



# 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.

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## 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.

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# St. Joseph's Hospital, London, Ontario 1888-1988 Faith and Caring

by

R. Alexander Stephen & L. Mackie Smith

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# ST. JOSEPH'S HOSPITAL 1888-1988

*faith and caring*

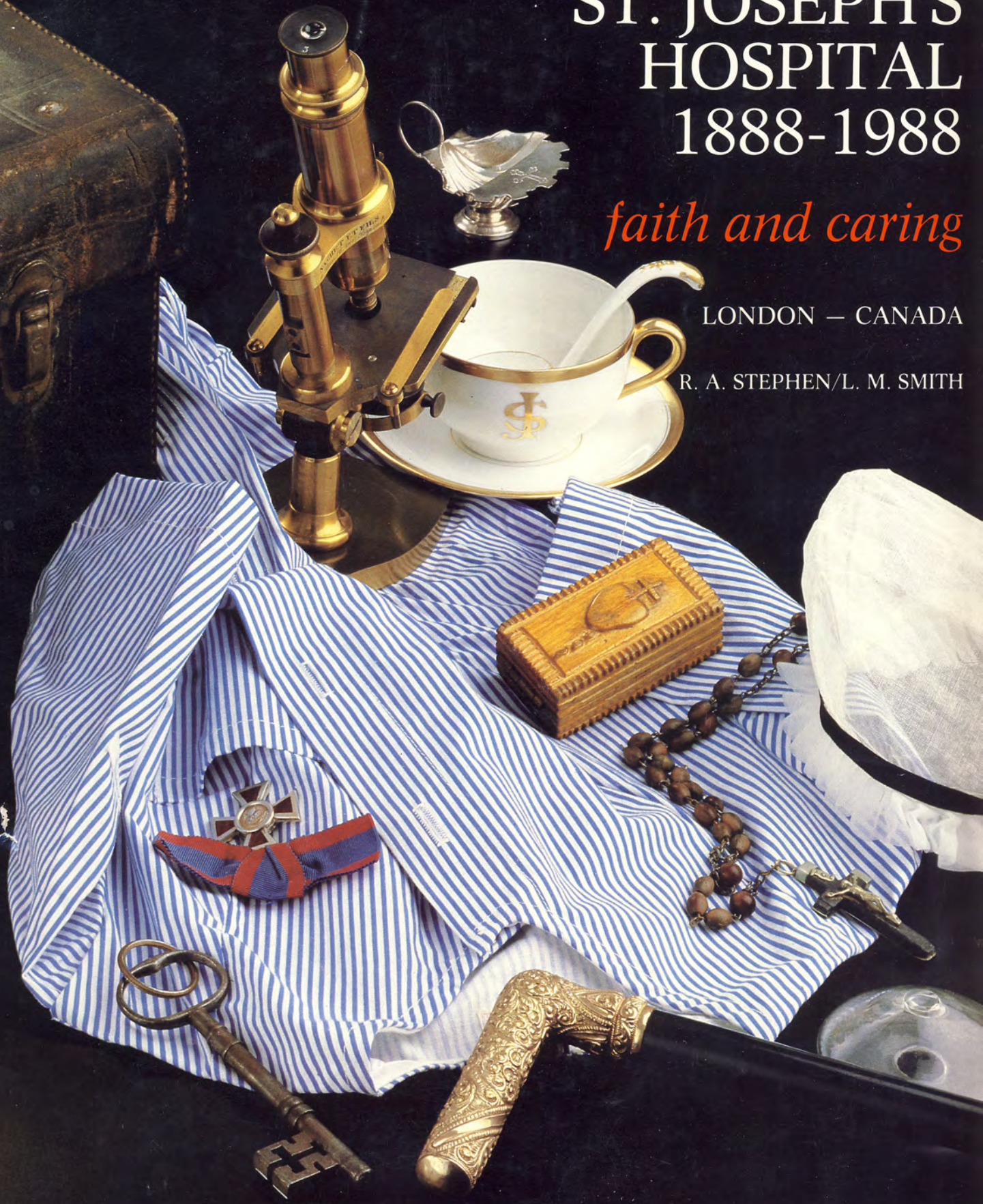
LONDON — CANADA

R. A. STEPHEN/L. M. SMITH

THE HISTORY OF ST. JOSEPH'S HOSPITAL

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HOSPITAL  
1888-1988

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R. ALEXANDER STEPHEN/L. MACKIE SMITH

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## *Foreword*

St. Joseph's Health Centre is justly proud of its reputation for "Faith and Caring" in a city which is internationally known for its health care institutions and professionals.

In the light of London's present enviable position as a health care centre, it is difficult to imagine how little "caring" was available to the sick a century ago. The Sisters of St. Joseph, who came to London one hundred and twenty years ago at the invitation of Bishop John Walsh, came to serve the orphans and the poor. Committed by their vows to love and serve Christ, they sought him out, particularly in those poor and abandoned with whom He had claimed a special identity (Matt. 25).

The work of the Sisters among the orphans and the poor won them widespread support in the Community. They brought to their service, not only efficiency and effective results, but a spirit of compassion, gentleness and love which humanized and influenced for the good the kind of community London was to be.

It was natural then, that, despite the formidable obstacles, human and financial, which confronted them, they would accept the challenge to extend their compassionate service to the sick. London, then, was just beginning the development of health care facilities. The General Hospital was thirteen years old when St. Joseph's began in 1888. The Medical School, inspired by Bishop Hellmuth, was founded seven years before.

Begun in 1888, St. Joseph's was destined to grow enormously in the next 25 years, confirming the need which Bishop Walsh had foreseen in his remarks at the opening of the first addition in 1892.

St. Joseph's continues to have an honoured place among the health care centres in this city because it continues to be inspired by "faith and caring". Along with professional care of the highest calibre, it provides the vision of faith which sees in the sick the presence of Christ. It proclaims by its practice that the most powerful medicine in the healing of persons is compassion and love.

The sick need two things of equal importance, first, the best of medical science, and second, the recognition and service of their human worth and dignity. If either ingredient is lacking, the health care is deficient. Recent writers have invented the term "holistic" to describe the ideal health care in question.

In the past, St. Joseph's, like other institutions, lacked the medical knowledge and facilities available today. Love, even then, wrought some marvellous results. Today the facilities are incomparable, but only with "faith and caring" can they touch the hearts as well as the bodies they strive to heal.

Sincerely yours,

Most Rev. John M. Sherlock  
Bishop of London



## *Preface*

Overlooking the tree-lined prospect of Grosvenor and Richmond Streets stands an old and sturdy friend of the community, St. Joseph's Hospital. Few residents can recall the time when it was not a familiar London landmark, for its doors were opened to all humanity by the Sisters of St. Joseph one hundred years ago in October 1888.

We gratefully acknowledge the contributions of the Sisters of St. Joseph who have devoted a century of loving care to the community. The secret of their success is many-sided, in essence comprising love of God and humanity, devotion to service, enterprising economics and one hundred years of uncomplaining diligent work, for which there is no substitute.

From its very beginning, the expansion of the Hospital closely paralleled that of the community, and always has been carried out with foresight. As the population grew, demands for hospital facilities increased and additional buildings were erected providing the best in accommodation and facilities. The Hospital was originally conceived in faith, its ten beds were opened in faith and it has grown and developed to what it is today in faith -- faith in a loving God -- without which all purpose is in vain.

The passage of time fades memories but a constant hallmark over the century has been the caring attitude prevailing among the Sisters, physicians and staff of St. Joseph's Hospital.

R. Alexander Stephen/L. Mackie Smith

## *Dedication*

With respect and gratitude, this book is dedicated --

To the memory of that small band of three Sisters of St. Joseph directed by Mother Ignatia Campbell, General Superior, and the four doctors who with vision, courage and compassion founded St. Joseph's Hospital in 1888;

To the great band of dedicated professionals and workers who, through the

century, have made and are making St. Joseph's Health Centre the great caring institution it is today;

## **Philosophy**

We respect the sacredness and dignity of life from conception to death.

We pursue excellent and compassionate care.

We commit ourselves to education and research.

We foster a work environment that values the contribution of each person.

from — the Mission Statement



## Acknowledgements

We were honoured by the request of Sister Mary Doyle, Executive Director, to write the history of St. Joseph's Hospital and are pleased to have accomplished the task in time for the Centennial Celebrations.

In accumulating information on the early history, one must first pay tribute to the two daily newspapers of London, *The Free Press* (later changed to the *London Free Press*) and to the *Advertiser*, as well as the weekly edition of *The Catholic Record*.

We are deeply indebted to Sister Augustine Long, B.A., Editor, and Sister Esther Bardawill, B.A., Archivist, Sisters of St. Joseph, Diocese of London, whose contribution in their respective vocations added immeasurably to our success in compiling and editing much of the material. We would also wish to express our thanks to Mr. John H. Lutman, Head of Special Collections and Mr. Edward C. H. Phelps, Head of Regional Collections of the D. B. Weldon Library, University of Western Ontario; and to Mr. W. Glen Curnoe, Librarian of the London Room, London

Public Library, for their incalculable assistance.

Our sincere thanks go to the physicians and members of the hospital staff who gave unstintingly of their time in assisting with a brief history of the departments and services. Without their cooperation, completion of this book in time for the Centennial would not have been possible.

We wish to thank Mrs. Jean Weick, Word Processor, in the preparation of the history of St. Joseph's Hospital, and are most grateful for her long hours of work but also for her kind cooperation in processing many additions and changes. Thanks also to Mark Hamon, Hospital Photographer, for his professional contribution in preparing many of the pictures, and to members of the nursing staff, both retired and those on active duty.

Our gratitude to Sister Mary Vandersteen, M.A., former member of the Hospital Board, for the Epilogue, and to Sister Mary Anthony Hartleib, B.A., for the Crest and the Armorial Bearings of the Congregation on the inside cover flaps.

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*chapter one*

# The Congregation of the Sisters of St. Joseph

The Congregation of the Sisters of St. Joseph was founded at Le Puy, France, October 15, 1650. In the beginning of the 17th Century, St. Francis de Sales, concerned with the needs of society in his time, attempted an innovation in the life-style of women religious. He founded the Congregation of the Visitation whose members would combine works of mercy with a life of prayer. Since all women religious up to that time had been cloistered, his innovation met with surprisingly hostile opposition, especially from the hierarchy of the Church who maintained that the cloister was necessary to ensure the stability of women religious. After five years of meeting unrelenting opposition, St. Francis de Sales abandoned his plan and the Visitandines were cloistered.

It was to fill the void left that the Congregation of the Sisters of St. Joseph was founded. To Bishop Henri de Maupas, an admirer of St. Francis de Sales, and to Father Jean-Pierre Médaille, a Jesuit missionary, the Sisters of St. Joseph owe their founding as a religious community. In his ministry, Jean-Pierre Médaille had been directing a number of young women who wished to be not only women of prayer, but who also were concerned for the needs of society, particularly for those of the poor, the sick, the aged and the orphans.

In the Chapel of a house in Le Puy, Bishop de Maupas received these young women who wished to live an apostolic religious life in Community. He gave them their Rule and confided to them charge of the "House of Charity for Orphan Girls of Le Puy", and the care of sick in hospital and the sick poor in Le Puy.

Official approval of the Church was given by an Episcopal Ordinance in 1651. Bishop de Bethune, Bishop de Maupas' successor, confirmed the approval in 1663 by which time the Institute had spread to several dioceses. Royal Approval came in "Letters Patent" in the reign of Louis XIV.

The "Little Design" as Father Médaille called it, flourished until the French Revolution suppressed all religious institutions. Five of the Sisters were guillotined while others, among whom was Mother St. John Fontbonne, escaped death when Robespierre fell from power the night before they were to be executed. They returned to their families.

After the Revolution, some of the former Sisters banded together to form an Association which was re-organized as the Sisters of St. Joseph by Cardinal Fesch and Father Charles Cholleton to take over the works of the Foundation of the pre-Revolution years. Cardinal Fesch recalled Mother St. John Fontbonne from her home

and appointed her Superior of the little Community at St. Etienne.

There was a particular need at that time for good Christian training, so the Sisters, while retaining their original purpose, added education to their charitable works. In spite of the ignorance of and consequent hostility to all things religious that characterized post-Revolution France, the efficiency of the Sisters was quickly recognized and they were given charge of the principal education facilities of Lyons including the training school for teachers.

The Congregation continued to grow, spreading through much of Europe and was destined to cross the Atlantic. Countess Rochejaquelin, acquainted with the work of the Sisters and hearing of the need for Sisters to work among the Indians in America, contacted Bishop Rosati of St. Louis, Missouri, who had appealed to Bishop Cholleton of Lyons for aid. In 1834, Bishop Rosati visited Mother St. John Fontbonne to ask for Sisters to work in America.

Mother St. John's two nieces, Sister Febronie Fontbonne and Sister Delphine Fontbonne were the first to volunteer. Their two companions, Sister Celestine Pommerel and a postulant, Julie Fournier, remained in France to study sign language and later joined the others in America, where they were to minister to the deaf. The Sisters arrived in St. Louis in 1836 and made a permanent foundation in Carondelet, near the city. Ten years later, in response to the invitation of Bishop Kendrick, a band of Sisters went from Carondelet to Philadelphia to serve in the schools and in the care of those in need.

Armand de Charbonnel was sent by Pope Pius IX in 1850 to be the first Bishop of Toronto. When a typhoid epidemic left hundreds of orphans in the city, Bishop de Charbonnel asked Bishop Kendrick of Philadelphia for the help of Sisters.

In 1851 Mother Delphine Fontbonne with Sisters Alphonse Margerum, Martha von Bunning and Bernard Dinan, founded the first Canadian house in Toronto. From Toronto independent houses were estab-

lished in Hamilton (1852), London (1868), Peterborough (1890). From Peterborough a foundation was made in Pembroke (1921) and in Sault Ste. Marie (1936). In 1966 these foundations were united in a Canadian Federation of Sisters of St. Joseph whose members served throughout Canada and in Peru.



*Bishop John Walsh*

*Free Press Photo*

The Diocese of London was separated from the Diocese of Toronto in 1856 with Most Reverend P. A. Pinsoneault as its first Bishop; and on his retirement in 1867, he was succeeded by Bishop John Walsh. Bishop Walsh's main concern was for the education of the children of his Diocese, and for the care of the destitute, the aged and the orphans. Returning to Toronto where he had met the Sisters of St. Joseph, he appealed to the Motherhouse there for Sisters to come to London. In response to his appeal, Mother Teresa Brennan and Sisters Ignatia Campbell, Ursula McGuire,

Francis O'Malley and Appolonia Nolan, accompanied by Mother Antoinette McDonnell, arrived in London, December 11, 1868. They were met by Bishop Walsh, Rev. J. Bruyère, V. G., Rev. P. Egan, pastor of St. Peter's Church, and a delegation of the congregation. They were taken by sleigh to the convent on Kent Street, a two-storey brick house which stood on the corner of Richmond and Kent Streets on the site of the present St. Peter's parish hall.

When Bishop Walsh announced in St. Peter's Church, the arrival of the Sisters, he said their work would be to visit the

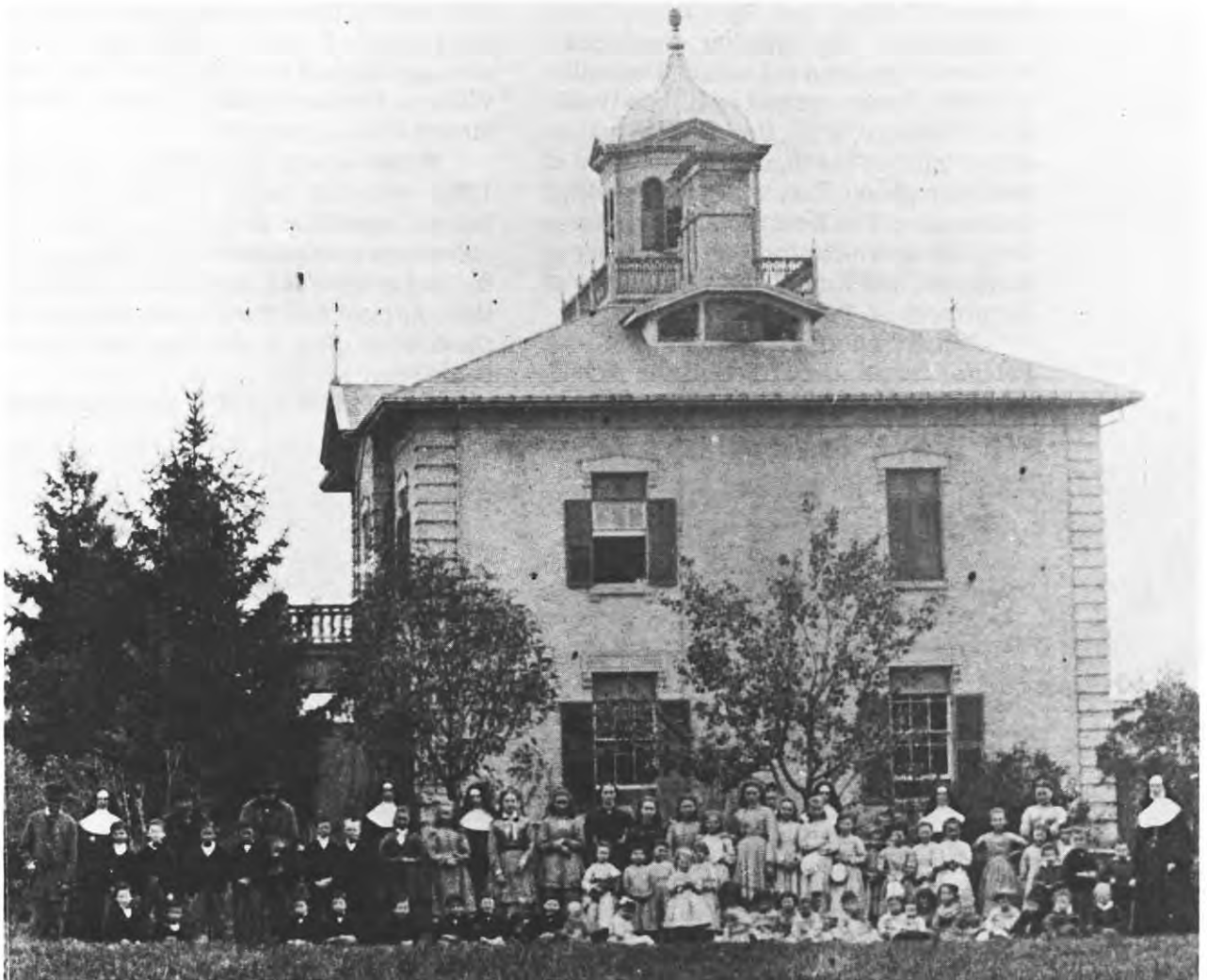
sick, and the poor, to teach the children in the Separate Schools and to open an orphanage. He had purchased Mt. Hope (the William Barker residence on Richmond Street) for that purpose.

When school re-opened in January 1869, with 120 pupils, the Sisters of St. Joseph began the long years of their involvement in education in the Diocese. At the end of each day, the Sisters visited the sick, the poor and those in jail, taking with them when they could, eggs and home-made jelly.

On October 2, 1869, the Orphanage



*Mount Hope, front view (former Barker residence)*



*Mount Hope, side view with Sisters, staff and orphans*

*U.W.O. Regional Collection*

was formally opened at Mt. Hope with two children from London, fifteen from Toronto where they had waited for the opening of Mt. Hope, and three aged homeless old people. Mt. Hope became also at this time the Motherhouse and Novitiate of the Sisters. This combined Motherhouse, Novitiate and Orphanage remained so until the purchase of Bishop Hellmuth Ladies' College in 1899.

The London Foundation of the Sisters of St. Joseph continued under the jurisdiction of the Motherhouse in Toronto until 1870 when it was transferred by Archbishop Lynch of Toronto to the ecclesiastical

authority of Bishop J. Walsh of London, and that of his successors.

An Act of the Legislative Assembly of Ontario in 1871 incorporated the Sisters of St. Joseph of the Diocese of London in Ontario, for the reception and instruction of orphans, the relief of the poor, and other works. An Amendment in 1915 gave them power to erect, equip and maintain buildings for educational, hospital and other charitable works. In 1938 an Act enlarged the powers of the Corporation with respect to the holding of real estate and the issuing of bonds and debentures.

In spite of poverty and difficulties, the

Foundation in London prospered, the zeal of the Sisters winning the respect and whole-hearted support of the Bishop, the Clergy and the people of the Diocese. The Mt. Hope facilities soon became inadequate to meet the demands made on it, so an extension was built extending from College to Grosvenor Street and completed in 1877. The opening and blessing were conducted by Bishop Walsh and attended by clergy and benefactors. Also in attendance were Sir John A. MacDonald, Sir John Carling, Honourable M. Fraser, Col. J. Walker and Mr. J. Blackburn, Editor of the Free Press. The new addition was furnished by donations from the citizens of London.

Illness among the orphans called for great self-sacrifice on the part of the Sisters. An example of this is the diphtheria epidemic in 1877. The disease was contracted by

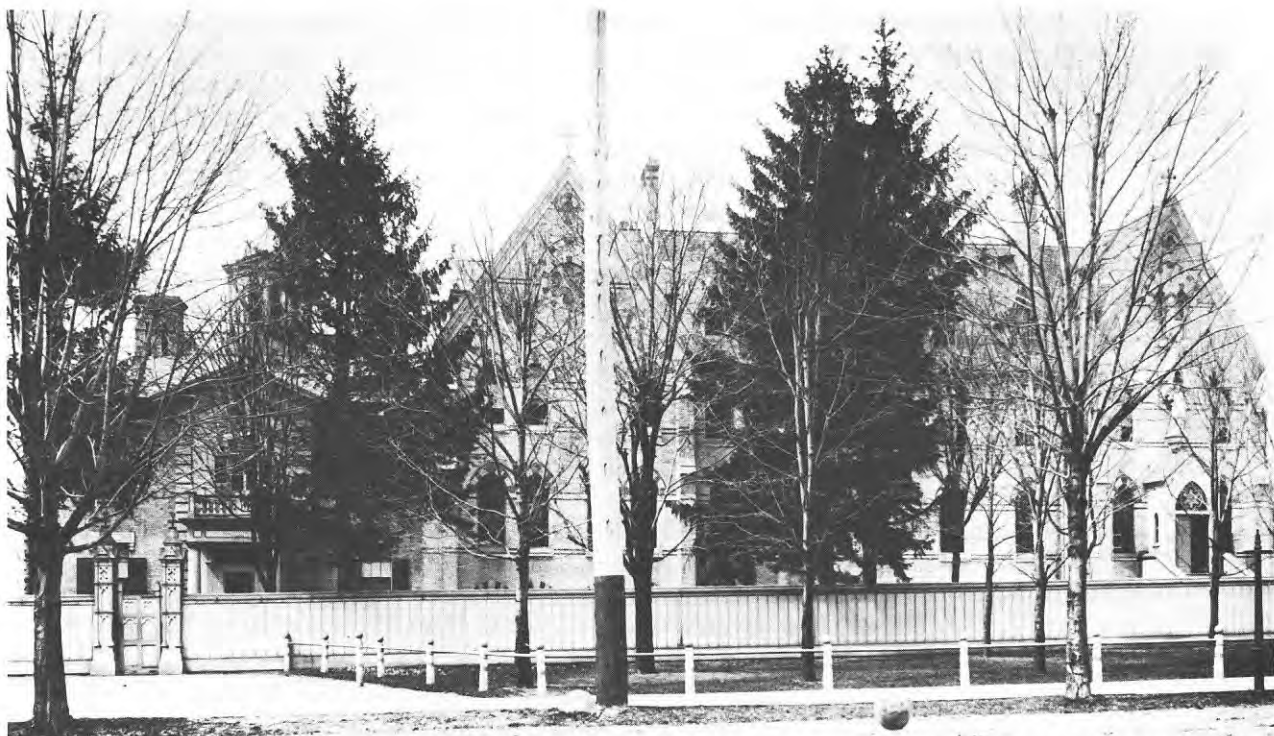
one of the children who returned from a home visit with a "sore throat". Diphtheria was diagnosed by a doctor; five of the children died. It was thought at first that the Separate schools of London should be closed, but when Dr. T. V. Hutchinson, Medical Health Officer, accompanied by Mayor J. Cowan, inspected Mt. Hope and noted the total isolation of the sick children and their nurses, Sister Aloysia Nigh and Sister Helena Lyons, they decided that there was no public danger. Mayor Cowan issued a notice to that effect in the press.

The labour necessary for cleanliness and sanitation during three long months of quarantine is almost incalculable. Inside plumbing had not been installed in the old apartments which was the area in quarantine and there was little convenience of any kind. Here the two Sisters, isolated from



*Hellmuth Ladies' College*





*Mount Hope, 1877 additions*

*London Historical Museums Collection*



*Marian Villa, 1987. The section behind the large tree is located on the original site of the original Mount Hope (Barker House).*

1870-71.

THE SISTERS OF ST. JOSEPH.

CAP. 92.

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the word "Bachelor" in the second line of the said section and inserting in lieu thereof the words "Master and Doctor in the several Arts and Faculties."

CAP. XCII.

An Act to incorporate the Sisters of St. Joseph of the Diocese of London, in Ontario.

[Assented to 15th February, 1871.]

**W**HEREAS an Association of Religious Ladies hath existed for some time in the Diocese of London, in the Province of Ontario, under the name of the "Sisters of St. Joseph," who have formed an institution for the reception and instruction of Orphans, and the relief of the poor, the sick and other necessitous, and whereas the said Ladies have by their petition prayed, that the said Association may be incorporated and, in consideration of the great benefits which must arise from the said Association, it is expedient to grant their prayer; Therefore Her Majesty by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:—

1. The Sister Ignatius and Sister Bonaventure and Sister Vincent and such other persons, as shall, under the provisions of this Act, become members of the said Association, shall be and are hereby declared to be a Body Politic and Corporate by the name of "The Sisters of St. Joseph of the Diocese of London, in Ontario," and by that name shall have perpetual succession, and a common seal, and shall have power from time to time to alter, renew or change such common seal at their pleasure and by the same name may from time to time, and at all times, acquire and hold as purchasers any interests in lands and tenements within such diocese, and the same alienate, lease, mortgage and dispose of, and purchase others in their stead; Provided always, and it is enacted, that the said corporation shall at no time acquire or hold as purchasers any lands or tenements, or interests therein, exceeding in the whole at any one time the annual value of five thousand dollars, nor otherwise than for their actual use or occupation, for the purposes of the said corporation. And it is further enacted, that the said corporation may, by the name aforesaid, from time to time, take or hold by gift, devise or bequest, any lands or tenements, or interests therein, within such diocese, if such gift, devise or bequest be made at least six months before the death of the person making the same; but the said corporation shall at no time take or hold by any gift, devise or bequest, so as that the annual

Certain persons incorporated.

Power to acquire real property.



*St. Lawrence Roman Catholic Church, northeast corner of Richmond Street and Dufferin Avenue, renamed St. Peter's Cathedral in 1856 by Pierre Pinsonneault, first Bishop of London, erected in 1851-52. The farewell sermon in this church was given in 1885. It was replaced by the present St. Peter's Cathedral Basilica. St. Peter's Rectory can be seen behind the church, originally, the Bishops Palace constructed circa 1873-74. London Room, London Public Library.*

the Community, laboured day and night, caring for the sick and recuperating children. During the epidemic, Dr. John Wishart and Dr. William Waugh came daily to visit the sick children.

Early in 1888, Dr. W. T. O'Reilly, Inspector of Prisons and Public Charities, visited Mt. Hope Orphanage. Impressed by the compassion and efficiency of the Sisters, he urged Mother Ignatia Campbell to undertake hospital work. Dr. O'Reilly said, "Buy the ground and build a hospital, and the economy of the Sisters will help them pay for it." Those words provided the impetus but not any funds. However,

the Sisters bought the Judge W. Street residence on the northeast corner of Richmond Street opposite Mt. Hope for \$7,500 and lost no time in adapting it for use as a hospital.

This was the simple beginning of St. Joseph's Hospital, and the beginning of the Community's ministry in Health Services.

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<sup>1</sup>*Rules and Regulations of St. Joseph's Hospital, London, Ontario, 1915, published by Garner Young, Printers, 90 King St., London, Ontario.*

## chapter two

# London of the 1880's

*We walked over a rich meadow and at its extremity reached the forks of the river. The Governor wished to examine this situation and its environs, and we therefore stopped here a day. He judged it to be a capital situation, eminently calculated for the metropolis of all Canada. Among many other essentials, it possessed the following advantages: Command of Territory — internal situation, central position — facility of water communication up and down the Thames superior navigation for boats to near its source . . . the soil is luxuriously fertile and the land capable of being easily cleared and soon put into a state of agriculture. A Pinery upon an adjacent high knoll, other timber of the height, well calculated for the erection of the public buildings, climate not inferior to any part of Canada.*

The above quotation from Colonel Littlehales's account of Lieutenant Governor John Graves Simcoe's visit to the future location of London on March 2, 1793, provides evidence that the site of London was considered important even before any buildings were erected. Its central position in the Southwestern Ontario peninsula was recognized as the best site strategically for the capital of the newly created province of Upper Canada, later Ontario. Although Toronto was selected instead, a Crown Reserve of land was set aside at the Forks of the Thames for a future settlement.

Not until 1826 was the city founded. In the previous year the court house in Vittoria, Norfolk County, then the District

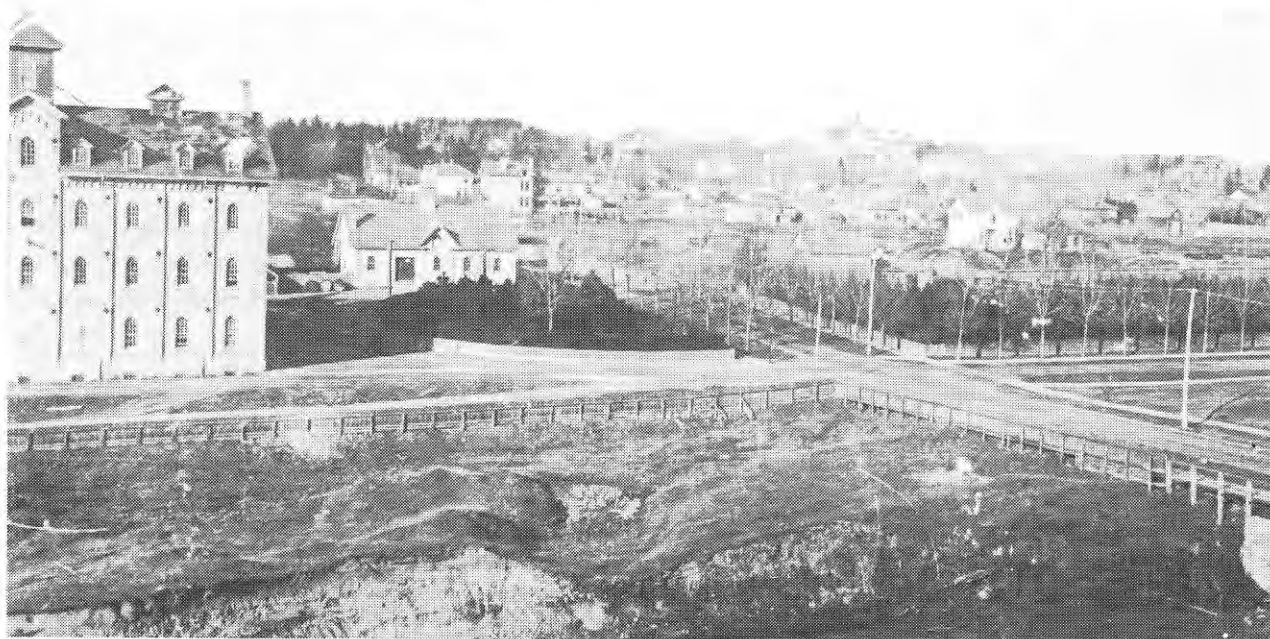
seat, burned. As the site of London was more central and, thus more convenient in terms of settlement distribution, the capital was moved. An act of the provincial parliament authorized a town survey and the building of a court house. With the passage of this statute, London became the new administrative and judicial centre of the London District.

