing classes and the shortage of accommodation in the residence forced the hospital to rent a number of apartments in a nearby building to accommodate about seventy second- and third-year students out of the total enrolment of 158. Another group of second-year students lived in Regina Hall, the former Sisters' quarters on the second floor of the original hospital building.¹⁵ A visible and more symbolic change had also been made which reflected the evolution of the professional status of nursing during the 1960s. Much as the nurses residence was

showing its age after thirty-five years, so too had the style of the uniforms that the students wore during this period. In September 1966, first-year students entering the School bought new uniforms, "a smart one-piece dress in powder blue with white trim," which was not starched.¹⁶

Also in September, 1966, the idea of developing a Regional School of Nursing at St. Mary's arose and highlighted the need to build a new nurses' residence. From the province's perspective, the goal was to train more nurses faster, which meant moving towards a shortened education program. A proposed "2 + 1" program included having students in the "+1" year paid a monthly salary, thus eliminating their need for residence accommodation. This plan created several difficulties. A trend towards the unionization of nurses developed at St. Mary's between 1967 and 1969, and

placed further pressure on the hospital to meet rising wage demands.¹⁷ In the meantime, approval from the College of Nurses of Ontario in July 1967 to proceed with the new "2 + 1" education program made the physical redevelopment of the School imperative. Walter McGibbon expressed uncertainty about whether the old School residence would be expanded, or an entirely new one built. Either plan, if and when approved by the province, would take some time to complete. In the meantime, more classrooms were needed immediately for students to cope with the new program which required a radically different curriculum.¹⁸ As part of the provincial reforms of nursing education, an independent administration for the School was established during the summer of 1967 under a new Director of the School of Nursing, Sister Virginia Hanlon, and a management committee was

Class of 1967

(Top to bottom, left to right)
 Linda Krause, Sr. Anthony, Elizabeth Clemens, Colleen Connelly, Ruth Ritchie, Karen Weber, Mary Collins, Joanne Clancy, Sandra Cressman, Patricia Schnitzler, Susan Miller, Jane Schuett, Rosemary Waechter, Janis Donau, Joan Seidle, Dolores Taman, Nora Gorwill, Judy Murawsky, Lynne McKenna, Elizabeth Crow, Barbara McCay, Judy Denomy, Patricia McKinlay, Margaret Henkel, Dianne Roberts, Helen Mayberry, Jean Riseborough, Mary Jane Collins, Anne Weber, Elizabeth Burnett, Janice Schuster, Charlene Wilhelm, Gail Bolce, Margaret Simon, Diane Mahn, Mary Brubacher, Elaine Ashley
 Source: SMGH





These young nurses from St. Mary's act as the honour guard for the new hospital's opening.
Source: SMGH

set up chaired by Gordon Mackay, a local lawyer. Sister Bonaventure Fagan became Director of Nurses within the hospital.¹⁹ The attention placed on the future of the residence opened several new opportunities for St. Mary's that Sister Clotilde hoped to pursue.

By the mid-1960s, one of the most problematic departments of the hospital was the laboratory, which had been under the direction of Dr. Walter Armstrong since 1948. St. Mary's laboratory had developed the reputation of being one of the most under-sized in the province. The laboratory was too small for the increasing demands placed on it, a situation that originated when the initial plans for the hospital's expansion were changed and two more patient care floors were added without a corresponding increase in the hospital's support services.²⁰ This problem was compounded by the increasing importance of laboratory work in hospitals and the growing number and complexity of

diagnostic, pathological and other tests that were required, including pregnancy tests.²¹

The Board recommended that immediate thought be given to extending the south-west wing to provide more space for the laboratory. An essential element of this plan was building a new School of Nursing, possibly outside the Queen's Boulevard Circle. This would entail expensive property expropriations.

The OHSC recognized that a new School and residence were needed. The problem was, what to do with the existing residence? Answering this question required that the hospital's overall needs be carefully analysed by the commission. In the short term, an arrangement was made with the nearby Highland Baptist Church for temporary classroom space. The commission's study of St. Mary's requirements evolved into a long and detailed exercise, raising larger and more difficult questions about the broader long-term needs of each hospital in the Waterloo region.²²

Community Hospital Planning

Complicating and driving the planning process was the question of whether a third hospital was necessary in the Twin Cities to meet the needs of a rapidly growing population. Plans had been made to expand K-W Hospital by 1970, but could St. Mary's be further expanded instead? Another important factor of increasing significance to the Ontario Hospital Services Commission in the late 1960s was the idea of regionalization—the closer coordination of hospital services and long-term hospital planning within a given region. By early 1968, the concept of establishing regional hospital planning councils was of growing interest within the OHSC. Indeed, as a senior consultant for the commission pointed out, “To discuss local or isolated portions of the hospital prior to their broad aspects is to me not proceeding in an orderly fashion.” Broad questions had to be answered. Are Schools of Nursing necessary at St. Mary's and at K-W Hospital, or is a regional school a better idea? Where is St. Mary's going? What does it wish to



Dr. Walter J. Armstrong, a pathologist and former Medical Director of the Laboratory, examines a specimen while Claire Schmidt, secretary of the department, awaits his recommendation.

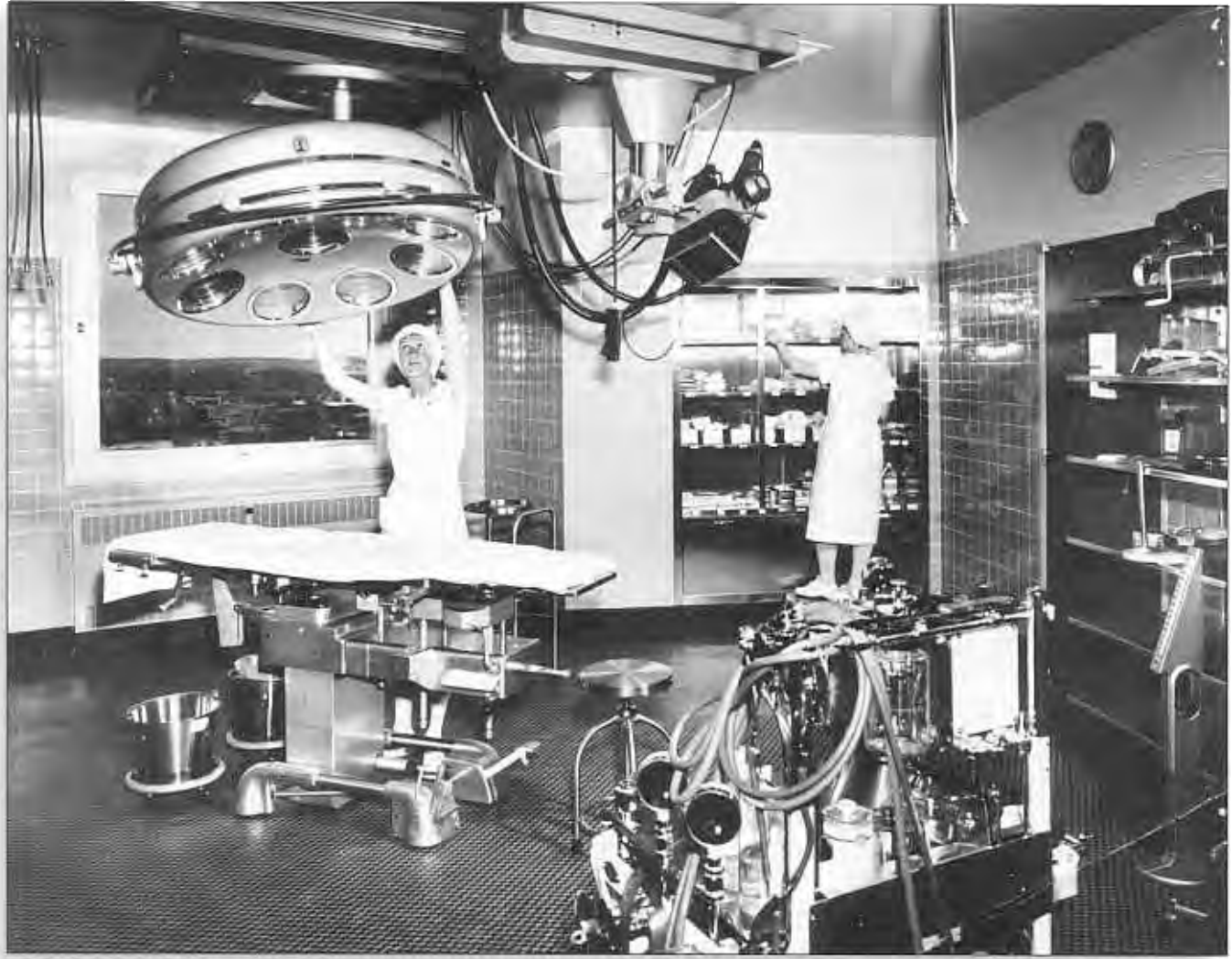
Source: SMGH

achieve? What can St. Mary's afford to do? One commission official suggested that “there is marked resistance to sharing services within St. Mary's.” He suggested that “education might be useful in this regard” to persuade St. Mary's leadership as to the necessity of combining the resources of both hospitals.²³

Meetings of hospital administrators were held in the spring of 1968 to begin looking into a regional hospital planning council for Waterloo and Wellington counties. At the same time, meetings were held to consider the more practical idea of establishing another council made up of representatives from the four hospitals of Waterloo County alone. However, the basic concept of establishing such planning councils was not enthusiastically received in some quarters. The President of St. Mary's medical staff, Dr. Gerald Lynne-Davies, objected strongly to the suggestion from Dr. J.C. Baldwin of the OHSC that hospitals must form such councils or they would not be considered for expansion grants. “Dr. Baldwin is our servant and not our master,” Dr. Lynne-Davies told the Advisory Board. Despite such concerns, the Waterloo County Hospital Planning Council was formally established on June 24, 1968.²⁴

In the meantime, Sister Clotilde had a hospital to run and she could not afford to worry too much about planning councils and master plans. The Emergency Department, an increasingly busy part of St. Mary's, required her attention. The number of cases had jumped from 5,000 cases in 1963 to more than 25,000 in 1967. Unlike K-W Hospital, which had a staff doctor in Emergency, St. Mary's department was serviced by volunteer doctors from the hospital staff, or by a private physician on call. Having an intern at St. Mary's Emergency “would be wonderful,” Dr. Louis Lang told the Board, “but they are not available.”²⁵

Meanwhile, as patients kept filling the city's emergency departments, the number of doctors staffing the departments declined. Private practices were so busy that there was little time for ER duty. The increasing use of St. Mary's Emergency Department was driven by several factors, including a rising population which contained many people without a



In one of the new operating rooms on the eighth floor – a far cry from the earlier surgical facilities – Brenda Herring adjusts a surgical light.
Source: SMGH

family doctor, and others “who become very dissatisfied if they can’t get a doctor at a moment’s notice.”²⁶ Through the efforts of Dr. Earle Brown, Chief of Staff at St. Mary’s, a unique cooperative arrangement between St. Mary’s and K-W Hospital came into effect in January 1971. The plan involved the contracting of six doctors (three for each hospital under separate contracts) to cover the emergency departments of both hospitals twenty-four hours a day, seven days a week for \$10 per hour. The hospitals were responsible for paying the doctors and were able to charge the patients’ insurers on behalf of the physicians. The hospitals kept the proceeds, as well as any surplus or deficit. Under this system, doctors in private practice were still free to care for their patients in both emergency departments.²⁷

The success of this plan was a bright spot in what was an otherwise difficult period for St. Mary’s. Trouble seemed to

begin in May 1969 with the sudden death of Bob Cardy at the age of forty-six. His ten years at St. Mary’s as Business Manager and then Administrative Assistant had marked a progressive period in the history of the hospital. The loss of Bob Cardy, and other staff shortages, prompted McGibbon to call a special meeting of the Advisory Board executive in early June 1969. It was especially important to fill Cardy’s position as soon as possible in order “to relieve some of the pressure presently placed on Sister Clotilde’s shoulders.” It was also increasingly apparent that because of a lack of funds the new School of Nursing was not going to proceed. McGibbon reminded the executive that it had been ten years since the expansion had been approved, and although he felt that “another building program was almost inevitable...it was not possible to think along those lines at the moment in view of K-W Hospital’s present construction program.”²⁸

The Politics of Birth

With its expansion in the early 1960s, St. Mary's became the preferred place to give birth in Waterloo County, recording more than twice the number of births at the K-W Hospital in 1969. The modern facilities and televisions in the labour rooms at St. Mary's made the hospital more attractive, as did the more convenient visiting hours and the opportunity for fathers to stay with their wives during labour. At both hospitals, allowing fathers in the labour room had more to do with having enough space than with any particular restrictive policy. Officials at K-W Hospital, however, expected the tables to turn when its modern new maternity unit opened with the expanded hospital in 1970.²⁹

The number of births at both St. Mary's and K-W Hospital had increased by 12 per cent in 1969, but with the baby boom over, the growth of the Twin Cities was attributed to immigration into the area rather than an increase in the growth of the local population.³⁰

In August 1969, a number of amendments to the Canadian Criminal Code now allowed abortions in hospitals if they were performed to preserve the life or health of the mother. The key change had been the new phrase, "life or health," in which health could mean mental as well as physical health. Despite this change, Catholic hospitals such as St. Mary's, would not permit abortions, except under very rare circumstances.³¹ Within the Hamilton diocese, a preliminary set of medical moral guidelines was issued in November 1969 by Father John Sherlock, Bishop Ryan's representative to the Catholic Hospital Conference of Ontario. These guidelines focused on the particular problem of regulating postpartum tubal ligation procedures in the Sisters' hospitals of the Hamilton diocese. Tubal ligations involved tying the fallopian tubes in women to prevent an unfertilized egg from travelling to the uterus during ovulation. In some women there were medical problems or risks associated with the ovulation process that a tubal ligation procedure could prevent, particularly after problematic pregnancies and Cesaerian section deliveries. Some women, however, chose to undergo a

tubal ligation procedure as a method of birth control. Echoing the recommendation of the Catholic Hospital Association of Canada, Medico-Moral Committees were proposed to study each case requesting a tubal ligation on medical and moral grounds. According to Father Sherlock, it was no longer acceptable to have a hospital administrator saying, "As long as I am Administrator of this hospital we will never accept a tubal ligation." Moreover, he stressed that "No matter what we like or do not like personally, we cannot be more Catholic than the Church." It was important to "take into account the realities of human life. The rigidity of old rules does not apply today."³²

Sister Clotilde invited Father Sherlock to the first meeting of St. Mary's Medico-Moral

This was a proud moment in February, 1962 when the first baby was born in the new delivery rooms.
Source: UW/KWR





Registered nurse Muriel Clark talks to future siblings as their parents peer in through the nursery windows as part of St. Mary's family-centred Maternal Child program.
Source: UW/KWR

Committee, which was held on September 24, 1970. The committee was authorized to meet following a formal request from a physician for a tubal ligation. A complete and confidential patient record was required, including answers to the questions: "Could other means than the ligation be used to obtain the end result in this particular case?" and "Why is the ligation specially recommended?"³³ St. Mary's Medico-Moral Committee had three such requests for postpartum tubal ligations in 1970, all of which were approved.

In the spring of 1971, St. Mary's pioneered a course to improve the experience of birth for the entire family. Fathers had been allowed into St. Mary's labour rooms since 1964, but allowing them into the delivery room was more difficult for many doctors to accept until obstetricians like Dr. John Sehl and nursing leaders like Sister Bonaventure Fagan unlocked the delivery room doors. Another important aspect of family-centred maternity was to allow the new infants to room-in with their mother while in hospital during the day. Rooming-in enabled new mothers to breastfeed on demand and otherwise care for and bond with their new baby, rather than follow the traditional hospital routine of keeping the newborns in the nursery except to nurse.

Sister Bonaventure had initiated the idea of family-centred maternity in 1968 and generated substantial support for the concept among St. Mary's nursing staff and the other Sisters. Gaining the support of the doctors who delivered the babies and, as Dr. Sehl recalls, especially the older general practitioners and the anaesthetists, was "a real struggle." They were worried about fathers fainting and creating other problems in the delivery room. Obstetricians such as Dr. Sehl finally forced the issue one day at a meeting of the Obstetrical Committee. Early in the meeting, and before most of the family doctors and anaesthetists had arrived, Dr. Sehl put forward a motion in support of family-centred maternity care and it was passed quickly by the more punctual members of the committee.³⁴

Uncertainties and Independence

By 1972 the overall future of St. Mary's General Hospital had become an urgent issue as the Waterloo County Hospital Planning Council focused on examining the roles of each hospital in the county. A significant step to ensure St. Mary's future was made in October 1970 when Walter McGibbon notified the Board that, according to the regulations of the OHSC, the Sisters of St. Joseph of Hamilton were "no longer able to govern and control the operations of the Hospital." Based on the model used at St. Joseph's Hospital in Hamilton, on March 2, 1971, a new Board of Trustees for St. Mary's held its first meeting. This Board was made up of seventeen members appointed from the old Advisory Board; Walter McGibbon remained as chairman. One of the new by-laws changed Sister Clotilde's title from Administrator to Executive Director. Ironically, in her first report as Executive Director, Sister Clotilde informed the Board that as of November 1970, "the final payment on the debt of the Hospital was made."³⁵

Although the hospital's debt had been overcome, St. Mary's Board of Trustees faced a new set of challenges during the first years of the 1970s. At its first meeting, McGibbon had informed the Board that a final decision had been made about building a new Nursing School. There were insufficient



Artist Jane Lippert-Birchell paints "The History of Medicine" mural in the lobby of St. Mary's General Hospital (February 6, 1962).
Source: UW/KWR

funds available from the province, "and if funds had been available the Commission had serious reservations as there are a number of diploma schools in the immediate area." Moreover, he said, "[I]t seems they want nurses all trained at Community Colleges," one of which, Conestoga College, had opened in Kitchener in 1967. Thus, despite five years of high hopes, surveys, feasibility studies and planning, McGibbon felt that "there was no use running to Toronto to get them to change their minds." Change, nevertheless, continued at St. Mary's School of Nursing. Effective August 1971, St. Mary's shortened its nursing program to two years.³⁶

The relationship between the administration and the medical staff at St. Mary's had always been relatively problem-free. However, as hospital facilities and services grew in size and complexity, the medical staff felt increasingly powerless in influencing the administration's management of the hospital. As a result,

the idea of a full-time medical director to assume an intermediary role was first proposed in June 1969. St. Mary's already had a part-time consultant medical director, based at St. Joseph's Hospital in Hamilton. The establishment of a local Board of Trustees opened the door for the hospital to finally hire a full-time medical director. In March 1972, Dr. W.H.R. Croskery started his new job. The tall, bespectacled and reserved fifty-five-year-old former army colonel from National Defence Headquarters in Ottawa, explained to the *K-W Record* that his role was to "air the problems of the medical staff to the administration and Directors," although they would also go the other way. He then laughed quietly at a question about the types of problems there might be, "None—you hope."³⁷

Just as Dr. Howard Croskery started at St. Mary's, the long-awaited "Role Study" commissioned by the Waterloo County Hospital Planning Council was delivered. The most far-reaching of the twenty-five recommendations involved St. Mary's. It suggested "that the Sisters of St. Joseph sell the present St. Mary's Hospital to Freeport Hospital for conversion to a chronic care institution," and that the Sisters "build a new active treatment hospital on a new site west of their present institution." Aware of the potential volatility of such a plan, the study suggested that if such plans were not acceptable to the Sisters, "it is recommended that St. Mary's Hospital



Dr. W.H.R. Croskery (1918–1998)

When Dr. Howard Croskery was originally hired as St. Mary's first full-time Medical Director in 1972, his medical career had already spanned thirty years. He left a distinguished military career as Chief of Staff at National Defence Medical Centre in Ottawa to move to Kitchener. Previously he had been a colonel in the army and an Associate Professor of Medicine at the University of Ottawa. He was a 1943 graduate of the University of Toronto Medical School, and during the war he served as commanding officer of the Canadian section of British military hospitals in Germany and Japan. While at St. Mary's he maintained a reserved demeanor and developed a reputation as a consensus-builder between the medical staff and the administration, a reputation he carried into his challenging role as St. Mary's Executive Director in 1979.

Source: SMGH

In 1962 these two stainless steel whirlpools and a hot wax bath were the latest equipment in the Physiotherapy Department.
Source: SMGH



St. Mary's School of Nursing Choir performs on CKCO-TV, with Joan Voll as pianist.

Source: Private collection

retain competent consultants to develop to the best of their ability a master plan for renovation and redevelopment of the hospital on its existing site.”

The reaction of the administration of St. Mary's was swift and decisive. The Sisters of St. Joseph were not prepared to build a new hospital on another site. Furthermore, the idea of rebuilding a new hospital near the University of Waterloo was questioned, as it would also bring it closer to the K-W

Hospital. The Sisters were prepared, however, to explore the idea of redeveloping the existing hospital. If this was not possible, “the hospital would be prepared to consider alternative solutions.” One of these would appear to be a suggestion by the Waterloo County Hospital Planning Council that St. Mary's consider “the possibility of integration of certain services with K-W Hospital.”³⁸ All of this had come only a decade after the opening of the new expansion.☛

Right: Volunteer Kay Schmidt rings in a sale for Sr. St. Thomas in the new Gift Shop.

Source: SMGH

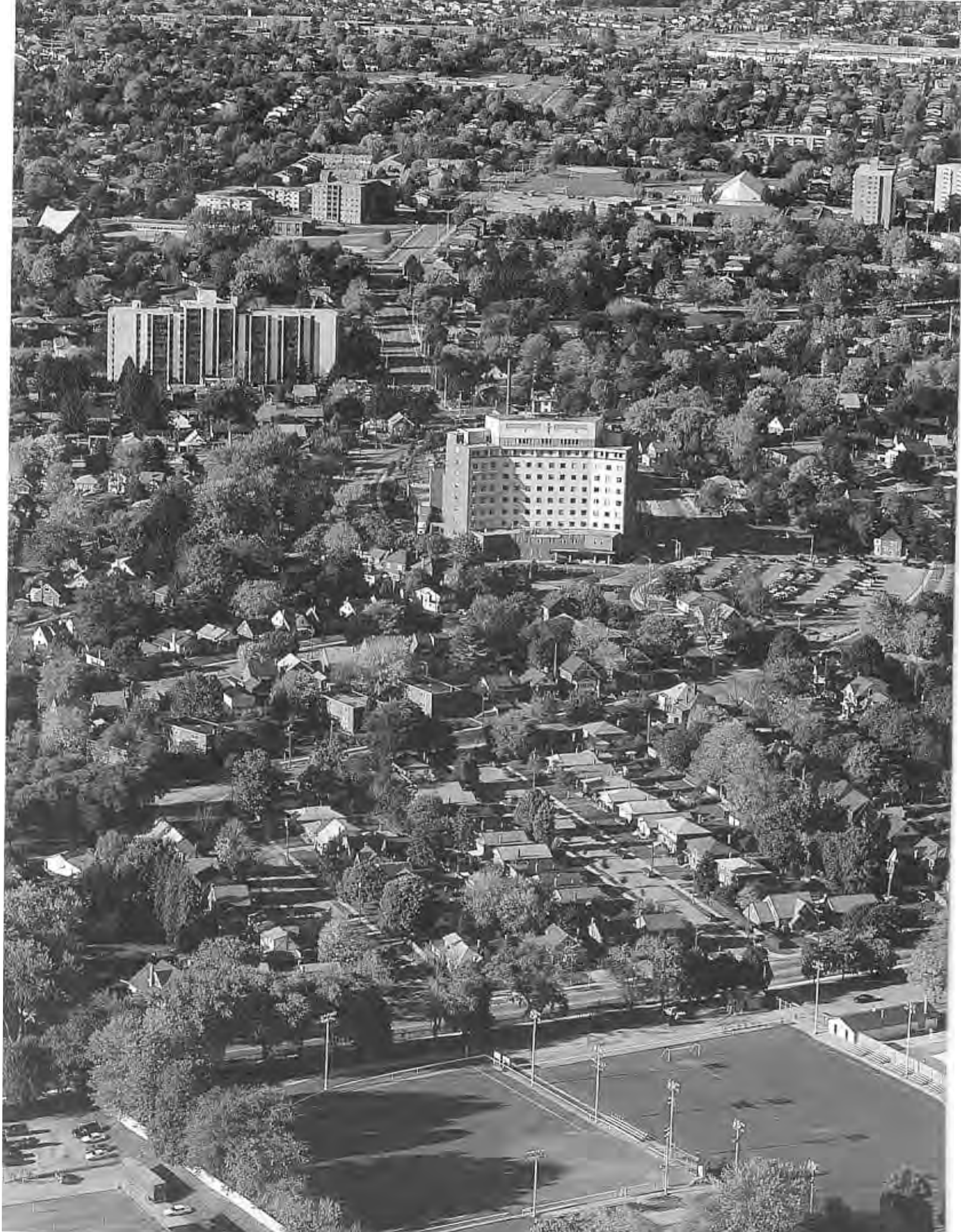
Below: Auxiliary member Jessie Riedel talks to a customer in the beauty salon at St. Mary's on opening day.

Source: UW/KWR

Below, right: Sr. Mary Austin, Associate Director of Nursing, congratulates a male nursing student in February, 1965.

Source: SMGH







CHAPTER 7

A New Era

Today is the first day of the rest of your life.

Wooden plaque on Sister Joan O'Sullivan's desk

By the fall of 1972 it was not the long-term fate of St. Mary's General Hospital that most concerned the administration. The hospital was witnessing the passing of an era as many long-serving personalities left their leadership positions. In September, an ailing Sister Clotilde had been succeeded by Sister Virginia Hanlon as Executive Director. Then Walter McGibbon, for so long a tower of strength during the years of expansion, retired from the Board of Trustees, along with several other prominent community leaders, including Colonel Hearsley, John Motz and Dr. Louis Lang. Following these departures, Hartman H.L. Krug was appointed the new Chairman of the Board for a two-year term. He was the grandson of Hartman Krug, founder of the H. Krug Furniture Co. Ltd. and president of Doon Twines Ltd., a company that his grandfather had bought in 1916. The Board itself was also reorganized and a more formal Executive Committee was established.¹

The appointment of Sister Virginia as Executive Director symbolized a new era for St. Mary's and the Sisters of St. Joseph. As of September 1972, members of the Hamilton order were formally given the option to use their family, or baptismal name, instead of

the traditional religious name that they had been using. Sister Virginia had made this choice earlier, and had also chosen to adopt a less traditional habit consisting of a simpler headpiece and shorter suits accented with some colour. Other signs of change included the appointment of a new, lay Assistant Executive Director, Harold Shantz, who would take charge of the day-to-day running of the hospital. A lay Director of the School of Nursing, Carolyn Dudgeon, was also hired, as was a new coordinator of pastoral care, the Reverend Tom Comerford, who was given charge of an expanded program of clergy visits that emphasized serving all denominations. According to Sister Virginia, this was a logical development since all denominations supported the hospital.²

The decade that began with Sister Virginia's appointment was dominated by several familiar themes. Perhaps the most important issue was identifying St. Mary's health care role within the Kitchener-Waterloo community and then equipping it with the proper facilities and funding to live up to its mission. Working against this process were deepening provincial funding cuts to hospitals and the inability to secure the Ministry of Health's support for St. Mary's expansion and other long-term plans.

The first of a seemingly endless series of provincial cut-backs to hospitals was announced in late November 1972. St. Mary's was ordered to trim a modest



Sister Virginia Hanlon:

Sister Virginia was born in Guelph, but "how long ago remains her secret," and was a graduate of the St. Joseph's Hospital School of Nursing in Hamilton, before joining the Hamilton Sisters in 1945. She remained in Hamilton as Director of Education and then as Director of the School of Nursing before moving to St. Mary's in 1964 to become Coordinator in the Department of Nursing. Many nurses who had trained under her appreciated her down-to-earth style and her compassion, enlivened at times by brief flashes of temper. She saw herself as "an architect of change," but change that had to be implemented carefully and with sensitivity.

Source: SSJ

\$23,000, out of its total 1973 budget of \$7.9 million but, unlike K-W Hospital, it was not told to reduce its number of beds. As was made clear to the Executive Committee by a Ministry of Health official in early February 1973, the ministry could not allocate money for any new projects. There had been a "change in direction" as the ministry assumed direct authority over hospitals from the former Ontario Hospital Services Commission, and it would be at least five years before any new money would be available.³

The Amalgamation Question: Round One

While provincial cutbacks slowed progress on any master plan for St. Mary's, the tighter finances during the early 1970s increased the pressure for amalgamating, or rationalizing hospital services. In May 1973, the executive committees of both Kitchener hospitals held a special joint meeting to "explore areas of cooperation." Dr. Donald Geiger of K-W Hospital "dropped his bomb shell by stating that perhaps K-W could take over all the acute care with St. Mary's taking long term, convalescent and rehabilitative care, so that the Scott Pavilion [at K-W Hospital] would become available for a Health Centre." As a summary of this meeting noted, "This [suggestion] was followed by a great silence."⁴

A month later, Dr. John Sehl suggested to the St. Mary's Executive Committee that the Twin City's obstetrical services could be centralized at St. Mary's. Dr. Sehl's proposal depended upon St. Mary's being able to perform tubal ligations freely. However, the position of Father Sherlock and Bishop Paul F. Reding on this procedure showed little movement. It was clear to Sister Marina Flaherty, the General Superior of the Hamilton Sisters, that "in the event that the Ministry insists on only one Obstetrical Unit in the area, it will not be possible for St. Mary's to conduct the sole program because of the moral and ethical problems which I foresee."⁵

Rumours soon spread through the press that St. Mary's maternity beds were to be closed and services merged with K-W Hospital. Sister Virginia reassured the public by pointing to St. Mary's unique

family-centred maternity program and the establishment of a large number of prenatal classes at the hospital.⁶ Early in 1974, the program expanded further. A new room, "furnished like the den at home," had been set up in the hospital for the father's and family's use. A new bright and cheerful room was also set aside for children to visit with their mothers after delivery.⁷

Yet, despite St. Mary's denials, the ministry clearly was interested in amalgamating hospital services. In January 1974, a ministry official suggested to the Executive Director of K-W Hospital, Gerald Cox, "the relocation of paediatrics outside your hospital and acceptance of total obstetric responsibilities within your existing facilities."⁸ K-W Hospital was clearly having problems housing chronic patients in the Scott Pavilion, and while St. Mary's offered to take over paediatrics, the Executive Committee felt that there should be an obstetric unit at both hospitals. In March 1974, however, K-W Hospital suddenly changed its mind and "decided not to proceed with the amalgamation of Paediatrics at this time."⁹

Other changes were being forced on the local hospitals. In 1974 the Ministry of Health had all hospital-based schools of nursing brought under the control of the Ministry of Colleges and Universities and local community colleges. The St. Mary's School of Nursing had ceased to exist as of September 1, 1973. Its last formal act took place on June 6, 1974, when the final class of students graduated at a special ceremony at the Walper Hotel presented jointly by the Sisters and by Conestoga College. As the history of St. Mary's Nursing School put it, "The edge of sadness was softened by the celebration of 50 years of existence for St. Mary's General Hospital," which took place with much fanfare during the week of October 20–25, 1974.¹⁰ An arrangement had been made with Conestoga College by which the ministry rented the old school building for the continued use of its facilities to educate nursing students.

Increasing provincial pressures for reshaping hospital services were also felt in St. Mary's Laundry Department, which became the first area of amalgamation between St. Mary's and K-W Hospital.

Upgrading St. Mary's laundry facilities would be very expensive, while the space it occupied was very attractive for the Nuclear Medicine Department. Nuclear Medicine had undergone tremendous growth since opening in 1963 and was desperately in need of expanded and upgraded facilities. During 1974 provincial approval was given to have Waterloo Wellington Linen Service, which was owned by K-W Hospital, take over responsibility for St. Mary's laundry requirements by June 1975, although it actually took longer to complete the changeover.¹¹

The many changes at St. Mary's during the early 1970s put considerable strain on the hospital's relations with the local media. Public uncertainty about the future of such central services as obstetrics and paediatrics, and growing labour tensions among several hospital unions, particularly the Building Services Union which held a one-day strike in May 1974, prompted repeated inquiries to Sister Virginia for more public information. In April, 1974, a representative from a local radio station asked Board chairman Hartman Krug, "if the money [for hospitals] comes from the government then shouldn't [the press] be allowed to sit in on the Board meetings."¹² The hospital responded by

publishing a formal annual report for the first time since the mid-1930s. A hospital newsletter, the *Suture Line*, also began to appear, as did a wide variety of publications to celebrate St. Mary's fiftieth anniversary.

The amount and type of health care information St. Mary's provided to its patients and the public had grown in importance during the early 1970s. For St. Mary's, one significant area occurred with the development of a family life clinic in 1975. Establishing such a clinic in a Catholic hospital was problematic and had its origins in a renewed debate among Ontario bishops over declining family values as well as the problem of direct sterilization in Catholic hospitals. The growing uncertainties among such Catholic obstetricians as Dr. John Sehl about the future of obstetric services at St. Mary's were also part and parcel of this debate. As Dr. Sehl pointed out in October 1974, "If we are going to move to unlimited ligation which seems inevitable, there is a need for a family planning clinic to aid in forming a responsible opinion."¹³ St. Mary's approach was to establish a Natural Family Planning service that was developed in cooperation with the Family Life Bureau of the Diocese of Hamilton.

Class of 1974

Throughout the late 1960s and early 70s the province's Schools of Nursing were under continuous scrutiny. On September 1, 1973 the St. Mary's School of Nursing ceased to exist and nursing education was brought under the control of the Ministry of Colleges and Universities. These graduates of the Class of 1974 had a joint graduation ceremony with Conestoga College.