With this auspicious beginning, London was to grow through several stages, assisted by factors of geography and fortuitous circumstances, to the position of the undisputed regional centre of Southwestern Ontario by the 1880's. It was in this decade that London's historical development had reached such a mature stage that it is possible to recognize the London of today. The city's character had been formed and its major institutions founded. This decade takes on added significance in terms of the hospital's history, for it was in 1888 that St. Joseph's Hospital was established. Indeed, London's prosperity and regional importance were reflected in this the second of three major medical institutions in London, the others being Victoria Hospital, opened in 1875, and the Ontario Hospital, moved from Amherstburg to a location in London Township near the city in 1870. These three facilities were indicative of London's future position as the principal



*Looking south from Hellmuth Boys' College c1867  
Intersection at Centre is St. James and Wellington Streets*

*London Historical Museums Collection*



*Looking north from Piccadilly and Talbot Streets c1890  
Carling Brewery (now P.U.C. substation) at left*

*U.W.O. Regional Collection*

medical centre of Southwestern Ontario, and added to its role as the military, cultural, social and educational capital of the region.

What was London like in the decade of the 1880's when St. Joseph's Hospital was founded? London had attained a population of 35,000 people. As a railway centre, it had eight lines running through it. Beginning in 1853 with the arrival of the Great Western Railway (later the Grand Trunk Railway), which when finished connected London with Sarnia and Windsor, Toronto and the Niagara Peninsula, there followed the London and Port Stanley Railway in 1856, connecting the city with its Lake Erie port facility at Port Stanley; the London Huron and Bruce Railway in 1872, secured for London a hinterland to the north; the Canadian Pacific Railway in 1887, a further connection to the rest of the province and the entire nation; and the Michigan Central (Canada Southern route), which in the words of a contemporary newspaper article, placed London "on the shortest and most direct route between New York and Chicago and the west." All these railway lines solidified London's position as the principal market and distribution centre for Southwestern Ontario. Just as the Court House and London District administration in 1826 brought legal officials and businessmen to the town, the railways attracted business and industry to an even greater degree. New buildings — warehouses and industrial facilities — extended along these rail lines, as in 1826 and after, when a cluster of far more primitive structures had mushroomed about the Court House and adjacent streets.

London's early buildings were constructed in most instances of wood frame. The Great Fire of April 13, 1845, which destroyed the centre of the town, resulted in its reconstruction in brick, thus beginning a local tradition in building. The distinctive yellow-coloured brick, which characterized many of the city's buildings, was used in the construction of St. Joseph's Hospital and its earliest additions.

Many new and several older industries

either located or relocated along the rail routes. Among the more prominent concerns found in the London of the 1880's were E. Leonard & Sons, iron foundry; two famous London breweries, John Labatt Ltd. and the Carling Brewing and Malting Co.; the biscuit manufacturers, McCormick's and D. S. Perrin's; C. S. Hyman & Co., established by Ellis W. Hyman in 1855; the McClary Mfg. Co., the famous maker of stoves; and Imperial Oil Limited.

With the first oil well drilled in the Oil Springs-Petrolia area in Lambton County in 1857, the refining of the crude oil attempted initially in Woodstock was relocated in 1863 in London with its better rail facilities. The oil refineries, with their numbers of workers, gave impetus to the new community of London East, straddling Dundas Street east of Adelaide. Other industries were attracted to the village incorporated in 1874. These included the Grand Trunk Railway Car Works, the London and Petrolia Barrel Company, the Globe Casket Works and the Bennett Furnishing Co. The formation of Imperial Oil Limited in 1881 resulted from the amalgamation of several oil works. Financial difficulties and the need for adequate fire, water and police services brought about the annexation of London East with London in 1885, greatly expanding the city's area and population.

The prosperity stimulated by the 1860's oil boom and the merchants' profit from the American Civil War, brought about London's financial power. Numerous trust and insurance companies were established in London in the decades of the 1860's and 1870's. These included the Huron & Erie Savings and Loan Society (now Canada Trust), the Ontario Loan and Debenture Company and the London Life Insurance Company. All Canada's major banks opened branches in the city: Molson's Bank, the Bank of British North America, the Merchant's Bank of Canada, the Bank of Toronto, the Canadian Bank of Commerce and the Bank of Montreal. London's business and financial status was reflected in 1881 in the setting up of the London

Club, a private gentlemen's club for local businessmen.

The Western Fair, London's famous annual exhibition, was located formerly north of Victoria Park on a part of the old Garrison grounds. In 1887 this property was sold and divided into building lots. A larger more suitable locale became necessary as a good portion of the former fairgrounds were taken up by the Canadian Pacific Railway for a right-of-way and the train station. The Western Fair Association purchased London East's Queen's Park in 1887 and immediately erected new permanent buildings for the display of agricultural machinery and farm animals. The magnificent Crystal Palace, designed by the architect George F. Durand, was the principal exhibition building.

The London of 1888 was also a military centre. After the abortive Mackenzie

Rebellion of 1837-38, a British Garrison was situated in London, occupying what is today's Victoria Park and adjacent blocks to the north and east. Local business prospered through the awarding of contracts to supply the needs of the troops. Although the Garrison left for the last time in 1869, the city was sufficiently prosperous to endure its loss. London's military role continued with the erection of Wolseley Barracks on Elizabeth Street in 1886, first used as an Infantry School.

London's position as the leading cultural centre began with the Garrison's amateur theatricals. Local companies performed in such theatres as Victoria Hall, Spettigue Hall and the Holman Opera House. In the 1880's, touring shows appeared at the Grand Opera House, located in the Masonic Temple at Richmond and King Streets. It opened its doors in 1881



*Richmond Street looking south from St. Paul's Cathedral circa 1875. The right foreground shows the Bank of Montreal and Merchants Bank, between Fullarton and Queens Avenue, on the site now occupied by the Federal Building. Just beyond is the Post Office, now the Bank of Montreal. On the left is the Customs House, now lawn area of St. Paul's Cathedral. Beyond Queens Avenue is another Bank of Montreal, now the Anglo-Gibraltar Building.*

and was the predecessor of today's Grand Theatre.

In this period London flourished as a centre for the arts — Paul Peel was a native Londoner. The Mechanic's Institute and Museum, founded in 1842, acted as a library and museum and not only lent books, but was also the location of art exhibits. The Western School of Art and Design was very active in the 1880's teaching students the fundamentals of art.

Several newspapers were published in the 1880's, informing Londoners of events and providing a lively forum for debate. *The Canadian Free Press*, established in 1849, was purchased in 1855 by Josiah Blackburn and, run as a daily, was renamed the *London Free Press*; the *London Advertiser* began in 1864 and continued as a daily until absorbed by the *London Free Press* in 1936; the *Catholic Record* was a

weekly until ceasing publication in 1948; and the *Farmer's Advocate*, a monthly, opened in 1866 with a wide circulation throughout Southwestern Ontario, and continued until publication ceased in 1965.

The London of the 1880's was established firmly as the regional ecclesiastical centre. The Methodists, Presbyterians and Baptists had long been in the city. In 1856 London was selected as the seat of the Roman Catholic Diocese of London. After an interval of nine years in Sandwich, the Episcopal See was returned to London. The new St. Peter's Cathedral was finished in 1885. The Anglican Diocese of Huron was established in 1857 and in the Cathedral Church of St. Paul's, Benjamin Cronyn was elected its first bishop.

Cronyn's successor, Isaac Hellmuth, was responsible for London's role as the leading educational centre for Southwestern



North side of Dundas Street looking east from Talbot Street circa 1875. A "Great Fire" erupted one block west of here in 1845 and destroyed three-quarters of the town, mostly frame buildings. A municipal by-law was enacted in 1850 which required that new buildings be constructed of brick.

London Room, London Public Library



Ontario. With Cronyn he co-founded in 1863 Huron College, an Anglican Seminary, and what is now The University of Western Ontario in 1878. The first classes commenced in 1881. These institutions of higher learning joined the Union School, the local grammar school built on Waterloo Street in the late 1840's. Graded schools were introduced by the Board of Education in 1887 and a new high school at Waterloo Street and Dufferin Avenue, the predecessor of today's Central Collegiate, was erected. In the 1860's London's educational reputation was enhanced by the founding by Bishop Isaac Hellmuth of Hellmuth Boys' College and Hellmuth Ladies' College.

This chapter must not give the impression that London's historical development was all prosperity and progress. It spanned a decade of economic depression, a situation that lasted until the mid-1890's. Personal tragedies also struck the city. In 1881 the steamboat *Victoria* which, along with two sister boats, plied the Thames River from the Forks to Springbank Park further

downstream, foundered on Victoria Day with the death through drowning of 181 passengers. Few London families failed to suffer the loss of a close relative or family friend. The Thames claimed other lives in July, 1883, when the normally passive River staged one of its periodic floods, rushing through the neighbouring village of London West (formerly Petersville) in the middle of the night. Over twenty lives were lost.

The 1880's marked the final consolidation of London's growth and reputation as the regional capital of Southwestern Ontario. By extending its rail (and even telegraph and telephone) communications throughout the peninsula, London solidified its hold on the area. Business, industrial, religious and educational institutions were all developed and expanded. Community services, of which St. Joseph's Hospital was one example, were extended. In the words of Frederick H. Armstrong and Daniel J. Brock, London in the 1880's "emerged with a sound economic and cultural base that would ensure its continued growth."

*chapter three*

## Early Hospital Facilities in London

It is difficult for us today to imagine the lack and suitability of hospital facilities available in London during the latter half of the 19th century. Most patients admitted were indigent, transient sick, aged or had contracted the more common contagious diseases such as cholera, smallpox, typhus, tuberculosis or yellow fever.

London's first civic hospital, *a shed*, was erected on the Market Square in 1847, to accommodate a number of sick immigrants recently arrived from Scotland, some of whom had cholera. Unfortunately the cholera spread to some of the local inhabitants, one of the victims being Dr. Lee who at that time was district medical officer. This outbreak had been preceded by a serious epidemic of cholera in 1832, followed by less severe outbreaks in 1854 and 1866. The first hospital existed for about six years, at which time it was destroyed by fire set by an incendiary, indicating its lack of popularity with the people.

In 1855, the year London was designated a City, a second City Hospital was erected on Hamilton Road near Rectory St. This building contained four wards of ten beds each and in 1856 cost about 551 pounds sterling, or \$2700, to complete. For those who could afford to be treated at home, a hospital was not very popular; as

a consequence, having had a very brief existence, it, too, was destroyed by arson. A generous reward was offered for information leading to an arrest of the culprit, but without success.

The third hospital was opened in 1857 in a large house owned by Thadeus Van Valkenburg, situated on York St. between Ridout St. and the river but was in service for only one year.

In 1838 a Garrison was established on land presently known as Victoria Park. Two hospitals were erected on this base, one named the Log Hospital and the other the Framed Hospital. In 1858 through the efforts of Sir John Carling, member of the Provincial Parliament, the City of London arranged for use of the Log Hospital from the military authorities at a rental of five pounds a year. The Log Hospital was a two-storey structure with kitchen, storeroom surgery and one ward on the ground floor, and four wards on the second floor with accommodation for thirty patients. Twenty-four new iron bedsteads were purchased for the hospital from William Wade of London at a cost of \$5.75 each. Admissions for the year 1859 were 124, an increase from 51 admitted in 1858. Because of the danger of the military forces becoming involved in the American Civil War, the Crown advised City Council the Log Hospital would

again be required for military purposes and notice was given to vacate the premises by January 13, 1862.

The City Hospital Committee then rented a house from John D. Kielly situated on the southeast corner of York and Thames St. for the sum of \$200.00 a year to be paid quarterly. The house had nine rooms for patients and during 1862, 126 patients were admitted, seven babies were born, and six patients died. The location of the hospital left a lot to be desired, as Dr. C. G. Moore, City Hospital Physician, reported the following:

"The smell from the drain in back is bad and unhealthy but it is a trifle compared with the nuisance of the soap factory operating three or four days in the week. The smell is so offensive that the windows have to be kept closed even on the hottest days."

Despite these conditions, the hospital was in use until 1869 at which time the city again applied for use of the Military Hospital, permission being granted without delay.

The Log Hospital was used for a short period when it, too, became unfit for human habitation and on April 24, 1871, the patients were transferred to the Framed Hospital, repairs having been completed to the amount of \$100.00. The Log Hospital then became a house of refuge for the paupers until eventually the inmates were transferred to Mount Hope Old People's Home or to the Poor House at Strathroy.

In 1870 when a severe outbreak of smallpox occurred, the city erected a small frame building on South St., between Waterloo and Colborne Sts. near the river bank. It was named the Colborne St. Smallpox Hospital and stood on ground now occupied by a portion of the east wing of Victoria Hospital.

The Provincial Asylum for the Insane was built on a large parcel of land purchased by the Ontario Government, near the settlement of Pottersburg, east of Highbury Ave. with entrance off Dundas St. The hospital received its first patient on November 18, 1870. The name was later changed to the Ontario Hospital and in 1968 to The

London Psychiatric Hospital. The first superintendent was Dr. Henry Landor, followed in 1877 by Dr. Richard Maurice Bucke, one of the founding members of the Medical School and Professor of Nervous and Mental Disorders.

For some years many of London's citizens had agitated for a proper City Hospital, and in 1874 the City of London received a gift of \$15,646.00, these funds being surplus assets from the defunct London Savings Bank. The money was endowed specifically for the maintenance of a Hospital jointly owned by the City of London and County of Middlesex and was to be situated in the City.

The erection of the new London General Hospital, situated on the south side of South St. between Waterloo and Colborne Sts. was started in 1874 and officially opened on November 3, 1875, by Lieutenant-Governor D. A. McDonald. Initially, the hospital provided accommodation for 60 patients. In 1897 the name was changed from London General Hospital to Victoria Hospital.

### **The London Medical College**

The London Medical College was founded in 1881, and is said to owe its origin to Bishop Hellmuth. On May 24, 1881, some members of the London medical profession met in the Tecumseh House to organize a Faculty of Medicine in connection with the Western University. Present at the meeting were: Dr. Chas. G. Moore, Dr. Richard Norris Bucke, Dr. Chas. S. Moore, Dr. James Niven, Dr. John M. Fraser, Dr. Henry Arnott, Dr. Thos. J. W. Burgess, Dr. John Wishart, Dr. John A. Stevenson, and Dr. Wm. Waugh. (This meeting took place on the same day as the Victoria Disaster.)

A deputation consisting of Doctors Bucke, C. G. Moore and Stevenson met with University officials on May 25 to learn what assistance might be expected if a Faculty of Medicine were organized. The following day a favourable response was received and within a week a complete staff was selected.



Hellmuth Boys' College, built 1864  
London Medical College opened here in 1882.

U.W.O. Regional Collection

The 1885 City Directory listed the staff as follows:

*Dean:* Dr. Chas. G. Moore, M.C., P.S.L.L. as well as Professor of Principles and Practice of Surgery.

*Registrar:* Dr. H. Arnott

*Treasurer:* W. E. Saunders, as well as Professor of Practical Chemistry

*Physiology:* Professor F. R. Eccles, M.D., M.R.C.S.(Eng.), F.R.C.S. (Edin.)

*Mental and Nervous Disorders:* Prof. R. M. Bucke, M.D.C.M., F.R.C.S. (Edin.)

*Clinical Surgery:* Prof. John Wishart, M.D.C.M., F.R.C.S.(Edin.) M.R.C.S.(Eng.)

*Principles and Practice of Surgery:* Prof. Wm. Waugh, M.D.C.M.

*Clinical Medicine:* Prof. Henry Arnott, M.D.

*Principles and Practice of Medicine:* Prof. John M. Fraser B.A., M.D., M.R.C.S. (Eng.)

*Materia Medica:* Professor William Saunders

*Theoretical Chemistry:* Professor James Bowman

*Therapeutics:* Prof. W. H. Moorhouse, M.B., L.R.C.S., L.R.C.P.(Edin.)

*Obstetrics and Diseases of Women and Children:* Prof. Chas. S. Moore, M.D.C.M.

*Jurisprudence and Toxicology:* Prof. D. B. Fraser, M.B., M.R.C.S.(Eng.)

*Demonstrator of Anatomy:* J. M. Jackson, M.D.C.M.

*Assistant Demonstrator of Anatomy:* W. J. Mitchell, M.D.

Medical lectures commenced October 1, 1882, in Hellmuth Boys' College with fifteen students enrolled in the first year of operation. Some of the professors on the original staff were Dr. Chas. G. Moore (Dean), Dr. F. Richard Eccles, Dr. Richard Maurice Bucke, Dr. William Waugh, Dr. Henry Arnott, Dr. Walter H. Moorhouse, Dr. John Wishart, Messrs William Saunders and James H. Bowman. On May 5, 1883, the first graduate in medicine was William James Roche.

In 1887 the Faculty of Medicine decided to procure a new building which was built on the northeast corner of York and Waterloo Streets and in September 1888 the new building was occupied.

### **A New Hospital**

Impressed by the efficient and satisfactory manner in which the Sisters cared for the Aged Poor and Orphans in Mt. Hope Orphan Asylum and marvelling at the great good accomplished with such limited means, Dr. W. T. O'Reilly, Inspector of Prisons and Public Charities, persuaded Reverend Mother Ignatia Campbell to inaugurate hospital work, thus enlarging the works of charity already carried on with such economy, order and self-sacrifice.

The proposition of undertaking hospital work would have daunted anyone less valiant than Mother Ignatia, as she had no means to finance the undertaking, but she complied with the wishes of the city physicians, who advised her that the economy and dedication of the Sisters would soon relieve her of financial worries.

### **Mother Ignatia Campbell**

Mother Ignatia Campbell (Catherine Anne Campbell), daughter of Kenneth Campbell and Mary McEwen (a native of Scotland), was born in the Brock Settlement, Township of Thorah, Ontario, November 17, 1840.

Having barely attained the age of fifteen, Catherine entered the Congregation of the Sisters of St. Joseph at St. Joseph's Convent, Power Street, Toronto, Ontario, October 9, 1855. Under the guidance of Mother Delphine Fontbonne, niece of Mother St. John Fontbonne, who had restored the Congregation in 1807 after the French Revolution, she imbibed the original spirit of the founder, Father Jean-Pierre Médaille.

Mother Ignatia Campbell came to London with the pioneer group, December 11, 1868. When the Sisters of St. Joseph of London became an autonomous Diocesan Congregation, December 18, 1870, Mother



*Mother Ignatia Campbell* Mt. St. Joseph Archives

Ignatia was named General Superior by Bishop John Walsh, D.D., Bishop of London. During her 32 years as General Superior she opened two Hospitals, St. Joseph's Hospital, London, and St. Joseph's Hospital, Chatham. She also established Mount Hope Motherhouse and Orphanage, later to be House of Providence for the elderly, as well as branch Mission Houses in Goderich, Ingersoll, St. Thomas, Belle River and Windsor.

Mother Ignatia was not only a brilliant teacher, but a gifted administrator. Her strong faith and trust, her zeal for the glory of God, and her tender love for the sick and the poor, especially the elderly and the orphans, were exceptional. Her impressive, noble, dignified, religious bearing, combined with a rare combination of firmness and gentleness, inspired confidence and won all hearts.

Mother Ignatia Campbell died January 3, 1929.

*chapter four*

# The Genesis of St. Joseph's Hospital 1888-1903

## **The Three Founders**

Mother Ignatia without delay assigned three Sisters to begin the preparatory work and extensive alterations necessary to adapt the former home of Justice Street for hospital purposes. The three pioneers were Mother

Aloysia Nigh, Sisters Martha Toohey and Herman Murphy.

Mother Aloysia (Rebecca Nigh), the appointed Superior, was born in Uxbridge, near Seaforth, Ontario.

It would be difficult to give a just estimate of the value of the sixty-one years that Mother Aloysia spent among the sick, the aged and the orphans. The zeal of Mother Aloysia in building benevolent and religious institutions in the Diocese of London won the praise of five Bishops as well as the deep appreciation of many doctors. Mother Ignatia Campbell, recognizing in Sister Aloysia a talent for organization and administration, gave her the difficult task of directing the opening of St. Joseph's Hospital, London, in the Judge W. P. Street residence in 1888, and two years later, of St. Joseph's Hospital, Chatham, in the former Salvation Army barracks. Her practical knowledge and keen foresight were admired by builders and architects with whom she planned the construction of religious houses.

As Director of Novices and Assistant Superior of the Motherhouse, as well as taking an active part in the care of the orphans, she still took part in the work of the hospitals. When the Sisters of St. Joseph took over Hellmuth Ladies' College, Mother Aloysia directed the necessary work of



*Mother Aloysia Nigh.*  
*Archives, Mount St. Joseph, London.*

preparing the building for the new Community Motherhouse and Orphanage. When St. Peter's Seminary in St. Peter's Rectory was opened in 1912 by Bishop M. F. Fallon, of London, she was named Superior of the Sisters who were to look after household affairs. Mother Aloysia Nigh died April 12, 1932.



*Sister Martha Toohey.*  
*Archives, Mount St. Joseph, London.*

Sister Martha (Nora Toohey), third in a family of nine, was the daughter of Mr. and Mrs. Timothy Toohey, pioneer settlers in the vicinity of Lucan, Ontario.

Nora Toohey was received into the Congregation of the Sisters of St. Joseph of London at Mt. Hope Motherhouse and Orphanage, June 21, 1886. As one of the first Sister Nurses, she took an active part in the founding of St. Joseph's Hospital, London, in 1888. Two years later, she served in St. Joseph's Hospital, Chatham.

Her cheerful disposition and her untiring devotion to the sick and suffering,

impressed both doctors and nurses, and won the hearts of the patients. The good that she accomplished in her kind and gracious dealings with both patients and nurses inspired many to follow in her footsteps. Sister Martha Toohey died May 31, 1945.

Sister Herman (Catherine Murphy), the daughter of Mr. and Mrs. Patrick Murphy, was born in 1862 in St. Mary's Parish in Oxford County.

After completing her education at St.



*Sister Herman Murphy.*  
*Archives, Mount St. Joseph, London.*

Joseph's Convent in Toronto, she entered the Congregation of the Sisters of St. Joseph of the Diocese of London at Mt. Hope. She was formally received on August 15, 1887 and one year later was appointed to assist in establishing St. Joseph's Hospital. After about two years of service in the hospital, she spent most of her life teaching in the Separate Schools in the Diocese.

She was a woman of prayer and deeply spiritual. Her unflinching gentleness, kindness, charity, and her motherly solicitude characterized her life in the hospital and schools. Sister Herman died August 18, 1939.

### **A Beginning**

With faith-inspired love, the three Sisters who founded the hospital first fitted up as a Chapel that was no more than a little nook, the closed space over the side porch of the Judge Street house. A wooden packing box covered with white paper served as an altar on which they placed a small box, lined with linen, in which to reserve the Blessed Sacrament. On the front of the improvised altar they pasted the letters I.H.S. (Jesus Hominum Salvator), fitting symbol of compassion and care for suffering humanity. This was the work which, with God's help, they were beginning in faith, trust and love.

During the period between June and

October of 1888, the three Sisters went across the street to Mt. Hope Orphanage and Motherhouse for Mass each morning. After Mass they carried back their breakfast and sufficient food needed for the day for themselves and the help.

On Monday morning at 8:30, October 15, 1888, the imposing ceremony of the opening of the new St. Joseph's Hospital in the city took place. Rev. Fr. M. J. Tiernan was present and dedicated the building for the purpose intended and celebrated the Holy Sacrifice. He announced that the Sisters were prepared to receive patients and that their best endeavours and greatest care and attention would be given to care for the sick and afflicted.



*Original Hospital, 1888, Judge Street's former residence.  
Picture taken before demolition in 1928.*

*Archives, Mount St. Joseph, London.*



The three Sisters, Mother Aloysia Nigh, Superior, Sister Herman Murphy and Sister Martha Toohey, were officially appointed to operate the hospital which consisted of ten beds, with provision for an increase to approximately twenty-four.

Prior to the opening of the new hospital, the Sisters appointed the following four prominent physicians as members of a medical staff: Dr. John Wishart, Dr. James Macarthur, Dr. William E. Waugh and Dr. William Woodruff.

### **The Big Four**

Johns Hopkins Hospital boasts of its "Big Four" in the establishment and development of that famous hospital — Doctors Wm. Osler, Wm. Halstead, Wm. Welch and W. T. Williams. Similarly, St. Joseph's Hospital had its "Big Four" — Doctors Waugh, Woodruff, Macarthur and Wishart. These were men of courage, skill and vision.



*Dr. W. E. Waugh.*

*Archives, Mount St. Joseph, London.*

William Ebenezer Waugh, born May 23, 1850, was the son of Christopher and

Jane Waugh who lived on a farm, Concession 6, London Township. He attended public school and later attended High School at the Komoka Academy. Here he met Dr. Alexander Anderson.

Dr. Anderson, a graduate in medicine from Marischal College, Aberdeen, Scotland, emigrated to Canada on November 19, 1835, and on obtaining a license to practise medicine in Upper Canada, opened an office in London. Subsequent to W. Waugh's graduation from Komoka Academy, he served an apprenticeship with Dr. Anderson. It was this early admiration for the Doctor that led William Waugh to London's medical field where he later became affiliated with St. Joseph's Hospital.

In 1872, William Waugh graduated from McGill University, winning the Silver Medal. William Osler (later, Sir William Osler) was also a graduate of McGill, and a close friend of Dr. Waugh. For a few months after graduation Dr. Waugh practised medicine at Glencoe. Subsequent to the death of Dr. Anderson December 9, 1873, Dr. Waugh took over his practice.

Dr. Waugh was one of the founding members of the Medical School of Western University and attended the inaugural meeting held on May 24, 1881, referred to in the previous chapter. He had the honour of delivering the first lecture, which was on anatomy. Dr. Waugh arrived at the Hellmuth Boys' College, in which the Faculty of Medicine was situated, at 8:00 a.m. on October 1, 1882, in his buggy drawn by his well-known mare, "Nellie". In 1884 Dr. Waugh was appointed to the Chair of Principles and Practice of Surgery of the Medical School and in 1886 was appointed Registrar, a position he held until 1917; he also served as Bursar of the University for many years until retiring in 1936.

A Civic Reception was held on March 26, 1932 at a dinner in the Crystal Ballroom of the Hotel London honouring the 60th anniversary of Dr. Waugh's graduation. The highest honour that the City of London could bestow was presented to Dr. Waugh by Mayor Hayman in the gift of a beautiful

scroll which gave to its recipient the freedom of the city and the emblem of recognition for an unselfish life in a worthy cause, after sixty years of devotion to medical science, a task of curing the physical ills of man. Seated at the head table with Dr. Waugh were: Dr. John A. Macgregor, who acted as toastmaster; Mayor Hayman; A. E. Silverwood, Chairman of Victoria Hospital Trust; Arthur T. Little, Chairman of the Board of Governors of the University of Western Ontario; Dr. George C. Hale; Professor A. B. Macallum, C. A. Stewart, Meds '33, President of the Hippocratic Society, official student organization of the Medical School; and Dr. H. Howitt of Guelph, appointed by Sir Arthur Currie, president of McGill University, as the official representative to carry the greeting of the alma mater to Dr. Waugh.

Dr. Waugh, as one of the "Big Four", contributed immeasurably not only to the early development of St. Joseph's Hospital, but also through his expertise and lovable character, to the welfare of his many patients. He was often called as an expert witness in court cases where expert knowledge of surgery was required. Dr. E. Seaborn, in his book *The March of Medicine in Western Ontario*, says that although he lectured most acceptably to the students on the *Principles and Practice of Surgery*, he had never seen or heard of his having performed any operation. A search of his admissions to St. Joseph's Hospital, covering a five-year period, 1909 to 1914, indicates that his practice was indeed that of a general practitioner.

Dr. Waugh had his residence and office at 537 Talbot St., corner of Kent St., for many years. He was married to the former Margaret Racey, and had one daughter, Jean. He was a very active member of St. Paul's Cathedral. Dr. Waugh was actively engaged in London's Medical life until his retirement in 1916.

William Woodruff was born in 1830, in St. Catharines, the son of William and Margaret Woodruff. He graduated from the University of Toronto with an M.B.



Dr. Wm. Woodruff. (presumed)  
Archives, Mount St. Joseph, London.

degree in 1856 and acquired his M.D. degree in 1857. Dr. Woodruff's first office in London, opened in 1858, was at 388 Park Avenue (now Clarence St.) between King and Dundas Sts., but moved in 1878 to 185 Queens Avenue where his residence and office were until his death in 1908. (185 Queens Avenue was the first house east of the present London Club.)

Dr. Woodruff added an extra area of specialty to the service given patients at St. Joseph's Hospital for, besides his general practice, he specialized in the care of eye, ear, nose and throat. The following advertisement was in the 1888 City Directory:

*Dr. Wm. Woodruff — 185 Queens Ave. Defective vision, impaired hearing, nasal catarrh, troublesome throats and adjustment of glasses.*

Dr. Woodruff was closely associated with St. Joseph's Hospital as one of the "Big Four" and had a large medical practice.

Dr. Hugh A. McCallum, who graduated in 1886 and later held the post of Dean of the Faculty of Medicine, wrote an article in the *University Gazette* in 1959, and identified Dr. Woodruff as one of the senior physicians of the city who should have been included as part of the original faculty. In spite of this oversight, Dr. Woodruff in 1900 on his retirement from private practice, left to the Medical School his collection of over 350 medical books which formed the original nucleus of the Library.<sup>1</sup>

Dr. Woodruff was known throughout the city for his kindness and generosity, much of which occurred without common knowledge. One such deed occurred when on March 20th, 1878, a parcel of land was donated to the Presbyterians of Komoka and surrounding area, on which to build a church. The Knox Presbyterian Church still stands in Komoka, with a circular plaque above the entrance, inscribed 1878.

Dr. Woodruff died on August 11, 1908 and was buried in St. Catharines. He was predeceased by his wife (the former Ella Galina) and had no family.

James Macarthur was born in West Williams Township in 1854. He graduated from Queen's College, Kingston, in 1878 with his B.A. and M.D. degrees. He opened his office at 485 Dundas Street and practised medicine in the City for about 35 years, having the reputation of being an excellent example of a family doctor, much beloved by his patients. In addition to his active part in the establishment of St. Joseph's Hospital as one of the "Big Four", he also found time to give courses of instruction to the nursing students subsequent to the opening of the Nursing School in 1901.

Dr. Macarthur was a member of the Board of Medical Examiners of the College of Physicians and Surgeons of Ontario in 1887, and represented Malahide and Tecumseh District on the Council from 1888 to 1890. He was re-elected to the Council as the representative of Division 3 in 1903, and continued to hold this position until April, 1915. During his tenure as a member of Council, he sat on a number of



*Dr. James Macarthur. (presumed)*

*Archives, Mount St. Joseph, London.*

the College's committees, including the position of President from 1913 to 1915, which he held at the time of his death. His devotion to the arduous duties of the Council was believed by many of his medical friends to have precipitated his fatal heart attack. The work of re-organizing the Council, the legislative business pertaining to medical reciprocity with Great Britain and the extra work incidental to dealing with medical students going to the front in World War I entailed on the President an unusual amount of heavy work and Dr. Macarthur had a reputation of not sparing himself in any work which fell to his lot. Few medical men in the province were as well or as favourably known to the medical profession.

Dr. James Macarthur was one of the founding members of the London Medical Association, now known as the London Academy of Medicine. He died at age 61, on May 23, 1915, and was survived by his wife and five children.<sup>2</sup>

John Wishart was born May 27, 1850 on a farm in Eramosa Township, near



Dr. John Wishart.

Archives, Mount St. Joseph, London.

Guelph, the youngest of a family of seven children, four boys and three girls. His father was W. John Wishart from Edinburgh, Scotland, a descendant of George Wishart, Scottish Reformer, John Knox's inspiration, burned at the stake by Cardinal Beaton, and of that Sir John Wishart, a Scottish Judge, who did not mourn when Cardinal Beaton died soon after by the hand of an assassin. This item of Dr. John Wishart's history heritage seems paradoxical when one is aware of his close supportive connection with the development of St. Joseph's Hospital.