Top to bottom, left to right:
 Peggy Geyer, Jane Fox, Barbara Attfield, Deborah Boyko, Ewa Dabrowski, Joan McLennan, Janice McClure, Julia Watson, Barbara Martyn, Heather Watson, Bonnie Gene McClevis, Sandra Grose, Donna Gowland,

Mary Lou Steckly, Helen Gross, Ruth Pletsch, Martha Jewitt, Lynn Hasenpflug, Wendy Karley, Nancy Goguen, Jackie Weiser, Bonnie Blair, Marion Culliton, Kathleen Beaton, Carol McGuire, Barbara Robinson,

Gloria Martin, Sharon Norris, Barbara Mustard, Julie Maddock, Barbara Weber, Margaret Bruin, Laurie Holowchuk, Rose Ann Coughlin, Branka Stipic, Pamela Leech, Tena Ennema, Wendy Scarfe, Diane Brnjas,

Debbie Shaw, Catherine Beecroft, Suzette Dumolin, Linda Itkin, Ruth Ann Elliott, Judy Fizell, Grace Fryfogel, Glenda Kleinveld, Susan Clair, Jeanette Huras, Frances Jordan, Susanne Scott, Mary Beth Greenwood, Beverly Jones, Vera Millar, Elizabeth Falk, Colleen Cardiff, Shirley Bilton, Jo-Ann Surowiak, Cathy Forbes, Barbara Symons, Joan Fischer, Judy Kaminska, Joy Emrich, Brenda Keller, Joan Bartman

Source: SMGH





Ladies' Auxiliary President Mary Anton presents a cheque to St. Mary's Executive Director Sr. Clotilde for the purchase of a newborn isolette (February 23, 1972).
Source: SMGH

By the spring of 1975, Sister Virginia felt that it was time for her to move on to other challenges. At the end of May, she submitted her resignation to the Board of Trustees, effective July 1. Sister Virginia planned a trip to the mission in Teculután, Guatemala, that was run by the Sisters of St. Joseph. Having already spent some time in that country, Sister Virginia returned to Guatemala in July in an official capacity as Councillor for the Congregation.¹⁴

St. Mary's new "Birthing Room" provided a more welcoming environment for expectant mothers. Director of Nursing Millie McQuillin and Delivery registered nurse Suzanne Burgess are seen approving of the new facility.
Source: SMGH



Corrective Surgery

Engraved on a wooden plaque on her desk, the motto of the new Executive Director, Sister Joan O'Sullivan, was that "today is the first day of the rest of your life." She thrived on change and brought this progressive spirit to her new job at St. Mary's. Sister Joan continued a modernizing trend among the Sisters that Sister Virginia had initiated. It was difficult to recognize Sister Joan as a nun as she preferred to wear colourful business suits rather than a habit. She was very familiar with St. Mary's. For the previous two years she had served on the Board of Trustees as a representative of the Sisters of St. Joseph. Her priorities were to "explore new avenues of care and try to interest hospital staff in trying them." While significant budget pressures continued for Sister Joan, she searched for new ways to maintain the personal touch within the hospital; a personal touch she reinforced every morning by making the rounds of the hospital, "chatting with nurses at their stations, visiting patients or just taking a look around."¹⁵

One of Sister Joan's first acts as Executive Director was to launch extensive renovation plans. A substantial physical reorganization of hospital services was prompted by the space created when the laundry moved out and an expanded Nuclear Medicine Department was slated to move in. Unfortunately, a new

round of hospital funding cuts took place early in 1976 and there was no provincial money for the nuclear medicine project. It would take a series of direct appeals to the ministry, and some luck, to open the provincial wallet. Frank Voisin, who served as Board Chair from 1976 to 1978, recalled that, by December 1976, after repeated trips to Toronto along with Sister Joan, Dr. Earle Brown, and the Assistant Executive Director, Brian Steinberg, St. Mary's could wait no longer. At last, during yet another meeting with ministry on December 17, Shirley Brett, one of the ministry officials, left to confer with her colleagues. "Finally she came back to tell us that funds were found and that we could proceed." Another hospital project somewhere would have to wait for another year to begin.¹⁶

Once the nuclear medicine project received approval, Sister Joan proceeded with some "corrective surgery" on St. Mary's. As she told the *K-W Record*, "I don't know how the staff has stood working under these conditions for so long... I admire them for their cheerfulness." The areas of the hospital that most needed to be upgraded included the admitting area in the front lobby, where desks were crowded into a tiny area "with little elbow room for the switchboard operators and no privacy for incoming patients." The crowding in the laboratory had become "inhuman." There were not enough testing rooms and sometimes patients had to sit on chairs in the hall while they provided blood samples. The respiratory technology lab looked "like a closet," while "the nuclear medicine department in another section is just as crowded." Other changes to free up space included moving six Sisters from the ninth and tenth floors into a house on Queen's Boulevard, including Sister Joan herself. Commenting on the move she wryly noted, "It is nice to go out the back door and be away from it all."¹⁷

Sister Joan's renovation program continued through 1978 and into 1979. In August 1978 St. Mary's became the first hospital in the Waterloo Region to introduce a central registry for admitting and documenting basic patient information. This information was electronically printed on a plastic card that each patient used for all

future visits to the hospital.¹⁸ An updated but somewhat smaller chapel was officially reopened and rededicated by Bishop Reding as the Resurrection Chapel on May 25, 1979. The statue of the Sacred Heart that had been so prominent in the chapel since 1924 was donated to a school in Georgetown, the Altar of Sacrifice was given to a school in Milton, and the pews were sold to the Apostolic Church in Kitchener.¹⁹

The Amalgamation Question: Round Two

While Sister Joan worked to upgrade St. Mary's, the ministry moved forward with full or partial hospital closings and amalgamations around the province. Sister Joan hoped that St. Mary's was not on the ministry's list. She felt that the chances of any amalgamation of Paediatrics and/or Obstetrics was "marginal and would appear to us to be premature in terms of projected growth patterns. However, I do not trust any of them, quite frankly."²⁰

By early 1977 the focus of any potential amalgamation of services was once again on paediatrics, but little progress was made on the issue, primarily because it was unclear whether either hospital could physically accommodate all paediatric patients in the Twin Cities. By the end of the year, South Waterloo Memorial Hospital suggested a new study which would include all four Waterloo County hospitals. St. Mary's Board chairman, Frank Voisin, wondered aloud about the need for all of this debate and study, asking the Waterloo District Health Council, "What have we accomplished? We have upset a large number of patients who, for various reasons, prefer either K-W or St. Mary's. We have upset a lot of paediatricians, obstetricians and general practitioners. Have we accomplished anything beneficial? Would we provide better service? Not likely. Would we reduce costs? Not likely." A competitive environment between the two hospitals had resulted in "very good hospital care," according to Voisin, and it would be better for everyone "if we concentrate on cutting costs and staying within government spending limits."²¹

St. Mary's restriction on postpartum tubal ligations was the central obstacle to any significant amalgamation progress with K-W



Sister Joan O'Sullivan

Born and raised in Hamilton, the ever energetic and adaptable Sister Joan O'Sullivan joined the Hamilton Sisters in 1946 after graduating from the St. Joseph's School of Nursing in Hamilton in 1943. When she entered the congregation she became known as Sister Celestine, a name she kept until 1972. She first served as a Nurses' Instructor at St. Mary's between 1951 and 1955. She then moved to St. Joseph's Hospital in Guelph and returned to Hamilton as Director of Nursing in 1964 after completing a Master's degree in Nursing Administration from The University of Western Ontario. In 1973, Sister Joan became Assistant Executive Director at St. Joseph's Hospital in Brantford, a position she held until her return to St. Mary's. Her extensive educational, practical and administrative experience, coupled with her ability to bring people together and a warm, fun-loving personality, made her important asset to the hospital.

Source: SSJ

Hospital. Any change in St. Mary's position on this issue was unlikely. An Instructional Doctrine of the Church on the matter in 1977, which, according to the religious members of the committee, "would not appear to leave any justification for direct sterilization as such." An appeal to outside authority for interpretation of the doctrine left the committee in limbo for most of the next year.²² The lack of written guidelines for the Medico-Moral Committee was particularly confusing for physicians on the committee who knew that approvals for tubal ligations were being granted at other Catholic hospitals in Ontario. In October 1978, Sister Joan suggested to Bishop Reding that "perhaps the time has arrived for the Bishops of Hamilton, London, Toronto, Peterborough and Kingston to issue a common set of guidelines to bring some semblance of uniformity in dealing with these delicate and yet frequently occurring results."²³

Expansion Plans

If thoughts of amalgamation were on the ministry's mind, Sister Joan had other plans afoot. These plans centred on another hospital expansion.²⁴ The *K-W Record* broke the news of St. Mary's \$9 million expansion plans in March 1979 and in sharp contrast to the enthusiastic press coverage of the expansion story twenty years earlier, the tone in

1979 was quite different. The Mayor of Waterloo, Marjorie Carroll, characterized the plan as "pie in the sky, which hasn't got a hope" of receiving funding from the province. Within St. Mary's, the Assistant Executive Director was cautious, but optimistic, as he explained that, "we've got our guns loaded to go to the ministry."²⁵ The main plan was to build a new two-storey building in the space between the

original hospital building and the Nurses' Residence that would be connected to both. A second phase of the project would upgrade patient care facilities by adding rooms to the front of the tower, and building up to seven

floors on to the proposed new two-storey building.²⁶

The timing of this new plan was unfortunate. On March 23, 1979, Sister Joan announced that she was leaving St. Mary's, as of June 30, to become Executive Director at St. Joseph's Hospital in Hamilton. The decision as to her successor was almost immediate. Since there was no experienced Sister available to assume the position, the Sisters of St. Joseph Board of Governors nominated Dr. Howard Croskery, St. Mary's Medical Director since 1972. As the Board chairman, Thomas McCauley stressed, Dr. Croskery was particularly sensitive to the role and philosophy of the Sisters. The nomination, however, raised some concerns. Why was the position not being advertised? According to the Board's by-laws, the Mother Superior had the power to nominate the Executive Director, who would normally be a Sister of the Order. The sixty-one-year-old Dr. Croskery was not even a Catholic. Indeed, after Sister Joan left, there were no Catholics among St. Mary's executive core. Dr. Croskery was an Anglican although, as Dr. John Sehl later recalled, he was more Catholic than many Catholics.²⁷

Frustrations

Dr. Croskery's tenure as Executive Director would be dominated by two main issues: the expansion plans that had been launched by Sister Joan, and the renewed question of amalgamation, or rationalization, of services with K-W Hospital. As had been the case since the early 1970s, the amalgamation issue was complicated by the moral questions surrounding artificial birth control. By the early 1980s, however, the focus of concern had expanded beyond the question of tubal ligations and was complicated by a growing range of technological interventions for promoting human reproduction. Despite the outward appearance of change with the appointment of the first non-Catholic physician-administrator of St. Mary's, Dr. Croskery was close to retirement and remained committed to protecting the traditional values of the Sisters during increasingly uncertain times.

Dr. Croskery's first task was to sell St. Mary's expansion plans to the Ministry of Health and begin the uncertain quest for

Dr. John Sehl helped steer St. Mary's through the sensitive discussions regarding sterilization and abortion.

Source: SMGH



provincial funding. St. Mary's appeared to be adopting a passive, hesitant response to changing economic conditions. Rather than taking a proactive approach to define new services and a unique health care role for itself within the Twin Cities for the 1980s, the expansion was simply to enable the hospital "to continue on offering the excellent programs and patient care that has been a tradition of St. Mary's Hospital in the past." The hospital's first mission statement, developed in 1982, stressed the "range of services to the community which an average family practitioner might expect to find in the general hospital."²⁸

While maintaining traditions had a certain value, the prospects for an expansion effort were weakened by this essentially passive stance. In contrast, in the early 1960s, Sister Paula had assumed a dynamic and forward-looking position in the face of difficult circumstances. While she maintained certain traditions, Sister Paula's mission was centred on a bold and progressive vision of St. Mary's future within the Kitchener-Waterloo community. Dr. Croskery, however, lived in very different times and had to struggle with rapidly shrinking provincial funding. Both leaders found themselves facing substantial deficits in their budgets but, as Dr. Croskery observed, "under present methods of funding there is no reserve you can dip into."²⁹

In October 1979 the Waterloo Region District Health Council reserved judgment on St. Mary's expansion proposal and suggested that "the need for facilities should be evaluated on a regional basis." According to the *K-W Record*, the council also "grilled hospital representatives on the possibility of St. Mary's letting other area hospitals take



Registered Nurse Velma McGoey speaks with Auxiliary members Mabel Krug (right) and Isabelle Murawsky in the Intensive Care/Coronary Care Unit. Source: SMGH

over some services, such as physiotherapy." St. Mary's Board chairman, Thomas McCauley, disagreed. "If you take a basic service like physiotherapy and remove it, then we are no longer a general hospital. We won't be able to provide the basic services the community has come to expect from this hospital." He later emphasized that, "it is our view that the space problems at St. Mary's cannot be solved by other facilities in the Region and therefore, Phase I of the Plan, which deals with immediate requirements, should proceed."³⁰

"Frustration" was the operative word over the next two years as St. Mary's struggled to gain the ministry's support for expansion. A new Board chairman, Jim Murdoch, appointed in May 1980, helped bring a fresh perspective to the project. He had been on the Board since 1974 and brought extensive business experience to the hospital through his position as branch manager of Burroughs Business Machines. By June 1982, with the country mired in economic recession, high inflation and double-digit interest rates, it was clear that expansion would not be approved. St. Mary's Board decided to focus instead on "limited renovations in the overcrowded intensive care unit, laboratory and emergency departments."³¹

Before closing the books on the expansion project for at least a few years, St. Mary's was given some advice from the ministry about how to sell itself if it embarked on another building program in the future. Despite the difficult economic circumstances, Mr. W. Bain of the ministry suggested that St. Mary's needed a more marketable package; a package that should be "presented as attractively as possible, realizing that it is to be handled by politicians and that local politicians might contribute something to it." From the perspective of the ministry at least, it was apparent that St. Mary's needed some political contacts.³²

St. Mary's was certainly skilled in marketing its pioneering family-centred maternity program, which was expanded in December 1979 to include a birthing room. Detailed discussions were held by the Public Relations Committee to explore publicity ideas for the birthing room, in addition to how family doctors and obstetricians could be informed about its availability. St. Mary's

"cozy" birthing room included a rocking chair in one corner and a wooden cradle, draped with a hand-crafted blanket in another. It also had "all the trappings of a fireside family room—complete with wall-to-wall carpet, television, telephone, chesterfield, softly toned wallpaper and Peter Etril Snyder prints on the wall."³³ Maternity-related programs were further expanded late in 1981, including a family planning service funded by the Sisters, and a sibling program introduced for educating the young brothers and sisters of newborns about maternity care at St. Mary's.³⁴

By 1980 there was growing interest among St. Mary's obstetricians in enlarging the hospital's role in newly emerging technologies, including ultrasound, artificial insemination and the care of high-risk obstetrical patients. There were, however, concerns about the moral issues surrounding some of these technologies, which were again brought before the Medico-Moral Committee. Such concerns centred on the question of how semen would be obtained,

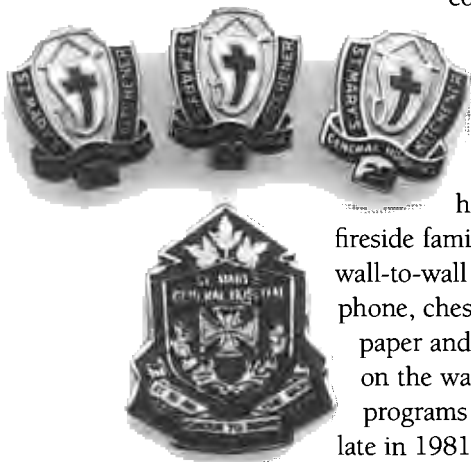
and how acceptable the use of certain hormones were "from a religious point of view...." In January 1981 the Committee concluded that it "could not sanction artificial insemination under these circumstances in this hospital at this time."³⁵

The Amalgamation Question: Round Three

By 1981 the issue of amalgamating or rationalizing services was once again the focus of discussions between St. Mary's and K-W Hospital and grew out of a new Joint Hospital Committee struck in 1980 to study points of mutual concern. This committee was made up of the executive directors and chiefs of staff of both hospitals and focused on the specific areas of ophthalmology, obstetrics, operating room facilities and sophisticated new technologies such as the C.A.T. scanner which provided detailed cross-section images of all internal tissues and organs. It was very useful for efficient diagnosis and the targeting of surgical procedures. The discussions of this committee had wide implications for both hospitals. The committee's initial focus was on the location of a new C.A.T. scanner and the rationalization of Paediatrics and Obstetrics, particularly in relation to high risk, or Level II obstetrical care. At this point, St. Mary's was confident that it could retain Paediatrics and that the rationalization process would proceed quickly.³⁶

The question of where to put a new C.A.T. scanner was the first issue to be resolved in August 1981. St. Mary's simply did not have the space to install such a large piece of equipment. The question of where to locate paediatric and Level II obstetric services was more problematic. In October 1981, the Joint Committee recommended that both services be established at the same hospital, preferably at K-W Hospital, although "Obstetrics would not necessarily follow at once, if at all."³⁷

The following year, however, the rationalization question focused squarely on Obstetrics. Pressure was building from obstetricians, as well as anaesthetists, to have the issue resolved. The uncertainty about the future of St. Mary's obstetrical services had created a sense in the community that led



Nursing Anniversary Pins

Given for years of service, these pins are from the collection of Joan Voll, Registered Nurse

some pregnant women to have their babies at K-W Hospital who otherwise would have delivered at St. Mary's, while the number of obstetricians and anaesthetists was declining, making it difficult for them to cover both hospitals efficiently.³⁸

In 1982, progress on the issue of rationalization once again ran into the thorny tubal ligations question. The debate, which had been building over the previous decade, reached a climax at St. Mary's when the Medico-Moral Committee met on October 25, 1982. The Chief of Anaesthesia, Dr. M.E. Mahaffey, challenged the committee to "give the Committee on Rationalization of Services a 'free-hand' to come up with the best possible solutions." He asked that the committee allow tubal ligations at St. Mary's, so that, if appropriate, it could provide facilities for total obstetrical care. Moreover, in light of space limitations, "the opportunity for implementing such a 'one-hospital' system may hinge on St. Mary's Hospital allowing postpartum tubal ligations." Dr. Mahaffey stressed that the decisions being made on rationalization "will influence obstetrical and paediatric care for the next quarter century. The decision is yours!"³⁹ Dr. John Sehl pointed to an important new element to the tubal ligations debate since it had last been raised. Chemical birth control had recently been considered acceptable because it was reversible. This was now also true of tubal ligations.

Despite such arguments, Father Stephen Connor, the Director of Information for the Hamilton Diocese, was unmoved. He told the committee that his priority was preserving the "value of the Catholic hospital to the community and in particular the effect of the community Catholic hospital in overall support and establishment of the Catholic philosophy generally throughout the community." Of particular concern was that allowing tubal ligations not coerce a

Catholic hospital like St. Mary's into accepting abortions.

The obstetricians on the committee, nevertheless, emphasized that, while less popular, postpartum tubal ligations were still being done at St. Mary's and that this procedure did fit with the concept of Obstetrics and Paediatrics at St. Mary's and within the Catholic philosophy and the mission statement of the hospital. It was St. Mary's Chief of Staff, Dr. James A. Israel, a guest at the meeting, who summed up the central issue as far as the future of St. Mary's was concerned. Although he had no wish to sway the committee, Dr. Israel felt obligated to present his view that "if St. Mary's lost Obstetrics they would also lose Paediatrics and these would take most of the hospital's functions with them. Regardless of the decision reached, he felt that it was imperative that we come to one quickly, since we could no longer continue planning without it."

By the end of the meeting, little seemed to have been settled. Dr. John Sehl put forward a motion that the committee submit a statement to the bishop, the Sisters and the Board of St. Mary's stating that after much discussion the committee concluded that, "St. Mary's General Hospital could assume obstetrical care in this community including postpartum ligations as appropriate. If approved, this committee will develop guidelines to implement the same."⁴⁰

One person who would not have to make any decisions on this seemingly intractable issue was Howard Croskery. In July 1982 he had announced that he was retiring and would be leaving his position as Executive Director as of November 30, 1982. This time a formal search was launched to find a suitable replacement. The hospital was looking for "a self starter with a high energy level."⁴¹ In the young Bruce Antonello, this is exactly what St. Mary's found. ☛



Cranston Knechtel

A prominent business leader in the community, as Chair of the Board, Cranston Knechtel guided St. Mary's Hospital through turbulent waters, establishing closer working relations with the neighboring Kitchener-Waterloo Hospital.

Source: Belair Photo

Dr. Brian Kelly,
emergency physician
and Chief of Staff,
confers with
Lynda Kopas, RN,
about a patient's
electrocardiogram.
Source: SMGH





CHAPTER 8

A Fresh Perspective

We at St. Mary's are at that point in our corporate lives, when we must choose between the paths of greatness and mediocrity.... We must now ask ourselves if we are...prepared to make the sacrifices necessary to achieve these ambitious goals.

Bruce Antonello, August 1985.

The appointment of Bruce Antonello as Executive Director in October 1982 marked an important turning point in the history of St. Mary's. His arrival also reflected broader changes under way in hospital administration in Canada. Dr. Croskery had represented a conservative change from a Sister to a lay physician administrator. Unlike Dr. Croskery, Antonello was a Roman Catholic, and at thirty-four, he was close to half Dr. Croskery's age. More importantly, Antonello was a professionally educated, well-connected and experienced hospital administrator.¹

Bruce Antonello's first months at St. Mary's were focused on developing a feel for the hospital, its staff and the community. His words to the staff in the hospital newsletter *Suture Line* spoke "of a feeling of dedication, a feeling of caring for our patients and for each other, and perhaps most of all, I sense the potential and desire to grow and prosper." He predicted that "the next few years are going to be full of change, both

obligatory and optional." One change would be to bury the animosity that had existed between St. Mary's and K-W Hospital. On his second day on the job he met with Gerald Cox, K-W Hospital's CEO, in an attempt to start fresh, particularly on the question of rationalization.²

Any attempt at rationalization, however, depended upon resolving the outstanding question of how to keep Obstetrics at St. Mary's, and, in particular, how to regulate postpartum tubal ligations. Among Antonello's first challenges was to develop and defend appropriate guidelines for tubal ligations in cooperation with Father Stephen Connor, the Director of Information for the Hamilton Diocese. Although Antonello was Catholic, his age, background and practical experience with fatherhood, hospital administration and politics left him uncomfortable with the concept of a committee deciding such a personal matter. Many of St. Mary's patients were not Catholic, nor likely in agreement with the Catholic Church's position on the issue of birth control. Antonello also recognized that Catholic families tended to come to St. Mary's to have their first child, but go to K-W Hospital to have their last.

At a February 1983 meeting of the Medico-Moral Committee, Father Connor suggested the range of options, including acting "in dissent" of the Church's traditional teachings and permitting sterilizations. The dominant view at the meeting was that any



Bruce M. Antonello

Bruce Antonello arrived at St. Mary's about as well-prepared, well-connected and enthusiastic as one could be. He assumed his new job at St. Mary's on December 1, 1982. He was born in Ottawa and decided early on a career in health care, graduating with a Masters' of Hospital Administration from the University of Ottawa in 1973. A ten-month practicum at the Ottawa General Hospital had introduced him to a forward-thinking management style based on compassion and an open but business-like approach to decision-making. He developed these skills further at Ottawa General. In 1980 he moved to the Ministry of Health to become a senior administrative consultant. Antonello began his new job at St. Mary's with such energy and enthusiasm for change that at the end of his first year, his management colleagues gave him a pair of concrete shoes for Christmas. The light-hearted symbolism was clear to Bruce: "Slow down."

SMGH

sterilization decision should be defined by the patient-physician relationship and not by a committee. The key question was whether the hospital should be forcing Catholic theology on non-Catholic patients and physicians. Father Connor insisted that the guidelines include specific medical indicators before sterilizations could take place. The doctors on the committee warned that they could not act in the best interests of patients under such conditions and feared that some physicians might abandon St. Mary's and do certain procedures at another hospital. Father Connor recognized that "it could be difficult to serve the entire community" under such circumstances, but asked what image did St. Mary's represent to the community: "Is it to be Catholic witness or will it be 'just another hospital?'"³

Answering this central question was the primary motivation in March 1983 for Antonello calling the first of what became an annual weekend retreat for St. Mary's Board of Trustees, senior management and physician leaders. The most significant outcome of the retreat was the realization that there was a future for St. Mary's as a Catholic hospital without obstetrical services. Moreover, it was concluded that it would not be fair to the community for St. Mary's to force the issue by trying to have the only obstetrical unit, particularly in light of the firm position taken by the Bishop of Hamilton on regulating sterilizations. It was also clear that a number of activist groups were ready to pressure St. Mary's to remove any restrictions on tubal ligations and abortions if it became the only obstetrical hospital in the Twin Cities. Thus, negotiations with K-W Hospital had to begin again and a package of other services, with or without obstetrics, had to be studied.

An Evolving Mission

In the meantime, Antonello struggled with a number of other outstanding issues, including the need to find a new home for the Intensive Care and Coronary Care Unit, improving St. Mary's relationship with the local media, and moving forward with planning for the overall redevelopment and expansion of the hospital's physical plant. Antonello also initiated a management reorganization, prompted by the hiring of a new

Assistant Executive Director, Don McDermott, with whom Antonello had worked at the Ottawa General Hospital. When McDermott arrived at St. Mary's in February 1983, the hospital now had "two new people on the same wavelength," and together with the remaining members of the St. Mary's team, they were able to make some substantial changes.⁴

During the summer of 1983, St. Mary's explored the idea of providing new acute care services to geriatric as well as other adult patients. Such services included new rehabilitation and ambulatory services, as well as the strengthening and reorienting of existing services towards the particular needs of the geriatric population. All of the other hospitals owned by the Hamilton Sisters had already moved into providing at least some level of geriatric care, and it was clear that a strong move in this direction at St. Mary's would fit well with the hospital's vision of itself as a family hospital. St. Mary's had already introduced an interdisciplinary palliative care team in November 1982. Working with the medical staff, this team provided support to patients and the family and staff actively involved with each patient. St. Mary's was also the home for the Kitchener-Waterloo Ostomy Chapter, a non-profit volunteer rehabilitation organization established through the leadership of Cathy Brothers, St. Mary's Director of Social Work. This group and an out-patient clinic at St. Mary's helped new ostomates adjust to the personal challenges they faced after colostomy surgery.

While the potential for some significant changes at St. Mary's grew during Antonello's first months, so did the possibilities for misunderstanding among the hospital's staff and the public. This situation prompted Antonello to cultivate a more open relationship between himself and the staff, and between St. Mary's, the media and the public. Beginning in August 1983, a series of general staff meetings was held to inform everyone of the rationalization discussions and to respond to questions. As St. Mary's sixtieth anniversary year began, there were also plans to look back and document the hospital's history—plans that were limited by a lack of an organized archives. This shortcoming was

remedied in the fall of 1985 with the arrival of Elaine Baldwin, St. Mary's new librarian. An extensive archives project was initiated with the help of local university students which enabled many subsequent anniversary projects to develop. In the meantime, a "Healthwise" campaign, with an owl logo as its mascot, was designed to encourage preventive health care by promoting healthy and safe living habits in the lives of patients and the community.

Providing direct information to the media about the operations of St. Mary's was more of a challenge. Even after the media were admitted to the K-W Hospital Board meetings and given press releases from the hospital, St. Mary's position was often either not reported, or relegated to a secondary position. As public expectations of health care grew, cultivating a good relationship with the media became critical and pressure grew to open St. Mary's Board of Trustees meetings to the public. The members of the Board were divided on the issue, while the Sisters in Hamilton remained opposed to open Board meetings.

Despite their hesitant position towards the media, the Hamilton Congregation of the Sisters of St. Joseph underwent substantial change during the early 1980s. Reflecting the increasing technology and the growing

complexity of health care management, in July 1984, the Sisters took the unusual step of hiring an experienced layman, Dr. Andre Spekkens, to assume the full-time position of health-care coordinator for the Sisters' five health care facilities. This appointment came at a time when the number of Sisters in the Order was steadily declining. By October 1984, only six Sisters lived and worked at St. Mary's, which raised "the problem of how to keep its spiritual and religious character when so few young women are becoming nuns in these secular times."⁵ Sister Ann Marshall, Superior General of the Hamilton Sisters, was not concerned. She encouraged Catholic and non-Catholic lay people to run St. Mary's. With the decline of the Sisters' physical presence, the spiritual identity and mission of the hospital would be reinforced by giving a higher priority to pastoral care services and after a long search, Reverend Edward (Rip) Kirby was hired as director of St. Mary's pastoral care program.

The Start of Rationalization

A fresh effort to negotiate the rationalization of Obstetrics and Paediatrics between St. Mary's and K-W Hospital began in the summer of 1983. Formal discussions were given a boost when the Minister of Health, Larry Grossman, visited both hospitals with a



Reverend Edward J. (Rip) Kirby (1933–1995)

Before joining St. Mary's, Rip Kirby had worked at the Winnipeg Health Sciences Centre following service in the Canadian Armed Forces from 1951 to 1981. His nickname originated with his military buddies who named him after the 1950s comic strip detective "Rip Kirby." Reverend Kirby brought to St. Mary's pastoral care program a powerful aura and a genuine caring, gentleness, empathy and sensitivity towards the spiritual needs of patients. He was especially interested in working with terminally ill adolescents. After his death in 1995, the Special Person's Award, established in 1987, was renamed The Reverend Rip Kirby Award of Excellence, in honour of his special warmth, leadership and dedication to St. Mary's mission.

Source: SMGH



clear message: “get on with rationalizing services.”⁶ Progress remained slow but steady through the fall when the initial basis of discussion had focused on Scenario I. This proposal had K-W Hospital assuming responsibility for Obstetrics, Paediatrics and Gynecology, while St. Mary’s would take over Dialysis services, Rehabilitation and Day Surgery, along with several surgical subspecialties. By the end of the year several problems emerged that threatened the negotiations. A different arrangement, Scenario II, proposed that Obstetrics move to K-W Hospital, while Paediatrics remain at St. Mary’s along with Dialysis and Ophthalmology, but it, too, proved problematic, particularly the idea of splitting Obstetrics and Paediatrics. Eventually a third plan, Scenario III, was proposed in the summer of 1984 that would see K-W Hospital take over both Obstetrics and Pediatrics, while St. Mary’s would assume the role of trauma centre for the Twin Cities, a role that would require a C.A.T. scanner on site as well as extensive renovations.⁷

From Antonello’s perspective, St. Mary’s, as the smaller hospital since 1951, had more to gain from the rationalization process than K-W Hospital. If St. Mary’s had continued to do essentially the same things as K-W

Hospital, it may well have remained only as a “feeder hospital,” doing the routine procedures and passing on the more challenging and sophisticated work on to K-W Hospital. Antonello’s focus was to carve a specialized niche for St. Mary’s, since with fewer services, St. Mary’s “will be better able to afford the investments in highly technical equipment demanded today by physicians, staff and a more highly sophisticated and knowledgeable consumer.” Thus, St. Mary’s “will be given the opportunity and responsibility to be number one in significant and growing programs and services.”⁸

Based on Scenario III, a formal agreement between the two hospitals was announced on April 18, 1985. Although some members of the St. Mary’s Board were concerned that the transfer of both Obstetrics and Paediatrics to K-W Hospital would change the complexion of St. Mary’s from a family hospital to one mainly serving the elderly population, on the whole, the Board supported the plan since it offered an opportunity for St. Mary’s to provide adult acute care services without constant comparisons to K-W Hospital.

The rationalization agreement sparked a summer of hurried activity at St. Mary’s in anticipation of its approval by the District Health Council and the Ministry of Health. In the meantime, efforts focused on finalizing the long-standing plans to expand St. Mary’s and redevelop such key services as the overcrowded Intensive Care Unit and Emergency Departments, as well as the Laboratory, Operating Rooms and the Physiotherapy Department. Preparations were also made for the new services expected through rationalization. The plans for

Emergency surgery can be required at any time. A surgical team works against the clock. Left to right: RPN Kathy Toth, Dr. Craig McFadyen, general and vascular surgeon, assistant Dr. Cathy Malon and anaesthetist Dr. Robert Mazurka.





A trauma patient is rushed to resuscitation room. Left to right: Kim Kwiatkowski, Phil Dunt and Mirjana Stekovic.

expanding St. Mary's had evolved considerably since the master plan of 1979. By 1984, the options were either to build a three-storey "pod" at the front of the hospital, a three-storey square structure between the Nursing School and the original building, or a three-storey building across the street with a link to the 1962 tower. Within a year the second option was developed into a formal proposal.

A major fundraising campaign, St. Mary's first since 1959, was announced for the fall of 1985, in which the hospital hoped to raise \$7 million through local government and public donations, to which would be added the \$10 million expected from the province and the \$3 million St. Mary's had in reserve.⁹ There was considerably more hope of receiving provincial funding for this expansion, even though, as Antonello stressed in *Suture Line*, there were still skeptics who felt that "our goals are unachievable." Nevertheless, he felt that

In everyone's life, there is a moment of truth; a time when a decision, an action, or an attitude can mean the difference between going on to do great things or settling for mediocrity.... We at St. Mary's are at that point in our

corporate lives, when we must choose between the paths of greatness and mediocrity.... We must now ask ourselves if we are... prepared to make the sacrifices necessary to achieve these ambitious goals.¹⁰

Despite Antonello's expectations that everything would fall into place now that a rationalization agreement had finally been reached, it grew increasingly apparent that progress was not going to be easy. There was a provincial election in May 1985, and the arrival of a new and inexperienced Liberal minority government at Queen's Park complicated the rationalization process significantly, as did several other unexpected events over the next year. By July 1985, the first indications of trouble were reports that the Ministry of Health had some "unofficial concerns" about the rationalization plan. Antonello felt strongly that the plan was worth defending. However, the Planning Committee wondered whether St. Mary's overall plan was in jeopardy if the government did not support it. "If so, can we in all conscience, seek public donations?"¹¹

By September, it was clear that while the new government was interested in rationalization, it did not strongly endorse the whole



Dr. Mike Curtis, Chief of Emergency Medicine, cares for an emergency orthopaedic patient in The Robertson Clinic.
Source: SMGH

plan. Of particular interest to the ministry was the expediting of the transfer of the dialysis program at K-W Hospital to St. Mary's. With the ministry now asking K-W Hospital to undertake a new master plan, optimism for a speedy transfer of services was dampened, particularly after the full costs of rationalizing Obstetrics and Pediatrics at K-W Hospital became apparent early in 1986.

In the face of the growing uncertainties surrounding the future of the rationalization agreement, St. Mary's fundraising plans moved forward, tentatively. The official launch of the campaign took place on September 10, 1985, with the "World's Largest Gala," a concept that long-time St. Mary's supporter and eventual St. Mary's General Hospital Foundation chair, Vince Scherer, borrowed from an event held in Saskatchewan. Some 1,800 people "danced the night away" at the Ruedesheimer Garten in Waterloo and raised close to \$75,000 for the hospital.¹² As had been the pattern for previous campaigns, major donors, corporations and businesses would be approached first, while a public appeal would start in the spring of 1986. By February 1986, however, such plans fell victim to growing concerns that corporate donors would not contribute

to a project that did not have final ministry approval. Yet the Board hesitated to postpone the campaign officially until all ministry approvals were given.

In the meantime, the staff of St. Mary's Emergency Department did their bit for the building campaign. They started collecting favourite recipes and put together *The Best of Emerg Cookbook*. The ER crew was "eagerly looking forward to what redevelopment will mean for it," since little had changed in the Emergency wing since 1962 and the Department was handling more than 50,000 cases a year, twice as many as in 1973. By August 1986, proceeds from sales of the cookbook had reached \$25,000.¹³

One potential criticism St. Mary's faced in launching the new fundraising campaign was how to

prevent the money raised for hospital expansion from being used to subsidize operations and deficits. Since the 1970s a number of hospitals had established foundations through which donated funds could be managed separately. The idea of setting up such a foundation at St. Mary's was first proposed in 1976, and again in 1980, but on both occasions the plans did not proceed. A more serious attempt began in 1985. The Sisters were concerned that if the St. Mary's foundation was not incorporated, as had been proposed, neither they nor the St. Mary's Board would have control over the \$3 million capital reserve that the hospital had accumulated. After all, most of these funds had come from the Sisters' donated salaries after the hospital's debt had been eliminated.