John Wishart was educated in the Collegiate Institute at Guelph and at the Rockwood Academy. He taught school close to his home at Eramosa and commenced study of medicine with Dr. Abraham Groves. Dr. Wishart graduated in 1871 from Trinity Medical School and did post-graduate studies in London and Edinburgh from which he received his M.R.C.S.(Eng.) and F.R.C.S.(Edin.), respectively. Before assuming his position on the staff of St.

Joseph's Hospital, he had a wide field of varied medical experiences.

Following his studies he was a surgeon on steamers ploughing between London, India and South Africa, including H.M.S. Bucclach, for a period of two years. He later took passage to Australia and South America and while in Rio de Janeiro watched slaves sent down from the plantations loading the vessels in the harbour, the slave drivers curling their long whips over the bare backs of the slower slaves. Dr. Wishart often related that his most thrilling experience was when his ship encountered a very bad hurricane off Cape Hatteras on her way to New York and almost foundered in the high seas.

Dr. Abraham Groves, of Fergus, Ontario, under whom Dr. Wishart studied medicine, was the author of a book published in 1934, *All in the Day's Work — Leaves from a Doctor's Case-Book*. Dr. Groves was thought to be the first surgeon in the 1870's and 1880's to practise aseptic surgery. As early as 1874 he had the extraordinary foresight to boil sheets, gauze and instruments that were to be employed at an operation; as well, he scrubbed his hands and arms for twenty minutes with soap and previously boiled water. Lister's theory of sepsis and asepsis did not evolve until around 1883.

At the time of Dr. Wishart's graduation in 1871, there were only six hospitals in Ontario, and operative surgery, except for amputations, was comparatively unknown. In those days the operating room was usually the kitchen and the operating table was the kitchen table.

In 1874 Dr. Wishart assisted Dr. Groves with the following operation, quoted by Dr. Groves from his book:

"At my first operation, the removal of an ovarian tumor, on May 5, 1874, a decision was made to boil the water that was to be used in connection with the operation, for fear that there might be something in the water that might cause disease, and for the same reason I also boiled the instruments and everything that was to come in contact

with the wound. To cleanse my hands I scrubbed them thoroughly for half an hour in several waters, using six different brushes, which had also been boiled. The abdominal skin of the patient was thoroughly cleansed in a similar manner, since the use of iodine in those days was unknown. Dr. John Wishart, for many years lecturer in Surgery at Western University, who was present at this operation, stated publicly a few years ago that it was certainly the first time in history that everything used in the operation had been sterilized. The tumor was successfully removed and the patient recovered without any pus formation."

In 1875 Dr. Wishart came to London and entered into practice with Dr. F. R. Eccles and in 1880 opened his own office at 426 Park Avenue (later to become Clarence Street) between Dundas Street and Queens Avenue. He later moved to 195 Dufferin Street opposite St. Peter's Cathedral, from where he continued his practice for over forty years.

Dr. Wishart was credited with performing the first operation for appendicitis in London. Prior to 1885 anyone who suffered from "Inflammation of the Bowel" was considered to have a very slight chance of recovery. Dr. Wishart is reported to have said that at the time his patient had a large abscess in the right iliac region and on operating discovered the patient had inflammation of the bowel as well and so removed the appendix. The patient had an uneventful recovery.

It is not surprising that Dr. Wishart won for himself an international reputation as a surgeon. He was most conservative, never undertaking an operation until he was familiar with every detail. From the inception of St. Joseph's Hospital he was not only one of the "Big Four" but for many years the most active surgeon on the Medical Staff. Organization of the Medical Staff at St. Joseph's Hospital was initiated in 1922 with Dr. Wishart being appointed the President.

Like Dr. Wm. Waugh, Dr. Wishart gave his great and unselfish devotion to

the founding and building up of the Medical School and was elected to the Chair of Clinical Surgery in 1883, a position he held until 1911. As well, he was among the founders of the American College of Surgeons, an active member of the Western Ontario Academy of Medicine and a member of St. Andrew's United Church. He was associated with the Victorian Order of Nurses from its inception and was credited with equipping the first group of V.O.N. in Upper Canada.

Dr. Wishart died in St. Joseph's Hospital on November 4, 1926, and was buried in Woodland Cemetery.

### **Early Success**

With courageous, resourceful founders and an excellently qualified medical staff, St. Joseph's Hospital had a promising start. From the beginning the Sisters' new enterprise, St. Joseph's Hospital, received the support and appreciation of other physicians in the city. Within a short time, the initial staff of three Sisters was increased to five, with the addition of Sr. Assumption Murphy, and Sister Eulalia Kane who operated the kitchen. The staff carried on the work successfully, for without the lengthy scientific preparation, such as is common today, the training they had, combined with compassionate hearts and woman's intuition and good common sense, guided them in the accomplishment of their new and difficult tasks.

On October 16, 1888, the first patient, Mrs. McManus, 33 years of age, was admitted to the hospital suffering from chronic bronchitis, and the Sisters' dream of serving the sick in hospital became a reality.

Early in the morning on October 24, 1888, their second patient arrived, a Mrs. Wells, age 76, one of London's earliest residents, who lived in a shanty not far from the hospital. While working in her kitchen she slipped on an onion, fell and fractured her hip. There were few telephones (about 700 in all of London), no ambulance or automobiles, so the neighbouring milkman kindly lifted her into his

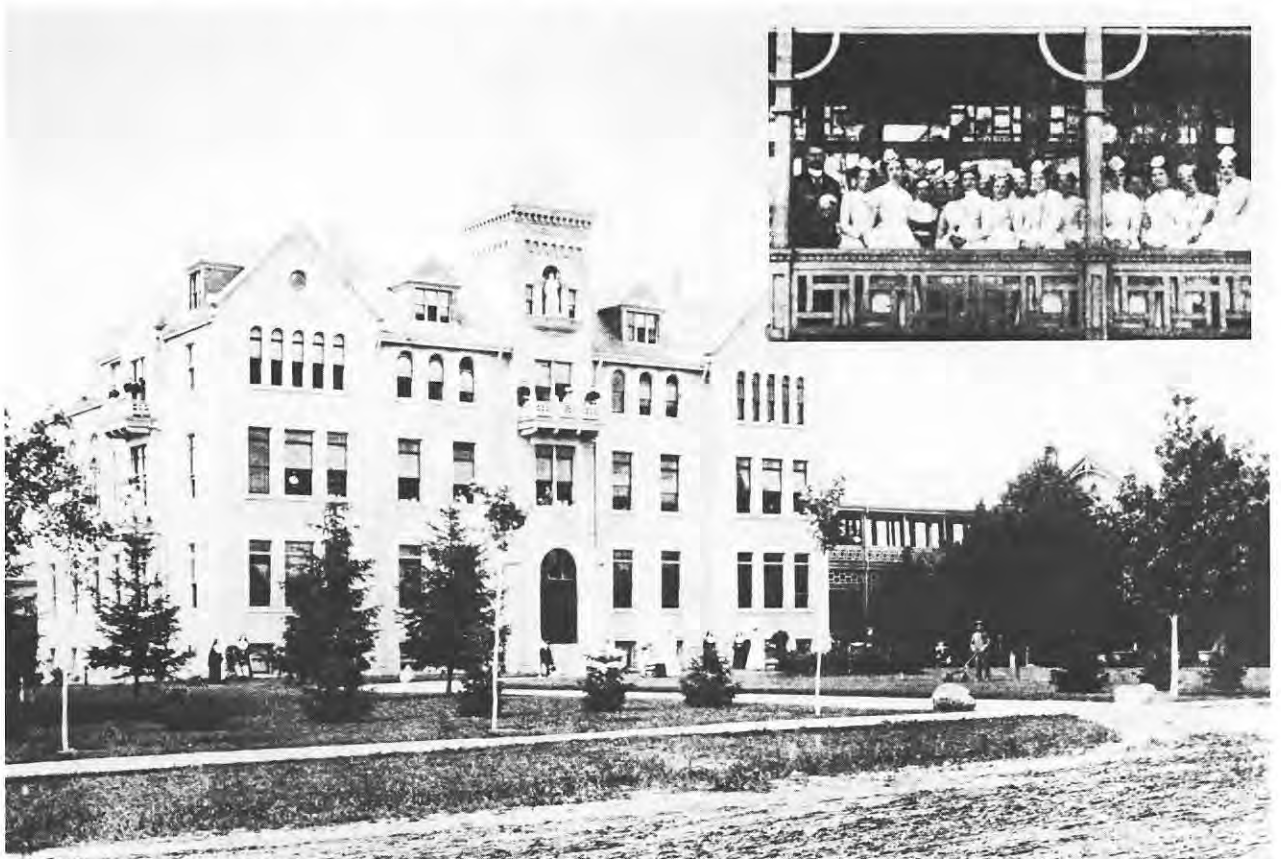
cart and brought her to the new hospital. Dr. Wishart was sent for, came promptly and skillfully set her fractured hip without such later discovered aid as x-ray. This lady also suffered from chronic asthma, so when the doctor inquired the next morning how she felt, the following was her reply: "Oh, doctor, my leg is comfortable, but if my breath would only leave me alone, I would be all right." Dr. Wishart, although very stern, was kind and could not help but smile.

The third patient, Ethel Stewart, age one and one-half years, was admitted suffering from malnutrition and in a dying condition. Dr. James Macarthur at first thought restoration to health was almost an impossibility, as the emaciated child was unable to eat or drink, but the faithful attendance of Dr. Macarthur, and Mother

Aloysia's almost continuous care were successful. The child gradually improved and at the end of two months had sufficient strength to sit up, and finally became well and strong and was discharged after 70 days in hospital.

After the opening of the hospital but before the small operating room was set up, Dr. Wishart brought a patient to the hospital who was suffering from the pain of a kidney stone and required an immediate operation. A kitchen table quickly was transformed to an operating table and the operation was successfully performed by Dr. Wishart, assisted by Sister Assumption Murphy, whose ability and courage along surgical lines were always equal to the occasion.

The first operating room was a small room to the left of the entrance off the



*The new St. Joseph's Hospital, 1892. The inset shows staff on walkway to original hospital. Former, Archives, Mount St. Joseph, London, latter from U.W.O. Regional Collection.*

main hall on the first floor. The operating table was of soft maple wood, about two feet wide, five feet long, with a drop leaf at the foot of the table. The light was from only one window; often gaslight improved on this and even candlelight was used from time to time.

The initial report of the government inspector for the period October 1, 1890 to September 30, 1891 is recorded as follows:

"I inspected the St. Joseph's Hospital, London, on the 18th September, there were 14 patients then under treatment.

The admissions since 1st October last were 137, and there were eight deaths during that period. About one-fourth of the patients pay a weekly rate.

The wards, private rooms, dispensary, operating room, bathrooms and closets were all in good order. The books were well kept. There is a good staff of medical men and nurses.

There is a ward outside, but convenient to the hospital, which is used for contagious diseases when required."

### **Expansion**

This small beginning was so successful that the need for additional accommodation became urgent in a very short time. In 1891 plans and specifications were accordingly prepared, and the work of constructing a wing on the west side of the original building was authorized.

A much larger building, designed as a



*The Chapel, 1892.*

*The arched windows can be seen on the west (left) wall of the previous picture.*

*Archives, Mount St. Joseph, London.*

hospital facility, was planned, to be built of white brick, three and one-half storeys high and remains today as the core of the west portion of the hospital. The architecture was Elizabethan in design and was dominated by a central tower in the top portion of which was set a statue of St. Joseph; a magnificent Celtic cross crowned the peak of the tower's roof. A Chapel was located in an extension to the north, at the west end, of the second floor. This addition was linked to the Judge W. Street residence by a roofed, two-storey wood frame solarium which made a splendid rest room for convalescent patients.

This building was solemnly blessed by his Lordship, Bishop Walsh of London at the laying of the cornerstone, New Year's Day 1892. At 3 p.m. Bishop Walsh accompanied by Rev. Fr. Ferguson of Assumption College, Sandwich and Rev. Fathers Norman, Tiernan, Kennedy and Gahan of the St. Peter's Cathedral, proceeded from the present hospital to the new structure for the purpose of performing this impressive ceremony.

In the Bishop's opening remarks he said he had been asked, "Where is the need for a hospital as we already have one in our midst?" In answer Bishop Walsh said that there was always room for more good works by which human sorrows might be alleviated and human weakness and infirmities ministered to according to the divine ideal. The Bishop commended the City Hospital for the good work they were doing but wished it understood that St. Joseph's was in no sense a rival of that institution. His Lordship said the doors of the hospital would be thrown open to rich and poor alike; the passport to entrance was sickness.

The hospital staff was comprised of men who had attained distinction even beyond the limits of the Dominion. The Bishop mentioned Drs. Woodruff, Waugh, Wishart and Macarthur, and felt the public had every confidence in its management. Other distinguished medical men had also promised their assistance, and patients had

the privilege of being treated by their family physician. Direction of this hospital was a great work, and many there were who wondered where the money will come from. "For this" he said, "we must put our trust in God."

His Lordship made complimentary reference to the contractors who had in hand the erection of this magnificent building erected for God's work, Messrs. Flory and Tytler. "The reputation these gentlemen had would be a guarantee", he said, "that the new hospital would be a first class structure in every way."

Bishop Walsh then proceeded with the ceremony of laying the cornerstone, with trowel arranging the cement around it after it was in place. He then, accompanied by the Priests, proceeded around the building, sprinkling it with Holy Water and reciting the prayers assigned for such occasions.

On October 15, 1892, the Hospital with a total capacity of sixty beds and a well-equipped operating room, was dedicated to the service of the public. The cost of the building was \$37,000.00. Paying this large debt presented many difficulties, as the whole burden was assumed by the Community of the Sisters of St. Joseph. In the same year, through the mediation of Dr. T. F. Chamberlain, successor to Dr. W. T. O'Reilly as Inspector of Prisons and Public Charities, this work was acknowledged worthy to be placed on the list for government aid.

The Government Sessional Papers for the year 1892 show twenty-nine hospitals in Ontario with an average length of stay per patient of 31 days; at St. Joseph's it was 34 days. The average daily cost per patient day for St. Joseph's Hospital was documented at 25.87 cents with the average for all hospitals at 79.31 cents. Government grants in the same year amounted to \$1,342.66.

The staff of 1893 numbered nine Sisters, and because the hospital was crowded it became necessary to hire some domestic help. The first regular help hired



was Annie Duffy and Minnie Edwards. Minnie Edwards worked in the laundry and basement area, and besides being industrious was interested in reporting anything that seemed wrong or unfair. In addition to the two domestics, Martin Sheridan was also hired and daily could be seen trundling his wheelbarrow laden with two heaping baskets of clothes between the hospital and Mt. Hope. This continued until laundry machinery was installed in the hospital.

### **A Nurse's Day**

To describe the ordinary life in St. Joseph's Hospital in those early years we will follow the nurse from daylight until bedtime — often between two and three in the morning.

At seven o'clock a.m. Dr. Henry Meek appeared at St. Joseph's expecting everything to be in perfect order for his first operation. That meant that the nurse in charge had to have the sterilizer packed with ready dressings. At that time the sterilizer was a large galvanized iron can resembling in size the present garbage pail, but arranged in compartments within. It was ordered by Dr. Hugh Stevenson. The sterilizing was done down in the boiler room by the engineer. The basins, tables, instruments, towels and doctors' gowns were to be in number one order, and a fire in the grate, as that was considered to be the best means of ventilation. The patient had to be prepared and brought to the operating room. The doctors expected to receive service in up-to-date fashion.

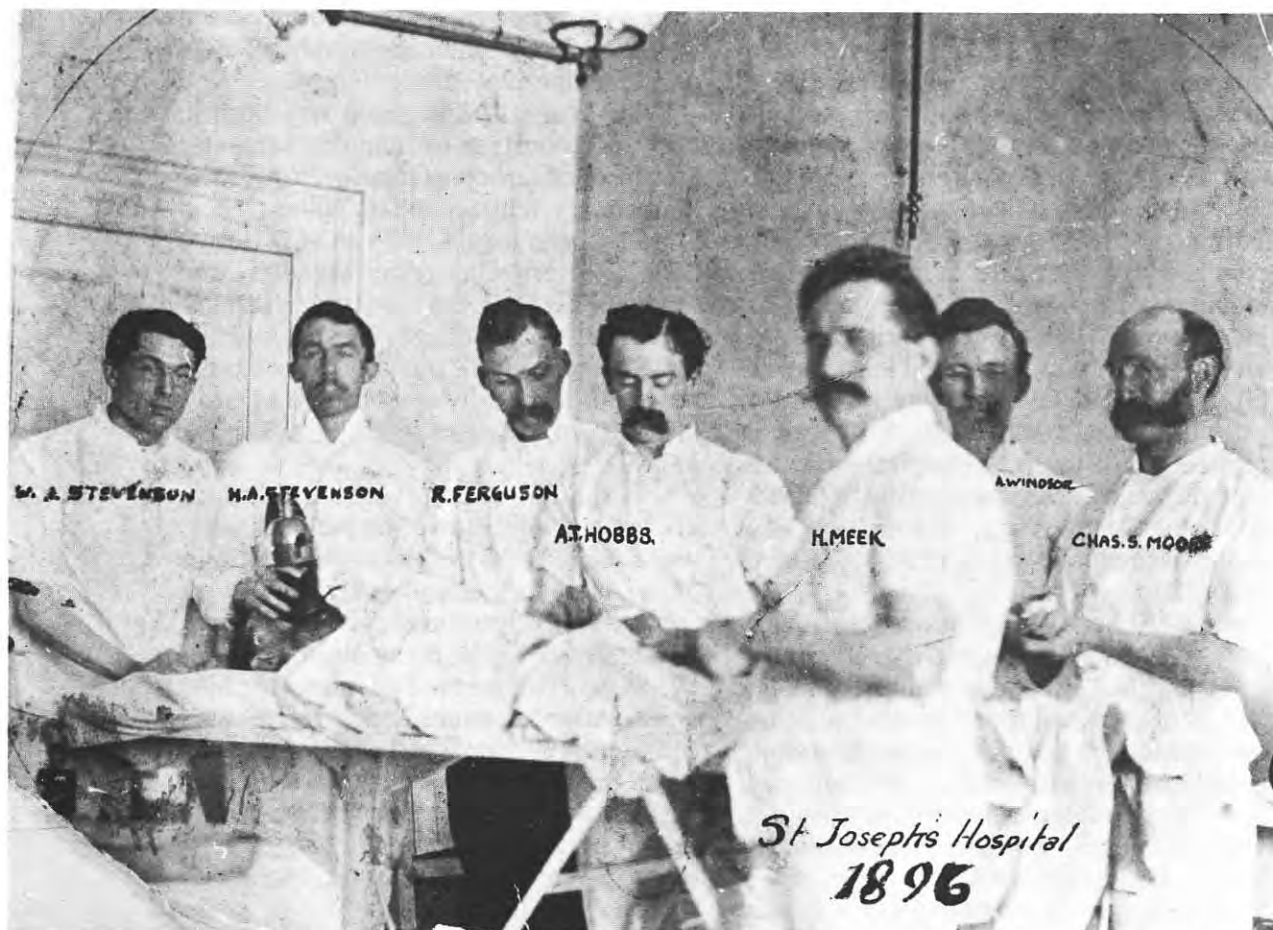
The stretcher on which the patients were transported was a strong, heavy linen sheet suspended on two poles (the hydraulic elevator being more ornamental than useful). Two doctors or nurses carried the patient. The first rubber-tired cart for the elevator was purchased much later by the doctors on the staff, each contributing his share.

Dr. Henry Meek's operations were generally lengthy ones, and a change of nurses and assistants to prepare for the

next was out of the question. The cleaning-up process of the O.R. was done by the one nurse in charge, and as soon as Dr. Wishart and his assistants took possession of the same room, it was again in excellent order. How quietly, quickly and silently he proceeded with his work. No one spoke as the skillful hand of the practised surgeon performed the most critical task, and soon his patient was on the way to his or her room. That group of doctors left and the room was again made ready for the next operation. Usually three or four operations were the maximum for the day, unless there was an emergency. The operating room nurse helped to care for the surgical cases, and as patients often remained critical for hours or sometimes for days, one can realize the stress of the responsibility that often weighed on the nurse upon whom so much depended. Often she would remain on duty until nine or nine-thirty at night, at which time another nurse who understood the case would volunteer to relieve her. She in turn would be relieved at two or three in the morning by another nurse. They considered such demands as part of the nature of their profession.

The popularity of St. Joseph's Hospital between 1892 and 1902 became evident in the increase in patients admitted each year, starting in 1893 with 339 admissions growing to 573 in 1902. The average length of stay per patient for this period remained at approximately 24 days. Average daily cost per patient in 1893 was 59.39 cents, but had risen to 95.49 cents by 1902.

The first recorded birth in St. Joseph's Hospital was on October 5, 1901; there were a total of 13 births in the fiscal year between October 1, 1901 and September 30, 1902, statistics which make it clear that parturition at home was definitely the method of choice before the turn of the century.



Seven doctors of 1896 in Operating Room.

Archives, Mount St. Joseph, London.

The following surgical procedures which were recorded as having been performed for the initial time at St. Joseph's Hospital are:

- a) appendicitis — July 23, 1893 — length of stay, 24 days
- b) nephrectomy — July 26, 1889 — patient 31 years old; length of stay, 77 days
- c) cancer of the breast — November 12, 1889 — patient recovered; length of stay, 24 days.

The following write-up was recorded May 1951 in the Bulletin of the Historical Committee of St. Joseph's Hospital:

"In the photograph of the operating room of St. Joseph's Hospital you will see seven doctors draped around a patient(?), on the operating table, and not one of the doctors is seen wearing rubber gloves or a

gauze mask. As a barrier to mouth spray they seem to have depended on the hirsute adornment on their upper lips.

Dr. H. Meek (hale, hearty and heavy), Dr. A. T. Hobbs and Dr. Robert Ferguson adopted the walrus type moustache, but Dr. Chas. S. Moore was different. In addition to the strainer on his upper lip, he wore sideburns, also referred to as "mutton chops". Dr. H. Stevenson, the anaesthetist, didn't need much of a safeguard, so his moustache is less conspicuous. Dr. W. J. Stevenson and Dr. A. Windsor, the two younger men, evidently were not surgeons and so were clean shaven.

The operating room table was of the teeter-totter type, so that the patient could readily be placed in a Trendelenburg position."

Dr. Harry Meek, Dr. Robert Ferguson and Dr. Chas. S. Moore had all been practising for some years; all had very large practices and regularly admitted patients to St. Joseph's Hospital.

Dr. Harry Meek was born near Fingal in 1854, graduated from the University of Toronto and had his practice at 330 Queens Avenue. He was one of the founding members of the Medical School and was Professor of Therapeutics until 1892, at which time he was appointed Professor of Obstetrics and Gynaecology; the latter position he held until 1920. The patient register at St. Joseph's Hospital indicates his practice was confined mostly to Obstetrics and Gynaecology, although he also did some general surgery. Dr. Meek died in 1922.

Dr. Robert Ferguson was born near Ottawa in 1858, graduated in medicine in 1890 and had his office and residence at 141 Wortley Road. For a number of years he conducted a general practice and then took post-graduate studies in Obstetrics and Gynaecology at Western Reserve University and New York Post-Graduate School. He lectured in Therapeutics at the Medical School starting in 1896 and was appointed Professor in 1903. In 1920 he was appointed Professor of Obstetrics and Gynaecology. Dr. Ferguson had a very large practice in Obstetrics and Gynaecology but also found time for lecturing and hospital rounds for both nursing and medical students. Dr. Robert Ferguson died in 1927.

Dr. Chas. S. Moore, 376 Wellington Street, corner of King, graduated with M.D.C.M. from McGill in 1874 and was one of the founding members of the Medical School in London, attending the first meeting held on May 24, 1881. Prior to the selecting of the faculty he was elected to the Chair of Obstetrics and Diseases of Women and Children, a post he held until 1888.

Dr. Chas. S. Moore had a very large practice, judging from the number of surgical procedures and parturitions listed in the early patient register; some of the operations

were for uterine cancer, lacerated cervix, hernia and appendicitis. Dr. Moore died on September 26, 1922.

Dr. Hugh A. Stevenson was born in 1860, the eldest son of Hugh and Margaret Stevenson of London, Ontario. He received his primary and secondary education in London and graduated with an M.D. degree from Western University in 1894, and received his M.D.C.M. degree from University of Trinity College, Toronto in 1895. Dr. Stevenson took post-graduate studies at McGill University and became a Fellow of Society of Anaesthetists, London, England in 1897.

Although Dr. Stevenson did some general practice, most of his medical career was confined to the practice of anaesthesia. Drugs used for general anaesthesia were confined mostly to ether or chloroform, with nitrous oxide being used on some occasions. The method of administration was to drop the anaesthetic from a bottle fitted with a cork that had a groove cut down one side, onto a gauze mask placed over the nose of the patient. Dr. Stevenson usually injected intramuscularly 1/15 grain of strychnine immediately post-operatively as a cardiac stimulant.

Dr. Hugh Stevenson was very active in municipal and political life and served as Mayor of London for three consecutive years, 1915, 1916 and 1917. At the election of January 1, 1916, he received 3,873 votes and W. M. Gartshore 3,887; however on a recount both candidates received 3,877 votes. Mr. Sam Baker, City Clerk cast the deciding vote in favour of Dr. Stevenson who was then declared elected. He was an early promoter of hydro, and running as an Independent was elected M.P.P. in 1919, defeating Sir Adam Beck. He supported the Drury Government during its four-year term and in turn was defeated in 1923 by Beck.

He was a very keen horseman and had one of the best stables of horses in the district.

Dr. Hugh Stevenson died in 1942.

Dr. Alfred Thomas Hobbs graduated

from University of Toronto with an M.B. degree, and received his M.D. degree from Western University the same year. He was for many years the Superintendent of Homewood Sanitarium in Guelph. He died on May 23, 1931.

Dr. Arthur Windsor was born in London and graduated from Western University with his M.D. degree in 1896. Dr. Windsor practised in Windsor for a number of years, later moving to Detroit, Michigan.

Dr. W. J. Stevenson had just graduated from the University in 1896. A more detailed description of his early medical career will appear in the following chapters.

### **First House Physician**

Dr. John J. Davis was born in Toronto, but moved to London at an early age where he received his primary and secondary education. Dr. Davis was a graduate of Western University and was gold medalist of his graduating class in 1897. In October of the same year he was appointed the first House Physician (Interne) at St. Joseph's Hospital. His quarters were in the basement and in addition to daily visits to all patients in the hospital, he attended to out-patients, and also looked after the laboratory work and the dispensing of medications. Dr. J. J. Davis took post-graduate studies and received his M.R.C.S. (England) and L.R.C.P. (London), and on returning, established a practice in Gananoque in 1907, where he resided until his death on August 24, 1948.

### **Roentgen Ray (X-Ray)**

In 1895, Conrad Roentgen, a German physicist, discovered a shortwave light ray with remarkable penetrating ability which he called X-ray. In 1903 Dr. T. L. Gray of St. Thomas purchased the only apparatus available at that time — a static machine — several glass discs about one foot in diameter, mounted on a shaft and enclosed in a glass case about six feet long and four feet high, on which he secured an X-ray picture of a stone in the kidney. The glass

discs were rotated by means of a crank turned by the operator.

To secure a picture with this apparatus required skill, experience, patience and a lot of luck. Dr. Gray made a fifteen minute exposure and when he developed the plate, he saw the distinct outline of a stone. Dr. John Wishart, called in consultation, was skeptical of the value of X-ray pictures used for diagnostic purposes. However, he operated on the patient and found the stone in the position indicated on the X-ray plate.

### **Contagious Diseases and Asepsis**

Diphtheria and typhoid fever seemed the most common of the contagious diseases treated. As recorded in the Ontario Government Statutes for the fiscal year of 1900-1901, St. Joseph's Hospital treated 33 cases of typhoid and 2 cases of diphtheria, while Victoria Hospital treated 97 cases of typhoid and 58 cases of diphtheria. Dr. W. J. Stevenson, at a banquet in his honour in 1947, said that he was the first doctor in London to have administered diphtheria antitoxin when he inoculated an entire family. Dr. W. J. Tillmann, during his term as House Physician in 1899, reported there were times when one-third of the hospital beds were occupied by patients with typhoid fever.

Although some aseptic techniques were strictly adhered to, rubber gloves and a mask during surgery were not being used. Hand scrubs for fifteen minutes were known to be desirable, and reference is made to the use with a rinse of a solution of potassium permanganate as a germicide especially by Dr. H. Meek. Iodoform powder and iodoform gauze, easily recognized by the pungent odour, were used extensively as dressings and packing for wounds. Beer and port wine were administered for medicinal purposes, but not in amounts comparable to the universal use of whiskey.

### **First Internes**

In 1899, two physicians were appointed as Internes at St. Joseph's Hospital. One was Dr. J. M. McGrady who later practised

medicine at Port Arthur. The second was Dr. W. J. Tillmann, who for many years was to play an important role in the development of St. Joseph's Hospital.

Dr. William J. Tillmann was born on December 17, 1876, son of Anthony and Mary (Maria) Tillmann, one of the pioneer families of London, having settled here in 1856. He attended the Separate School and the London Collegiate Institute, graduating from the Medical School at Western University in 1898 with honours and in addition was the recipient of the Medical Alumni Gold Medal.

Dr. W. J. Tillmann spent a year of internship at Victoria Hospital and six months as House Physician at St. Joseph's Hospital prior to opening his office at 589 Richmond Street, later moving to the corner of Hyman and Richmond Streets and in 1911 to the northeast corner of Richmond and Central Avenue which was both his home and office for many years.

### Rapid Growth

From October 1, 1901 to September 30, 1902, there were 573 admissions to St. Joseph's Hospital with an average length of stay of 23 days. The total cost of operation for this period was \$9,967.49, including wages totalling \$1,539.35. Thirteen babies were born in the hospital during this fiscal year.

St. Joseph's Hospital was an institution that had grown rapidly in public favour and by the turn of the century the sixty-bed capacity could no longer meet the demands, forcing at least 45 to 50 patients to be turned away every month. Early in the fall of 1902, in order to provide additional accommodation and improved hospital facilities, a decision was made by the Sisters to add a new wing, the erection of which started later that year.

<sup>1</sup> He was prominently identified with sports and at one time owned one of the best kennels of setter and pointer dogs in Canada. As well, Dr. Woodruff in partnership with Ed Burton owned a race horse, "Bay Jack", who in 1869 won the Queens Plate at the Newmarket Race Track on Trafalgar Street in London East. He also had an interest in some of the steam boats used during the 1870's and 1880's for pleasure cruises between a dock at the foot of Dundas Street and one located at Springbank Park.

<sup>2</sup> Macarthur was very faithful in his church work and for many years served on the Board of Managers of St. Andrew's Church, and on the Session, of which he was a member until his death. He was sincere and outspoken in his beliefs, and proved to be a very valued member of the church.