By September 1985 the need for a foundation became more urgent. Indeed, "time was of the essence" as the Ministry suggested that such hospital reserves be used to offset St. Mary's growing deficit. The hospital was fortunate in having Gordon Mackay as its Board chairman. His association with St. Mary's stretched back to 1939 when his parents moved to within a block of the hospital. His sister trained as a nurse, while his mother worked as house mother in the residence after his father died. He had been

appointed to the Board of Trustees in 1980, where he would serve for the next twelve years. As a highly respected corporate law specialist, Gordon Mackay had extensive experience with establishing similar organizations and assured the Sisters that a non-incorporated foundation established as a Trust could be properly controlled while it also protected capital funds from the government's "heavy hand." Once the Sisters were satisfied on this point, the process of establishing the St. Mary's Hospital Foundation proceeded quickly towards its inaugural meeting on March 26, 1986. Mackay was appointed chairman and president of the Foundation, along with Thomas A. McCauley, vice-president, Bruce Antonello, secretary, and Frank Voisin, treasurer.¹⁴

Mission Renewal

Updating the hospital's Mission Statement became more urgent with the arrival of the 1985 rationalization agreement and the major changes it would bring to St. Mary's. St. Mary's first Mission Statement, adopted in January 1982, emphasized a philosophy of providing care and treatment to the whole patient, "including the physical, emotional, spiritual and social needs," uniquely expressed at St. Mary's "within a family centred context." Families were encouraged to be as fully involved as possible in supporting and sustaining the patient's care. The 1982 statement outlined a traditional range of services that a family doctor might expect of a general hospital.¹⁵

It was important that the revised statement be a dynamic document, able to accommodate and not preclude new developments. It should reinforce St. Mary's Catholic identity. As the profile of the Sisters at St. Mary's declined, the distance from the Hamilton Motherhouse seemed to grow. As Antonello would later emphasize, it was time for St. Mary's to be less hesitant about declaring its Catholic values and heritage within the Kitchener-Waterloo community. Rewriting

the Mission Statement was therefore opened up to include input from a broad cross-section of interested individuals, including staff, doctors, Auxiliary and volunteers, patients and the surrounding community. Together they would define the values upon which St. Mary's should operate. Coordinated through a Task Force of the Planning Committee, and chaired by Board member Eve Menich, the work of producing a new statement was completed in April 1987.

Unlike the original 1982 statement, which had consisted of a single typed page, the renewed version was published as a colourful brochure divided into three main sections: "What We Believe," "What We Want to Achieve," and "What We Do." The last section consisted of a simple listing of the clinical programs and support services offered by St. Mary's, suggesting a flexibility in the specific services offered. But it was the "What We Want to Achieve" section that stood at the heart of the new statement. Central to it was St. Mary's commitment to "whole person care," to restore physical health, promote individual spiritual values, facilitate the expression of feelings caused by hospitalization and involve family and friends in patient care. "Dignity and self-responsibility" were other core values, in

Sparks, a Girl Guides of Canada group, tour St. Mary's and see a CT scanner up close. Source: SMGH



which the religious, cultural and racial origins of all were respected and patients would be given the information they would need to make informed decisions and to learn how to care for themselves.

The new St. Mary's statement proposed sponsoring activities in the community and the hospital and seeking out opportunities for health teaching and health promotion. The St. Mary's child interest group was one example of this community outreach and education goal. This group had been founded in 1981 when a number of staff members recognized the need to promote education and public awareness about child abuse. The group sponsored an annual conference at St. Mary's. For their fifth annual conference in October 1986, the keynote speaker was Dr. Benjamin Spock, author of the influential book, *Baby and Child Care*, first published in 1946.

Ironically, the focus of St. Mary's was shifting away from babies and children and towards adult health care services. The new Mission Statement placed particular emphasis in several areas, including: "To provide knowledgeable and compassionate care for dying patients and their families;" "To be innovative within the limits of our resources;" and "To

consider first the needs of people—patients, their families, and all levels of staff—in planning, development and operations." Indeed, "People are St. Mary's most important resource. Their caring, skills and insistence on excellence enable us to carry on our ministry, faithful to our traditions and responsive to the community we serve."

To actively recognize non-managerial staff members who best exemplified such values, St. Mary's instituted a "Special Person of the Month and Annual Award Program" in June 1987. Awards were based on nominations by any employee, visitor, patient, volunteer or physician who detailed an event where an employee clearly demonstrated one or more of the values of the new Mission Statement.

During the renewal process, a new logo was introduced for the hospital. Designed by Ratchford and Associates, it provided a powerful visual symbol of the caring spirit of the hospital. Since the hospital's name conjured up the image of Mary, the Madonna image of the logo captured St. Mary's historical and religious roots. The new design was an all-encompassing symbolic image that could mean mother earth caring for her children, Mary caring for her child, or any person caring for another. Ratchford later

Registered Nurses Randy Chapman, Nancy Doadt, and Karen Tondreau (left to right) successfully resuscitate a patient in the new Frank and Gladys Voisin Intensive Care/Coronary Care Unit.

Source: SMGH



suggested to Antonello that the logo design came to him from an image he had of Sister Mary Raymond comforting his infant son while a patient at St. Mary's.

The process of redefining St. Mary's Mission Statement had depended upon a closer relationship with the public, as did the hospital's fundraising efforts and its broader renewal and rationalization plans. However, by early 1986 it was apparent that there was considerable public misunderstanding about the services the hospital was providing. In



Dr. Eric Hentschel, Chief of Internal Medicine and Medical Director of ICU/CCU/Respiratory Therapy is a strong advocate of computerized health records and the use of technology to improve information that assists patient care.



particular, there was a sharp decline in the number of babies being delivered at St. Mary's, while the baby business was booming at K-W Hospital. Many believed that rationalization had already taken place and Obstetrics and Paediatrics had moved to

K-W Hospital.¹⁶ This situation once again raised questions about St. Mary's media relations and the need to revisit the question of open Board meetings. The Board still issued media releases when it felt there was "anything of substance to report," and saw no reason to change that policy.¹⁷ Almost immediately, however, and over most of the next three years, a series of dramatic events would provide many reasons to change this policy.☛



Orthopaedic technician
Kim Sachs assesses a
paediatric patient in
The Robertson Clinic.





CHAPTER 9

Rationalization and Renewal

The time has come to stop talking and start fighting the forces that threaten to shut down St. Mary's Hospital in Kitchener. Closing the doors to this facility should not be an easy or polite process. Nor should it be seen as a done deal. Instead, the path leading from the excellent hospital operating now to a mothballed pile of bricks should be blocked by every barrier, rock or shard of glass the public can throw in the way.

Editorial, *The Record*,
September 27, 1996.

Just when life at St. Mary's and the big issues of rationalization and mission renewal seemed settled, the hospital was hit by a provincial doctors' strike. The strike was called by the Ontario Medical Association to protest the Liberal government's legislation banning extra billing. It began on June 12, 1986, coinciding with William Pernfuss succeeding Gordon Mackay as chairman of the Board of Trustees. The strike placed increasing pressure on St. Mary's Emergency Department to handle patients whose family doctors' offices were closed. The doctors planned to target the ER Department for a weekend in late June, but hoped that an appeal to St. Mary's Board for support of their cause might ease tensions.

The Board challenged the doctors and averted direct action against the hospital.

Meanwhile, with the Emergency Department crowded during the strike, St. Mary's started to offer waiting patients free coffee or juice during busy periods. "For some frazzled patients, this coffee may be the best one they ever had." Such hospitality was all the more heart-warming, according to the *K-W Record*, as it was offered when the confrontation had reached its bitterest level. It was a sign of civility in a sea of animosity.¹ St. Mary's Board, however, had little choice but to assume a neutral position towards the doctors' cause. The Board could not afford to jeopardize its position with the provincial government in its quest for funds for St. Mary's redevelopment program. After the strike finally ended in July, there was an uncomfortable distancing between some doctors and the St. Mary's Board and administration that would last for many years.

While the doctors' strike reached a climax, another serious problem emerged that threw St. Mary's entire rationalization and redevelopment plans into disarray. On June 23, 1986, K-W Hospital announced that it was backing out of the rationalization agreement because, as its Board explained, it had never agreed to the approval of the rationalization proposal beyond the initial stage. This meant that K-W Hospital had "not given its support to St. Mary's redevelopment and the programs that would



Jim Robertson chaired the Campaign for St. Mary's and became the first Executive Director of St. Mary's General Hospital Foundation which raises funds for capital projects and equipment. In his honour, The Robertson Clinic was opened in 1995.
Source: SMGH

emigrate to St. Mary's." There had been a change in leadership at K-W Hospital at the end of May. Gerald Cox had retired and was replaced by Joseph deMora as CEO. Formerly vice-president of operations at Kingston General Hospital, deMora would take over on August 1. In the meantime, Al Collins, the associate executive director, became acting executive director and he began a process of rethinking the rationalization agreement and the costs that were involved in its implementation.²

This surprise move by K-W Hospital was a hard blow for St. Mary's, particularly as it came just as confidence was building for the new direction the hospital was planning in acute geriatric and adult medicine. Indeed, the Waterloo District Health Council strongly agreed with this approach and recommended that St. Mary's receive ministry support for its development.³ Gordon Mackay suggested that St. Mary's should not appear to be too flexible. "We negotiated in good faith an agreement, and if that agreement is to be broken, K-W Hospital should do the breaking in front of the public." However, the pressures for rationalization remained and both hospitals tried to overcome suspicions

in order to salvage the process and work towards a new and less complex agreement.

By December 1986, a new deal was struck that proposed Obstetrics and Gynaecology and the dialysis service be consolidated at K-W Hospital, while Paediatrics and a Rheumatic Disease Unit remain at St. Mary's, along with its proposed geriatric program. Despite the concerns of some paediatricians who felt that separating Paediatrics from Obstetrics was "ill advised,"⁴ the new agreement was formally submitted to the District Health Council in the fall of 1987, where it was approved, and then passed on to the ministry. In the meantime, according to Pernfuss, "the project has no timetable or budget and all other redevelopment plans for both hospitals [were] held in abeyance."⁵

Pushing Forward with New Services

Despite the holding pattern on St. Mary's larger plans through 1988, a number of projects were possible, including proceeding with a modest expansion of the Emergency and Physiotherapy Departments. Also approved for St. Mary's by the District Health Council in 1988 were a new drug and alcohol abuse program and a pioneering sexual assault treatment centre, opened in 1989 and 1992, respectively.⁶

Fortunately, the District Health Council was able to approve the Emergency expansion project before the ministry clamped down on accepting any new funding requests from hospitals. Caught in this holding pattern was provincial approval for St. Mary's geriatric care program.⁷ St. Mary's development of adult and geriatric care services continued on a number of levels and with support from within the hospital and non-governmental sources. For example, in January 1986 the Recreational Therapy Department developed a pet visitation program. Designed by Mary Brubaker Zehr, the program would add some active and vibrant life to the clinical-like hospital atmosphere for patients who were in hospital for prolonged periods of time. The first two canine "visitors" in the program were Zak and

In June 1996, St. Mary's nurses became the first to use handheld computers at the bedside to document the care they provide. Corinne Malette-Wolter, a registered nurse, reviews her patient's latest results.
Source: SMGH





Shadow, who were brought to St. Mary's from the Humane Society once a month by George Miehm, a volunteer who helped in the program.

The Kitchener-Conestoga Rotary Club was the key sponsor for a new "Lifeline" program in the Waterloo Region in 1987, for which St. Mary's served as the Emergency Response Centre. The Lifeline system consisted of a small transmitter worn around the patient's neck or wrist and a device for a home phone that connected to the hospital's switchboard. When in distress at home, the patient simply pressed a button on the transmitter, a signal was received by the hospital and help was dispatched. Lifeline provided security for those who lived alone, and helped prevent premature institutionalization by assuring the elderly or disabled, in particular, that help was available at the touch of a button. St. Mary's strong interest in the Lifeline program was led by St. Mary's Director of Social Work, Cathy Brothers, along with the first vice-president of the local

Rotary Club, Jim Robertson, who had "a soft spot for St. Mary's."⁸

Meanwhile, the renovations of the Emergency Department set off a chain reaction that pushed the Physiotherapy Department to relocate to the second floor of the original building, which had been used for hospital administration. By early 1989, this move prompted the hospital's senior administrators to relocate to the second floor of the former Nursing School building. While there was concern within the Board at being located away from the hospital, Antonello felt that, despite some inconvenience, there was no alternative but to "banish" senior management to the School.

Although the upgrading and rearranging of some patient services was progressing through most of 1988, the ministry's delay in approving the rationalization package was becoming increasingly frustrating. Patient awareness about St. Mary's services had been improved by early 1988, particularly through the distribution of new Patient Information

ER nurses Rita Cutajar and Joan Tarbut (left to right) begin immediate treatment for a patient whose diabetic reaction brought paramedics Craig Munshaw and Phil Dunt to her aid.

Source: SMGH

Kits (PIKs) to all patients. These kits contained the new Mission Statement, a quality assurance brochure, a hospital guide and general information about hospital procedures. The package was designed to help people become more involved in their health care, especially since they would no longer automatically “accept professional’s actions without understanding, asking questions or participating in their care.”⁹

With K-W Hospital’s tradition of open board meetings, any news about rationalization or other hospital issues tended to come through K-W Hospital, with St. Mary’s position usually mentioned, if at all, as a short postscript. St. Mary’s Community Relations

Committee argued that “the issue here is public accountability,” and based on the fact that “we are in a competitive situation

locally,” pressured the Board and the Sisters to invite the media to a portion of the Board Meetings for a year-long trial starting in late September 1988. According to the *K-W Record*, “This decision could not have come at a better time.”¹⁰

Forcing the Rationalization Issue

Unforeseen events once again plunged the rationalization process into crisis. As had been the case with the longstanding tubal ligation question, the wild card in forcing the rationalization issue was the obstetricians. In June 1988, they unilaterally threatened to move all elective Caesarian section deliveries to K-W Hospital as of September 1, 1988, and to stop providing on-call obstetrical services at St. Mary’s as of January 1, 1989. St. Mary’s Board was caught off guard and scrambled to convince the obstetricians to reconsider. Their position would jeopardize the rationalization proposal to the ministry. The K-W Hospital Board indicated that they could not and would not accept this additional workload. By mid-July, the obstetricians raised the stakes and declared that all deliveries would be done at K-W Hospital as of January 1, 1989. They wanted to consolidate their service and ease the demands on their time. Meanwhile, news of the obstetricians’ action created confusion for patients and the growing uncertainties prompted some of St. Mary’s nurses to seek employment elsewhere.

The crisis eased by the end of August when the obstetricians agreed to maintain full obstetrical services at St. Mary’s until April 1989, when the situation would be reassessed.¹¹ The peace was short-lived, however. In late September 1988, the ministry once again expressed second thoughts about the rationalization plan, particularly the idea of splitting obstetrical and paediatric services between the two hospitals, which “does not make a lot of sense.” As Health Minister Elinor Caplan told the *K-W Record*, “I’ve recommended that they have some further discussions and look at something that is more feasible.”¹² Once again, St. Mary’s Board wondered whether rationalization was now effectively dead. By late October, even the ever optimistic Bruce Antonello was at a loss to know what to do.

Social Worker Tracey Goldhar provides counselling and comfort to an elderly gentleman.
Source: SMGH





St. Mary's Hospital Board of Trustees, 1997

Back row, left to right: Dr. Satish Rangaswamy, John Sweeney, Mary D'Alton, Lloyd Wright, David Graham, Fred Kirvan, Dr. Brian Kelly, Alan Beaupre, Dr. Neil Arya, Bruce Antonello
 Front row, left to right: Joan McKinnon, Mary Helen Stroeder, Cathy Brothers, Sr. Teresita McInally, Madelaine Haller, Sr. Beatrice Schurr, Carol Sherban, Paula DeLorenzi
 Source: SMGH

He wondered if St. Mary's should reconsider its position. He, too, "had no recommendation, only questions born of an uneasiness surrounding this project."¹³

Despite this setback, both hospitals regrouped in November and decided to approach a new round of negotiations on a less ambitious, or "unenanced basis." Nevertheless, there was a concern within St. Mary's Board "that we might appear a wee bit foolish to the community, in having taken four or five years to come up with the conclusion that an enhanced version of rationalization is unacceptable to the government." Brian Ruby, St. Mary's recently appointed Board Chairman, reminded Board members that "Governments and bureaucracies change as do the financial resources available to them. Our new plan is a realization and acceptance of these current and future realities."¹⁴

By March 1989, growing impatience with the stalled rationalization process as well as several retirements scheduled for July 1, 1989, led St. Mary's obstetricians once again to take matters into their own hands. They informed their patients that as of April 1, 1989, they would no longer be on call at St. Mary's, and that as of July 1, 1989, the remaining eight or nine would together submit letters of resignation to St. Mary's Board. With such declining numbers, the doctors were concerned that they would not be in a position to offer safe care to their patients if they had to cover two obstetrical

centres. Meanwhile, leaders at both hospitals wanted to present their new rationalization proposal directly to the Assistant Deputy Minister of Health, giving the ministry a two-week deadline to reply.

Uncharacteristically, the ministry met the deadline, but the news was not good. The latest proposal was rejected, further complicating the looming crisis with the obstetricians. St. Mary's realized that it could not force the doctors to stay on staff and by the end of April had "no choice but to advise the Minister of Health and the public that, as of July 1, 1989, we no longer provide obstetrics." The implications of this key decision were complex, but rather than being reactive to the events, the Board decided to be

Dr. Victoria Ho, respirologist, (right) discusses a patient's progress with critical care RN Judy Zehr.
 Source: SMGH



proactive and “be in a position to determine our own future.”¹⁵

On May 2, 1989 however, K-W Hospital presented its final rationalization proposal before the District Health Council. It was centred on two main options: consolidating Obstetrics at K-W Hospital and Paediatrics at St. Mary's, or moving Obstetrics, Paediatrics and Gynaecology to K-W Hospital, with two additional medical/ surgical programs added to St. Mary's, in addition to a C.A.T. scanner. This proposal was unacceptable to St. Mary's, as it was too vague in defining the services St. Mary's would gain and too limited in their number. A more specific counter-proposal was presented the next day. To offset K-W Hospital taking on all Obstetrics and Paediatrics, St. Mary's would provide Ophthalmology, Orthopaedics, General, Urology, Vascular and Plastic Surgery, along with Rheumatology, Endocrinology and other acute care medical and geriatric services. St. Mary's would also buy a C.A.T. scanner as soon as possible, as plans for developing its new surgical niche depended upon such technology.

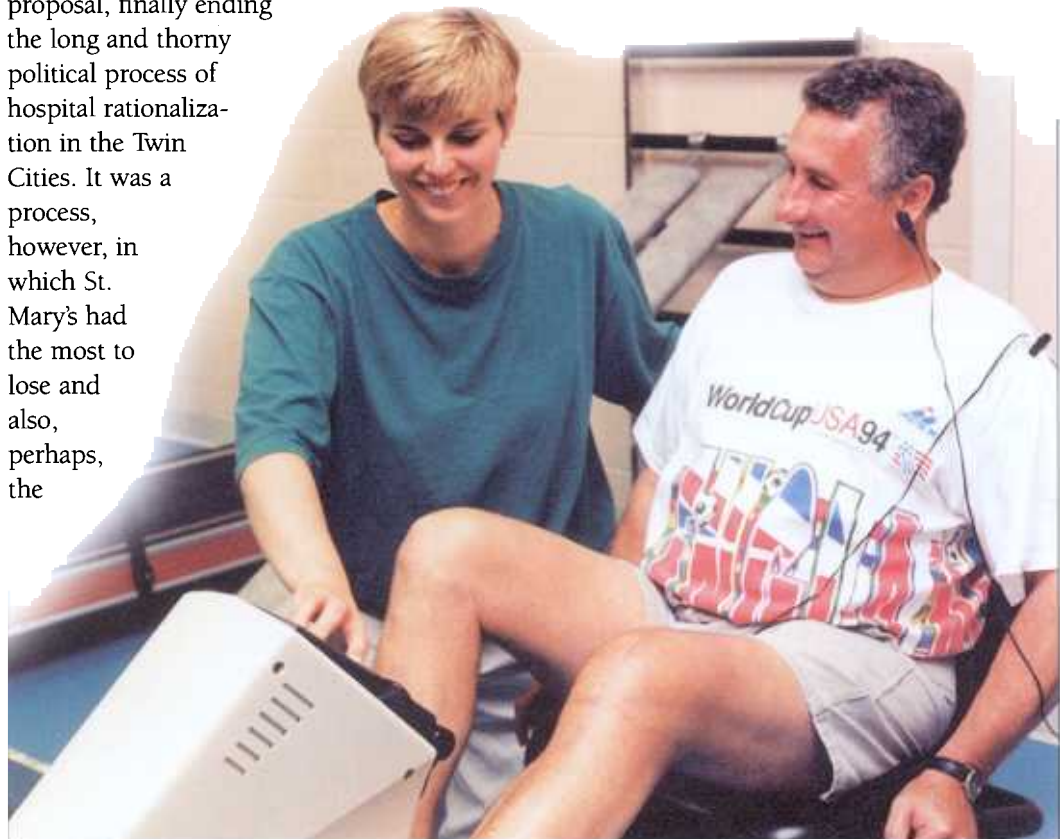
On May 15, Health Minister Caplan gave formal approval to the proposal, finally ending the long and thorny political process of hospital rationalization in the Twin Cities. It was a process, however, in which St. Mary's had the most to lose and also, perhaps, the

most to gain in securing a dynamic future for itself. It was also a process that K-W Hospital seemed less enthusiastic about. Patience and a strengthening sense of its mission and identity, and confidence in its ability to make some difficult changes, allowed St. Mary's to stick with this long rationalization process for its own and the community's best interests.

End of an Era

Now began the difficult task of implementing this agreement before the obstetricians' July 1, 1989 deadline. In the immediate aftermath of the agreement, a major issue between the two hospitals was finding a way to ensure that St. Mary's obstetric and paediatric nursing staff would be able to move to K-W Hospital and not lose their seniority. Based on a 1985 agreement between the Ontario Nurses Association and the two hospitals, it had seemed that the ONA would guarantee such successor rights. The problem was that St. Mary's nurses were members of the ONA union, while those at K-W Hospital were not unionized. K-W Hospital, which had recently reduced nursing staff hours, was not willing to let St. Mary's nurses retain their ONA

Physiotherapist Sue Morell works with a heart patient on state-of-the-art exercise equipment.
Source: SMGH





Physiotherapist Marcia O'Connor supervises a patient's exercise program in Canada's first Arjo hydrotherapy pool, which opened in June 1995.
Source: SMGH

membership and seniority at K-W Hospital. Only after a long legal battle was the issue finally settled in St. Mary's favour. Most of the affected nursing staff took advantage of a retraining program offered by St. Mary's in an effort to minimize any staff displacement.¹⁶

The timing of the plan was critical. By early June it was agreed that all babies would be delivered at K-W Hospital as of July 1, 1989, except for elective Caesarian sections, which would continue at St. Mary's until August 26. On August 1, 1989, all in-patient paediatric services would be consolidated at K-W Hospital. Meeting such deadlines required a summer of herculean efforts at St. Mary's to plan and complete a long list of dramatic rearrangements and renovations throughout the hospital. In particular, delivery suites were converted into operating rooms, the maternity floor changed into a surgical ward and the paediatric floor was transformed into an adult care unit.

Perhaps the most difficult part of such a period of major change was simply facing its finality. At St. Mary's, there were two memorable, though bittersweet, occasions during the summer of 1989 when emotions welled up and everyone had to say goodbye. The first took place on June 29, when the Obstetrics Department closed after sixty-five

years. All the 130,000 people born at St. Mary's over those years were invited to a special celebration to say farewell to one service, and at the same time to welcome St. Mary's new adult care role and the opportunities that it offered for the future. Walter Schnitzler, the first baby born at St. Mary's on November 3, 1924, returned from Toronto to attend the ceremonies. In a fitting symbol of the St. Mary's obstetric story, Walter held one of the last babies born at St. Mary's. A similarly emotional celebration took place on August 1, when St. Mary's Paediatrics Department officially closed. A "Grand Finale Carnival" on St. Mary's lawn was held that day, to which all former patients and their families were invited.¹⁷

Renewal and Uncertainty

The rationalization agreement of May 1989 unleashed a decade of accelerating confidence and renewal at St. Mary's. The key to ensuring St. Mary's future after rationalization was the relaunching of the hospital's fundraising "Campaign for St. Mary's" on September 28, 1989 under the chairmanship of Jim Robertson. Within two months, some \$3.7 million, or 46 per cent of its \$8 million goal had been raised. Of this amount, close to \$160,000 had been donated by the



Dr. Julianne Klein, a pathologist in the new 9th floor laboratory, performs a microscopic examination of a surgical specimen.
Source: SMGH

St. Mary's family, and \$600,000 had been pledged by the newly established St. Mary's Volunteer Association.¹⁸

The St. Mary's Volunteer Association was formed in September 1989 through the amalgamation of the longstanding Auxiliary with the Volunteer Resources Department, which had been established in 1984. The Volunteer Association was spearheaded by Madeline Haller, who had been president of the Auxiliary, and Marlene Greulich, Director of Volunteer Resources. Madeline Haller had been a member of the Auxiliary for more than twenty years, and her leadership was of particular value to the new association.

One of the new association's most important ventures was the opening of a greatly expanded gift shop, the proceeds of which would make up most of the Association's \$600,000 commitment to the campaign. On hand for the official opening on October 11, 1989, were three long-time volunteers, Jessie Reidel, Joanna (Mickey) Heric and her sister, Loretta Killion. They were also known as the "cornerstone girls" since they had made the long trek up a dirt road to an open field when they were teenagers and

witnessed the laying of St. Mary's original cornerstone in 1923.¹⁹ Of the five hundred volunteers working at St. Mary's in 1998, perhaps most symbolic of their service and dedication is the story of Ann Hepditch, likely the first of many friendly faces visitors see when they walk into St. Mary's front lobby. Annie first volunteered at St. Mary's in 1986, shortly after her husband died and she moved from Newfoundland. Her children had already relocated in the Kitchener area and her grandchildren were born at St. Mary's. After the birth of twin grandsons in 1986, Annie's granddaughter, ER nurse Rebecca Jesso, suggested she volunteer. Since then, Annie has been at St. Mary's ten hours a day, four or five days a week. In July 1998, Ann Hepditch was recognized with the Governor General's Caring Canadians Award. This award was established in 1996 by Governor General Romeo LeBlanc to focus attention on "hidden helpers" like Ann, who ask for nothing, but whose compassion and charity were part of the Canadian character.²⁰

Building a Centre of Excellence

After the uncertainty that followed rational-

ization, and the reluctance on the part of K-W Hospital to allow St. Mary's to assume our increased share of surgical services, a renewed creative energy was emerging at St. Mary's. One new service offered by St. Mary's was a Regional Rheumatology Unit. It opened in October 1990 and was the first service in Waterloo Region designed to assist people with arthritis and other rheumatic diseases to cope better with their condition. Another important innovation of this period was a new short-stay surgical program that was supported by new pre-operative clinics.

On a broader level, a new cooperative educational partnership was established between St. Mary's and Forest Heights Collegiate Institute in 1991. The students worked in medical areas of St. Mary's and also received placements in such areas as administration, housekeeping, grounds maintenance and in the kitchen. In August 1991, St. Mary's was also one of the first hospitals to offer a new opportunity for a staff member to assume a full voting membership position on its Board of Trustees. This pioneering move was part of a larger initiative undertaken by the five institutions owned by the Hamilton Sisters. The first staff member to join the St. Mary's Board was Janet Marshall, a social worker in the Department of Community Services, who had joined St. Mary's in 1987.²¹

In the midst of this growing activity, St. Mary's also marked a significant passing of an era. In August 1992, the last

four Sisters living and working at the hospital left their ninth-floor quarters to make way for the hospital's expanded Laboratory Services. Sister Caroline Strauss, who had lived at St. Mary's for twenty-four years, moved in with several other Sisters near the hospital. The other three Sisters moved to the Motherhouse. Sister St. Thomas Warren had been at St. Mary's since 1969, while Sister Jeanette Sebo was involved in Pastoral Care. Sister Roberta McKenna was an OR supervisor at St. Mary's between 1950 and 1976 and "knew every crack in the floor." She had continued to serve St. Mary's patients and staff after her retirement and brought the warmth of her personality to her role as a public relations volunteer.²²

The opening of the ninth floor began a series of other relocations and renovations at St. Mary's, beginning with the opening of the new Laboratory in November 1993. This project was followed by a major expansion of the Physiotherapy Department, which opened in September 1994, and a significantly modernized Emergency Department, completed in December 1994. In October 1994, St. Mary's opened a new Morgue and Autopsy Suite, which was named the Dr. Walter J. Armstrong Suite in

Post Anaesthetic Care Unit nurses Mary Nash and Marilyn Zanatta (left to right) carefully monitor patients recovering from surgery.
Source: SMGH



Frank and Gladys Voisin in the Intensive Care/Coronary Care Unit named in their honour.

Source: SMGH



honour of Dr. Armstrong's long service as St. Mary's Chief Pathologist between 1948 and 1974. After his retirement from St. Mary's, Dr. Armstrong had served as coroner for Waterloo Region, a position that brought him closer to his life-long passion for police work. While coroner, he became "a cop's best friend," regularly walking the beat with young officers and showing up at crime scenes ready to help with investigations. Dr. Armstrong died on October 10, 1993

Another new service opened in the space once occupied by the Laboratory. The St. Mary's Outpatient and Ambulatory Clinic for Orthopaedics and Plastics is designed to care for patients with fractures and other physical injuries. In February 1995, the facility was christened The Robertson Clinic, in honour of Jim Robertson, who had played such a key role in launching St. Mary's Lifeline project and leading the Campaign for St. Mary's.

St. Mary's redevelopment program was about more than opening new patient services; it was also about pioneering new surgical techniques in the Waterloo Region, such as laparoscopy. This procedure involved conducting delicate operations guided by a flexible electronic microscope inserted into the body through a small port hole and inserting specialized instruments through two or three additional port holes. Major incisions and their associated trauma and complications were thus eliminated for many surgical procedures. St. Mary's also developed a highly

efficient and cost-effective system for managing surgical scheduling through differentiating day, short-stay and long-stay surgery.

A Wellness Centre was established to provide specialized interdisciplinary rehabilitation services designed to prevent injury and return injured workers to their job site. On a more personal level, providing for the caffeine and sweet tooth needs of St. Mary's staff and patients was another important part of St. Mary's renewal plans. This was realized when a Tim Horton's franchise opened in September 1994. Operated by St. Mary's own Nutrition and Food Services staff, the "Timmy's" evolved into a central gathering place and an integral part of St. Mary's social culture.

By 1996, a new round of construction and renovation activity began at St. Mary's with the building of one of the most sophisticated Intensive Care/ Coronary Care Units in North America. The limits of the original unit had been apparent almost since the day it opened in 1963, and trying to find sufficient space and funding for an upgraded unit had been a major challenge since 1983. Approval for the project was given in the fall of 1995, and its \$3 million cost was financed completely by local sources. Among the major supporters of the project were the children of Frank and Gladys Voisin. Frank Voisin had served on the St. Mary's Board for many years, including a term as chairman between 1976 and 1978. He was president of Voisin Developments Ltd. of Kitchener and was well known for the building projects that he completed in the Twin Cities, including several churches, as well as the transformation of a four-bedroom house near the hospital into a twelve bedroom residence for several of St. Mary's Sisters in 1977. Frank Voisin was a devout Catholic who enjoyed making things happen, particularly for St. Mary's. In honour of their fiftieth wedding anniversary, the Voisins' many contributions to St. Mary's were recognized in June 1997 when the Frank and Gladys Voisin Intensive Care/ Coronary Care Unit was officially opened.²³

Interdisciplinary teamwork, particularly between nurses and doctors, as well as physiotherapists, social workers, pastoral caregivers and the families of the patient, upon whom everyone's efforts were focused, was

the key to much of the successes at St. Mary's. This was a very different world for nurses who had trained and worked at St. Mary's fifty years earlier. When members of the Class of 1946 toured St. Mary's on the fiftieth anniversary of their graduation, the most striking difference they noticed was the new technology and the changing practice of nursing. Patricia Miller recalled that "We cleaned the rooms, we served the food, we sterilized the linen, we did it all." Her classmate, Elsie Cressman, added that "If a physician came into the room, we stood up." For Meg Slater, who had graduated in 1959, her 1950s training had been focused on following procedures and orders in a starched uniform and she witnessed how nursing became more scientific and interventionist through the 1960s and focused on fixing the sick patient. The shift towards patient participation in their own care during the 1970s and 1980s facilitated the growing responsibilities of nurses as teachers, coordinators and team players. By the 1990s, such teamwork was particularly important in the technology-intensive areas of Emergency and ICU/CCU, as well as in the more emotionally-intensive services provided by St. Mary's new palliative care unit, the St. Joseph's Quality of Life Centre, which opened in October 1997.²⁴

Save Our Hospital!

Despite such successful services and staff teamwork, by 1996 large economic and political forces in Ontario were generating growing uncertainties about the future of St. Mary's. These concerns began with the arrival of a new Progressive Conservative provincial government in June 1995. In their first budget the government announced that provincial funding to hospitals would be cut by 18 per cent over the next three years as part of a deficit and tax reduction plan. When inflation, wage and other expense increases were factored in, an 18 per cent cut actually meant a decrease of about 25 per cent. Antonello felt that St. Mary's could absorb the first year of such a reduction, but was increasingly uncertain about managing the second and third years.²⁵ As a key part of enforcing this reduced funding plan for hospitals, and also to allow for a province-wide examination of the entire health care system, a new arms-length body was established by the government in April 1996 known as the Health Services Restructuring Commission. This commission was given a four-year mandate to restructure hospitals across the province, and to make recommendations to the Ministry of Health on restructuring and enhancing other elements of the health care system.

Nurses from the classes of 1951 and 1952 reunite on the steps of the former Nurses' Residence, now St. Mary's Administration Building.
Source: SMGH





RN Valerie James, urologist Dr. Blair Egerdie and RN Kathy MacIsaac (left to right) prepare for one of the first laser surgery cases.
Source: SMGH

The commission began its work in June 1996 by recommending the closure or merging of hospitals in Thunder Bay and Sudbury. Through the summer of 1996 there were rising public fears that many more hospitals would close or otherwise face substantial restructuring. From the perspective of the Region of Waterloo, the concern was that the commission might decide to restructure hospital services based on a one-day visit and the recommendations of the Waterloo

District Health Council alone. There was little direct input from the hospitals themselves other than a thirty-day period for preparing and submitting an appeal after the commission reported its recommendations.