*chapter five*

# The First Major Expansion 1903-1914



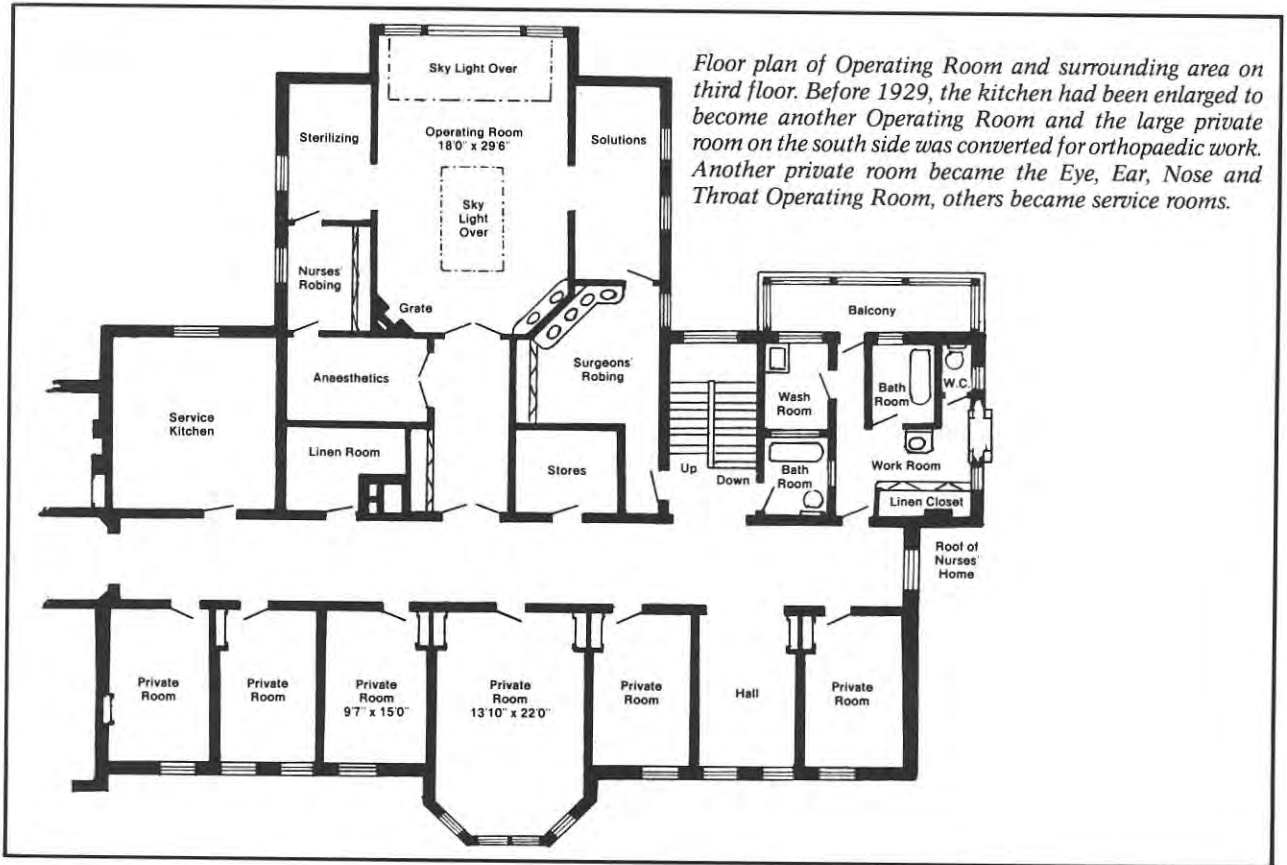
*St. Joseph's Hospital 1903, including 1892 building.*

*Archives, Mount St. Joseph, London.*

*A partial front view of the original building can be seen at the right, chapel at the left end.*

Plans for the new addition were prepared by Moore and Henry, Architects and Civil Engineers, of 44 1/2 Richmond Street,

and following approval by the Sisters of St. Joseph, work commenced in October 1902. This new structure was connected



to the 1892 building and built to the east, adjoining the original Judge Street residence, which in 1901 was formally inaugurated as a Training School for Nurses.

The plans called for a structure to be built 76 feet long by 44 feet deep, with an extension at the rear, 38 feet by 25 feet. The building was to consist of a basement, first, second and third storeys and attic. The rooms were finished throughout in natural pine, with cement walls and hardwood floors, and every provision was made to assure excellent patient care and comfort.

The basement, taking up the whole of the rear extension, contained a large kitchen from which food for the hospital was supplied. The front portion of the basement provided separate dining areas for the Sisters and the staff. On the east was a new laundry and on the west were the furnaces which deployed a hot water system to the entire hospital.



*Main Operating Room, 1917, Dr. W.J. Stevenson standing by table. Archives, Mount St. Joseph, London.*

The first floor had seven private rooms facing Grosvenor Street and five in the rear extension, the latter devoted entirely to maternity cases. The second storey was laid out in the same manner as the first, except that the rear extension contained a general ward and three private rooms. The third storey had front rooms corresponding to those beneath while the whole of the rear extension was the operating room. The top storey was used as quarters for the maintenance staff.

### **Operating Room**

The planning, design and special attention focused on the equipment, resulted in the building of one of the finest operating rooms in the Province at that time.

The main operating room was 29½ feet long and 18 feet wide. The floor was terrazzo and cost \$600.00, with a tile wainscoting extending 4 feet up the walls. A skylight and large glass circular bay on the north side provided excellent light. Around three walls extended a gallery which furnished accommodation for about sixty students of the Medical College and afforded an excellent view of operations as well as of clinics. The galleries and walls were enamelled in white.

The patient was transported through two small rooms on the south, the first, was where anaesthetics were administered, the second reserved for a recovery room after the operation. There were three rooms on the east side for use of the surgeons: a dressing room, a lavatory, and showers donated by Dr. W. J. Stevenson, and a third room for storage of the necessary solutions. On the west side were rooms corresponding in size to those on the east side. The first, was a dressing room for the nurses, the second, for preparing solutions, instruments and dressings, while the third contained three sterilizers. The complete operating suite was built with a view to the latest in sanitary and aseptic precautions. The operating table, the latest Ball-improved, was manufactured of glass and steel with all the latest devices for the most

efficient positioning of the patient.

### **Improvements**

On each floor there was a service kitchen which was used as the headquarters for the nurses and from which all the food for patients on each floor was supplied. These kitchens were directly above one another over the main kitchen in the basement. A dumb-waiter was used to carry the food to each floor. Each service kitchen was equipped with a range and ice box in order that food might be kept warm or cool if not served immediately. In order that nurses could be summoned, a system of electric bells was installed in each patient's room and connected to the service kitchen.

Another labour-saving device installed was a speaking tube connection from the first floor up. By this means staff on the first floor could get information concerning the condition of any of the patients and could answer any questions asked by visitors without travelling from one part of the building to another.

The staff of nurses was increased from twenty-four to thirty. Each floor had a complement of eight to ten nurses under the supervision of one of the Sisters. The house physicians in 1902-1903 were Dr. John I. Ferguson, Dr. Wm. H. Fischer and Dr. Thomas L. Ryan.

In addition to the excellent facilities provided in the new addition, the patient-bed complement increased from sixty in 1892 to eighty in 1903.

### **Formal Opening**

The building was not as yet completely finished when on Tuesday, May 12, 1903, the Sisters of St. Joseph had the pleasure of the official opening of the new wing by His Excellency the Governor-General of Canada, Lord Minto, accompanied by Lady Minto.

Lord and Lady Minto arrived in London around 1 p.m. and alighted from their luxurious car, Victoria, at the Grand Trunk Railway Depot and were taken by carriage to Headley, the home of Mayor Adam Beck





*Lord and Lady Minto at formal opening.*

*Archives, Mount St. Joseph, London.*

on Richmond Street. About 3:30 p.m. their Excellencies and party left Headley for St. Joseph's Hospital, accompanied by members of the City Council. The party was welcomed by Senator Thomas Coffey, the Bishop, Right Rev. Dr. McEvay, Rev. Fr. Aylward, Mother Aloysia Nigh, and Dr. J. W. Fischer, house surgeon. Following the formal introductions, the party proceeded to the new wing which His Excellency, Lord Minto, declared open.

Mayor Adam Beck took the occasion to compliment the Mother Superior, Mother Aloysia Nigh, upon her thoroughness and business ability, and declared that whatever she undertook she carried through successfully.

The nursing staff sang "God Save the King" as the party was about to leave the hospital, at which time as they descended the steps Miss M. McGuire of the 1903

nurses' graduating class presented Lady Minto with a bouquet of American Beauty Roses. Her Excellency thanked Miss McGuire and the party stopped for a few moments to pose for a photographer before proceeding to Sacred Heart Convent via Richmond Street, past Victoria Park where thousands had gathered to see them.

The need for the additional accommodation and improved medical and surgical facilities became very evident as the number of patients admitted during the 1903-1904 fiscal year increased to 850 from 532 the previous year; likewise, the operating costs increased to \$18,722.90 from \$12,114.08.

#### **Increased Medical Staff**

In addition to the "Big Four" (with the exception of Dr. Wm. Woodruff who retired in 1900) as well as Dr. Harry Meek, Dr.

Robert Ferguson and Dr. Chas. S. Moore, other physicians' names appeared on the patient register with increasing frequency, some of whom would leave their mark on the history of St. Joseph's Hospital for many years to come because of the medical and surgical expertise, loyalty and exemplary patient care they provided. The most notable during this period were Dr. W. J. Stevenson, Dr. W. J. Tillmann, and Dr. Septimus Thompson.



*Dr. W. J. Stevenson  
Archives, Mount St. Joseph, London.*

Dr. W. J. Stevenson, the son of Hugh and Margaret Stevenson, received his primary and secondary education in London and graduated with his medical degree from the University of Toronto in 1896. Dr. Stevenson took several years of post-graduate studies in universities and hospitals in England, Scotland, France, Germany and the United States. He returned to London in 1900 and began his practice in association with his brother, Dr. H. A. Stevenson, at 391 Dundas Street. His specialty training was in surgery, a great deal of which was performed at St. Joseph's Hospital.

In speaking of his early experiences in

practice, Dr. W. J. Stevenson made the following statement:

"When there were no snow-plows, cars or macadam roads on which to travel and Middlesex County was still a pioneer country, one often travelled by horse and buggy or by cutter long distances to see an invalided patient who couldn't be transported to one of the city hospitals. Operations were performed in the farm house bedroom or on the kitchen table, using an oil lamp or lantern for light and operating with instruments heated until red hot in a wood fire. Working under the conditions brought out the best in your ability and the limits one could accomplish."

Removal of the appendix and gall stones were frequent surgical procedures during this period. Fewer deaths were recorded but the average length of stay was usually from two to four weeks and frequently longer.



*Dr. Septimus Thompson.  
Courtesy of Dr. C. Thompson.*

Dr. W. J. Stevenson soon established himself as an excellent surgeon, and exhibited the same great empathy with the

poor who were unable to pay, as he did with paying patients.

Dr. Septimus Thompson was born in Strathroy on October 1, 1876, the seventh son of Dr. Alexander and Jane Thompson. He received his primary and secondary education in Strathroy and graduated from Western University in 1900.

Dr. Thompson spent one year as a house physician at Victoria Hospital, and then commenced his career in General Practice with his father and his brother, Dr. A. S. Thompson, in the town of Strathroy. During his first year in practice, he desired to learn more about treatment for eye, ear, nose and throat problems and decided to take a three-month course at an established medical centre. He was encouraged to apply at the Manhattan Eye, Ear, Nose and Throat Hospital, New York; his application was accepted and he spent the next three years, 1902-1906, doing post-graduate studies there.

Dr. S. Thompson returned to London in 1906 and opened his practice at 443 Park Avenue (later Clarence Street) specializing in eye, ear, nose and throat. In 1907 Dr. Septimus Thompson married Shirley Grist and in 1908 they were blessed with the birth of a boy whom they named Charles and known to most of us today as Dr. Charles A. Thompson. In 1907 Dr. S. Thompson accepted an appointment as an instructor of Ophthalmology and Otolaryngology at the Medical School. He was promoted to associate professor in 1913 and to professor in 1920, holding a teaching appointment until his retirement in 1946. Patient records indicate in addition to other eye, ear, nose and throat surgical procedures, Dr. S. Thompson on his return to London in 1906 successfully completed an operation for the removal of a cataract on four occasions, May 22 — length of stay 27 days; August 2 — 14 days; November 7 — 56 days; and November 19 — 29 days.

On one occasion, when Dr. Septimus Thompson accompanied by his young son Charles was about to visit some hospitalized patients, and as they were heading for the

third floor on the hydraulic lift, their direction suddenly reversed and they plunged two floors to the bottom. Both were somewhat shaken and on being rescued, headed for the Superior's office to report the unfortunate accident. Dr. Thompson was given a copious draft of brandy and recovered without incident, while Charles was consoled while sitting on the Superior's knee.

Dr. W. J. Tillmann early in his medical career developed a very large family practice and made his family rounds with a horse and buggy or by horse and cutter in the winter months. He was a large man, very jovial and one of London's most popular and prominent figures. Even though he



*Dr. Wm. J. Tillmann and some of his certificates. Courtesy of Archives, Mount St. Joseph, London and the Tillmann family.*

practised as a family physician, he developed a keen interest in the field of paediatrics and in 1908 took a post-graduate course at Great Ormonde Street Children's Hospital in London, England. On his return early in 1909 his reputation as a paediatrician became more than just local. While conducting his private practice, he lectured at the Medical School in practical chemistry

WESTERN UNIVERSITY

MEDICAL DEPARTMENT

This Certificate of Honor

Was awarded to *Dr. J. Tillman*  
 in testimony of his proficiency at the  
 PRIMARY EXAMINATION  
 April, 1904



Dean: *W. H. ...* Registrar: *...*



St. Joseph's Hospital



London, Ontario.

This Certifies that *Dr. J. Tillman, M.D.*

has acted as House Surgeon of St. Joseph's Hospital from

April 1st, 1904, to April 1st, 1907

at St. Joseph's Hospital.

*W. H. ... M.D. ...*



from 1903 to 1908, and from 1909 to 1911 in the Department of Medicine on the Principles of Practice of Medicine, following which he lectured in Paediatrics and was appointed Professor of Paediatrics in 1920.<sup>1</sup>

During the ten-year period 1904-1914, approximately fifty percent of the patients admitted to the hospital were under the medical treatment of Dr. Wishart, Dr. Macarthur, Dr. W. J. Stevenson, Dr. Tillmann, Dr. Meek and Dr. S. Thompson. In the last five years of this decade, Dr. Philip J. Mugan, a general practitioner at 720 Dundas Street, had developed a large family practice and should be included. Dr. Mugan had graduated from the University of Toronto with an M.B. degree around the turn of the century. Unfortunately, his very promising career was terminated in 1917 at the early age of 42, when he died suddenly from kidney failure.

Other physicians whose names appeared less frequently were: Dr. J. A. Macgregor, Dr. F. P. Drake, Dr. Chas. A. Cline, Dr. J. D. Wilson, Dr. Angus Graham Sr., Dr. Hadley Williams, Dr. W. J. Teasdall, Dr. C. H. Reason, Dr. Edwin Seaborn.

Appendectomies were by far the most common surgical procedures during this decade; few deaths were recorded, but the recovery period was for two to six weeks with a mean of approximately three weeks. Cholecystectomies were performed less frequently but the recovery rate was good. Other common procedures included hernia correction, hemorrhoidectomies, varicose vein removal, an occasional mastoidectomy, the setting of fractures, and numerous minor procedures.

**Pathology Laboratory**

Dr. Clarence E. Brown helped to establish the first pathology laboratory at St. Joseph's Hospital. In the winter of 1911-1912 the pioneer work was done. The room chosen was where a record room was later established. They were able to do blood counts, ordinary routine bacteriology and tissue sections. Dr. Brown was

OFFICE OF THE

## Inspector of Prisons and Public Charities, Ontario

PARLIAMENT BUILDINGS

Toronto,

July 11, 1905.

Re Hospital Returns.

The regulation in regard to making a return on the first day of each month of the admissions, discharges and deaths from each hospital in Ontario receiving Government Aid must be complied with, as the list is made up and completed each month for presentation to the Minister-in-Charge.

These returns must be accurate, for upon their correctness will depend the payment of the Government Grant.

Only the names of sick persons undergoing medical or surgical treatment will be considered as hospital patients. There have been several instances where names of persons have been returned as patients who have no right to be so classed. Means will be taken in future to prevent this "Cooking" of the returns. Patients must not be returned on the free list from whom a voluntary contribution is directly or indirectly received or expected after hospital treatment. A few instances have been discovered where a patient has been discharged and entered again in another name in order to swell the returns. The returns from one hospital from which the grant has been withheld contained occasionally the names of employees, and others the names of casual visitors. At a recent inspection I counted the patients, and not being able to find the number in residence whose names were on the books, I made special inquiry and was told that the missing were home on a visit, their names being still kept on the Hospital Register, evidently with no other object than to defraud. Such attempts at deception are most unjust.

While the majority of the hospitals of Ontario have been in the habit of sending in accurate reports some have been most inaccurate in their returns. In future there will be no reason to complain if the Government Grant is withheld from institutions that have been acting in an irregular manner. An injustice has in the past been done to the hospitals that have been making accurate returns, and in the future this will not be tolerated. Every return will be carefully audited.

Please paste this in the Hospital Register.



Inspector.

*An advisory  
to all hospitals from  
Inspector of Prisons  
and Public Charities.*

*Archives,  
Mount St. Joseph,  
London.*

born in London and was the silver medallist of the 1910 graduating class. He moved to Vancouver where he opened his practice after serving overseas as a Major with No. 10 Canadian General Hospital during World War I. The only reference to laboratory tests being done prior to this time was by Dr. J. J. Davis, St. Joseph's first house physician, who along with his other duties looked after the laboratory tests in a basement room in the interne's quarters.

Pressure for available beds gradually increased from 850 admitted patients in 1904, to 1,242 in 1914; however, the average length of stay decreased from 24 to 19 days during the same period. The number of maternity cases increased from 23 babies born in 1904 to 137 in 1914. Yearly hospital operating costs had increased from \$18,722.90 to \$34,383.84 for that same period.

#### **Ontario Hospital Association**

During the year October 1906 to October 1907, the Ontario Hospital Association was organized to assist and promote economy and efficiency in hospital management. Annual sessions afforded an opportunity for every hospital to send a representative to consider problems.

#### **Financial Aid**

All hospitals in Ontario receiving financial Government aid were required to submit on the first day of each month a list of admissions, discharges and deaths for the preceding month. These reports were forwarded to the office of the Inspector of Prisons and Public Charities, Ontario.

The Sisters of St. Joseph had been very successful in providing the citizens of London and surrounding areas with a high quality of patient care throughout the first quarter century since the establishment of St. Joseph's Hospital. Mother Aloysia Nigh served as Superior of the hospital for three terms, 1888-1890, 1892-1895 and 1899-1911 during this period and displayed exceptional skills in hospital planning and administration.

The financial burden of each addition was assumed by the Community but not without many difficulties and great sacrifice in an effort to meet the ever increasing need for hospital accommodation necessitated by the population growth of London and surrounding communities. It was decided in 1913 to proceed with planning for another addition, assisted by a larger and most competent medical staff.

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<sup>1</sup>On May 6, 1911 Dr. W. J. Tillmann was married to Mary Agnes Coughlin, after which the white brick house on the northeast corner of Richmond and Central Avenue became home and office for many years. They had six children: Mary, Paula, Margaret, Gerard, William and Peter.

## THE DOCTOR

The doctor he comes smiling, and he holds my weary hand  
And he says I'll soon get better, and that soon he'll let me stand;  
He promises the roses to my cheeks shall come again,  
And he laughs away the fever, and he jokes away the pain.

Through the long, long night I suffer weird dreams that come to me,  
Quaint the thoughts that I am thinking, starlight the sight that I can see  
But the sunbeams of the morning bring the doctor up the stairs  
And the heart of me is lightened of a thousand different cares.

There is courage in the twinkle of his kindly smiling eyes,  
And before his merry laughter by a thousand fears and sighs;  
And thoughts that have been dreary end to pleasant ones and gay,  
When the good old kindly doctor smiles doubts and dreams away.

For the doctor he comes singing, and he stands beside my bed  
And he lifts my weary spirits as the pillow lifts my head;  
And the fever seems to leave me and the pains are not severe,  
And I'm better for his presence and I'm stronger for his cheer.

The doctor he is clever, sure and certain in his skill  
And the people long have praised him for his work among the ill;  
But it's not the wisdom only, that life in me insures  
And it's not his pills and tonic, but the heart of him that cures.

Author - unknown

*chapter six*

# Richmond Wing, Chapel, Nursing School 1915-1930

Many modernly equipped hospitals were visited before plans for the new addition were finalized. The plans included the adoption of the latest improvements in architecture, construction, equipment and furnishings.

Mother Mechtilde McCarthy, Superior of the hospital 1911-1917, was most cogni-

zant of current needs and was ably assisted by Sister Augustine Boyle whose knowledge of hospital procedures and experience in financial matters helped immeasurably. Not only was there an urgent need for additional patient accommodation, but the Sisters' quarters and the Chapel were already totally inadequate for future requirements. In



*Richmond Wing and part of Chapel in foreground, 1915. The picture was taken in the 1970's.*

*Archives, Mount St. Joseph, London.*



addition to the new west wing, those areas of the hospital which had been assigned for the Sisters' use were to be converted to wards, changes that would double the patient capacity to 160 beds.

The Watt and Blackwell firm of architects was retained to draw up plans for the erection of a three-storey wing with a basement, adjoining the main building on the west and extending south along Richmond Street to Grosvenor Street. To the north of the main building and on line with the new patient wing, the plans were to include a new Chapel and new living quarters for the Sisters. They were also to include the renovations needed to change the existing Chapel and Sisters' quarters for hospital use, and an increased capacity of the 1912 boiler room.

Final plans for the building program were approved March 20, 1914, and the new building was completed in November 1915. The total cost of the new building exclusive of furnishings was \$100,000.

### The New Wing

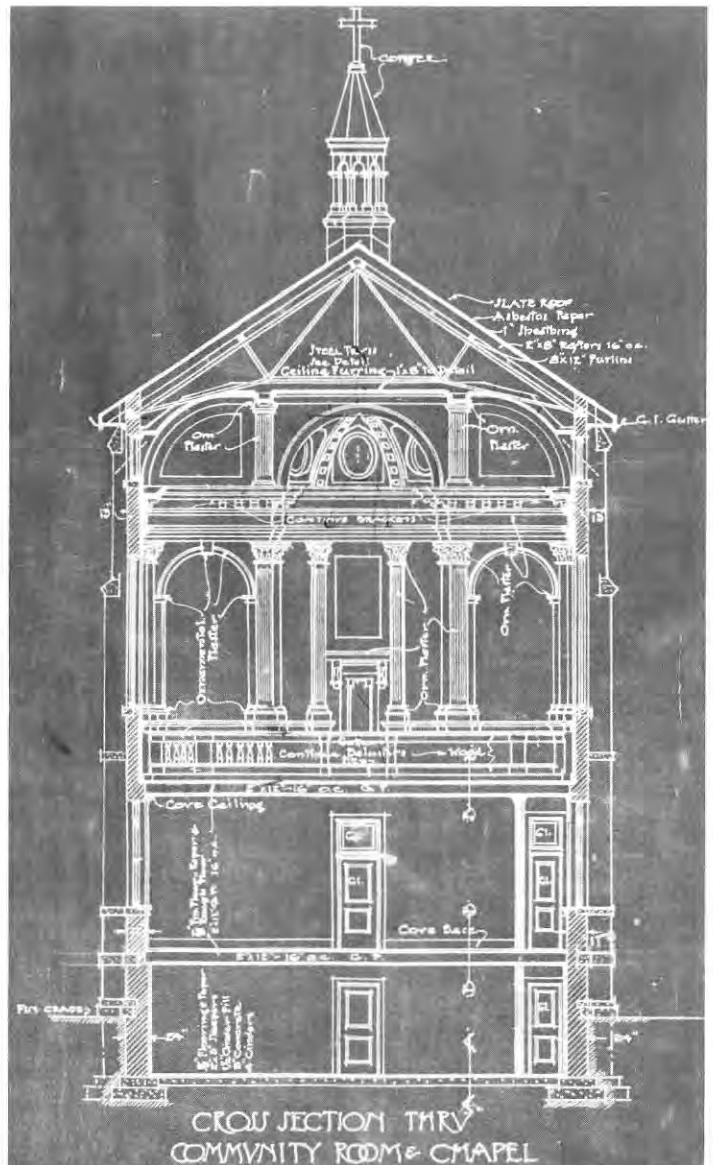
The new Richmond Street wing provided twelve private rooms on each of the three levels. Each room had its own washroom and a bathroom shared by two adjoining rooms. On the north-east corner of each floor there was a service room with steam table, stove, sink, ice, signal lights and a dumb waiter connecting the three floors with the basement serving room. Two balconies and a solarium were built on the south end of each floor.

In the basement of the new wing there was a central vacuum room. Each floor was equipped with three outlets and a seventy-five foot sectional hose. There was a serving room for the dumb waiter, a library, one lecture room on the east and two on the west for instruction of the increasing numbers of students entering the nursing school. There was also a stairwell that led to the floors above.

An entrance was made to give access from Richmond Street.

### A New Chapel

In line with the new west wing the plans were made for the Chapel and the Sisters' quarters. In the basement below the Chapel there were to be nursing students' quarters with bedrooms, dormitory and lounge. The Chapel on the second floor, with walls extended to allow a balcony on the third floor, was built in Renaissance style, Romanesque in design. The windows,



Blueprint of Chapel, cross section.

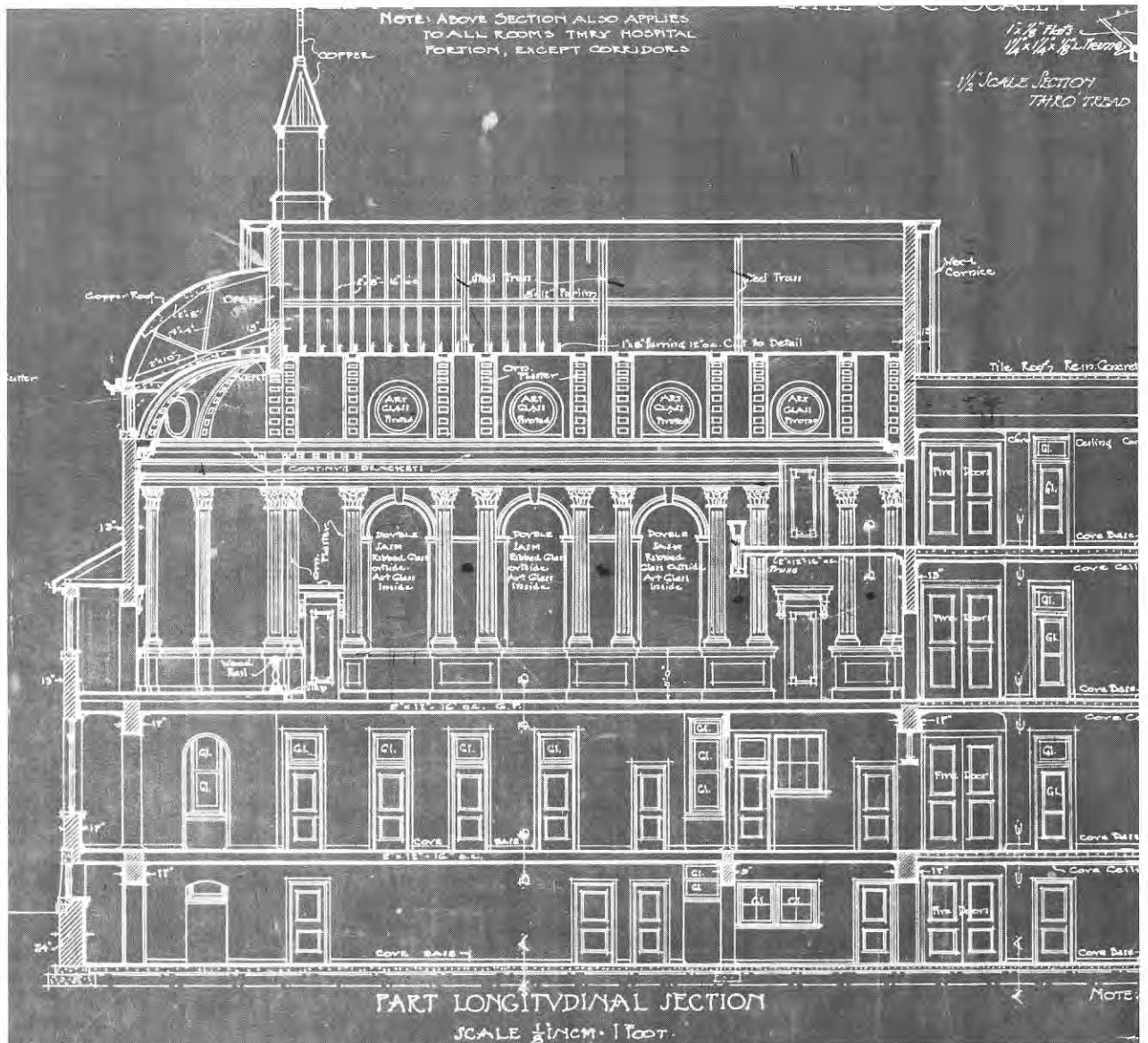
Courtesy, Tillmann and Ruth Architects

with the upper part as ventilators were of beautiful art glass. The altar was of stone in Roman style, and at both sides were niches for statues of Our Lady and St. Joseph. The floors and pews were of oak and the Stations of the Cross in oval frames were of alabaster carved in relief.

Gifts for the new Chapel included a Chalice and Ciborium from Father Valentin, and Ciborium from Father

Stanley, a sterling silver Ostensorium from Mother Ignatia Campbell that had been a gift from her brother, Father Campbell, for her Silver Jubilee.<sup>1</sup>

The former Chapel and living quarters of the Sisters were re-constructed to allow three rooms on each side of the first floor. The areas on the second and third floors were converted to open-ward areas, with nursing station, storage and bathrooms.



Blueprint of Chapel, longitudinal section.

Courtesy, Tillmann and Ruth Architects.

Furnishings for twenty-four of the private rooms on the west wing were donated to the Sisters of St. Joseph. (names of donors on p. 59)

Before the dedication of the new wing and the Chapel on October 15, 1915, by Rev. M. F. Fallon, Bishop of London, the Stations of the Cross were erected by Rev. Father James, O. F. M., of Chatham. The Mass of dedication of the Chapel was solemnized by Bishop Fallon, assisted by the hospital Chaplain, Father Valentin, and Father Kerwin of Buffalo. Father Harding of St. Peter's Cathedral was present in the sanctuary.

Many members of the clergy and a large number of the Medical Staff attended the ceremony. Bishop Fallon spoke briefly in congratulation and said that after the new wing was ready in another month, it

would be one of the finest and most modern in the country.

The rate for private rooms at this time was from \$7.00 to \$10.00 weekly, with \$3.50 for ward bed; however, increasing costs necessitated these rates being raised to \$12 and \$7 for ward bed. During World War I the cost of drugs and medical supplies increased rapidly with the result that patients had to be charged individually for dressings and medication in addition to the charge for beds.

Mother St. Roch Costello was appointed Superior of the hospital in 1917, a post she held until 1923. During her term of office, no new building was done as the accommodations were adequate, and all finances were used for running of the hospital and payments for the new wing and Chapel.



*Interior view of new Chapel.*

*Archives, Mount St. Joseph, London.*

At the time of Mother St. Roch Costello's appointment, there were seventeen Sisters on her staff: Sisters Augustine Boyle, Alexius Brennan, Loyola Kelleher, St. Stephen Dentinger, Ligouri O'Dwyer, Mary of Good Counsel Kelly, St. Joseph Brown, Pascal Kenny, Austin Gurvine, Augusta Fuerth, Wilhelmina Kelly, Ida Casey, Mary Patrick Clancy, Oswald McDonell, Fabian Slattery, Leanora Doyle and Mercedes Boles.

Records of admissions for the autumn and winter of 1918-1919 indicate that over half the patients admitted were suffering from the influenza epidemic that swept the continent. Many deaths resulted from the epidemic, and hospital stays were lengthy.

### **X-Ray Department**

In 1916, with X-ray gradually being accepted as a reasonably accurate diagnostic tool, St. Joseph's Hospital opened its first Department of Radiology under the medical management of Dr. Walter A. Thomson, a graduate of Trinity Medical College in 1891 with a degree of M.D.C.M. He was assisted at St. Joseph's by Sister Raphael Clark as technician. The X-ray Department at first was one room in the basement of the new west wing. From time to time the area was enlarged by the additional rooms for improved treatment.

Dr. Herman E. Schaefer in 1922 succeeded Dr. Thomson as head of the Department of Radiology. Dr. Schaefer, born in Germany, came to Canada and received his education in London, graduating from U. W. O. Medical School in 1905. He served as interne at St. Joseph's Hospital and after a short time in private practice decided to specialize in radiology. In 1929 he visited centres in England and Europe to observe new techniques in radiological diagnosis and treatment. On his return to London, he took X-ray films of all bone development of children in all years up to puberty. These he used for reference and for teaching.

Dr. Schaefer showed his interest in the growth and development of St. Joseph's

Hospital by his involvement in various committees including the Executive Committee composed of the Superior of the hospital and three or four staff physicians.

### **Organization of Medical Staff**

One of the most significant changes of the period was the establishment of an organized Medical Staff. The inaugural meeting was held August 14, 1922, at which time the following were nominated and appointed to specific offices and specialties: Dr. John Wishart (President) — Surgery  
Dr. E. I. Loughlin (Secretary)  
Dr. W. J. Stevenson — Gynaecology  
Dr. S. M. Fisher — Medicine  
Dr. W. P. Tew — Obstetrics  
Dr. W. A. Thomson — Anaesthesia  
Dr. W. J. Tillmann — Paediatrics  
Dr. S. Thompson — Ophthalmology, Rhinology and Otology

The appointment of Dr. John Wishart as the first president of the newly formed Medical Staff was a popular one. As one of the original physicians with the hospital from its founding in 1888, he had served with loyalty and dedication, showing a medical expertise and leadership that won for him the profound respect of his colleagues, the Sisters, the medical staff and medical students.

The three most junior members of that first Executive Committee, Doctors Loughlin, Fisher and Tew, were more recent graduates in medicine than other members. Doctors Fisher and Loughlin, born in London were graduates of U. W. O. Medical School. Doctor Tew was born in Oil Springs and graduated from the University of Toronto Medical School.

Dr. S. M. Fisher, following his internship took post-graduate studies at Edinburgh Infirmary in Surgery; at Coombs Hospital, Dublin, in Obstetrics; at Charing Cross Hospital, London, in Medicine; and at the National Hospital, London, in Neurology. A severe infection in his hand while he served overseas in World War I decided him to choose neurology instead of surgery as his field of practice. Dr. Fisher took

great interest in the growth and development of St. Joseph's Hospital as a member of Medical Staff and during his frequent terms on the Executive Committee. His clinical judgment led to a demand for his services in consultations.

Dr. E. I. Loughlin interned in Detroit at Harper Hospital in Surgery and at Receiving Hospital in Medicine. At St. Joseph's Hospital in London Dr. Loughlin was appointed to the Department of Medicine and was active as an anaesthetist until he was appointed to the Department of Obstetrics. When the Medical Staff was originally organized, he was appointed Secretary. His keen interest in the hospital and his popularity with staff members led to his appointment to the Executive Committee.

Dr. W. P. Tew, after graduating from University of Toronto Medical School, served overseas in the Navy until 1919. He then took post-graduate studies in Toronto for one year in Gynaecology and Obstetrics. After returning to London, he taught in these two fields at the U. W. O. Medical School. At the inaugural meeting of the Medical Staff of St. Joseph's Hospital, he was named Chief of the Department of Obstetrics.

Dr. W. P. Tew's son, Dr. W. L. Tew, says that his father, deciding to restrict his practice to Obstetrics and Gynaecology, gave much of the credit for his early success to Dr. W. J. Tillmann, then Chairman of the Department of Paediatrics at St. Joseph's Hospital, who generously offered to refer his obstetrical cases to Dr. Tew. Dr. Tew was noted as an excellent teacher at the Medical School and was in demand as a consultant.

From 1923 to 1927 the Medical Staff was joined by a number of physicians, many of whom brought special qualifications from post-graduate studies: Dr. G. A. Ramsay in Orthopaedics, Dr. H. S. Little in Paediatrics, Doctors J. L. Duffy and P. J. Sweeney in Medicine, and Doctors M. Peever and H. O. Foucar in Surgery.

Mother Zita Forster, formerly a mem-

ber of the Community's General Council, was appointed Superior of the Hospital from 1923 to 1927. During her term of office there were alterations and most notably, the building of a new Student Nurses' Residence.

The front entrance to the hospital was improved by the building of a new portico made possible by a donation from Dr. W. J. Stevenson. This portico was much needed during inclement weather. A terrazzo floor well-designed was laid on the first floor. A Dispensary was installed on third floor and a Medical Records Room was opened opposite the front entrance, a convenient location for the Medical Staff. A new elevator replacing the original hydraulic lift provided an improved transfer system between floors. By the installing of fire-doors and extinguishers the entire building was improved to meet fire department regulations.

### **New Nursing School**

The most notable improvement of this period was the erection of a Nurses' Residence on the corner of Richmond and Louisa (now Cromwell) Streets. The accommodation for the nursing students had been inadequate for a number of years and crowded quarters had added much inconvenience to Sisters and students.

The building was a four-storey structure built in the shape of the letter H. The west wing adjoined the hospital with connecting corridors on basement and first, and on second by a corridor to the rear of the Chapel. There were thirty-three rooms on each of the second, third and fourth floors providing accommodation for about two hundred students. To provide the heat necessary for the new building it was necessary to enlarge the existing boiler room at the rear of the main wing. New buildings constructed in that area were an incinerator and a winter storage for fruit and vegetables. The new Nurses' Residence was formally opened on June 29, 1927.

On April 6, 1927, the St. Joseph's Hospital Women's Auxiliary was formed.



*Nurse's Training School and Residence, 1927.*

*Archives, Mount St. Joseph, London.*

They supplied the first set of dishes and silverware to be used for the banquets and teas that were to be held in the Nurses' Residence. In the years that followed, this organization became a strong and loyal support for the hospital as it grew and improved.

Records for the fiscal year 1926-27 indicate that 2,755 patients were admitted to the 160 beds, with an average length of stay of thirteen days, which was the lowest in the hospital's history at that particular time. The hospital births for the year were 329 and had shown a yearly increase from the 13 births recorded in the 1901-02 period. Total budget for the year was \$154,773.54, with an average cost of \$2.58 per patient day.

Mother Pascal Kenny who became noted for her work in St. Joseph's Hospital

in London, Sarnia and Chatham, succeeded Mother Zita in 1927 and occupied that position until 1932.

Mother Pascal's term of office saw many changes. A new East Wing, which opened in 1931, added an additional one hundred and fifty beds and made possible improved and enlarged facilities. There was a complete re-organization of the Medical Staff in 1928, a new Pathology Laboratory, a Physiotherapy Department and a better-organized Out-Patient Department.

#### **Pathology Laboratory**

The hospital's first laboratory was opened January 1, 1928 in a room off the landing between second and third floors, of the central stairway. Prior to this time, there was no established laboratory, all tests being made under the direction of



*The Eye, Ear, Nose and Throat Operating Room developed circa 1925 on the south side of the third floor corridor.*

*Courtesy Mrs. Monica Gannon.*



*Pre 1930 view of the main Operating Room. Nine electric lights have replaced the skylight but gas lamps have been retained. The operating table has been changed.*

*Archives, Mount St. Joseph, London.*



*Delivery Room, used before and after 1932.*

*This room is located in the 1903 building and was created by combining two rooms.*

*Archives, Mount St. Joseph, London.*



*Circa 1935 view of the main Operating Room. L. to R. Drs. E.F. Lepine, performing appendectomy; M. Stapleton, anaesthetist; V.A. Callaghan, supervising; G. Morris, observing. Nurse unidentified.*

*Courtesy, Dr. E.F. Lepine*



clinicians, with many samples including pathology specimens being sent to the Institute of Public Health for examination.

The first pathologist was Dr. F. W. Luney who, it is interesting to note, was the son of James Luney, the contractor for the masonry of the Medical School at the corner of York and Waterloo Streets, a school his son was later to attend.

Dr. Luney graduated from the U.W.O. Medical School in 1914 and served his internship at Victoria Hospital where he set up a clinical laboratory, remaining there as Pathologist until 1924. While retaining supervision of the laboratory at Victoria Hospital, Dr. Luney was appointed to the Institute of Public Health in the Division of Pathology and Bacteriology. In 1917 he was appointed Senior Pathologist at the Institute, a position he held until 1927.

Doctor Luney used animals to conduct experiments in blood transfusion, spending some time in Detroit studying the practical details of blood grouping in addition to obtaining A and B blood group sera. He pioneered in blood transfusion in humans developing his own two-person multiple syringe, one drawing from the donor and the other injecting the recipient.

Dr. Herman Schaefer, Radiologist at St. Joseph's Hospital, encouraged Dr. Luney to approach Mother Pascal and suggest the setting up of a laboratory there. The Executive Committee approved his appointment to the Medical Staff in 1927 as Pathologist.

Dr. Luney's first technologist was Mrs. Mary Gardner Faulds who became the first Registered Technologist after the Technologists' Society was formed in the 1930's. In 1928, William (Gus) Curchin was hired as the Technician. These three constituted the laboratory staff for several years.

In addition to his work at St. Joseph's Hospital, Dr. Luney operated his own private Pathology Consulting Services which served smaller medical centres such as St. Thomas, Tillsonburg, Chatham, Sarnia and Brantford.

The period between 1922, when the

Medical Staff was first organized, and 1928 seems to have been a period of consolidation except for the addition of a number of physicians who had completed post-graduate studies which qualified them in particular specialties.

### **Dr. Wishart Dies**

Dr. John Wishart, the first President of the Medical Staff, served for only one term, August 1922-September 1923. On November 4, 1926, Dr. Wishart died while a patient in St. Joseph's Hospital. The Sisters of the Community, the Staff, his colleagues and his many friends mourned the passing of a man who, for fifty years, had contributed so much to his profession, the hospital, and to the community.

Dr. Wishart had been succeeded as President of the Medical Staff by Dr. W. J. Tillmann who was appointed to the office each year for three years when he was then succeeded by Dr. S. M. Fisher who served for 1926 and 1927.



*Dr. A. J. Grant and some of his certificates.  
Courtesy Mrs. E. W. Kennedy (daughter)*

**Universitas Occidentalis**

**Londinenses.**

Omibus ad quos hac Literae pervenerint, Salutem:  
 Testatur Senatus Universitatis Occidentalis  
 die Octavo mensis Martii, B.D. MDCCCXI, admittisse in gradum  
**Doctoris in Medicina**

**Alfredum Jacobum Grant**

quum omnia ad illum gradum pertinentia, quae per  
 Statuta requiruntur, praestitisset et complisset: in  
 quorum fidem, literis haece communi Universitatis sigillo  
 munite nomina nostra subscripsimus.



Et B.D. Martii, die Octavo mensis Martii, B.D. MDCCCXI

**Victoria Hospital**  
**London**



**Lying-in Department Certificate**

This Certifies that **Alfred J Grant**  
 has attended the practice of the Lying-in Department of Victoria Hospital  
 for a period of \_\_\_\_\_ months, and has had charge of \_\_\_\_\_ cases of  
 Recombement.

Date at London, Ont. July 19 1909

Witness my hand and the Seal of the Victoria Hospital, London, Ontario, this 19th day of July 1909.



**College of Physicians and Surgeons  
 of Ontario,**  
 PROVINCE OF CANADA.

*Be it known to all Men*

That Alfred Jacobus Grant, has completed  
 the conditions and passed the examination set before  
 the Council of the College of Physicians and Surgeons  
 of Ontario and is a qualified Member of the  
 said College and is the holder of a License to  
 Practice as a Physician and Surgeon in the Province of  
 Ontario. He has also been registered as a member  
 of the Lying-in Department of the said Hospital  
 for a period of \_\_\_\_\_ months, and has had charge  
 of \_\_\_\_\_ cases of Recombement.

Witness my hand and the Seal of the College of Physicians and Surgeons of Ontario, this \_\_\_\_\_ day of \_\_\_\_\_ 1909.



**Reorganization of Medical Staff**

The minutes of the meeting of the Staff in 1928 states that a nominating committee had been formed with a view to re-organizing the Medical Staff. Dr. J. R. Armstrong, Chairman of the Nominating Committee, presented a slate of officers which was unanimously accepted.

- Dr. A. J. Grant, Chairman
- Dr. W. P. Tew, Vice-Chairman
- Dr. F. W. Luney, Secretary
- Dr. S. M. Fisher, Member of the Executive
- Dr. E. I. Loughlin, Member of the Executive

Also present at the meeting were Doctors J. I. Ferguson, D. D. Ferguson, M. Simpson, V. A. Callaghan, G. W. A. Aitken, H. S. Little, F. J. Campbell, H. O. Foucar, J. L. Duffy, G. A. Ramsay, J. C. Bottley and Internes McGregor and Pink.

Dr. Grant was a graduate of Western Ontario Medical School and had done two years' post-graduate work in surgery at St. Luke's Hospital, New York. His appointment as Chairman (formerly President) was a popular one with his colleagues, who recognized not only his ability as a speaker and his leadership qualities, but also his vision in setting objectives and his initiative in reaching them.

In his remarks to the meeting after the election, Dr. Grant spoke optimistically of the future of St. Joseph's Hospital and urged co-operation and interest by the Staff relative to their respective positions. He urged the following suggestions as imperative to sound organization:

1. Regular Staff meetings once a month.
2. Staff luncheon once a month between Staff meetings.
3. Immediate opening of an Out-Patient Department.
4. Serious consideration of the establishing of a Physiotherapy Department.

**Out-Patient Department**

At the first meeting of the newly-elected Executive Committee in February 1928, a plan to establish an Out-Patient Department was presented by Dr. Grant. It was agreed to obtain the necessary equipment and set

up the Department in the basement in rooms formerly used by the School of Nursing. It was proposed to hold Medical, Surgical and Paediatric Clinics on Monday, Wednesday and Thursday and to have one day a week for each of Obstetrics by Dr. Tew, Eye, Ear, Nose and Throat Clinics by Dr. Armstrong, and Gynaecology Clinic by Dr. Banghart. The recommendations were presented to the Medical Staff at the March meeting and the following schedule was approved:

Obstetrics, Monday, 11-12 a.m.

Paediatrics, Friday, 10-12 a.m.

Medicine and Surgery, Thursday, 11-12 a.m.

Eye, Ear, Nose and Throat, Friday, 11-12 a.m.

Gynaecology, Wednesday, 11-12 a.m.

*Minimal Equipment Required:*

*Medical Clinic*

Examining table, blood pressure apparatus, scales, ophthalmoscope and auroscope, percussion hammer, flashlight, steel tape and a magnifying glass.

*Surgical Clinic*

Operating table, instrument table and instruments, and a swivel stool.

*Gynaecology Clinic*

Instruments

*Obstetrics and Paediatric Clinics* — OK

Dr. Grant presented these recommendations to Mother Pascal with added requests for a Sister Nurse to be placed in charge and another nurse to serve during clinic hours. He also recommended that a 25 cent fee be charged for all prescriptions.

The two new Departments referred to in Dr. Grant's inaugural address became realities on September 1, 1928, when the Out-Patient and Physiotherapy Departments were officially opened.

### **Physiotherapy Department**

The new Physiotherapy Department was opened under the management of Nora G. Peck, C.S.M.M.G., a graduate of the University College Hospital, London, England. Miss Peck had wide experience

in all types of physiotherapy and her services were made available to hospital in-patients and out-patients.

The Department was set up in the basement on the west side of a corridor leading to the new School of Nursing. The equipment was purchased and installed by the Victor Company.

The Department was under the medical supervision of Dr. P. J. Sweeney, a graduate of University of Toronto Medical School. Dr. Sweeney took a keen interest in the medical application of physiotherapy and attended several short courses in Detroit. Prior to the opening of the Department in St. Joseph's Hospital, he had purchased a Seimens Short-wave machine for treating patients in his office at 487 Dundas St. His experience was a valuable asset in the establishing of the department and in establishing a training program.

In August, 1930, Sister Austin Gurvine was appointed Director of the Physiotherapy Department.

### **In-service Education**

Dr. Grant was interested not only in improving and extending hospital service, but also in a Medical Staff better informed on Hospital Organization and in Medical Records. He requested and obtained Dr. M. T. McEachern, Director of Hospital Activities, American College of Surgeons, Chicago, as the guest speaker at a Staff luncheon meeting, March 2, 1928. An outline of Dr. McEachern's address, taken from the minutes of the meeting, indicates the points emphasized by the speaker.

#### *Hospital Organization*

Staff Conferences served these purposes:

- a) keeping a high plane of efficiency among the hospital staff
- b) a means of enabling each member to add to his sphere of knowledge
- c) to correlate data for clinical research, develop consultations, secure as many autopsies as possible, insist on routine surgical sections, results of which should be presented at conferences.

*Case Records*

Best case records are those written by Doctor

Next best, written by Interne and checked by Doctor

Next best, written by Interne and not checked by Doctor

Poorest, those written by nurses and not checked

*Thirteen Points to keep in mind when making Case Records*

1. Identification data
2. Complaints
3. History of present illness (should be obtained before family history)
4. Past, or Family History
5. Physical findings (physician's job)
6. Aids to back up (5) — X-ray, laboratory, consultation
7. Working diagnosis
8. Medical and surgical treatment
9. Gross and microscopic Pathology
10. Final Diagnosis
11. Progress notes (outstanding points, hastening or retarding recovery)

12. Condition on discharge

13. Follow-up report or autopsy

Dr. McEachern's address was well received and he was engaged for a return visit at which time he would meet with the two Sisters in the Records Department, to review patient charts and make further recommendations. Following this second meeting two policies were introduced:

1. The Sisters in charge of the wards would document the Progress Notes.
2. A Physician's Order Book would be placed on each ward, orders to be transferred by nurses to the charts.

**Summary of Progress**

At the annual meeting of the Medical Staff on May 16, 1929, the Chairman, Dr. Grant, reviewed the past year's excellent progress. The need to acquire equipment to administer anaesthetic gases was discussed and it was recommended that the hospital purchase a machine following consultation with Dr. E. I. Loughlin, and Dr. G. W. A. Aitkin.



*Medical Staff Meeting circa 1928.*

*Head table L. to R. Drs. W.P. Tew, unidentified, A.J. Grant, S.M. Fisher, E.I. Loughlin, F.W. Luney.*

*Other table, starting at top left and going clockwise. Drs. H.E. Schaef, H.O. Foucar, H.S. Little, unidentified, J.L. Duffy, J.R. Armstrong, G.A. Ramsay, D.D. Ferguson, P.C. Banghart, H.M. Simpson, V.A. Callaghan, unidentified, D.C. McFarlane, unidentified.*

*Archives, Mount St. Joseph, London.*

### **Dietetic Department**

The new Dietetic Department at the hospital was opened on October 1, 1929, with Mrs. Margaret Emerson in charge. Mrs. Emerson came from England to Canada and graduated in a Dietetics course from McDonald College in Guelph. Prior to coming to St. Joseph's Hospital, she had been employed as dietician by St. Luke's Hospital, New York. The Women's Auxiliary of the hospital donated \$300 to help defray the cost of setting up the Department.

### **New Executive**

At the annual Medical Staff Meeting for 1929-30, Dr. Fisher, acting as chairman for Dr. Grant, reported that there had been nine monthly meetings and eight staff luncheons during the past year. He reported that Dr. Scamel, Inspector for the American Hospital Association, had expressed his pleasure with the general efficiency of St. Joseph's Hospital in a very favourable report.

At the meeting, Dr. J. R. Armstrong presented a slate of the Nominating Committee representing a complete change of officers. The new staff duly elected was,  
 Dr. S. M. Fisher — Chairman  
 Dr. H. O. Foucar — Vice-Chairman  
 Dr. F. Luney — Secretary  
 Dr. J. L. Duffy — Executive Committee  
 Dr. H. Schaeff — Executive Committee

### **Electrocardiography**

On recommendation of the Staff a committee (Drs. Fisher, Campbell and Luney) met with Mother Pascal to discuss the introduction of electrocardiography, and the appointment of Dr. R. J. Gordon to the Staff because of his training and experience in the field. Dr. R. A. Waud of the U.W.O. Department of Pharmacology, and Dr. R. J. Gordon of Westminster Hospital met with the Medical Staff and gave a demonstration on the application and merits of the machine.

The department was opened in October, 1930, with Dr. Gordon in charge and with Sister Theophane Phelan as technician. Dr. Gordon, a graduate of U.W.O. Medical

School in 1909, had served with the Canadian Forces Overseas 1915-1918, when he returned to take position as Pensions Examiner at Westminster Hospital.

### **New Laundry**

For some time there had been plans for a new laundry providing more room and modern equipment for the work. The plans called for a two-storey brick building to be erected to the rear of the boiler room and facing Cromwell Street. The ground floor was to serve as a laundry, with the second floor to provide living quarters for the male help. The contract was awarded to R. G. Wilson and Sons, Contractors and the new facilities were opened and in operation on August 18, 1930.

### **The Judge Street Residence goes**

Immediately on completion of the new laundry, the demolition of the old laundry and the Nurses' Residence was started to make way for a new East Wing already well into the planning stage.

Demolitions occur as a matter of course where there is reconstruction and new building, but this was a demolition with a special significance. When the last of the old Nurses' Residence and laundry disappeared, with them disappeared what remained of the Judge W. Street residence where, on that autumn day in 1888, St. Joseph's Hospital was founded. It was that small but courageous beginning that became a great and compassionate health centre. It was what in 1986, the Survey Team of the Canadian Council on Hospital Accreditation called "a special and caring place".

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<sup>1</sup>For the Golden Jubilee of the hospital in 1940, the Chapel was decorated by the A. M. McDougall Co. of Toronto. The art glass windows were replaced by stained glass portraying Biblical scenes, and were procured from and installed by R. McCausland of Toronto. For a list of donors for the re-furbished Chapel, see Appendix XX.

<sup>2</sup>See Appendix for brief biographies.

The Sisters of St. Joseph were most appreciative of the following generous benefactors who donated room furnishings in the West Wing.

**First Floor**

- Room 1 John and Miss Crotty - in memory of Rev Albert McKeon and his nephew
- Room 2 Miss Mary Fox - in memory of her mother
- Room 3 Mr. G. C. Bowker
- Room 4 Redemptorist Fathers
- Room 5 The Williams family
- Room 6 Rev. J. F. Stanley
- Room 7 Rt. Rev. Msgr. Aylward - in memory of his mother
- Room 8 Mayor H. Stevenson - in memory of his father
- Room 9 Dr. W. J. Stevenson
- Room 10 Mrs. John Watt
- Room 11 Mrs. V. Blackwell

**Second Floor**

- Room 1 Rev. Thomas Ford
- Room 2 Mrs. Hugh Sharley
- Room 3 Redemptorist Fathers - Toronto
- Room 4 Rev. A. Fuerth
- Room 5 Mrs. B. C. Brooks - in memory of her son, James Brooks
- Room 6 The Misses Coyle
- Room 7 Rev. Dean McGee
- Room 8 Rev. John Quigley - in memory of his mother

**Third Floor**

- Room 1 Mr. W. F. Jarvis
- Room 2 Mrs. Sol White - in memory of her husband
- Room 3 Rt. Rev. Msgr. O'Connor
- Room 4 Mrs. John Armit
- Room 5 Dr. and Mrs. Hadley Williams



*chapter seven*

# Judge Street Residence Yields to New East Wing 1930-1954



*The right one-third of this picture shows the south end of the (then) East Wing and connecting link to the 1903 building. The fourth floor (Paediatrics) was not extended until 1964. Note the portico, over the main entrance, which was donated by Dr. W. J. Stevenson.*

*Archives, Mount St. Joseph, London.*





The new Kitchen with areas for specialized preparation to the left.

Archives, Mount St. Joseph, London.

The population of London in 1930 was 71,310, better than double the 35,000 in 1888 when the hospital first opened. The two general hospitals of London were providing medical care for the citizens of London in addition to servicing a large and growing rural population. Although hospitals of fewer than 100 beds existed in St. Thomas, Woodstock, Stratford, Sarnia and Chatham, London was well established as a medical referral centre.

The Sisters of St. Joseph were aware by 1930 that the existing bed capacity, as well as space required for services to meet the increasing demands for health care were totally inadequate. Under the competent guidance and foresight of Mother Pascal Kenny, planning commenced on what would be referred to as the East Wing Addition.

Plans called for the erection of a three-storey structure joined to the east section of the original building by an extension of the east-west corridor approximately 75 feet. Each of the three floors and basement extended approximately 100 feet both north and south of the corridor. On the fourth

floor a new paediatric department was to be built to the north of the main corridor and 40 feet to the south. The new addition was to be of stone and brick construction similar in design to the west wing built in 1915.

Of primary importance in the new wing was provision for additional operating room facilities, a greatly enlarged laboratory and a new delivery room area plus an additional 100 patient beds.

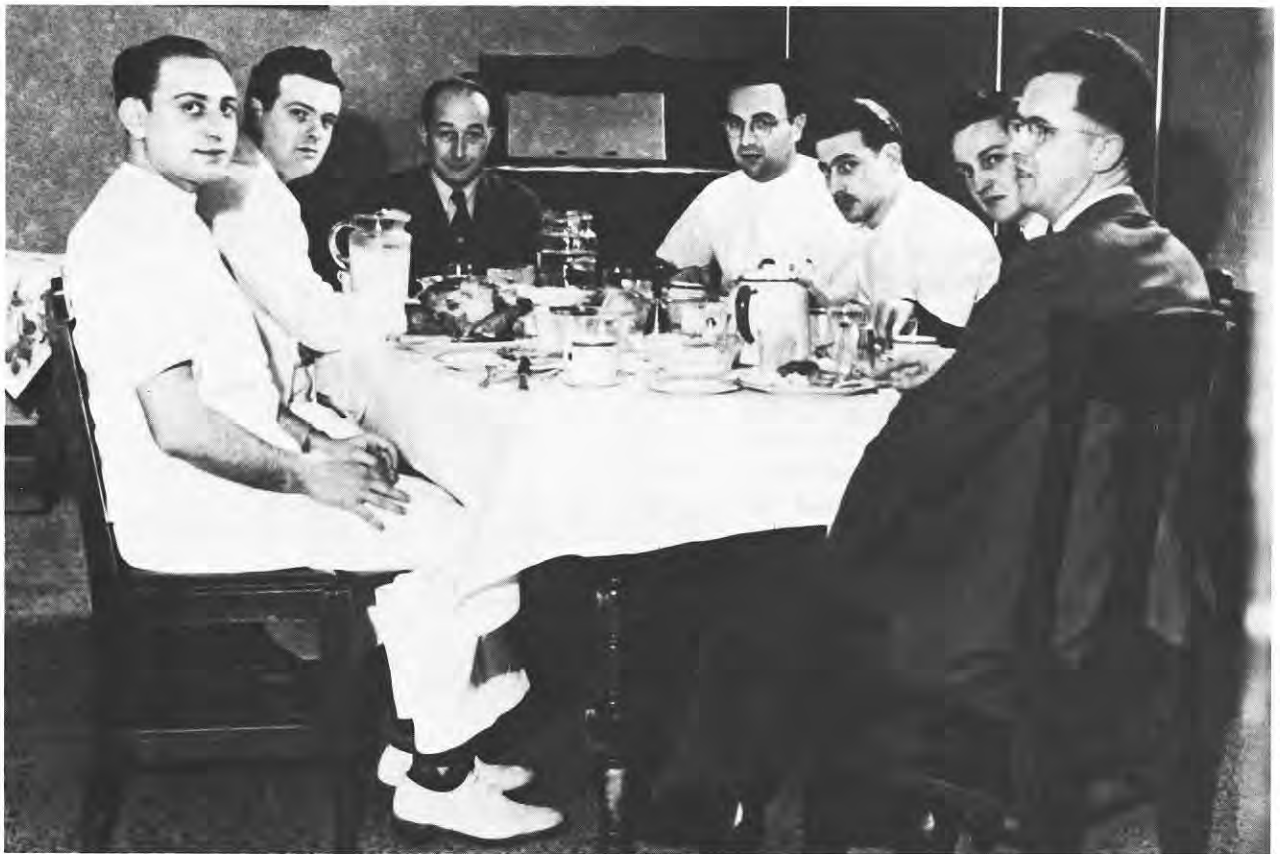
The architects were Watt & Blackwell and the contract for the erection of the new building was let to John Hayman & Sons at a cost of \$294,000.00.

On October 1, 1930, a ceremony conducted by Bishop M. F. Fallon and Monsignor A. P. Mahoney was held for the laying of the cornerstone. A two-quart sealer dated 1930 was placed in the cornerstone and contained the following: a six inch statue of St. Joseph; an October 4, 1930, edition of the *Catholic Record*; an October 1, 1930, edition of the *London Free Press* (3¢) and a hand-written note with the signatures of the individuals

present; these included Bishop M. F. Fallon, Monsignor Mahoney, Reverend Mother Philomena Hussey, Mothers St. Francis Coughlin, Celestine McCarthy, Benedict Spring and DeSales Gould. Then listed was the staff of St. Joseph's Hospital including Mother Pascal Kenny, Sisters Theodore Hannon, Theophane McManus, Austin Gurvine, Remigius McIntyre, St. Joseph Brown, Martina McCann, Thecla McKinley, Bernardine Boyle, Damien Baker, Francis Joseph Kennedy, Veronica Brophy, Redempta Doyle, Mary Edward Hill, Mercedes Boles, Bernice Etue, Ruth Fleckser, Joan of Arc Stock, Medard Levesque, Rosemary McMahon, St. Elizabeth Wilkinson, Leanora Doyle, Patrick Joseph Gleeson, St. Christopher McMahon, St. Anthony Baker and Avila Morrissey.

### Basement

Plans called for new and enlarged dining areas to accommodate an increase in staff, and a kitchen providing the necessary space and equipment to service a 300 bed hospital. The new kitchen was built in the north wing of the basement and the very latest equipment available was installed. On the west side in a small room adjacent to the kitchen was a new ice-making machine and on the east side a separate dining area for the graduate nurses. The south wing was to be used as a dining area for the student nurses. On the south side of the connecting link was a dining room for the Sisters and on the north side, a 12 x 24 foot area for the doctors' dining area.



*This picture from 1947 shows a group of interns in the doctors' dining room having "Sunday Chicken Dinner" thoughtfully served by Kitty Denny of the kitchen staff who referred to them as 'my boys'. Left to Right: Drs. Saul Highman, John Blackwood, H. Seamon (guest), Melvin Boigon, Gordon Yudashain, Ted Robins and Howard Hostetler.*

*Archives, Mount St. Joseph, London.*



*One of the Delivery Rooms and the 'scrub' room in the connection to a second Delivery Room.  
Archives, Mount St. Joseph, London.*

### **1st Floor**

The first floor provided a much expanded obstetrical department as well as enlarged nursery accommodation. On the north west side of the new wing were two delivery rooms and on the east side a work room and a clean utility room, with the balance of the wing providing pre- and post-natal patient rooms. The new nursery, providing 43 bassinets, was situated on the south side of the connecting link, facing Grosvenor Street.