During the summer of 1996, Antonello, along with St. Mary's Board chair, David Graham, and their counterparts from K-W Hospital, met to prepare for the commission's expected visit in the fall of 1997. David Graham had assumed the chair of St. Mary's Board of Trustees in June 1995. He was a well-respected chartered accountant with strong community commitments, an important asset that helped him during the turbulent times St. Mary's would experience while he chaired the Board. At their meeting, the hospital leaders considered the kind of difficult questions that the commission would surely ask. Questions such as could an acute care hospital in the region be closed? Cambridge Memorial Hospital's closure was unlikely, as it was largely self-contained to serve the Cambridge area. The commission's focus would very likely be on St. Mary's and K-W Hospital. The latter, now known as the K-W Health Centre, had merged with

Freeport in 1995 to



St. Mary's Emergency was the first in Waterloo Region to "triage" patients. The system ensures that the most seriously ill patients are assessed and treated first. RN Rita Morriss takes a patient's temperature, pulse, and oxygen saturation while paramedic Gavin Scott gives a patient report.
Source: SMGH

form the Grand River Hospital Corporation. Could St. Mary's take on all the acute care services that K-W Health Centre provided? This would be clearly impossible within the St. Mary's Queen's Boulevard site. However, it was less clear whether the K-W Health Centre could absorb all the services provided by St. Mary's. In order to better serve the health care needs of the Twin Cities, the hard and explosive question for St. Mary's was: in the face of looming and drastic funding cuts, would it be more logical for the Kitchener-Waterloo community to close St. Mary's and focus all available health care resources at the K-W Health Centre? If yes, could a Catholic health care presence remain in the Twin Cities by having the Freeport Hospital governed and operated by the St. Joseph Health Care System?

Rather than waiting for the commission to ask this question and then rushing to respond, the boards of St. Mary's and Grand River decided "to do their homework" and launch a feasibility task force to explore their options, using the same methods and assumptions as the commission. The task force's study could then be submitted to the commission for deciding the fate of Waterloo Region's hospitals. This was the plan. However, the boards were completely unprepared for the tidal wave of public opinion that hit them on September 20, 1996 when the news of the hospitals' initial plan was translated into bold headlines that shouted "St. Mary's may close."²⁶

The preliminary analysis suggested that St. Mary's could close its site, transfer its surgical and emergency services to the K-W Health Centre, and then take over operations of the Freeport Health Centre and focus its new mission on long-term geriatric, palliative and rehabilitation services at the Freeport site. It was estimated that such a plan would save about \$18 million annually. The details of the plan and its motivation, and the fact that the feasibility study could recommend that St. Mary's would stay open, were not what the media or the community focused on over the next year. What preoccupied most people was the dramatic idea that St. Mary's might close.

The story quickly dominated the local media, especially the pages of *The Record*. Its

coverage highlighted the shock and disbelief within the community, and among the medical profession, local politicians and particularly leading supporters of St. Mary's, who had no inkling that the future of St. Mary's was in such doubt. Jim Robertson suspected something was up, perhaps more bed closures, but was stunned by the news of a possible closure, especially after the \$9 million he had helped raised for the hospital. He also had a personal attachment to St. Mary's. Fifteen years earlier while in France his appendix had ruptured and he was rushed home and then to St. Mary's where the doctors had saved his life.

Much of the intensity of *The Record's* coverage of the story reflected the strong public support for St. Mary's across the Twin Cities. The newspaper had close links to St. Mary's that stretched back to 1927 when its former publisher, W.J. Motz, became the first chair of St. Mary's Advisory Board. In 1996, Jackie Hayes, a popular columnist in *The Record*, had served as president of St. Mary's Voluntary Association and was married to the *Record's* former managing editor, while her late brother, Bob Cardy, had played a key role in expanding and modernizing the hospital during the 1960s.²⁷ During the first week of the crisis, *The Record's* editorial board stressed that it was time "to stop

ER clerk Anne Wein takes a patient report from the Central Ambulance Communication Centre via the ambulance phone.



Her Honour, Lieutenant Governor Hilary Weston (right) congratulates Ann Hepolitch after the St. Mary's volunteer was honoured with the Governor General's Caring Canadian Award at a ceremony at Queen's Park in Toronto.
Source: SMGH



talking and start fighting the forces that threaten to shut down St. Mary's... Closing the doors to this facility should not be an easy or polite process. Nor should it be seen as a done deal." Indeed, the editorial suggested that "the path leading from the excellent hospital operating now to a moth-balled pile of bricks should be blocked by every barrier, rock or shard of glass the public can throw in the way."²⁸

When Anne Wein, a St. Mary's ER clerk, heard the news, her first thought was that there was no way that they could close St. Mary's. Her second thought was that somebody had to stop this from happening, and that person might just as well be Anne Wein. So Anne, together with Nancy Kennedy, a friend and co-worker, organized a group they simply called, "Save Our Hospital." The group set up a temporary small office in Emergency before moving to a downtown headquarters. They began to rally the community members who cared about St. Mary's. They organized rallies, candlelight vigils, lawn signs, calls to a special hotline at the hospital, a Christmas parade float and applied direct political pressure through personal appeals to the three local Conservative MPPs and the Minister of Health. They collected signatures for a massive petition to Queen's Park. In the first ten days of

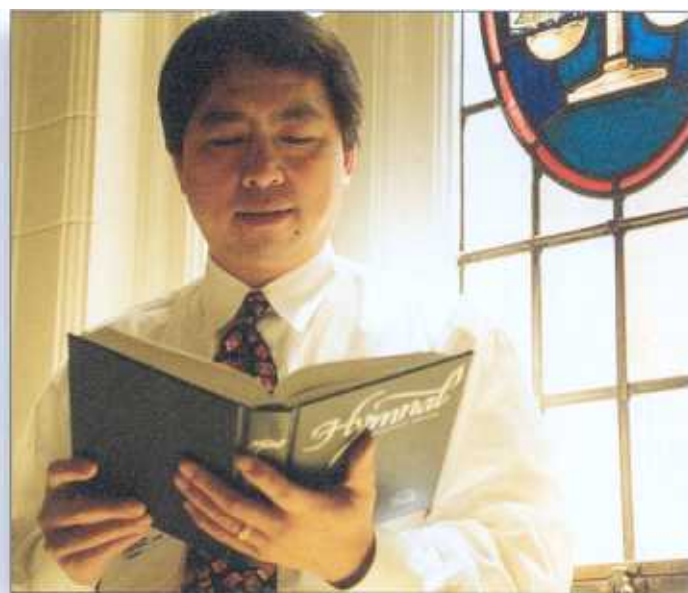
the campaign, more than 50,000 signatures were delivered to Toronto.²⁹

The Conservative MPP, Wayne Wettlaufer, who represented the Kitchener riding that included St. Mary's, was the focus of much of the political pressure generated by groups fighting to save St. Mary's. While he was quite sympathetic and had his own personal attachment to St. Mary's—where his life was saved after an asthma attack—he found himself in a difficult position trying to defend both St. Mary's and the government's controversial health policy. While he expressed his concerns about St. Mary's future to the Minister of Health, Jim Wilson, and later to Waterloo North MPP Elizabeth Witmer when she became minister, their response was to redirect such concerns away from Queen's Park. St. Mary's supporters were told instead to lobby the District Health Council, which would make recommendations to the commission, as well as the federal government, whose health funding cutbacks to the provinces were blamed for ultimately creating this situation.³⁰

The debate quickly centred around the issue of a community's strong emotional and personal ties to St. Mary's that had been built since 1924, versus viewing the hospital as simply bricks and mortar that could easily be closed in the name of saving money and improving the region's health care system.

Anne Wein had objected strongly to the "bricks and mortar" argument, which was made by the chair of the Waterloo Region

Michael Chow, chaplain for St. Mary's General Hospital, takes a break from his pastoral duties.
Source: SMGH





Kitchener City Hall

Opened in September, 1993, Kitchener's award-winning City Hall and administrative complex is a striking statement of urban renewal in Kitchener's central business district. It is the venue for many community events, including St. Mary's Festival of Lights, which every year draws the community to celebrate together in preparation for Christmas.

Source: Steven Ward photography

thoughts about the potential closing of St. Mary's. The assumption was that the St. Mary's community would be defined by the neighbourhood around the hospital, or by the City of Kitchener or the Waterloo Region, or by the Roman Catholics of the region, or by the older people who since 1989 had become its primary patients. He discovered that these assumptions were inaccurate. While most responses were from Kitchener, there were many from Waterloo, Cambridge, Elmira, Plattsville and Bright. Many specifically noted that they were not Roman Catholic,

District Health Council, Veronica Kerr. The Save Our Hospital newsletter was named "Bricks & Mortar" to symbolize the campaign. Kerr held out little hope for St. Mary's and had suggested in October that "If this community only campaigns for brick and mortar and says 'we don't want a hospital closed,' it is missing an opportunity to push for real health care needs." The St. Mary's debate moved to underscore how "seriously underfunded" Waterloo Region's health sector was compared to other centres such as Toronto, as well as the broader political dilemmas that all governments faced during the 1990s in managing growing health care demands with shrinking budgets.³¹

The debate also redefined the St. Mary's community. Bill Bean, assistant news editor of the *Record*, asked people to send him their

while others were from older people whose children had been born at St. Mary's, or whose spouses had died there. There were other responses, "from younger people who had needed help and understanding and found it at St. Mary's."³²

In October, the board of the Cambridge Memorial Hospital asked to be included in the feasibility study, which developed three models for review. Model A suggested that all three acute hospitals remain open; Model B pointed towards consolidating all acute care for Kitchener-Waterloo at the K-W Health Centre, with St. Mary's and the Sisters of St. Joseph taking over the operations of Freeport, and with Cambridge remaining unchanged; Model C was the same as Model B, but with Cambridge expanding its acute care mandate to serve patients from south of Kitchener.

The Honourable Elizabeth Witmer, Waterloo North MPP and Ontario's Minister of Health, speaks with reporters about St. Mary's future on December 7, 1998.
Source: SMGH



In February 1997, this initial turbulent period came to a close after some inopportune comments from the Grand River Hospital leadership. With Grand River facing a mounting deficit and a series of layoffs, it was suggested that “part of the solution (to Grand River’s budget problems) might be the closure of a hospital.” To Antonello, such a comment was “upsetting and inappropriate,” and had the effect of bringing closer together the Save Our Hospital campaign with the St. Mary’s leadership. It was now “loud and clear” that St. Mary’s “should not, and would not, be closed to cover another hospital’s deficit.”³³ Until these “inappropriate comments,” the St. Mary’s Board had kept its focus on the larger picture of trying to determine objectively what would be best for the whole community and not just for St. Mary’s.

During the spring of 1997, the focus of the debate shifted to the studies that were underway by the hospitals and the District Health Council. The report of the hospitals’ feasibility task force, delivered in May, emphasized that closing St. Mary’s would not save as much money as originally estimated, while upgrading Grand River to accommodate all of St. Mary’s acute care services would cost a great deal more. It was estimated that it would require \$100 million in capital improvements to save between \$2.4 and \$4 million in annual operating expenses, leaving the clear conclusion that Model A should be supported by the hospitals’ boards.³⁴ The council’s report, also released in May, focused on improving and rearranging services among the three hospitals,

including suggesting that St. Mary’s assume full responsibility for mental health services, as well as outpatient care, day surgery, detox and addiction services.³⁵ To many, St. Mary’s was suddenly off the critical list and its future brightened. The pressures on the hospitals’ budgets were also eased when the province postponed the planned third year of hospital funding

cuts.³⁶ Thus, by the time the Restructuring Commission arrived in December, the hospitals and the District Health Council, which had revised its recommendations in light of the hospitals’ feasibility task force report, both recommended that St. Mary’s continue to serve the community.³⁷

St. Mary’s was left in a state of suspense while it waited for the inevitable day that the commission returned to the Twin Cities with its verdict on the future of health care in the Waterloo Region. There was very little anyone could do to change the situation while they listened to disturbing reports of the growing list of hospitals that the commission was ordering to close around the province. It was not until May 14, 1998 that the commission released its recommendations. It was good news for St. Mary’s. The commission said that “St. Mary’s will continue in its role of providing acute care services and its services will be expanded to include rehabilitation and sub-acute care.” The other hospitals of the Waterloo Region received similar good news, including Grand River, which was to be the new home for a full-service regional cancer centre. The commission did not make any recommendations to change the governance of the region’s hospitals, except to suggest the establishment of a joint executive committee between Grand River, Cambridge Memorial and St. Mary’s General Hospital.

In Good Hands

As a vital part of the St. Joseph’s Health Care System, St. Mary’s survived this period of revolutionary change and intense uncertainty

because of its unique strength as both a Catholic and a local community hospital that had historically depended on support from and that had conscientiously served the entire community. The Save Our Hospital campaign merely tapped into the same diverse Twin Cities community as Colonel Heasley had in 1959 to expand the hospital, or as the Ladies' Auxiliary had done during the Rose Day campaigns of the 1930s, and Father Zinger did over seventy-five years ago when he set out to get St. Mary's Hospital built.

St. Mary's strengths and its identity have also been shaped by the limits and opportunities of evolving a concentrated hospital within the circle of care that wrapped around Queen's Boulevard. The St. Mary's family has shared the same home since 1924, a home that tripled in size in 1962, but unlike so many other hospitals, the new was not

divided from the old, allowing the Sisters, administration, doctors, nurses and staff to stay physically and spiritually close to one another in their common patient care mission. Indeed, for its past and present family, St. Mary's has remained one of the greatest places to work. Spiritually nourished by the Sisters of St. Joseph, and challenged by a dynamic relationship with the Kitchener-Waterloo Hospital, St. Mary's has also grown into a strongly independent institution, firmly rooted in the Waterloo Region and guided by a dedicated and highly competent local Board since 1927.

At its heart, the St. Mary's General Hospital story has been about people caring for people. The many changes and opportunities that this vital institution has encountered have both challenged and reinforced this central mission. With a caring mission at its heart, the future of St. Mary's is assured. ☛



The provincial government announced in January, 1999 that St. Mary's General Hospital would become the regional Cardiac Care Centre. Celebrating the future of the hospital are (left to right) Gerry Barr, Vice President, Finance and Administration; Scott Hebert, Director, Patient Services and Communications; Sue Krantz, Manager of the hospital's Tim Hortons (and maker of the heart neckties and scarves); Danielle Swerhone, Assistant Vice President, Patient Services; Bruce Antonello, President and CEO; Moira Taylor, Vice President, Corporate and Paramedical Service; Marie Askin, Vice President of Patient Services; Rob Donelson, Foundation Executive Director.

Epilogue

“There is a time for everything...” says the author of Ecclesiastes 3:1, and for St. Mary’s, our time is clearly now.

After two years of considerable uncertainty about our future, May 14, 1998 marked a time for good news from the Health Services Restructuring Commission. On that memorable day, a panel of three experts confirmed St. Mary’s General Hospital’s continued role to serve the health care needs of Waterloo Region. It is a day that many of us will never forget.

But the good news didn’t stop there. In December 1998, The Honourable Elizabeth Witmer, MPP for Waterloo North, and Minister of Health announced that a full-service cardiac care centre would be approved for Kitchener to serve Waterloo Region, Wellington, Dufferin and beyond. This announcement followed similar news that a regional cancer centre and a magnetic resonance imaging unit (MRI) would be built at the neighbouring Grand River Hospital.

A team of St. Mary’s physicians, staff and board members collectively developed and submitted a comprehensive proposal to

provide cardiac services to our community and region. An expert panel from teaching centres and other cardiac programs visited to assess the proposals of both Kitchener hospitals. They were impressed with our plans and recommended to the District Health Council that the regional cardiac care centre be sited at St. Mary’s General Hospital.

This recommendation was unanimously approved by the District Health Council and on Friday, February 19, 1999, the Minister of Health accepted the Health Council’s recommendation.

I am so proud of the commitment and caring of the St. Mary’s team that was so clearly evident to the expert panel. It is the same commitment that is demonstrated every day in our care of patients and families, and in the respect we show to one another.

It is an honour to serve as President of such a warm and caring place. Thank you for all you do to support our mission and for your continued belief in the dream of the Sisters of St. Joseph of Hamilton that began 75 years ago and continues to inspire an entire community today.



Susan and Bruce M. Antonello

With my best wishes,
Bruce M. Antonello
President & Chief Executive Officer

75th Anniversary Committee Acknowledgements

During my tenure as Chair of St. Mary's General Hospital's Board of Trustees, I was honoured to serve at a number of ceremonies to celebrate the hospital's seventieth anniversary in 1994. I met with many people on those occasions who were present when the hospital opened its doors in 1924. It became evident to me that time was right to chronicle the history of St. Mary's to mark its 75th anniversary on October 21, 1999.

In June 1995, the Board of Trustees established the 75th Anniversary Committee which I was asked to Chair. Our mandate was to research, write and produce a history book about St. Mary's General Hospital and to coordinate the special events to help celebrate the hospital's diamond anniversary.

The Anniversary Committee sought the expert assistance of Professors Kenneth McLaughlin and Geoffrey Hayes, professors from the University of Waterloo's Public History Program. From 1995 to 1996, five graduate students, under the direction of Geoffrey Hayes, conducted a thorough archival review. From their initial research we concluded that a history of St. Mary's General Hospital would recognize its anniversary while making a significant contribution to the understanding of our community and of the development of health care in the province of Ontario.

After the feasibility study was completed, a Toronto-based researcher and historian,

Christopher Rutty, was hired in June 1997. A Publications Committee guided and directed this project throughout its journey toward publication. Working with author Christopher Rutty were: Bruce Antonello, Elaine Baldwin, Cathy Brothers, Theresa Franks, David Graham, Scott Hebert, Rita Mroz, Carol Sherban, Dr. Thomas Shoniker, and Sister Caroline Strauss. Professors McLaughlin and Hayes continued to serve on this committee. They brought to the discussions their knowledge of St. Mary's General Hospital and of the unique history of this community as well as their experience as authors of several other books. The committee members' insights ensured that this book would capture the history and spirit of St. Mary's over the past seventy-five years. I would like to express my sincere thanks to all of them.