### **2nd Floor**

The north end of the 2nd floor in an area 36 feet by 19 feet provided space for the general laboratory services including general pathology, bacteriology, hematology and biochemistry. On the west side adjacent to the laboratory was the urinalysis laboratory. The next room afforded a large museum containing pathological specimens and microscope slides for study purpose. On the east side was a large utility and

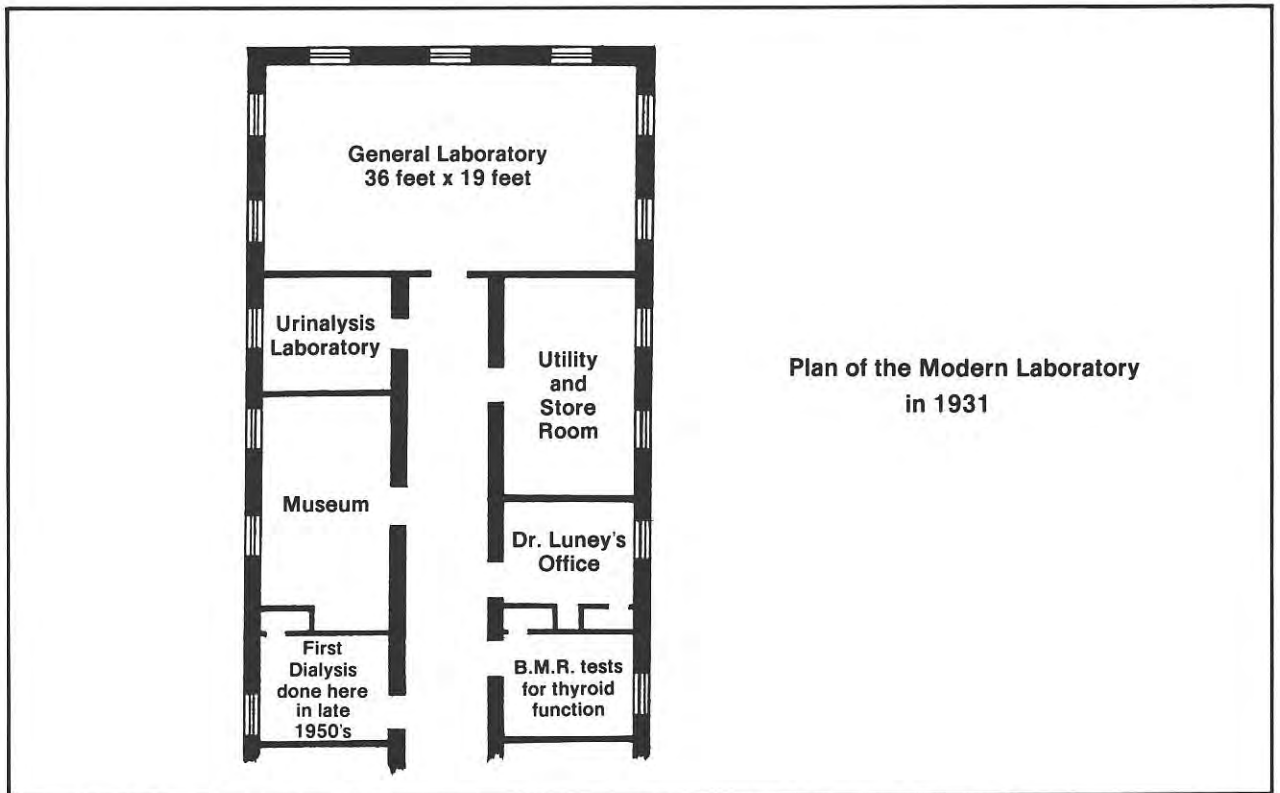


*Instrument and water sterilizers.  
Archives, Mount St. Joseph, London.*



*The main Nursery on the south side of the east-west corridor.*

*Archives, Mount St. Joseph, London.*



**Plan of the Modern Laboratory  
in 1931**

*Plan of the Modern Laboratory in 1931, on the second floor (see Department of Laboratory Medicine for picture)*



*Special suite with bedroom, parlour and private bathroom (not shown) on the second floor east-west corridor.*  
*Archives, Mount St. Joseph, London*



*Eye, Ear, Nose and Throat Operating Room.*

*Archives, Mount St. Joseph, London.*

storeroom as well as Dr. F. W. Luney's office. The balance of the north wing was to be used as temporary sleeping quarters for some of the Sisters, whereas the south wing provided sleeping quarters for the internes and the southerly portion was separated by a partition with a door for use as sleeping quarters by some Sisters and a couple of senior nurses.

### **3rd Floor**

Prior to 1931, surgery facilities had been increased to include two operating rooms on the north side of the east-west corridor, as well as an orthopaedic fracture room across the hall on the south side. The new blue-print provided separate operating facilities for eye, ear, nose and throat surgery. Two operating rooms were built on the north end of the third floor, each 13 x 20 feet, separated by an elevated glassed-in viewing area for undergraduate medical students. The east room afforded space for

eye surgery while the west room provided space for nose and throat procedures. In addition, the new surgical suite included an operating room for ear surgery, as well as scrub room, recovery room, and other complementary services. Approximately one-third of the north wing as well as all the south wing provided additional patient beds.

### **4th Floor**

The fourth floor was built to cover all of the north wing but only extended 44 feet south of the connecting link. This area provided facilities for a new 47-bed paediatric department, including a 16 foot solarium on the south wing.

The first area of the new wing to be completed was the basement and on June 29, 1931, the Sisters had a 'bee', washing dishes for the new wing. This was done in the new electric dish-washer installed in the serving room adjacent to the nurses'

dining room. The following day, the tables were set up for breakfast on the morning of July 1st, and on each table was a vase of fresh cut flowers picked from the flower beds on the hospital grounds. Soon all hospital patients and staff were being serviced from the new facility.

The patients' rooms in the new wing, having been suitably furnished and ready for occupancy, were opened on July 20, 1931 and Mrs. Cecil Coughlin (nee Alice Healey), one of St. Joseph's graduate nurses, was the first patient to be admitted under the care of Dr. E. I. Loughlin.

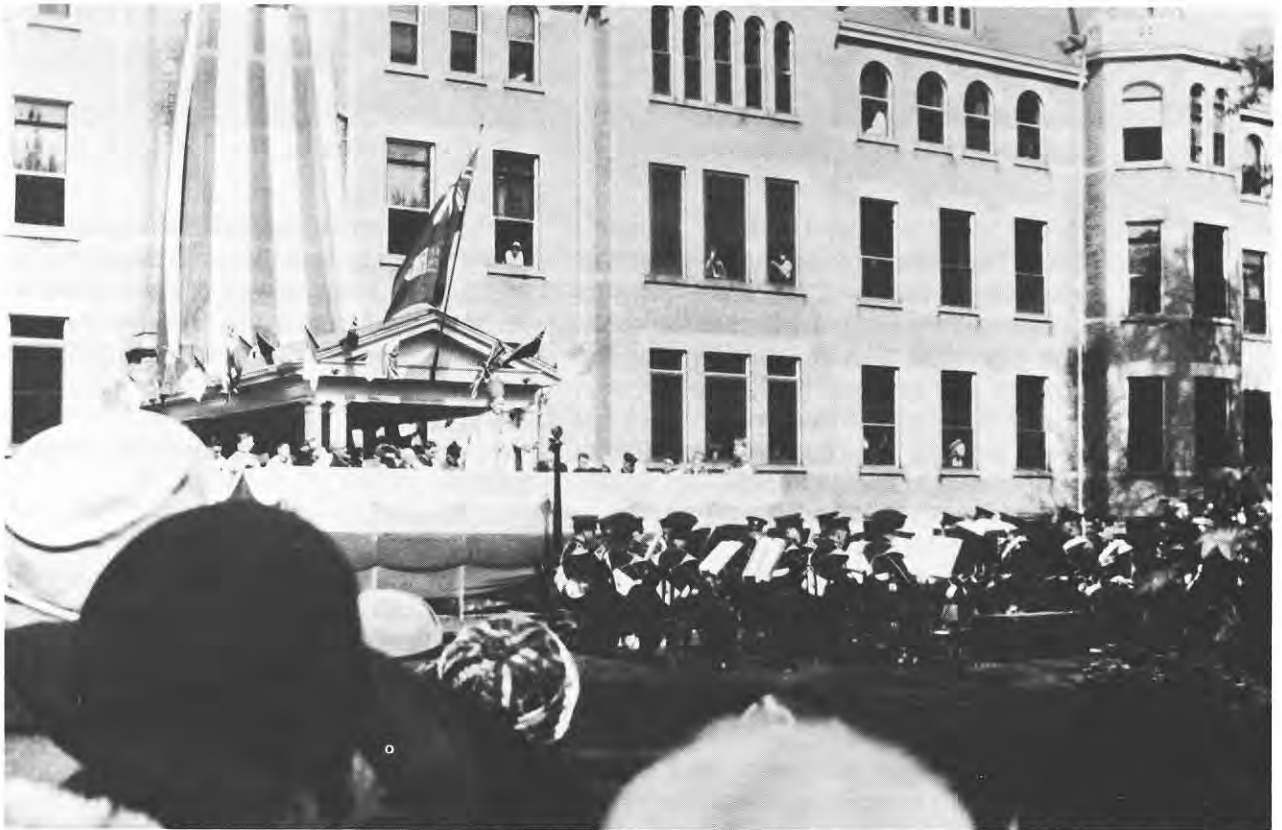
On August 18, 1931, the Paediatric Department on the fourth floor was opened with Sister Austin Gurvine in charge as nursing supervisor. Three days later, on August 21, 1931, Dr. S. Thompson had the

honour of performing the first surgical procedure in the new operating room suite.

### **Official Opening of the New East Wing**

Nestled among the stately trees and green lawns, St. Joseph's Hospital officially opened the new East Wing on October 15, 1931, anniversary of the date on which the Sisters of St. Joseph founded the hospital in 1888.

Construction was in its final stages in what was considered one of the best equipped and finest of the institutions in the Province of Ontario. Cost of the new addition was \$300,000.00, with equipment and furnishings costing an additional \$100,000.00. Every detail in the hospital was in accordance with the most improved principles of modern hospital efficiency



*Opening ceremonies for the new East Wing. His Excellency, Rt. Rev. J. T. Kidd can be seen on the platform. The Band of the Royal Canadian Regiment is at the right. Picture was taken just before a thunderstorm forced activities to the Auditorium of the Nurses' Residence.*

and operation. Remarkable strides had been made in all departments, especially with the advent of more modern equipment and newer methods of treatment. The hospital was staffed by 21 Sisters and 90 student nurses under the very capable administration of Mother Pascal Kenny.

A platform had been erected on the lawn in front of the hospital in preparation for the official opening. Speakers for the occasion included the Hon. John Robb, Provincial Minister of Health, His Excellency, Rt. Rev. John Thomas Kidd, Bishop of London, His Worship Mayor Hayman, Dr. Sherwood Fox, President of the University of Western Ontario, Rev. A. P. Mahoney, V. G., Dr. J. R. Armstrong, Chief of the Medical Staff, and Fr. Frank Brennan, Dean of Philosophy at St. Peter's Seminary, who acted as Chairman of the ceremony.

Just as the ceremonies were about to commence, rain began to fall, which necessitated holding the Official Opening in the Auditorium of the Nurses' Residence.

Music for the ceremony was provided by the band of the Royal Canadian Regiment, under the command of Lieut. L. K. Harrison, L.R.A.M.; after the Official Opening was completed, the band adjourned to the roof of the fourth floor and played while refreshments were being served.

The ribbon-cutting ceremony was conducted by the Hon. John Robb and Bishop Kidd.

The Hon. John Robb in his address spoke highly of the capable, efficient, and business-like manner in which the Hospital was operated and paid a glowing tribute to the Sisters of St. Joseph for their zeal and courage in erecting such a magnificent addition to the hospital which, he said, made the hospital one of the finest in Canada. He also said that this was a building which would help to alleviate the sufferings of mankind through the great duties performed by the Sisters, Clergy, Nurses, Physicians and other members of the hospital staff.

This ceremony afforded Bishop Kidd

the opportunity to address those in attendance and the community at large on the work accomplished in the hospital and part of the text is worthy of quoting:

The greatest blessing we can enjoy is good health, yet we do not seem to realize the importance until we lose it. This institution has for its primary objective the restoration of that blessing, but there is another factor and an important one, and that is the kindly and thoughtful sympathy which is so evident in St. Joseph's Hospital. The Sisters themselves try to follow in the footsteps of the Divine Master, to model their lives after His. It is because of that, they have met with such success to carry through their great work. They do not look for their reward in this world, yet they do receive it through the humble satisfaction which they obtain in alleviating the sufferings of humanity. If you have the success which I wish you, then you will have no more to desire.

Following comments by His Worship, Mayor Hayman, on behalf of the City, and Dr. J. R. Armstrong, Chief of the Medical Staff, the dignitaries and visitors were escorted through the new facilities, after which refreshments were served on the roof of the fourth floor.

### **Medical Records Department**

The increased size of the hospital now with a capacity to accommodate up to 300 patients required some minor changes in services. The Records Room under the supervision of Sister Petronilla Bauer adopted a new system of filing and indexing records which made retrieval of information readily accessible to physicians and surgeons on patients being re-admitted, as well as information for research purposes.

### **Pharmacy Services**

Considerable progress had been made in the development of greatly improved drug therapy; and in an effort to be assured of safe and competent dispensing of patients' drug orders, an agreement was reached which permitted Cairncross and Lawrence to open a Pharmacy in the hospital. The store was located in the south-west corner of the basement with access for hospital



personnel from the existing corridor, as well as entry off Richmond Street for retail purposes. The Pharmacy initiated its first dispensing function for hospitalized patients on September 21, 1931 and continued this practice until St. Joseph's Hospital opened its own Pharmacy on July 1, 1957.

### T.B. Clinics

On November 21, 1932, a Tuberculosis Clinic was opened, with arrangements for a clinic to be held on Monday afternoon on a weekly basis. Two doctors from Queen Alexandra Sanatorium, Byron (renamed Beck Memorial Sanatorium in 1949), and two nurses from the Department of Public Health were in attendance. The clinic was widely publicized and patients were encouraged to attend for free examination. Those patients requiring chest X-rays were provided this service free of charge if unable to pay.

### Pre-natal Clinic (*London Advertiser, October 21, 1933*)

A pre-natal clinic had existed for a number of years, and was held on Monday mornings, from 11 to 12 a.m., with an Interne in charge. The Department, which was sponsored by the Child Welfare Division of the Catholic Women's League of the city, had been enlarged and greater opportunities arranged, including the services of Dr. W. P. Tew, Dr. E. I. Loughlin and Dr. F. R. Clegg as consultants. Expectant mothers were provided physical examinations if requested, instructions pertinent to their condition and prescriptions for tonics, if necessary, free of charge. In October, 1933 the new facilities were opened and available to citizens of London on an interdenominational basis.

### Rates

The Provincial Government Sessional Papers for the fiscal year October 1, 1932 to September 30, 1933, indicate that St. Joseph's Hospital was one of fifteen hospitals

in Ontario having a bed capacity of over 200. Statistics for the period are:

Bed Capacity	
Adult	253
Nursery	47
Total	300
Services	
Medical & Surgical	
Private and Semi-private	144
Ward	16
Maternity	
Private and Semi-private	41
Ward	6
Children	
Private and Semi-private	35
Ward	11
Bassinets	47
Schedule of Charges	
Private room (per day)	\$3.00 - \$6.00
Semi-private room	\$2.50 - \$3.00
Ward	\$2.00 - \$2.50
Operating room	\$5.00, \$10.00, or \$15.00
Delivery room	\$10.00 or \$15.00
Average Length of Stay	12 days
Births	431
Patients Admitted	2,937
Average Cost per patient day	\$2.78

### Administrator - Mother Patricia Coughlin

In 1933, Mother M. Patricia Coughlin was appointed Administrator of St. Joseph's Hospital and remained in this position until 1939. In addition to her hospital responsibilities Mother M. Patricia was appointed on April 19, 1934 to the office of Honorary President of the Hospital Auxiliary, newly officially affiliated with the Provincial Hospital Auxiliary. During the week of July 5, 1935, the 4th Annual Convention of the Ontario Conference of the Catholic Hospital Association of United States and Canada was held at St. Joseph's Hospital, at which time Mother Patricia was President.

During her term of office there were many appointments to both the active Medical Staff as well as to the Courtesy Staff.

### Dr. W. Waugh

The death of Dr. Wm. Waugh in 1936

at the age of 85 closed a chapter in the history of St. Joseph's Hospital, as he was the last of the "Big Four" appointed to the Medical Staff on the opening of the hospital in 1888. Dr. Waugh had contributed immeasurably not only to the early development of the hospital, but also as one of the founders of the Medical School in 1881.

was equipped with the most modern diagnostic and therapeutic radiological apparatus available. The dark-room for processing films had large tanks and an electric dryer which permitted the examination of dry films in less than 15 minutes as compared to three or four hours required by the previous method.



*X-ray Office.*

*Archives, Mount St. Joseph, London.*

### **Department of Radiology**

One of the most notable changes during this period was the opening of much larger facilities to accommodate the increased services provided by the Radiology Department. The new area was situated on the north side of the main corridor slightly west of the Grosvenor Street entrance to the hospital.

The diagnostic services occupied four rooms and included waiting rooms for outpatients and in-patients, as well as adequate space for stretcher patients. The department

Included with the diagnostic equipment was a new portable shock-proof X-ray unit for examination of patients unable to be transported to the X-ray department.

The therapy unit adjoining the diagnostic facilities had one well-ventilated room for deep X-ray treatments, therapeutic treatment of surface lesions, and for radium treatments.

On December 16, 1937, the London Academy of Medicine held its meeting at St. Joseph's Hospital at which time the new Department of Radiology was officially

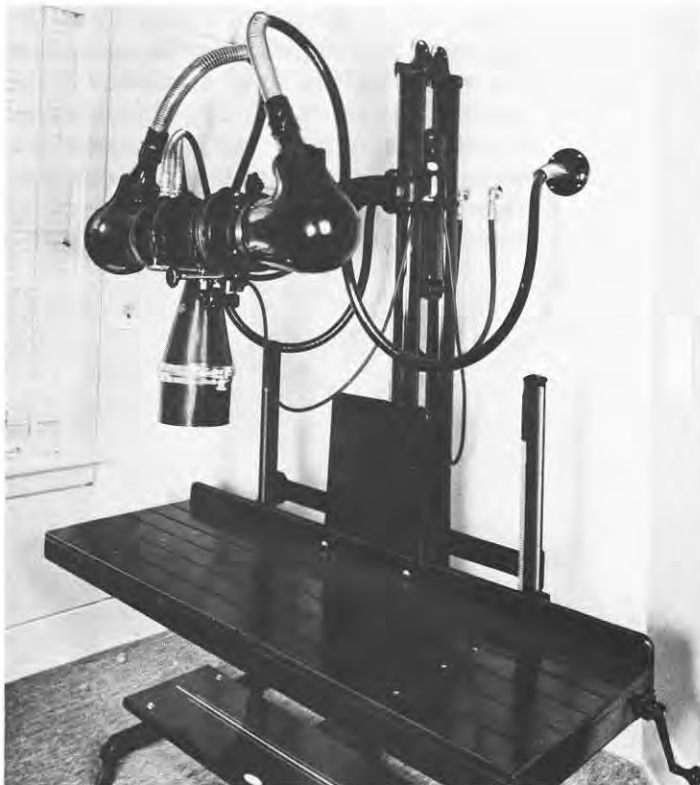
opened. A reception was held in the Auditorium of the School of Nursing and attended by many prominent medical men, including the guest speakers, Dr. Frank Lahey, Chief Surgeon of the Lahey Clinic, Boston, and Dr. Frank M. Allen, Chief of the Diabetic division of the same Clinic.

Sister Mary Kelly was the technician in charge of the new department. Dr. Herman Schaefer's sudden death in 1937 was a great loss to the Community as well as to the medical and surgical staff at St. Joseph's Hospital.

Shortly after Dr. Schaefer's death, Dr. Murray Morrison, a graduate of U.W.O. Medical School in 1918, was appointed Chief of the Department. Following ten years in general practice, one year at Parkhill and nine years at Thorndale, Dr. Morrison took post-graduate studies in Radiology at the University of Michigan from 1929 to 1931, after which he established his specialty practice on Queens Ave. in London. Dr. Morrison was a Fellow of the British Association of Radiology and was a Diplomate of the American Board of Radiology.

The new department attained a high degree of efficiency and the volume of diagnostic and therapeutic radiology increased considerably under the guidance of Dr. Morrison and the technical staff. In 1947 Dr. K. C. Falkner joined Dr. Morrison as a partner in private practice and as an associate Radiologist at St. Joseph's Hospital. The Ontario Department of Health, in an effort to encourage hospitals to take chest X-rays of all patients on admission, offered to supply the equipment free of charge if the program were followed as outlined. Under the arrangement, a Westinghouse Unit was installed in May, 1949. In 1949 Dr. Morrison was appointed Professor of Radiology at the U.W.O. Medical School, having served for some years in the Faculty of Medicine in addition to being elected Chief of Staff at St. Joseph's Hospital the same year. His career was terminated late in 1949 by his untimely death.

Subsequent to the death of Dr. M. Morrison, his associate, Dr. Keith Falkner,



*X-ray Therapy Unit.*

*Archives, Mount St. Joseph, London.*



*Dr. M. Morrison.*

*Archives, Mount St. Joseph, London.*

was elected Chief of the Department of Radiology, effective April 1, 1950. Dr. Falkner graduated from Queens University in 1937 and after a year internship at Ottawa Civic Hospital, he opened private practice at Gore Bay, Ontario. At the outbreak of World War II he joined the Royal Canadian Army Medical Corps and was later posted to overseas base hospitals in North Africa, Italy and England. Dr. Falkner took specialized training in Radiology at Toronto General Hospital and Royal Victoria Hospital and during his tour of duty in London, England, he qualified for and received the Diploma of Medical Radiology (London), England.

Dr. Falkner's career was short-lived. He died suddenly on December 4, 1951, while attending the annual meeting of the Radiological Society of North America in Chicago, Illinois.

In 1951 Dr. Malcolm Hill who had joined Dr. Falkner in private practice became Chief of Radiology at St. Joseph's Hospital. Dr. Hill graduated from Queen's University with the M.D.C.M. degree in 1940 and following his internship at Hamilton General Hospital served in the Royal Canadian Navy from 1941 to 1945. During his service in the Navy he was posted to Chalk River and was involved in the original work on the atomic bomb. Dr. Hill completed his training in Radiology after his discharge from the Navy, and in 1950 joined in practice with Dr. K. C. Falkner.

Radiology at this time had become a very busy specialty and in the 1951 departmental report, Dr. Hill recorded the following activities:

There were 4,294 Radiographic cases during the year, 1,163 Fluoroscopic examinations and 1,278 therapy treatments. Demonstrations were given to medical students bi-weekly and monthly conferences with surgical and medical instructors present.

During the year the Department was approved by the Royal College of Physicians and Surgeons of Canada as a training centre in Radiography.

The Radiology Department had been

under the supervision of Sister Mary Kelly for 22 years and at this time she was assisted by Sister Roberta Thibert and Sister Mary Arthur Renaud.

The need for additional radiologists to cope with the increased work load resulted in the appointment of Dr. D. A. Nicol and Dr. E. E. Johnston in 1952 and Dr. W. W. Wilkins in 1954.

### **Consulting and Active Medical Staff, 1930-1940**

The Consulting Medical Staff was comprised of members of the Medical Staff who had devoted years of service to the hospital and contributed generously of their time and knowledge in specific specialties. The following were members of the consulting staff in 1930:

Dr. W. J. Tillmann — Paediatrics

Dr. J. A. Macgregor — Medicine

Dr. G. C. Hale — Medicine

Dr. John Schram — Obstetrics

Dr. Walter Thomson — Obstetrics

Dr. S. Thompson — E.E.N.T.

Dr. W. J. Stevenson — Surgery

Dr. J. W. Crane — Pharmacology

The only change among the members of the Consulting Staff in 1940 was the addition of Dr. D. W. Crombie, a senior member of the Queen Alexandra Sanatorium. Dr. J. A. Macgregor, a highly respected Internist and a member of the Medical Staff for many years died on September 28, 1939.

### **The Active Medical Staff**

The active Medical Staff of 1930 were physicians who participated in giving instruction to internes and nurses and engaged in Staff Organization activities in meetings, programs and Committee assignments. These members constituted the voting staff of the Hospital. The following were members of the Active Staff:

Paediatrics:

Dr. H. S. Little, Dr. J. C. S. Battley.

Medicine:

Dr. S. M. Fisher, Dr. J. I. Ferguson, Dr. D. D. Ferguson, Dr. F. J. H. Campbell, Dr. J. T. Bowman, Dr. J. L. Duffy, Dr. V. A.

Callaghan, Dr. R. Gordon.

General Surgery:

Dr. H. O. Foucar, Dr. Murray Simpson.

Gynaecology:

Dr. P. C. Banghart.

Obstetrics:

Dr. W. P. Tew, Dr. E. I. Loughlin, Dr.

F. R. Clegg.

Anaesthesia:

Dr. G. W. A. Aitken, Dr. E. I. Loughlin.

Orthopaedic Surgery:

Dr. G. A. Ramsay.

Eye, Ear, Nose & Throat:

Dr. J. R. Armstrong.

Radiology:

Dr. H. E. Schaefer.

Pathology:

Dr. F. W. Luney.

The majority of physicians appointed to the Active Staff between 1930 and 1954 had completed their residency programs in the medical discipline of their choice and had received, or were eligible candidates for their Fellowships.

### Department of Medicine



Dr. S. M. Fisher. (see also Chapter six)  
Courtesy of Dr. Charles Fisher.

Dr. S. M. Fisher, L.R.C.P.S (Edinburgh), L.R.F.P.S. (Glasgow), F.A.C.P., was Chief of the Department of Medicine for many years, having joined the staff at St. Joseph's Hospital after returning from service in the First World War in 1919. Dr. Fisher was appointed President of the Medical Staff during the years 1926 and 1927 and 1930 and on many occasions served as a member of the Executive Committee of the hospital. Dr. Fisher resigned from the Active Staff and was appointed to the Consultant Staff in April of 1948, having contributed immeasurably not only to the Department but also to medical and nursing students as a lecturer. The Sisters and staff of the hospital were saddened by his death in 1956.

Dr. J. Leonard Duffy, F.A.C.P. graduated from McGill University in 1920 and following one year internship, and one and a half years as an externe at Western



Dr. J. L. Duffy.  
Archives, Mount St. Joseph, London.

Hospital, Montreal, he came to London and joined the staff of St. Joseph's Hospi-

tal in June 1923. Dr. Duffy succeeded Dr. S. M. Fisher as Chief of Medicine, approval of his appointment being reached at a meeting of the Joint Relations Committee on December 10, 1948. This position he held until his death in June 1957. During his tenure at St. Joseph's, he served on the Executive Committee many times and was President of the Medical Staff in 1936-37 and again in 1950-52.

He was commissioned in the R.C.A.-M.C. in 1928, serving with the 18th Field Ambulance (Reserve), becoming officer commanding in January, 1942, relinquishing this post to join the active army in June 1942. He was attached to the Standing Medical Board, London and Military Hospital. In 1945 he joined the Hospital Ship, *Letitia*, and was discharged from the service in December 1945.

In June 1951 Medical Ward Rounds were initiated by Dr. J. L. Duffy on the second and fourth Friday of each month, except July and August. Dr. L. D. Wilcox and Dr. W. A. Tillmann conducted the first of this historic series. A high percentage of out-of-town doctors attended.

Perhaps one of the prouder moments in Dr. L. Duffy's long career was when he received word in September 1952 that the Department of Medicine of St. Joseph's Hospital had been approved by the Royal College of Physicians and Surgeons of Canada for residency post-graduate training.

Dr. Duffy was a member of many of the organizations at St. Peter's Cathedral, and was a Fourth Degree Knight of Columbus. He died at St. Joseph's Hospital in June, 1957.

During the period 1930 to 1954 a number of physicians who had completed their specialty training in Internal Medicine joined the Active Staff of St. Joseph's Hospital.

Dr. E. A. Bartram, born in Forest, Ontario, graduated from the University of Western Ontario in 1928, and after one year of internship and a year of residency at Montreal General, completed a residency at Harvard University and at Peter Bent

Brigham Hospital, Boston, in 1933.

Dr. Bartram joined the active staff in the Department of Internal Medicine as a cardiologist. He was considered one of the leading consultants in Western Ontario, and by far the earliest proponent of early ambulation for patients who had suffered a coronary infarct. In 1937, he assumed responsibility for the interpreting of electrocardiographs, previously reported by Dr. R. J. Gordon.

In 1935, Dr. Frank S. Kennedy and Dr. G. K. Wharton were appointed to the Active Staff, each having completed their residency at the Mayo Foundation. Dr. Kennedy retired in 1973, and later moved to Vancouver, B.C. Dr. Wharton after a period of 10 years accepted the position as Professor of Medicine at Queens University.

Dr. L. D. Wilcox, who had graduated from U.W.O. in 1929, served his year internship at Brantford General Hospital, followed by a two-year residency at Royal Victoria Hospital, Montreal, and two years at Johns Hopkins. On returning to London in 1935 he was appointed to the active staff at St. Joseph's Hospital. Dr. Wilcox holds the distinction of being the first physician in London to have taken his oral and written examination qualifying for his F.R.C.P.(C) in 1937.

Drs. Bartram, Kennedy, Wharton and Wilcox all had teaching appointments at the Medical School. A review of the monthly Medical Staff meetings of St. Joseph's Hospital indicated many case presentations by Dr. Bartram and Dr. Wilcox for review and discussion with members of the Medical Staff. During this period, physicians holding a University appointment were almost always on the Active Staff of both general hospitals and many also at Westminster Hospital, though some were more clinically involved in only one institution.

Dr. B. L. Hession was appointed to the Active Staff, Department of Medicine in December 1949, as was Dr. W. A. Tillmann, Dept. of Medicine (Section Psychiatry), both of whom will be covered in greater detail in the following chapter.

### Department of General Surgery

The surgical staff in 1930 was composed of Dr. W. J. Stevenson, Dr. A. J. Grant, Dr. H. O. Foucar and Dr. Murray Simpson. Members of the Department were deeply saddened by the untimely death of Dr. A. J. Grant on May 27, 1930. He was President of the Medical Staff at the time of his death, a position to which he was appointed in 1928, and during his tenure had shown great foresight and initiative in affairs of the hospital.



Dr. H. O. Foucar.

*Archives, Mount St. Joseph, London.*

Dr. Hans O. Foucar graduated from U.W.O. in 1917, and during the next two years took his internship in Bacteriology and Pathology at the Institute of Public Health. For the next four years he took post-graduate training at the Mayo Foundation and Clinic, first as a Fellow in Medicine, then as an assistant in Paediatrics and finally as a Fellow in Surgery. On returning to London in 1925, he established his practice and was the same year appointed to the Staff of St. Joseph's Hospital. At the annual meeting of the Medical Staff, held

on May 21, 1931, Dr. Hans O. Foucar's appointment as Chief of the Department of General Surgery was approved.

Dr. Foucar was a skilled surgeon and in addition to his general surgical expertise he was London's first Plastic Surgeon to perform operative procedures on children to correct cleft lip and cleft palate. He gave freely of his time as a lecturer to both medical students and student nurses, and took an active part in affairs of the Hospital including being President of the Medical Staff in 1933-1934. His goal for many years, to have St. Joseph's Hospital attain the position of a teaching hospital, finally was reached when a Joint Relations Agreement between the U.W.O. and St. Joseph's Hospital was signed, effective July 1, 1947. Dr. J. B. Collip, Dean of the Medical School, made the following observation of Dr. Foucar that, "St. Joseph's Hospital would not exist in its present form if it were not for him and the present complex is a monument to his effort." In 1960 Dr. Foucar was appointed Medical Director at St. Mary's Hospital and for a large portion of the next two decades assisted the Sisters and staff in improving the care of the chronically ill patients. Dr. Foucar after a long and dedicated career died January 12, 1980.

Throughout the period from 1930 to 1954 the Department was fortunate to have on the active staff a number of well qualified and highly respected surgeons, namely: Dr. Murray Simpson, Dr. M. G. Peever, Dr. A. J. Grace, Dr. C. C. Ross, and Dr. V. A. Callaghan whose appointment in Obstetrics was changed in May 1931 to the Department of Surgery, Dr. W. W. Ollerhead, Dr. R. A. Johnston and Dr. D. W. B. Johnston.

Dr. V. A. Callaghan, F.A.C.S., a graduate in Medicine in 1923 from U.W.O., interned at Victoria Hospital 1923-24, and was surgery resident at New York City Hospital 1924-25 and at Bellevue Hospital, New York, 1925-27. Dr. Callaghan was appointed to the Active Staff of St. Joseph's in 1927, and besides serving as a member of the Executive Committee on numerous



*Dr. V. A. Callaghan. Courtesy of Brenda Callaghan.*

occasions was President of the Medical Staff for the year 1940-41. He maintained a keen interest in sports and was physician to U.W.O. Mustang Football team from 1935 until his sudden death in July, 1965.



*Dr. M. G. Peever.*

*Archives, Mount St. Joseph, London.*

Dr. Manley G. Peever, one of London's renowned surgeons, was appointed to the surgical staff early in this period. A 1921 graduate of Western, he took post-graduate studies in surgery at Johns Hopkins Hospital, Baltimore, and in New York City for three years. On returning to London he practised with Dr. W. J. Stevenson for several years before opening his own practice. Dr. Peever was widely recognized for his surgical skills and had a very large referral practice from general practitioners who often assisted in the surgical procedure.

Dr. Peever was an avid sportsman as well as a skilled horseman with membership in numerous clubs. On March 17, 1953, at the age of 57, he died after a brief illness.

Dr. A. J. Grace, F.R.C.S. (England), was appointed to the Active Staff in 1937, subsequent to having served his residency in surgery at Royal Victoria Hospital in Montreal, Radcliffe Infirmary and Guy's Hospital, London, England. Dr. Grace was blessed with a congenial personality, in addition to being a very fine lecturer. He was an exceptionally competent general and thoracic surgeon and was well known for the expeditious manner in which he performed his surgical procedures. The community and medical profession lost a fine surgeon on his death in 1964.

Dr. C. C. Ross, F.R.C.S.(Edin.), graduated in Medicine from University of Manitoba in 1924 and completed almost five years in post-graduate studies in England and Scotland. Dr. Ross was granted an active appointment in the Department of Surgery, St. Joseph's Hospital, in 1934. He served in the armed forces during the Second World War from 1941 until his discharge in 1945 at which time he returned to active practice.

Dr. D. W. B. Johnston, a younger brother of Dr. Robt. A. Johnston, graduated from Western in 1935 and after one year internship at Hamot Hospital, Erie, Pa., he completed a three-year residency program at Royal Victoria Hospital, Montreal. In 1940 he enlisted in No. 14 Canadian General Hospital, R.C.A.M.C., and was





*A group of doctors at a dinner meeting circa 1937. Left to right: Drs. M. Simpson, E. Lepine, R. A. Johnston, C. Thompson and C. Ross.*

*Courtesy of Dr. E. F. Lepine.*

discharged in 1945. In 1947-48 he was a Nuffield Dominion Travelling Fellow (London, England) and was Registrar at St. Marks Hospital and Brompton Hospital in London, England during that period. Dr. Johnston was appointed to the Active Staff of St. Joseph's in June 1949 in General Surgery with special training in Thoracic Surgery.

A number of surgeons were appointed to the Active Staff late in this period (1930-1954) and their biographies and contributions will be outlined in the following chapter. Included are Dr. John H. Walker, Dr. Donald A. MacKenzie and Dr. Lionel Reese.

Dr. George Ramsay held the position as Head of Orthopaedic Surgery from 1930 until his appointment to the Consultant Staff in 1949. Dr. Ramsay had a long association with the Medical School as well as the other medical institutions in London including War Memorial Children's Hospital until his death in 1950.

Dr. R. A. Johnston, F.A.C.S., F.R.C.S. (C), a graduate from Western in 1919, applied for an Active Staff appointment in general and orthopaedic surgery in 1938, but before his application was approved by the Governing Board of the Hospital he had joined the armed services. Dr. Johnston had the distinction of being the first surgeon in London to receive his F.R.C.S.(C) by written and oral examination in 1938. Subsequent to his discharge from the army his application was again reviewed and, in December 1949, he was appointed to succeed Dr. G. A. Ramsay as Head of Orthopaedic Surgery.

The next physician to be appointed to the staff with specialized training in Orthopaedic Surgery was Dr. W. W. Ollerhead, M.Ch.Orth., C.R.C.S.(C). Dr. Ollerhead graduated from Western in 1929 and did a one-year internship, as well as a one-year residency in surgery at University Hospital in Ann Arbor, Michigan. Anxious to further his post-graduate education in Orthopaedic

Surgery, he visited the Mayo Clinic where he was advised that the best program was offered in Liverpool, England. Upon being accepted, he spent two years at the University of Liverpool and the Alder Hey Hospital. Dr. Ollerhead added a new dimension to orthopaedic surgery and was well recognized for the professional and meticulous manner in which he performed his surgical procedures.

The history relating to the surgeons of this period would not be complete without reference to a testimonial banquet held on January 15, 1947 at St. Joseph's Hospital, especially arranged to pay homage to Dr. W. J. Stevenson for his generous service throughout the years. This was a joint meeting of the Medical Staff of St. Joseph's Hospital and members of the London Academy of Medicine, and was attended by more than 150 medical practitioners.

In recognition of Dr. Stevenson's gift to the University of Western Ontario of \$75,000.00 for a medical library, the London Academy of Medicine had his portrait painted in oils by Mr. Edward Glenn

and following the banquet the portrait was unveiled by Dr. Manley Peever. Dr. W. J. Tillmann, a long-time associate, paid tribute to Dr. Stevenson in a few brief remarks. In acknowledgement, Dr. Stevenson's initial remark was, "The people of London have been very good to me." Then he became informal, regaling the gathering with anecdotes of a half-century, horse-racing experiences and adventures in the London political field, municipal and federal, and included the following remark: "I've always figured that politics was the next best thing to horse-trading."

A unique tribute to the elderly physician was the appearance, following his address, of thirteen smiling nurses-in-training from St. Joseph's School of Nursing, in colorful capes, caps and uniforms who tripped into the hall and sang a song, composed by one of their number, Miss Norah Solman, extending greetings and best wishes to him. Dr. L. D. Wilcox moved a vote of thanks to the Sisters of St. Joseph for the banquet.

Dr. Stevenson died on April 12, 1947.



*Nurse Choristers who saluted Dr. W. J. Stevenson in song for his generous services during the years. Left to right: Jean Chase, Monica Turner, Patricia McKeough, Marie Ion, Patricia O'Dwyer, Betty Donohue, Mary Patricia Buckborough, Noreen Devereaux, Pat Dempsey, Norah Solman, Mary Doyle, Leona Holland and Rose Bartindale.*

*Archives, Mount St. Joseph, London.*

### Department of Paediatrics

Dr. W. J. Tillmann, F.R.C.S.(C.), had guided the department throughout its development for many years, and although continuing as Chief of the Department at St. Joseph's Hospital, he resigned his post as Head and Professor of Paediatrics at University of Western Ontario Medical School in 1938, a position he had held since 1920.

Specialization was growing rapidly in the various medical disciplines and, although Dr. Tillmann's main interest and reputation was in the field of children's diseases, he was perhaps one of the last of the old school "family doctors". For many London families he was the only doctor they ever had and in one household he was known to have treated the ills of five generations. In addition to his very busy practice he had worked closely with the Children's Aid Society, and had given years of service to the orphanages in London, both Catholic and Protestant and for twenty-five years was the Medical Officer of the London Separate Schools.

In 1948, the University of Western Ontario awarded him an Honorary Doctor of Laws degree in recognition of his many years of service to the Medical School. This being the golden anniversary of his graduation, he also received tributes from the London City Council, medical colleagues, close acquaintances and his church. The greatest formal recognition came in 1952 when Dr. Tillmann was made a Knight of St. Gregory the Great, the highest honor the Roman Catholic Church can confer on a layman, and given in recognition of his life-time of service to the poor.

Dr. W. J. Tillmann served the citizens of London for almost sixty years, having moved in practice from the pioneer treatments with mustard plasters, pneumonia jackets, herbs and tinctures to the more modern drugs including the miracle cures with antibiotics. Few men lived a life of greater fulfillment. He died on December 12, 1957.

Dr. H. S. Little succeeded Dr. W. J.

Tillmann as Head of the University Department of Paediatrics and, although on the Active Staff of St. Joseph's Hospital, conducted most of his hospital clinical practice at War Memorial Children's Hospital where he served as Chief for many years.

Early in this period a number of fully certified paediatricians appointed to the active staff at St. Joseph's Hospital included Dr. H. J. Loughlin, Dr. K. L. McAlpine, Dr. Margaret Campbell and Dr. George Sumner. Treatment of infants and children by qualified paediatricians was becoming more popular, and was done less frequently by the general practitioners.

Immunization against diphtheria and smallpox had become common with the result that these diseases became gratifyingly rare. However, prevalent early in this period were diseases such as poliomyelitis, mumps, chicken-pox, tonsillitis, pneumonia, scarlet fever and others, with few therapeutic drug remedies available. Numerous deaths occurred among infants and children as a result of intestinal intoxication and dehydration.

The development of sulfonamide, an anti-bacterial agent introduced in the mid 1930's and, as well the post-war release of penicillin, had a tremendous impact on the successful treatment of many infections. The discovery of a poliomyelitis vaccine (Salk vaccine), and the immunization for infants and pre-school children against red measles, German measles, scarlet fever and mumps, as became general during this period, resulted in almost total elimination of polio as well as of many of the undesirable and permanent side effects resulting from some of these infections.

Dr. Hubert Loughlin, F.R.C.P.(C.), was born in London in 1905, received his early education in the Separate School system, and graduated from U.W.O. in 1930. He interned at Harper Hospital in Detroit for one year, and from 1932-34 did post-graduate studies at Providence Hospital and The Children's Hospital in Detroit.

Dr. Loughlin joined the Active Staff



*Dr. Hubert Loughlin.*

*Courtesy of H. Loughlin Family.*

at St. Joseph's Hospital in the Department of Paediatrics in 1934 and maintained a high level of paediatric care and teaching for medical and nursing students. Two of the high points in his early clinical career were doing one of the first exchange transfusions (1934) on a newborn baby at St. Joseph's Hospital and also the diagnosing of a case of polio in a two-week-old baby.

In 1948 he was appointed Chief of Paediatrics, succeeding Dr. W. J. Tillmann, and held this post until resigning in May, 1963. He remained in active practice until his retirement in 1974.

Another Western graduate, Dr. K. L. McAlpine joined the paediatric staff in 1935. He graduated from Western in 1930, served a one-year internship at Harper Hospital in Detroit, followed by a one-year residency at St. Michael's Hospital in Toronto and one year at Montreal Children's Hospital. Dr. McAlpine was the first Western graduate to be appointed a resident at St. Michael's Hospital.

Dr. Margaret Campbell was appointed

to the Department of Paediatrics in 1938, and became the first female paediatrician to join the Active Staff. Dr. George Sumner received his appointment later in this period.

These four paediatricians, in addition to their departmental involvement, all held faculty appointments in the University Department of Paediatrics. Although Royal College approval had not been received by the Hospital for resident training by the end of this period, teaching responsibilities involved medical students, interne staff and nursing students.

### **Department of Obstetrics and Gynaecology**

The new obstetrical suite and nursery built in the 1932 addition provided excellent accommodation and the latest and most modern equipment, thus establishing an efficient and well-designed base for a rapidly increasing service. Home deliveries were gradually being replaced with a preference for a much more reliable and aseptic environment. Hospital statistics fortify this contention with 431 births recorded in 1932, compared to 1763 delivered in 1950. Of these there were 893 girls and 870 boys, including 23 sets of twins, and triplets on one occasion with Dr. E. R. Patterson of Lucan the attending physician. The following year the total increased to 1929 and on one occasion triplets were delivered by Dr. A. E. Mowry ably assisted by Nurse Margaret Russell and Nurse Joanne Greco of the obstetrical staff. A new record was established in November 1952, when five sets of twins were born in four days and a total of seven sets in ten days.

Dr. W. P. Tew was Acting Head of the University Department of Obstetrics and Gynaecology from 1927 until promoted Head of the Department in 1936, a position he held until retiring in 1957. The more senior physicians early in this period with considerable obstetrical experience were Dr. E. I. Loughlin and Dr. F. R. Clegg. The Active Staff was increased considerably with the appointment of Dr. A. E. Mowry in 1933 and Dr. C. F. Sullivan and Dr. E. V. Shute in 1934.

Dr. A. E. Mowry, M.Sc. F.R.C.S.(C.), graduated from Western in 1928, interned at Toronto Western Hospital and from 1929-32 completed a one-year residency at Victoria Hospital and one year each at Royal Victoria Hospital and Montreal General Hospital. On returning to London he established his own practice and was appointed to the Active Staff of St. Joseph's Hospital, serving in this capacity for many years.

Dr. E. V. Shute, F.R.C.S.(C.), graduated in medicine from the University of Toronto in 1927 and subsequent to a one-year internship in Detroit completed three years as assistant resident and resident in Obstetrics and Gynaecology at Chicago Lying-In Hospital and was appointed to the Active Staff at St. Joseph's in 1934. Dr. Shute continued to practise his specialty for many years but became involved in research on the use of Vitamin E in the treatment of recurring spontaneous abortions and in 1941 changed his appointment from the Active Staff to the Courtesy Staff.

Dr. C. F. Sullivan, F.R.C.S.(Edin.), a Western graduate in 1931, interned at Hamot Hospital, Erie, Pennsylvania, spent one year as a resident at Victoria Hospital 1932-33, and completed his residency at Edinburgh, Scotland, receiving his F.R.C.S. (Edin.) in 1934. Dr. Sullivan was appointed to the Active Staff in July, 1934, and confined most of his practice to St. Joseph's Hospital for many years. He resigned from the Active Staff in 1960, at which time he was appointed as a Senior Consultant. Dr. C. F. Sullivan died in 1970.

Many family practitioners during this period attended their patients throughout their pre-natal, delivery and postpartum stages of pregnancy. Likewise, many of the specialists in Obstetrics and Gynaecology were involved in a reasonable percentage of general family practice; this was particularly true of Drs. E. I. Loughlin, F. R. Clegg and C. F. Sullivan. A similar situation existed in Gynaecology where general surgeons performed many gynaecological procedures.



Dr. W. P. Tew. (see also Chapter six) Courtesy of Dr. W. L. Tew.



Dr. E. I. Loughlin. (see also Chapter six)  
Courtesy of E. I. Loughlin Family.

Members of the active staff contributed generously of their time teaching undergraduate medical students, nursing students and internes. In 1951 the department of Obstetrics and Gynaecology was approved by the Royal College of Physicians and Surgeons for residency training and the first resident to enter the program in 1952 was Dr. James Deane.

Toward the end of this period several physicians, all especially well trained and certified, were appointed to the active staff, the first being Dr. G. G. Copeland, a Western graduate in 1943, who served his internship at St. Joseph's Hospital. He completed his residency program at Victoria Hospital, one year of which was as a Fellow in the Cancer Clinic and in August of 1950 was appointed to the Department of Obstetrics and Gynaecology at St. Joseph's as a member of the Active Staff.

Other appointments approved by the Joint Relations Committee in April 1951 included Dr. M. P. Wearing and Dr. G. R. Girvan. Dr. G. Prueter was appointed in 1953.

Throughout this period the Obstetrical Department was supervised by Sr. Leanora Doyle, Sr. Mary Loyola Drouillard and Sr. Mercedes Boles, each for various periods of time. The nursery, the most loved and admired area in the hospital, was for many years under the supervision of Sister Veronica Brophy who was completely devoted in her vocation.

Two new obstetrical tables were purchased by the hospital in 1951, for use in the delivery rooms and were much appreciated by all attending physicians of obstetrical patients.

### **The Department of Eye, Ear, Nose and Throat**

Dr. Septimus Thompson, a member of the staff commencing in 1906, practised his specialty for the better part of a half-century during which time he was widely recognized as an excellent consultant. Although very meticulous in his preparation for surgery using the accepted sterile

techniques, he never wore rubber gloves as a necessary condition of asepsis. After completing his surgery Dr. Thompson was usually treated to his usual cocktail, made from the juice of freshly squeezed oranges, mixed with the beaten white of an egg and served in a crystal glass, having been prepared by Sister Agnes Marie Clements. Dr. Thompson was Head of the University Department of E.E.N.T. until his retirement from the post in 1946 and was also Chief of the Department at St. Joseph's Hospital, having been appointed when the Medical Staff was first organized in 1922.

Prior to and throughout this period Dr. Thompson was ably assisted by Dr. J. R. Armstrong, a graduate from Western in 1903. After spending some years in general practice, Dr. Armstrong trained at the Manhattan Eye, Ear, Nose and Throat Hospital in New York from 1918 to 1920. Returning to London he established his own practice, joining the staff of St. Joseph's Hospital shortly thereafter. He was a very active participant in affairs of the hospital, especially the Executive Committee and was appointed President of the Medical Staff from 1931 to 1933. Dr. J. R. Armstrong assumed the duties of Chief at the hospital prior to 1942, a position he held until his death in 1956.

Dr. D. C. McFarlane established his specialty practice in 1926 but is not recorded as having joined the staff at St. Joseph's Hospital until 1938. In 1947 he assumed the position of Chief of the service at Victoria Hospital. Two other specialists, Dr. J. G. Hunt and Dr. W. H. M. Thomson were also members of the department during this period.

The E.E.N.T. department had become very busy, providing services to in-patients, emergency and clinic, with surgery and treatment. Statistics for the year 1932 indicated that 60 eye and 326 E.N.T. patients received surgical treatment, whereas in 1947 there were 410 adult and 618 paediatric surgical cases, in addition to 1068 patients treated in the treatment area on the third floor.

### Anaesthesia Service

During the period between 1930 to 1954, hospital records do not indicate that a Department of Anaesthesia had been formally established even though a Department had been organized at the University of Western Ontario in 1937.

A roster of the active staff in 1930 listed Dr. E. I. Loughlin and Dr. G. W. A. Aitken as anaesthetists. During the next decade other appointments were: Dr. A. G. Graham - 1931, Dr. A. G. Morris - 1933, Dr. J. M. Growse - 1934, Dr. W. S. Johnston - 1937 and Dr. J. A. Blezard - 1938. Other appointments in the 1940's included Dr. Sheila McLachlin in 1942 and Dr. J. M. Stewart in 1945.

The 1952 survey by the American College of Surgeons listed the use of the following standard anaesthetic agents: ether, nitrous oxide, cyclopropane, vinethane, trilene, sodium pentothal and curare, with the total number of anaesthetics administered being 5619.

The mask and drop-bottle, using ether or chloroform as the anaesthetic agent were gradually replaced with both portable and larger model gas machines capable of administering balanced anaesthesia ensuring a more accurate control of the amount of gas being given. Pentothal sodium, introduced during the mid-thirties, was administered intravenously along with oxygen by mask for induction of anaesthesia. In the early forties curare and later synthetic curare-like drugs such as anectine were used intravenously as muscle relaxants concomitantly with pentothal sodium producing an almost immediate loss of consciousness in addition to muscle relaxation, and were administered along with the anaesthetic gas of choice. Although the use of pentothal sodium combined with curare or curare-like drugs permitted the surgeon to commence surgery without delay, the anaesthetist was required to administer at a rate that would not arrest respiration; in that case, manually assisted or artificial respiration with oxygen became necessary.

During this period most anaesthetists did not confine their work to only one hospital, and each was responsible for providing much of his own anaesthetic equipment.

### Blood Bank



*Dr. F. W. Luney. (see also Chapter six)  
Courtesy of Mrs. Marion Murray.*

Dr. F. W. Luney, Chief of Pathology, had for some years been performing blood transfusions by the two-syringe technique (i.e., from donor directly to patient) but the first documented reference to use of a Blood Bank was a paper which he presented in May 1940 to members of the Medical Staff. Invited as guests were the officers and non-commissioned officers of the 11th Field Ambulance, C.A.S.F.

Dr. Luney gave a very comprehensive and instructive paper on blood grouping and its relation to transfusions. He indicated that the blood of universal donors (Group



Sr. Leonarda Kelly (Angela Kelly), R.T., at microscope in Blood Bank. Lab assistant in background.

*Archives, Mount St. Joseph, London.*

O) was primarily used to form blood banks and that it was only when such blood was not available that blood grouping must be employed. He emphasized that blood must be collected in sterile closed containers, containing a specified quantity of concentrated citrated solution, and must be refrigerated immediately at 4°C and may be used for transfusion using a filter and blood set for administration. He did, however, indicate that blood collected in this manner was only useful for a period of twelve to twenty-one days or until haemolysis had taken place. Dr. Luney specified the prime indications for transfusion were hemorrhage and shock.

The pioneer methods of transfusions were gradually being pushed back and on March 19, 1945, the Blood Bank Department was opened under the direction of

Dr. F. W. Luney, with Sister Leonarda Kelly, R.T., in charge. The first donors were Sisters Marion Flaherty and Carmella Reedy. The initial Blood Bank was situated in a room on the south side of the main corridor in the basement until transferred in 1964 to newer and more modern facilities adjacent to the laboratory on the second floor.

A great deal of information and experience regarding the scientific application of blood transfusions and intravenous therapy was gained on the battle-fields during World War II, as well as in civilian life. Anxiety and tension of both patient and physician diminished considerably with the knowledge that blood-typing had been done and recorded and that adequate supplies of blood and blood plasma were more readily available, including even the





*The Emergency Department of 1951-1954. Left to right: Student nurse Nettie Kaplanis, graduate nurse Shirley (Moore) Gunn and Supervisor Sr. Angela Felix (Katherine McKeough).*

*Archives, Mount St. Joseph, London.*

less common Rh negative type. Stainless steel refrigerators were purchased for storage purposes and maintained at a controlled temperature. Laboratory equipment for use by trained technicians was also purchased.

The Blood Bank was replenished under an elastic system which permitted the patient to pay for blood used, or to replace it in double the amount by friends or relatives. When the Blood Bank was opened on the 19th of March, 1945, only six transfusions were administered for the balance of the month, whereas in the month of March 1951, 170 transfusions were given, with a total for the year of 1562 transfusions and 1692 donors.

No longer does the physician watch time run out while searching for donors of

various blood types. Everything is available continuously, twenty-four hours a day.

### **Emergency Department**

New and enlarged facilities were opened in 1951, in the basement of the Richmond St. Wing, with two treatment rooms on the east side of the corridor adjacent to the Drug Store and a waiting room on the west side. The department was provided with modern equipment and diagnostic aids and a departmental staff on duty 24 hours a day. Included with the equipment was a new Heidbrank Gas Machine. During the year, 3,411 patients were admitted for treatment.

Immediately north of the emergency treatment rooms was the Central Supply Department, a vital service in a very busy

institution. The staff was responsible for cleaning, sterilizing and aseptically wrapping much of the sterile equipment required for patient care.

### **Golden Anniversary - 1938**

Celebrating the Golden Jubilee of its foundation in 1888, the hospital offered a hearty welcome to former and present residents of London and surrounding communities to visit the institution which had for fifty years provided treatment and care for thousands of patients. The Sisters wished to give visitors an opportunity to see the various departments, hoping they would carry away with them

an appreciation of the important role a hospital plays in the well-being of the community.

Many improvements had marked its steady growth; with the completion of the Nurses' Residence in 1926 and the East Wing in 1932, the Hospital secured much needed space to meet the demands of modern hospitalization. Over two hundred people were employed with an annual expenditure in excess of \$220,000.00 The main source of funds was from private patients, provincial grants, and payment by municipalities for indigent patients.

Under the artistic eye of Sister Theodore Hannon, a woman of distinctive



*The Chapel of St. Joseph's Hospital after the Golden Jubilee improvements (see p. 46 for original furnishings).*

*Archives, Mount St. Joseph, London.*

administrative ability, the Chapel of St. Joseph's Hospital was renovated to celebrate fittingly the Golden Jubilee of St. Joseph's Hospital, London. The original altar was replaced by a liturgical altar, with a beautiful red velvet backdrop, before which was suspended on a heavy chain a large Crucifix bound by highly polished brass. The background to which the Corpus was affixed was white marble with a regular black marble design. The original ornamental art glass windows (except the eleven circular windows which were used as air vents) were replaced by stained glass Memorial Windows depicting Biblical scenes, the work of Robert McCausland, Ltd., Toronto. Gift money sent in by many friends and generous benefactors was used to defray the expenses of beautifying the Chapel. An anonymous benefactor gave a generous donation which was spent to purchase the Memorial Window for Monsignor T. Valentin, a former chaplain at St. Joseph's Hospital. Father J. A. Feeney, Chaplain of St. Joseph's Hospital from 1936 to 1948, and at the same time Secretary-Treasurer and Director of the Catholic Schools of London, and of the Catholic High School Board, did much to encourage and support the efforts of the graduates and undergraduates of St. Joseph's School of Nursing, to raise funds to enable them to donate two stained glass windows, one from the undergraduates, the Sodality of the Blessed Virgin, a branch within the Hospital that he had been instrumental in founding, and the other from the Nurses' Alumnae Association of St. Joseph's. To show his esteem for the Sisters and for St. Joseph's Hospital, D'Arcy McGee, the gardener, donated one of the windows, that of the Good Shepherd.

The celebration of the Golden Jubilee came to a close with a reunion of the Graduate Nurses of St. Joseph's Hospital. This special occasion was delayed until June 24, 25 and 26, 1940, when more favourable circumstances assured success of this milestone in the history of the hospital.

The opening celebration, a dinner

followed by a dance, was held on June 24th in the Ball Room of the Hotel London, sponsored by the Nurses' Alumnae Association and the honoured guests were the Graduates of 1940. Other guests of honour were: Dr. and Mrs. W. J. Tillmann, Dr. and Mrs. E. I. Loughlin, Dr. and Mrs. V. A. Callaghan, Dr. W. J. Stevenson, Dr. Hugh Stevenson, Dr. Walter Thomson, Miss Lorna Herwood, representing the Ontario Hospital Association, Miss Hatcher representing Victoria Hospital and Miss Mildred Walker of the U.W.O.

The three-day event was celebrated by numerous luncheons, tours and class reunions. The oldest class representative, Miss Pye, was a graduate of the first class in 1902.

The closing events were held at Mt. St. Joseph and included afternoon sports events, followed by dinner served in the large music room, music supplied by Sonny Brethernton and his accordion.

Dr. Walter Thomson as honoured guest, was the first doctor to give lectures in St. Joseph's Training School and the first to address a Graduating Class.

Benediction in the Chapel closed the event and all joined the singing of the old-time hymn to St. Joseph, "Holy Joseph, Dearest Father".

### **Diamond Jubilee**

October 15, 1948, marked the sixtieth anniversary of the establishment of St. Joseph's Hospital. From a modest dwelling with an original occupancy of ten beds and a staff of three Sisters, the Hospital expanded by way of four major additions and had grown to accommodate 300 patients and to provide employment for a staff of 329, including 27 Sisters. The Hospital had sustained a steady growth, consistent with the increase in population and industrial expansion the City of London had experienced.

Most departments had experienced a tremendous increase in both in-patient and out-patient services. The Radiology Department had shown spectacular develop-

ment with records indicating an increase of over 400 percent since the reorganization in 1937. Continued expansion of this service necessitated the acquisition of additional floor space and the installation of more diagnostic apparatus of the most modern design and engineering, including the photo-electric system of timing X-ray exposures.

The medical and surgical departments were extremely busy and daily problems were being experienced with accommodation for patients requiring admission to hospital.

The Sisters and Staff were very proud of the recognition expressed in a letter sent on behalf of the London City Council which read as follows:

London, Ontario  
October 19, 1948

Rev. Mother M. Philomena  
Mother Superior  
St. Joseph's Hospital  
London, Ontario

Reverend Mother:

I beg to certify that the Council of the Corporation of the City of London, at its last session, unanimously adopted the following resolution, namely:

WHEREAS, St. Joseph's Hospital was founded in the City of London sixty years ago, and the said institution celebrated its Diamond Jubilee on October 15th, 1948;

AND WHEREAS this Council desires to take the opportunity afforded by this occasion to place on record the gratitude of the Community for the splendid service rendered by the Hospital not to London alone, but also to a wide area surrounding the City;

THEREFORE BE IT RESOLVED that the sincere congratulations of the City Council be conveyed to the Sisters of St. Joseph of London Diocese, on the occasion of the celebration of the Diamond Jubilee of the founding of St. Joseph's Hospital in the City of London, together with an expression of appreciation for the service rendered to the citizens of this city and the surrounding area in alleviating pain and suffering, in serving those of our citizens who enter upon a new life in this community, as well as over those who depart from our midst on completion of their service to mankind.

Yours very truly,

R. H. Cooper  
City Clerk



*One of the afternoon events at Mount St. Joseph during the Golden Jubilee Celebration. Courtesy of Mrs. Monica Gannon.*

### **American College of Surgeons**

The American College of Surgeons was founded in 1913 by surgeons, practising in the United States and Canada. One of the founding members was Dr. John Wishart. However, it was not until 1918 that the epoch-making program in hospital and medical history known as Hospital Standardization was inaugurated. The main thrust of the organization was to provide to hospitals minimum standards which when applied would insure efficient and scientific care of the patient, and advance the practice of surgery to a much higher plane, as demonstrated by good technical and surgical judgement confirmed through the use of the best diagnostic equipment and patient medical records.

St. Joseph's Hospital requested a survey by the American College of Surgeons as early as 1922. Two paragraphs taken from a letter of August 5, 1924, are worthy of note:

"Our visitor, Dr. Cassidy, gives you a very favorable report and I want to commend you for the splendid development you have carried out in your hospital. The visitor commented particularly on your case records as well as your facilities, organization, and procedure which I am sure are being used to the greatest advantage for every patient that passes through your institution.

I have pleasure in enclosing herewith a copy of the report of the fracture committee of the American College of Surgeons which is being presented to all hospitals at this time with the hope that it may assist them in developing an efficient fracture service. I am also enclosing a copy of the Minimum Standard."

As a result of this report a fracture, or orthopaedic room, was opened on the south side across the hall from the two main operating rooms on the third floor.

The hospital was inspected on a yearly basis up to 1952 and was proud to receive full approval from 1928 at which time the Medical Staff was reorganized in keeping

with Minimum Standards established by the American College of Surgeons.

### Joint Relations Agreement

St. Joseph's Hospital has always been proud of its relationship with the University of Western Ontario Medical School. Although no formal agreement existed for many years, the physicians on staff took a role in the training of the medical students.

In 1945, shortly after Dr. G. E. Hall had been appointed Dean of the Medical School, he visited St. Joseph's Hospital and toured all the departments including the School of Nursing, after which he expressed his pleasure with the various medical



*Dr. G. E. Hall of the University of Western Ontario, a strong advocate of the integration of St. Joseph's Hospital senior Medical Staff with the Medical School Faculty.*

*Archives, Mount St. Joseph, London.*

services and equipment. Dr. Hall also suggested the desirability of greater participation in the teaching program of the Medical School and thought it would be

advantageous if a formal agreement were entered into between the University and the Hospital.

A committee was appointed in January 1946, consisting of Dr. G. E. Hall, Mr. Frank Forristal and Mr. H. W. Strudely of Stratford, the latter two appointed as a Committee from the University Board of Governors. This committee met with Mother Philomena Hussey and Sister St. Elizabeth Wilkinson to discuss the formation of a Joint Relations Committee to further the interests of the Hospital and Medical School, especially with a view for improvement of teaching facilities, the appointment of the active staff and the future feasibility of separate staffs being appointed to each of the two hospitals — St. Joseph's and Victoria.

Following a good deal of discussion, an agreement was reached and signed on October 29, 1946. Rev. Mother Constance Dunn, Superior General, and Sister St. Philip Traynor, Secretary General, signed for the Community, and A. T. Little, Chairman of the Board of Governors of the University, and Mr. R. B. Willis, Secretary, signed for the University. The agreement became effective on July 1, 1947.

Several provisions of the agreement were important to the maturity of St. Joseph's Hospital as a teaching institution:

#### 1. Medical Advisory Board

The Medical Advisory Board was to consist of the Heads of the various medical services of the Hospital, the Dean of the Faculty of Medicine and four additional members of the Courtesy Staff, appointed by the Executive Committee of the Medical Staff of the Hospital, as the Board of Governors of the Hospital might approve.

Meetings of the Medical Advisory Board were to be convened once every sixty days or, on occasion, at the call of the Chairman, or of the Dean of the Faculty of Medicine of the University.

#### 2. Joint Relations Committee

The Committee was to be composed

of five members representing St. Joseph's Hospital and five members representing the University of Western Ontario.

Representing the Hospital: the Superintendent and four members appointed by the Board of Governors of the Hospital, three of whom were to be non-medical and the fourth, the Chairman of the Executive Committee of the Medical Staff of the Hospital.

Representing the University: The Chairman of the Board of Governors of the University, the Chairman of the Medical Faculty Committee of the Board of Governors, the President of the University, the Dean of the Faculty of Medicine of the University, and one other member appointed by the Board of Governors.