Professors McLaughlin and Hayes separately researched, selected and identified many of the photographs in the book as well as writing a series of interpretive captions for the book illustrations. They brought important new ideas to the design of the book and their commitment has been exception and their input invaluable. They served, along with Bruce Antonello, Elaine Baldwin, Scott Hebert and myself, as proof readers and final editors. I am also grateful to Professor McLaughlin for providing a very engaging and personal Foreword for our book.

Elaine Baldwin and Scott Hebert deserve



Frederick T. Kirvan

special mention for giving so much of themselves: their energy, their expertise and their personal time in order that this book might meet the publication standards set by the committee. Their patience, editorial comments and suggestions were appreciated.

I am especially grateful to the sponsors whose generous support made the production of this book possible. They include the Sisters of St. Joseph of Hamilton, the Bishop of the Dioceses of Hamilton, the Congregation of the Resurrection, Waterloo Region Catholic Community Foundation, St. Mary's General Hospital Volunteer Association, the Mersynergy Charitable Foundation, First Echo Community Fund, as well as many individuals and nursing graduating classes from St. Mary's School of

Nursing. Their financial support has been gratifying and most appreciated.

Finally, I say thank you on behalf of everyone who has been touched by the caring of this fine hospital. We are indebted to the Sisters of St. Joseph of Hamilton for their founding vision. St. Mary's has earned respect and support of individuals throughout this community. You have helped to ensure that the mission, vision, caring and concern for patients which began in 1924 continues to this day. Each one of you has helped to make St. Mary's special.

*Frederick T. Kirvan, Q.C.
Chair, 75th Anniversary Committee*

A Note on Sources

The story of St. Mary's General Hospital has been assembled from a variety of primary and secondary sources. The most important sources are the St. Mary's General Hospital Archives (SMGHA) in Kitchener, the Sisters of St. Joseph's Archives in Hamilton (SSJA) and the Archives of Ontario (AO) in Toronto.

St. Mary's Archives are under the control of the Medical Librarian, Elaine Baldwin. They have been well catalogued and are housed in the basement of the hospital, except for Board minutes and related documents that have been collected in binders and kept in a closet in the administrative building. Among the more important materials in the St. Mary's Archives for this book are the records of the St. Mary's Advisory Board and its successor after 1971, the Board of Trustees and its various committees. The hospital's archives contain meeting minutes and related documents from about 1963 to the present, while the Sisters of St. Joseph's Archives contain Advisory Board minutes between 1927 and 1963. Another key source in the St. Mary's Archives is an extensive collection of newspaper clippings, mostly from the Kitchener-Waterloo Record. Most are originals from the 1950s to the present, while earlier clippings are photocopies from originals or microfilm. The name of the K-W Record has changed several times during the past seventy-five years. From 1904–1916 the paper was known as the Berlin News Record, then the Daily Record or Kitchener Daily Record until 1947 when it was renamed the Kitchener-Waterloo Record. In 1994, the newspaper became simply *The Record*, a name that it has retained to date. The meeting minutes and a scrapbook of the Ladies' Auxiliary's activities are also kept in the hospital's archives, along with Patient Registers dating back to the opening day.

Of particular value to this project is a one-of-a-kind historical chronicle about St. Mary's known as the "Record of Permanence," assembled by Bob Cardy, St. Mary's administrative assistant during the 1960s. After Bob Cardy's death in 1969 this chronicle was continued by others until the early 1980s.

A miscellaneous collection of primary documents, including administrative and other correspondence, are also collected in the hospital's archives. Originals of these documents date mostly from the 1950s through 1970s, while earlier items are photocopies from originals kept in the Sisters' Archives. A number of important published sources have been collected in St. Mary's Archives, the most useful of which are a collection of the hospital's newsletters, *The Bells of St. Mary's*, published between 1961 and 1965, and *Suture Line*, which has appeared regularly since late 1973. Finally, the hospital's archives contain the hospital's annual reports from 1974 to the present and the yearbooks of the School of Nursing, known as *Impendamus*, published between 1957 and 1974. There is also a collection of miscellaneous correspondence and other documents and artifacts related to the School of Nursing and its history.

The best source to tell the early history of St. Mary's Hospital is the Sisters of St. Joseph's Archives at the Motherhouse in Hamilton. Also collected there are original documents related to various St. Mary's fundraising campaigns during the 1930s and 1940s and the expansion project during 1959 to 1962. Also of importance are several files of original business correspondence of the hospital, particularly during the 1920s and 1930s, early account and subscription books, and original invoices and receipts from the hospital's suppliers during 1924–25. Perhaps the most valuable collection in the Sisters' Archives is a series of original correspondence between Father Albert Zinger and the Mother Superiors of the Sisters between 1919 and 1925. Father Zinger's letters dramatically chronicle the story of the origins of St. Mary's Hospital better than any other source. Other important primary sources housed in the Sisters' Archives include biographical files on most of the Sisters who served at St. Mary's, several files of original records of the School of Nursing, and an impressive two-volume scrapbook of the School prepared in 1974, which contains clippings, as well as photos of each graduating class.

A third essential primary resource for telling the St. Mary's story, and of particular importance for providing the provincial government's perspective, is the Archives of Ontario in Toronto. Collected on microfilm is a large volume of official correspondence and other documents between St. Mary's administration and the Ontario Ministry of Health and/or the Ontario Hospital Services Commission. While there are also original documents related to St. Mary's in a variety of files in the Ministry of Health government record group (RG10), the most important documents are in the microfilmed central hospital files collection known as RG10-154, and in particular, reels 148, 216, 278, 295, 368 and 413. Much of this material consists of routine administrative correspondence, but within the collection is a great deal of useful information about the relationship between St. Mary's and the provincial government dating from the 1940s through the 1960s.

The other archival collections consulted were the Regional Municipality of Waterloo Corporate Records and Archives (RMWCRA) in Kitchener and the Kitchener Public Library's Grace Schmidt Local History Room. The RMWCRA is important for understanding the often difficult relationship between St. Mary's and Waterloo County. The published minutes of the Waterloo County Council were surveyed between the 1920s and 1940s, while several files of correspondence between county officials and St. Mary's from the 1950s were also helpful. The Kitchener Public Library's local history room was also a valuable resource of biographical information, particularly of doctors who worked at St. Mary's, and of members of the Advisory Board and Board of Trustees. Finally, understanding a key piece of the St. Mary's story was possible through a small collection of records kept by the Sisters of Providence's Archives in Kingston. This material included annals and council meeting minutes of the Kingston Sisters from 1916-17, relevant extracts of which were made available through correspondence with the Sisters of Providence archivist.

Another essential primary source, particularly for providing personal perspective and personality to the St. Mary's story, has been a series of interviews with important people and groups in the history of the hospital. Most of the interviews were taped and will be deposited in the St. Mary's Archives. Listed below are the interviews that were conducted, including their position and years at St. Mary's, any related individuals discussed during the interview, followed by the date of the interview in brackets:

- Rose Moody (Schmaltz), nursing student, 1924-25 (March 14, 1996)
- Roxy Lang (Roche), nursing student, Class of 1933; wife of Dr. Louis V. Lang, general practitioner, 1926-87, (September 18, 1996, April 28, 1998)
- Group of Allied Health staff (April 8, 1997)
- Group of Physicians (April 9, 1997)
- Group of Sisters of St. Joseph at Motherhouse, Hamilton (April 10, 1997)
- Group of Sisters of St. Joseph at Dundas Villa (April 10, 1997)
- Group of Obstetrical Nurses (April 22, 1997)

- Group of nursing students, Class of 1947 (May 29, 1997)
- Group of nursing students, Class of 1951-52 (May 29, 1997)
- Group of nursing students, Class of 1962 (August 6, 1997)
- Margaret Heuther (Holle), Anita Patrinka (Kane) and Beula Palowski (Lewiski), nursing students from Class of 1947 (March 26, 1998)
- Dr. Alexander D. Campbell, anaesthetist, 1946-84 (April 7, 1998)
- Dr. Thomas J. Shoniker, pathologist, 1962-95; son of Dr. Harry J. Shoniker, general practitioner, 1926-64 (April 8, 1998)
- Dr. John Whaley, paediatrician, 1959-97; son of Dr. David Whaley, paediatrician, 1930-70 (April 28, 1998)
- Terri Franks, laboratory technician, 1956-96 (April 29, 1998)
- Dr. John R. Sehl, obstetrician, 1959-95 (June 17, 1998)
- Eleanor Buchanan, nurse, 1968-89; daughter of Dr. Willard Sehl, obstetrician, 1940-61 (June 17, 1998)
- Bruce Antonello, president and CEO, 1982-present (June 23, 1998)
- Anne Wein, Emergency Department clerk and Save Our Hospital leader, 1979-present (June 24, 1998)
- Ann Hepditch, volunteer, 1987-present (June 24, 1998)
- Gordon Mackay, chairman, Board of Trustees, 1984-86 (July 31, 1998, by phone)
- Clara Schmidt, laboratory technician, X-ray, 1955-98 (September 15, 1998, by phone)
- Orphe Meyer, nursing student, Class of 1948 (September 17, 1998, by phone)
- Cleo Hemler, pharmacist, 1948-61 (September 17, 1998, by phone)

Important biographical information, especially about physicians active at St. Mary's between the 1920s and 1940s, was also gathered from an unpublished manuscript by Dr. Alexander Campbell that he called "The First 100 Years of Waterloo County Physicians, 1825-1925." Thanks to Dr. Campbell for providing access to his efforts. Another useful biographical source for early physicians at St. Mary's is J.E. Middleton and F. Landon, *The Province of Ontario: A History, 1615-1927* (Toronto, 1927).

The essential secondary sources for local history are John English and Kenneth McLaughlin, *Kitchener: An Illustrated History* (Waterloo, 1983) and Geoffrey Hayes, *Waterloo County: An Illustrated History* (Kitchener, 1997). *Vital Signs: The First 100 Years, Kitchener-Waterloo Hospital* (Kitchener, 1994), by Brent Hergott and Jonathan Marshall (with John Lunman, Joanne Makulski and Kenneth McLaughlin), was also very useful in detailing the history of the Twin Cities' other general hospital and providing context to the St. Mary's story. Similarly, *Caring on the Grand: A History of the Freeport Hospital* (Kitchener, 1987) by Peter Conrad is of value to understanding the history of hospitals in Kitchener-Waterloo.

Of particular importance to understanding the history of a Catholic hospital like St. Mary's are works on the Catholic Church in the area, including Reverend Theodore Spetz, *The Catholic Church in Waterloo County, Book I* (The Catholic Register and Extension, 1916), John Iwicki, *Resurrectionist Charism: A History of the Congregation of the Resurrection, Volume II, 1887–1932* (Rome, 1992), and the anonymous history of St. Mary's Church, *Centennial, 1857–1957: St. Mary's Church* (Kitchener, 1957).

Also essential to understanding the St. Mary's story are several books and articles on the history of the Sisters of St. Joseph in Hamilton, as well as the Sisters of Providence of St. Vincent de Paul in Kingston. Of particular value are Sister Mary Electa, *The Sisters of Providence of St. Vincent de Paul* (Montreal, 1961), P.J. Monaghan, *The Sisters of St. Joseph of the Diocese of Hamilton* (Hamilton, 1943), Sister Mary Agnes, *The Congregation of the Sisters of St. Joseph: Le Puy, Lyons, St. Louis, Toronto* (Toronto, 1951). Peggy Savage, *To Serve With Honour: The Story of St. Joseph's Hospital, Hamilton, 1890–1990* (Toronto, 1990), was also useful for background on the Hamilton Sisters and their hospital in Hamilton, where many of the Sisters who served at St. Mary's also worked.

The historiography of hospitals in Canada is still underdeveloped, but good general sources include: G. Harvey Agnew, *Canadian Hospitals, 1920–1970: A Dramatic Half Century* (Toronto, 1974) and David Gagan, "For 'Patients of Moderate Means': The Transformation of Ontario's Public General Hospitals, 1880–1950," *Canadian Historical Review* 70 (1989): 151–79. Also of particular value for the historical summary it provides on the Ontario hospital system up to the 1930s is A.A. Allan, *The Hospitals of Ontario: A Short History* (Toronto: Ontario Department of Health, 1934).

Finally, the best source for understanding the history of nursing in Canada is Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900–1990* (Toronto, 1996). For additional background on other aspects of the history of medicine in Canada, especially the history of particular diseases that are mentioned in the St. Mary's story, see: Michael Bliss, *The Discovery of Insulin* (Toronto, 1982), Eileen Pettigrew, *The Silent Enemy: Canada and the Deadly Flu of 1918* (Saskatoon, 1983) and Christopher J. Ruddy, "Do Something! Do Anything! Poliomyelitis in Canada, 1927–1962," Ph.D. thesis, University of Toronto, 1995.

Footnotes

CHAPTER 1

- 1 Council Minutes, Sisters of Providence, August 5, 1916; *Annals, Sisters of Providence*, August 15–16, 1916, Sisters of Providence Archives (hereafter SPA).
- 2 *Annals, Sisters of Providence*, September 12, 1916, SPA.
- 3 “The City to Obtain Second General Hospital,” *News Record*, October 2, 1916; “New Hospital to be Erected in Kitchener by Sisters of Charity,” *Daily Telegraph*, October 2, 1916.
- 4 Council Minutes, Sisters of Providence, October 9, 1916, November 17, 1916, SPA.
- 5 *Annals, Sisters of Providence*, November 17, 1916, SPA.
- 6 Father A.L. Zinger to Mother M. Martina, August 29, 1919, Sisters of St. Joseph Archives (hereafter SSJA).
- 7 “New St. Mary’s Hospital Will be One of Most Up-to-Date and Best Equipped in Province,” *Daily Telegraph*, March 19, 1917.
- 8 Council Minutes, Sisters of Providence, May 9, 1917, SPA.
- 9 Sister Mary Electa, *The Sisters of Providence of St. Vincent de Paul* (Montreal: Palm Publishers, 1961), p. 154; Sister Gayle Desarmia, Archivist, Sisters of Providence, to the author, October 10, 1997.
- 10 Mother M. Clement to Rev. T.J. Dowling, June 25, 1919, Record of Permanence, St. Mary’s General Hospital Archives (hereafter SMGHA).
- 11 “The Rev. Albert Lawrence Zinger, C.R., Ph.D.,” in J.E. Middleton and F Landon, *The Province of Ontario: A History, 1615–1927* (Toronto: Dominion Publishing Co., 1927), p. 386.
- 12 Father Zinger to Mother Martina, August 26, 1919, August 29, 1919, SSJA.
- 13 Father Zinger to Mother Martina, September 3, 1919, SSJA.
- 14 *Ibid.*
- 15 Father Zinger to Mother M. Thecla, February 20, 1923, SSJA.
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Postscript

by Christopher Rutty

In his opening remarks Reverend A.L. Zinger, pastor of St. Mary's Church and chairman of the hospital committee, declared that October 21, 1923 would go down in the history of the Twin City as a red letter day. It was a day that marked the beginning of an institution that would take a large part in the life of the community. It would not be a pile of brick and mortar erected for the purpose of bringing in commercial dividends to the investors but one which would bring the angelic ministrations of self-sacrificing sisters to the suffering.

Daily Record (Kitchener),
October 22, 1923

What does it take to build a hospital? How does a hospital grow and evolve within a rapidly changing world? More importantly, how does a hospital maintain, redefine and expand its health care mission in the face of deepening provincial funding cutbacks, sweeping hospital restructuring and threats of closure? This book is designed to tell the dramatic story of St. Mary's General Hospital in Kitchener, Ontario, with these central questions in mind. Its purpose is not only to celebrate the many memorable people and important

events of St. Mary's history, but also to enlighten readers about the challenging financial, technological and political realities involved in building and operating a Catholic general hospital during the twentieth century. October 21, 1999 marks the seventy-fifth anniversary of the opening of St. Mary's Hospital, but it was only on May 14, 1998, that it became clear that St. Mary's doors would remain open to all who needed its special brand of personalized health care.

The St. Mary's story is above all about the many people who have dedicated themselves to fulfilling the special caring mission of the Sisters of St. Joseph of Hamilton, who founded and still own the hospital. The St. Mary's story also reflects several important themes in the history of hospitals in Canada, the history of nursing and the history of health care generally. In particular, the St. Mary's story illustrates how the growing influence of the provincial government in funding and regulating health care has shaped the evolution of a privately-owned Catholic public hospital. At the same time, St. Mary's has maintained its Catholic identity within an increasingly secular society and remained open to people of all faiths. Moreover, St. Mary's has secured the intensely loyal patronage of the Twin Cities community and beyond, especially from non-Catholics, and earned the solid financial and political support of local governments.

St. Mary's history can be character-



Christopher J. Rutty,
Ph.D.
Photo: D.W. Dorken

ized as a circle of care, defined physically and psychologically by the Queen's Boulevard Circle that surrounds it. While physically confined to a certain degree, remaining within the limits of this circle has reinforced the unique caring environment of the hospital and the personal relationships of the St. Mary's family, particularly after the completion of a major expansion in 1962 and the subsequent decline of the presence of the Sisters. Similarly, St. Mary's history has been shaped by the cycles of events and issues which the hospital has revisited at different times. This cyclical pattern began with the three separate attempts to build St. Mary's between 1916 and 1924, various expansion efforts since the 1940s, and especially the numerous attempts to rationalize services, such as obstetrics and paediatrics,

between St. Mary's and the Kitchener-Waterloo Hospital during the 1970s and 1980s.

Despite all the changes in the particular services the hospital has offered, the St. Mary's spirit continues to be defined by its family of caring individuals who meet the unique health care needs of each person arriving at the hospital's front door. Indeed, among the St. Mary's family and the patients they have cared for over the past seventy-five years, this special hospital has always been more like a warm, friendly and welcoming home.

Christopher J. Ruddy, Ph.D.

Acknowledgements

Christopher Ruty, Ph.D.

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