### 3. Academic Appointments

As a teaching hospital, all Heads of Clinical Departments and members of the Active Teaching Staff were to be granted appropriate University appointments and rank by the University. Up to this time the major portion of clinical teaching was done at Victoria Hospital because of its proximity to the Medical School; however, with the Joint Relations Agreement in place, a greater opportunity was provided for all parties involved to expand the teaching program.

The first meeting of the Joint Relations Committee was held on February 27, 1948. Representing the University were: Dr. G. E. Hall, Dr. J. B. Collip, Col. G. Ingram and Mr. H. Strudley; and representing the Hospital were: Monsignor Brennan, Mr. J. O. Hughes, Dr. M. Morrison, Mother Philomena and Sister St. Elizabeth.

(N.B. Dr. G. E. Hall had been appointed President of the University of Western Ontario and Dr. J. B. Collip, Dean of the Medical School, both appointments effective in 1947.)

This initial meeting was held for the purpose of establishing a suitable organization and on the recommendation of Dr. Hall, a special committee was appointed to survey and report on the following:

1. Clinical facilities and number of staff beds available.
2. Teaching facilities and potentialities.
3. Academic positions of physicians on the Active Staff and recommendations of the different Department Heads.

Another recommendation that resulted in considerable discussion was the desirability of all physicians seeking active staff appointments being granted such, preferably at only one of the two teaching hospitals. Most teaching hospitals of this era were encouraged to follow this principle in an effort to develop their own active staffs and thus provide greater teaching potential.

Developments were slow, but considerable progress developed over the next few years.

### Advisory Board

A decision was reached by the Sisters of St. Joseph early in 1951 to establish an Advisory Board comprised of lay members of the community. The objectives of the committee were:

1. To act in an advisory capacity to the Administration of St. Joseph's Hospital
2. To acquaint the Hospital with views expressed by the public and elected officials and, in addition, to inform the public of hospital policies
3. To make the public aware of the primary role of the Sisters in caring for the indigent patient through in-patient care and out-patient clinics in the various medical specialties
4. To act in the capacity of a Public Relations Committee.

In April 1951 the following citizens were appointed to the first Advisory Board:

Mr. Joseph McManus  
 Mr. A. C. Carty  
 Mr. Oliver Durdin, Q.C.  
 Mr. J. O. Hughes  
 Mr. J. F. Kinlin  
 Mr. W. P. Payne  
 Mr. S. G. Quinn

At the first meeting held in May 1951, Board Members were taken on a tour of

the hospital in order to acquaint them with the various departments and services provided in patient care. Following the tour, the members appointed Mr. J. McManus as Chairman, and Mr. J. F. Kinlin, Secretary of the new Board.

Meetings of the Advisory Board were to be at the call of the Hospital Administrator and two meetings were held in 1952. At the meeting on February 6, 1952, Sr. Fabian Slattery gave the following synoptic report for 1951:

1. A tremendous increase in the Departmental activities
2. The Radiology, and Obstetrics and Gynaecology Departments approved by the Royal College of Physicians and Surgeons for post-graduate training.
3. The Hospital was covered by a Public Liability Policy of \$5000.00 as coverage against possible operating room accidents.

Most of the discussion centred on a proposed new addition to the hospital which would provide a total bed capacity of approximately 440, and include a new thirty-bed Psychiatric Department for the treatment of mild cases of mental illness.

A second meeting of the Advisory Board was held on September 25, 1952, and highlights of this meeting reported by Sr. Fabian were:

1. Approval by the Royal College of Physicians and Surgeons of Canada for Post-graduate training in the Department of Medicine.
2. a) The opening of an Eye Clinic to be held on each Wednesday morning with Dr. Charles Thompson and Dr. Charles Dyson in charge.  
b) The opening of an Ear, Nose and Throat Clinic on each Friday morning with Dr. R. Greenway in charge.
3. A hospital survey on July 2, 1952, was conducted by Dr. Armand Brunet, American College of Surgeons, which granted an eighty-nine percentage approval.

Dr. Brunet paid tribute to the hospital organization and administration, to good

equipment, good maintenance, the high quality of the active medical staff, excellence of the Surgical Department and to an adequate Medical Department. Criticism centred mainly on inadequate progress notes and the need for more detailed histories, lack of Departmental meetings and overcrowding of patients.

### **Additional Patient Beds**

Patient accommodation became a very acute problem as early as 1943 resulting in a decision to convert the Internes' sleeping quarters on the 2nd North East adjoining the Laboratory as well as Sisters' quarters on 2nd South East, into patient rooms. A house adjacent to the hospital was purchased from the Huyck family and on November 9, 1943, eleven Sisters moved into their new home. The following year another house also adjacent to the hospital was purchased from Mrs. Sarah Monaghan and was used as Internes' quarters, with the exception of two rooms on 2NE which were retained for Internes on night call.

### **Anecdotes**

After an illness of about six months, John D'Arcy McGee died on February 6, 1944. Over the years many valuable and trustworthy employees made the Hospital their home, receiving room and meals as part of their employment agreement. One such employee was McGee, who had laboured faithfully for twenty-two years as the gardener and was well known to the Sisters and employees for the horticultural skills he showed in the flower beds surrounding the hospital and in the management of the well-groomed lawns.

Twenty-six European girls, victims of the 2nd World War arrived in London in 1947 from a Displaced Persons camp in the American Zone of West Germany, to start a new life in Canada. Many were destined for domestic service in private homes; however, eleven were to be employed by the hospital and were met on arrival by Sister Augusta Fuerth and Sr. Imelda Mullin. The girls signed contracts





*The 'Grand Stairs', adjacent to the 'brass elevator', make an ideal setting for this group of nurses to welcome Lieutenant-Governor Ray Lawson.*

*Archives, Mount St. Joseph, London.*

to work for a period of one year for which they received \$55.00 per month with free board and room.

The following is an excerpt of a nursery report for one day — Friday, June 9, 1949:

There's a howl going on in St. Joseph's Hospital to-day and the Stork is responsible. He ran an *Express Delivery* into the Maternity Ward, leaving behind a record of sixteen babies in fifteen hours; this included two sets of twins, all boys. There was no let up in the Stork's activities until 10:45 pm the end of the fifteen hour period.

### **Visit by the Lieutenant-Governor of Ontario**

The Hospital was honored on May 14, 1947, on the occasion of a visit by the Hon. Ray Lawson, Lieutenant-Governor of Ontario, accompanied by two aides, Col. Gordon Ingram and Col. Thomas Lawson. Also in the party were Mayor George Wenige, City Clerk R. Cooper, City Engineer Col. Veitch, and two Aldermen.

Mother Philomena and the Sisters, accompanied by Drs. M. Morrison, J. L.



*The only remaining portion of the 'Grand Stairs' as viewed from the third floor. Fire regulations required the lower portion be removed in the 1950's.*

Duffy, S. M. Fisher, H. J. Loughlin, F. W. Luney, W. J. Tillmann and M. Simpson, received the distinguished guests as they entered the hospital. The Student Nurses were grouped on the stairway opposite the main entrance, and sang "O, Canada", creating a "beautiful setting", as was expressed by the Lieutenant-Governor.

After the initial reception, the entire party toured the wards and various departments of the Hospital and met many of the patients and hospital staff.

A letter, dated May 15, 1947, sent by the Hon. Ray Lawson, expressed his delight

and appreciation regarding his visit, and conveyed his thanks to Miss Mavis Warrener who spoke a few words of welcome on their arrival at the hospital.

### **Alterations**

#### **Kitchen**

A new section was added to the kitchen in 1947, providing a new large refrigerator and cold storage space for milk, vegetables and other commodities, especially the large quantity of canned fruit which was prepared by the kitchen staff during the preserving season and stored in half-gallon glass jars. Of all the fields of labour in a hospital, the kitchen makes the greatest demands on physical endurance. The purchasing and planning required to meet the daily requirements of three hundred patients as well as a large staff is an immense undertaking. The kitchen was under the supervision of Sister Matilda Coyne for many years.

#### **Elevators**

Two new elevators were installed in 1948, one in the main corridor near the West Wing and the other in the Nursing School. A fifth floor had been added to the School and opened officially in mid 1950.

#### **Laundry**

Extensive alterations were made to the laundry in 1948 with the installation of a new eight-roller flat work ironer, an extractor, a tumbler and a modern washer. At the same time the laundry was completely redecorated.

#### **Operating Rooms**

The General Operating Room on the 3rd Main Floor which consisted of two operating rooms and an orthopaedic room across the hall, was exchanged for the E.E.N.T. operating suite built in 1931 on 3rd North East.

The operating rooms were remodelled, entailing extensive work, including new wall tile and terrazo floors. Completing

## Historical Committee - St. Joseph's Hospital - 1952.



Mr. H. Falkner.

Mrs. F. W. Luney, A. C. Carty, J. W. Crane, W. J. Tillmann, L. J. Ruffy, R. J. Gordon.

*Historical Committee, 1952.*

*Archives, Mount St. Joseph, London.*

the changes resulted in considerable inconvenience to doctors, nurses and patients. The remodelling was completed in July, 1948 and everyone was pleased with the bright new surroundings.

Sister St. Paul Dietrich was in charge of the Major Operating Rooms and Sister Agnes Marie Clements, Supervisor of the Eye, Ear, Nose and Throat Department.

Both had taken special training for their respective positions.

### **Clinical Photography**

Mr. L. M. Smith, Biochemist in the Clinical and Pathological Laboratory initiated this service in 1948. Pathology specimens and microscopics were photographed in color and used by Dr. F. W.

Luney in his presentations of the Pathology portion of the Medical Staff Meetings, in addition to being stored in the laboratory museum for reference and teaching purposes.

Clinical Photography became so popular with members of the Medical Staff that Mr. Smith was unable to meet all the requests; eventually a separate photography department was established.

### **Historical Committee**

The first meeting of the Historical Committee was a luncheon meeting held

at noon on December 19, 1950. The following were in attendance: Drs. W. J. Tillmann, J. W. Crane, J. L. Duffy, H. O. Foucar, F. W. Luney and Sister Patricia Coughlin.

The following officers were elected:

Chairman	Dr. W. J. Tillmann
Vice-Chairman	Dr. F. W. Luney
Archivist	Dr. J. W. Crane
Secretary-Treasurer	Sister M. Patricia

A letter dated January 29, 1951, written by Dr. W. J. Tillmann best explains the objectives of the committee:

"To the Friends of St. Joseph's Hospital -

Dear Friend:

At the last meeting of the Historical Committee, Dr. Crane and myself were appointed a committee to secure every available bit of information regarding the growth and development of the Hospital. You yourself have made a contribution to its success, small or great, and you have been a valuable link in the long chain of accomplishments. It is essential that there be available more details of your activities. With this in mind, we have drafted a questionnaire, a copy of which is enclosed. If you will fill it out and return it to the Historical Committee, we will be most grateful.

Some day, "A History of St. Joseph's Hospital" will be written and in order to do a satisfactory job, the historian must have a record of the work of doctors, internes, nurses, Sisters, superintendents, technicians, architects, a history of the laboratories, the dispensary etc. It is a big job - a five year job at a minimum, but it is worthwhile. Don't you think so?

We can only accomplish this if we can secure your hearty co-operation and enthusiastic support. It all depends on you.

Sincerely,  
William J. Tillmann

P.S. Snapshots of the Hospital years ago, of Doctors, nurses, operating room etc. are invaluable for the archives."

There were few changes in the committee structure with the exception of Dr. R. L. Gordon who was added in 1952 as the archivist, and Dr. L. G. Rowntree as Honorary Historian. The history of medicine had been one of Dr. Rowntree's hobbies since his days at Johns Hopkins Hospital when he was closely associated with Sir William Osler. He was a Western graduate in 1905.

The committee was successful in assembling a wealth of memorabilia from the opening of the Hospital in 1888 until 1954. Mr. A. C. Carty was the consulting editor for a bulletin sent out to physicians and friends. Twenty-eight bulletins were issued from 1951-1953 and a final one in May 1954.

Our thanks to these men with foresight

in the collection of pictures, historical facts, statistics and short biographies of many Western graduates, the value of which is inestimable.

#### **Plan to Expand**

An acute shortage of active treatment beds and extremely inadequate space problems in many departments initiated planning early in 1952 for the largest expansion program in the history of the Hospital.

The turning of the sod, November 1952, marked the first step in the expansion program. It resulted in the building of the Marian Wing, to be constructed east from the centre of the East Wing and an Administrative Wing to the south mid-way between the West and East extensions.

*chapter eight*

# A Century Completed

## 1954 - 1988

The City of London had shown extraordinary growth in recent years, led chiefly by intense industrial development following the Second World War, and expansion of many of the industries already located in the district. Of equal importance as large employers, in an effort to provide the facilities required to serve the ever-expanding population, were hospitals, the University of Western Ontario, and the military services; all these were in addition to civil and many other public services.

In order for the Sisters of St. Joseph and the Lay Board to anticipate St. Joseph's Hospital needs, three different aspects had to be considered:

1. a community hospital - consisting of the majority of needs;
2. a district hospital - referrals from physicians and smaller hospital centres;
3. a regional hospital - specialized work referred from a wider area.

In addition to the need of St. Joseph's Hospital to serve an increasing patient population, consideration had to be directed toward expansion of its teaching facilities, for an agreement had been formally signed with the University of Western Ontario, which granted the institution the affiliation necessary for post-graduate training. The Royal College of Physicians and Surgeons had already approved residency training

in Medicine, Obstetrics and Gynaecology, Radiology and Surgery.

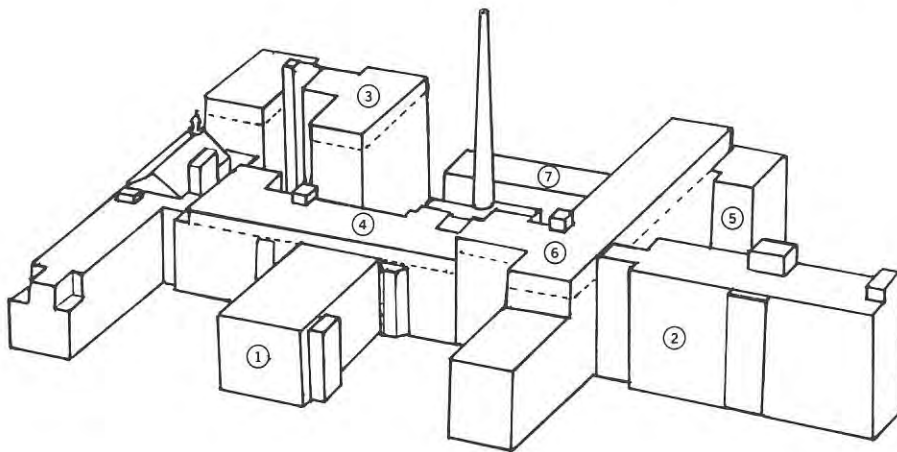
The necessity of adding additional beds and related facilities had been in the planning stages for sometime, with Watt & Tillmann having been retained as Architects. A decision was finally reached to build two wings: one, a five-story structure and basement to be built east from a midpoint in the present East Wing, to be known as the Marian Wing; and a second wing, three floors and basement, extending from the main building to Grosvenor Street, midway between the existing West Wing and East Wing and referred to as the Administrative Wing.

Plans for the Marian Wing included a thirty-six bed Psychiatric Department with observation beds on the ground floor and male and female patients on the second and third floors, respectively. The first floor was an extension of beds and bassinets for the existing maternity and nursery facilities. The fourth floor was reserved for surgical patients and the fifth floor set aside as sleeping quarters for 22 Sisters.

The Administrative Wing was to provide space for a new Emergency Department on the east half of the basement, with the west half accommodating clinic and teaching facilities for out-patients. Scrub, supply areas and sterilizing equipment were to be cen-



*Ron Nelson Photography Ltd.*



A 1959 aerial view showing: the 1954 Administrative (Grosvenor) Wing ① and Marian Wing ②, 1950 addition to the Nurses' Residence ③, 1955 conversion of attic space to 4th floor space ④, 1956 North-East wing addition ⑤, 1957 new 5th floor on East wing for Internes Quarters ⑥. Also visible is the Laundry Building ⑦, site of the future Lawson Research Institute.



The Most Rev. J. C. Cody, Bishop of London, inserting the copper receptacle containing mementos in the cornerstone, assisted by Msgr. J. A. Roney, on May 6, 1953. Mr. Frank Bearfoot positioned the stone. London Free Press Photo.

trally located. A stairwell on the east of the wing would enter the waiting room and be suitable for ambulatory patients, whereas patients arriving by stretcher, wheel-chair or ambulance would descend a rather steep ramp with the entrance to the north of the hospital with access off Cromwell Street. The Emergency Department was divided into four small treatment areas, in addition to a gynaecological treatment room and another for sigmoidoscopic procedures.

The first floor would provide the main entrance to the hospital off Grosvenor Street with a large foyer the full width of the wing and well-appointed with accessible public facilities. Administrative offices were

to be located on the east side of the corridor and a Board Room and physicians' cloak-room and lounge on the west side.

The Admitting Department was to be centrally located immediately west of the corridor leading from the main entrance. From a small waiting area patients would be admitted at one of three admitting areas, and from there to a small room for their miniature chest X-ray. Having completed the necessary admitting documentation, patients were to be accompanied to their assigned hospital rooms.

Situated on the second and third floors were to be semi-private and four-bed wards, which would afford the hospital expanded and critically required clinical teaching beds.

The two new additions would increase the bed capacity to 500, at a cost of approximately \$2,000,000.00. A Provincial grant of \$280,500.00 was received toward cost of the new Psychiatric Unit, in addition to a further grant of \$1500.00 for each of the 167 new beds added in the building program.

On May 6, 1953, Most Rev. J. C. Cody, D.D., L.L.D., Bishop of London, assisted by Rev. J. A. Roney, blessed and laid the cornerstone for the new addition. In the copper receptacle placed in the cornerstone were various articles including religious symbols, coins of the Realm, postage stamps of the period, copies of the *Ensign*, *The Canadian Register*, the *London Free Press*, a copy of the first bulletin of the Historical Committee of the Hospital and a short history of St. Joseph's Hospital.

Representatives of the City, U.W.O., Federal and Provincial Governments were present for the ceremony with Rt. Rev. F. J. Brennan, Chairman, who introduced the speakers.

Bishop Cody, in his brief address, referred to the tremendous material and medical advancements that were occurring and emphasized that it was not the size of the hospital building but rather the spiritual values of those called upon to manage the Hospital which were of utmost value.

Dr. G. E. Hall, President of the Uni-



versity of Western Ontario, referred to the planned increase in the facilities of the 500-bed hospital as being a tremendous benefit to the citizens of London and surrounding area, but also to the University through the privileges afforded to its students in medicine and nursing.

Other dignitaries present were: Hon. John P. Robarts, M.L.A. for London, Harry O. White, M.P. for Middlesex East, T.L. Patrick, M.L.A. for Middlesex North, and Alderman J. Stewart Killingsworth, representing the City of London. Each spoke

briefly with Mr. Patrick, expressing greetings from Premier Leslie Frost and Dr. MacKinnon Phillip, Ontario Minister of Health.

John Hayman and Sons were awarded the contract and it required from the first sod-turning in November 1952 until April of 1954 to complete the new additions.

The opening ceremonies of the two new wings were held on April 23, 1954, attended by prominent dignitaries, representing the Church, Local, Provincial and Federal Governments and the Community.



*The official opening of the Grosvenor and Marian (Wellington St.) Wings on April 23, 1954. Dignitaries shown are (left to right): Dr. G. E. Hall, Mr. J. O. Hughes, Mr. Allan Rush, Bishop J. C. Cody, Msgr. F. J. Brennan, the Hon. Paul Martin and the Hon. MacKinnon Phillips.*

*London Free Press Photo*

Gaily decorated platforms facing Grosvenor Street were erected on each side of the main entrance to the hospital in the new Administrative Wing, providing accommodation for the distinguished guests, the St. Joseph's Hospital Nurses Choir and the London Police Boys Band.

Rt. Rev. F. J. Brennan, D.P., Diocesan Director of Hospitals, was Chairman. He was the first of several speakers to pay tribute to Sister M. Fabian Slattery, Superintendent of the Hospital, for her outstanding contribution toward the planning of the new wings and management of the institution.

Most Rev. J. C. Cody, Bishop of London, spoke of London's pride as a centre with a University making tremendous



Architect Peter F. Tillmann presented the gold key to the Honourable Paul Martin. The Honourable Dr. M. Phillips, seated, later cut the ribbon for the official opening on April 23, 1954.

Archives, Mount St. Joseph, London

progress in medical science and attributed its success in no small degree to the leadership of its President, Dr. G. E. Hall. Dr. Hall in return expressed the appreciation of the University for the good relationship which prevailed between the Medical and Nursing Schools in their joint teaching program.

Extending civic greetings, Mayor Allan Rush said that he perceived St. Joseph's Hospital working side by side with the Civic administered Victoria Hospital in the service of humanity, and commended the Sisters of St. Joseph for their share and contribution in the civic history of London.

Mr. J. O. Hughes, Chairman of the Joint Relations Committee, briefly reviewed the tremendous contribution the Sisters of St. Joseph had made since their inception into the health care field in 1888. Mr. Hughes commented that in addition to the 500-bed St. Joseph's Hospital, the Sisters were also responsible for the 200-bed St. Mary's Hospital for the chronically ill, and for rehabilitation, the School of Nursing with accommodation for 200 students, as well as hospitals in four other centres, Chatham and Sarnia in Ontario and Killam and Galahad in Alberta. "If you would see a monument to the work of the Sisters of St. Joseph look about you," was Mr. Hughes' closing comment.

The main speaker of the day, the Hon. Paul Martin, Minister of Health and Welfare of Canada, was introduced by his counterpart in the Ontario Legislature, the Hon. Dr. MacKinnon Phillips, who spoke highly of the co-operation between the two ministries. The main thrust of Hon. Paul Martin's address was that the common concern for health and alleviation of suffering in humanity was proof of a worthwhile society and congratulated the Sisters of St. Joseph in attaining this enviable position. He also reported that 650 hospital projects had been undertaken in Canada since the inauguration of the National Health Plan in 1948, 25% of which had occurred in Ontario.

Architect Peter F. Tillmann presented

the Hon. Paul Martin with a gold key, while contractor A. W. Hayman handed Dr. M. Phillips the scissors to cut the ribbon across the new main entrance on Grosvenor Street, signifying the official opening.

A choir of uniformed nurses under the direction of Sister Mary Margaret Childs sang for the opening and closing ceremony, with the London Police Boys Band adding to the occasion with a number of musical selections.

Following the ceremony, guests were conducted on a tour of the new facilities, followed by a luncheon served in the cafeteria.

Sister Mary Fabian Slattery was appointed Superior of St. Joseph's Hospital in January 1951, following Mother Philomena Hussey and was responsible for numerous alterations leading up to the 1954 two-wing addition. Of her many achievements, transfer of the Emergency Department from the most inconvenient location on the third floor to the basement of the South West Wing in 1951 was one of her first decisions, and was certainly greeted with great satisfaction by patients, physicians and staff. The space vacated by the move was converted to a five-bed ward, serviced from 3rd West nursing station. Sister Fabian served the Hospital and community with a steadfast devotion in caring for the sick and suffering during her religious life. After a lengthy illness Sister M. Fabian Slattery died on October 9, 1955.

Following the death of Sister M. Fabian, Sister Imelda Mullin was appointed Superior, a position she held until 1961. Desirous of continuing the standards of a Class A Hospital which for decades had been maintained by former Superiors, Sister Imelda continued with alterations and additions over the next few years.

In 1955 the fourth floor over the main portion of the building was completely renovated, including removal of the pitched roof built in 1892 and altering it to a flat roof, thus increasing utilization of the available space. This area, which for many years afforded accommodation for student

nurses, then for domestic help and more recently for storage, was converted to Sisters' quarters and provided a spacious Community Room, refectory with kitchenette, laundry facilities and dining room.

The capacity of the hospital having been increased to 500 beds caused a space crisis in the Medical Records Department, necessitating additional secretarial staff, increased areas for assembling patients' charts, shelf storage and a convenient dictation area for physicians.

For a considerable period of time, the London Fire Marshall had on his annual inspection condemned the beautiful open staircase with handsome wood ballustrades as a fire hazard. Built in the 1892 construction, the staircase extended from the first to the fourth floors (part of the original staircase still exists between the third and fourth floors). Removal of the stairwell as far as the third floor provided additional space for the Medical Records Department on the second floor.

An addition to the North East wing of the hospital extending approximately 35 feet east along Cromwell Street, was built in 1956, providing about 1200 square feet to each of the floors. This four-storey addition was constructed on top of the refrigerated and storage areas added to the kitchen in 1947. Those areas which benefited from the addition were:

#### **(a) Delivery Suite - First Floor**

Two new delivery rooms were added in the new construction, bringing the complement up to four. The two built in the 1931 construction were re-fitted with new anti-static floors and new lights. The pairs of delivery rooms were separated by scrub areas, and a large clean-up room was well related to the four delivery rooms. All sterilization of packs and sterile items for the Delivery Room was done in a small adjacent room. The delivery room suite contained 10 beds for labour, 8 of which were single rooms and the other a 2-bed room.

**(b) Laboratory - Second Floor**

The new area added to the Laboratory was occupied by Biochemistry and Haematology, which required approximately 900 square feet of available space, the balance being used for wash-up, sterilizing and preparation facilities. The existing main Laboratory was then used by Pathology and Bacteriology. The volume of laboratory units of work had increased considerably, as a result almost entirely of the larger bed capacity.

**(c) Operating Room Suite - Third Floor**

The Operating Room Suite was enlarged by the addition on each side of the corridor extending to the east of two operating rooms with conductive flooring. This addition increased the number of operating theatres to five, in addition to a cystoscopic room, a room used for sigmoidoscopic examinations and a cast room also used for closed reductions.

Alterations were made to the east side of the corridor, south of the stairwell for a recovery room with provision for 12 to 15 patients. This new area made a tremendous improvement in the quality of post-anaesthetic and surgical care. Under constant nursing supervision post-operative patients remained in the Recovery Room until sufficiently conscious and stable to be returned to their hospital beds. The recovery room operated on a 24-hour basis and often served as an intensive care area for patients who had recovered but required more attentive care than could be provided on a surgical floor.

The operating room had two large work rooms, one used for sterilizing surgical instruments and preparing sterile packs.

**(d) Paediatric Department - Fourth Floor**

The space added to the Paediatric Department on the fourth floor increased the bed capacity to 82.

**Physicians' Parking Area**

For some years convenient parking near the hospital had become an acute

problem, especially as the result of the increased bed accommodation and the increasing number of physicians being granted hospital privileges. The situation was partially alleviated when an area abutting the Marian Wing and the South East Wing was surfaced with asphalt and reserved as a parking area for medical staff. Access to the area off Grosvenor Street required the demolition of a cottage owned by the Sisters of St. Joseph.

**New Pharmacy Department**

Discussion regarding the establishment of a hospital Department of Pharmacy had been under consideration for some time. Pharmaceutical services had been supplied by Cairncross Drug Stores Ltd., subject to an agreement with the Hospital, commencing in 1931.

An area of approximately 900 sq. ft. in the basement, immediately west of the corridor leading to the cafeteria had been vacated by the relocation of the Sisters' Dining Room and Community Room to the fourth floor of the main building. This area was centrally located with adequate square footage and a decision was reached in the fall of 1956 to proceed with plans for the new Department. Blueprints were drawn up by Mr. P. F. Tillmann, architect, with the assistance of Mr. R. A. Stephen, Phm.B., who had been employed as the Chief Pharmacist. An area on the north side of the corridor immediately opposite the Pharmacy, previously used as a dining area for house staff, was chosen as a storage area.

John Hayman & Sons were awarded the contract and the Pharmacy was completed with service to the Hospital commencing on July 1, 1957.

**New Internes' Quarters**

A fifth floor immediately above four North East, the Paediatric Department, was built in 1957, to be used as living quarters for the Internes and Residents. Each room along the main corridor provided semi-private accommodation for the male

staff, while the female staff had two rooms, each containing three beds on the north-east corridor. Statistics for the year 1957-58 indicated a staff of thirteen Junior Internes and ten Senior Internes and Residents, consequently the new on-site quarters were not only necessary and convenient but a most welcome development for all the house staff. Two houses on Richmond Street adjacent to the Hospital were purchased by the Sisters of St. Joseph and used as living quarters for married house staff.

Dr. Robert Farley, Resident in Surgery, 1956-57, was the first to enjoy the comforts of the new quarters. Open house was held in November, celebrating the occasion with a social evening.

Some of the statistics for the year 1957 are worthy of recording:

Patients admitted	16,957
Out-patient visits	6,625
Major surgical procedures	4,805
Minor surgical procedures	1,541
Average length of stay	9.2 days
Patient days of indigent care	11,389
City of London	7,546
County of Middlesex	3,843
Patient occupancy	93%
Daily rates - January 1, 1958:	
Private	\$12, \$13, \$14
Semi-private	\$11
Ward	\$8

The above rates did not include services such as use of operating room or delivery room, X-ray, laboratory tests, dressings, drugs, etc., which when used by the patient were billed to the patient's account.

The following excerpt is taken from a news item in the *Daily Free Press*, London, Ontario, March 15, 1902:

*ST. JOSEPH'S HOSPITAL has grown marvelously in Public Favour in fifteen years, so it must shortly be enlarged. Though the first month did not augur much for the success of the Sisters' undertaking, there were not many months of anxiety to follow. Instead patients became too numerous. St. Joseph's Hospital, the Original, was no longer adequate. Then early in the nineties the greater work of building the Hospital as it stands to-day was taken in hand. In 1892, so quickly did things move, the*

hospital was in the course of erection. In 1893 it was ready for opening. Since which time the register has recorded such a steady advance in the number of patients, the overcrowding has reached the point where it is painfully necessary every day to refuse admittance. Another large extension to the Hospital is imperatively necessary for the near future.

The above account has been very true throughout the seventy year history of St. Joseph's Hospital and once again in 1958, with fewer than four years having elapsed since the bed capacity was increased to 500. A shortage of medical and surgical accommodation had again become very acute. The Hospital had found it necessary to crowd extra beds into its nursing services and this was often accomplished by placing a second bed into what was intended as a single room. The rated capacity at this time was for 108 medical and 118 surgical beds, whereas 127 medical and 128 surgical beds were set up.

The Aims and Ideals (now referred to as the Mission Statement) were defined as follows:

"To promote the greater glory of God; to secure and maintain high standards of medical and surgical efficiency; to promote to the maximum the welfare of the patients by providing the highest standard treatment; to contribute to advances in medical knowledge through research by its staff."

It was evident the foregoing statement was being implemented by the faith and caring of the Sisters and of the medical, professional and non-professional staffs, in serving the public as in-patients and out-patients regardless of race, colour, creed or ability to pay.

Cost of the 1954 building program, in addition to the numerous alterations over the last three years, was approximately \$2,350,000.00. Of this amount the Sisters' indebtedness was still around \$900,000.00 in 1958. Although the hospital received the normal statutory governmental grants for capital and operation, the Sisters and Advisory Board decided a fund-raising appeal seeking financial assistance to alleviate the current debt and help provide

for future expansion might be well-accepted by the community.

**St. Joseph's Hospital  
Building Fund Campaign - 1959**

This was the first time through 70 years of uninterrupted hospital service to the people of the community of London and surrounding areas that the Sisters of St. Joseph had sought financial assistance through a Building Fund Campaign to help

meet the pressing needs for further expansion.

Medical science, accompanied by newly-developed surgical techniques, drugs and therapy, had made outstanding advances over the last seven decades of the Hospital's existence. St. Joseph's Hospital as a fully accredited teaching institution not only attended the sick and suffering, but was also responsible for training doctors, nurses and other professionals. The need,



SEPTEMBER 1959

— St. Joseph's Hospital Building Fund Campaign Committee —

*Standing, left to right:* D. K. SHALES, DR. B. L. HESSON, J. P. FERGUSON, K. J. SHEA, DR. V. A. CALLAGHAN, REV. J. J. MCCORMICK, J. W. ADAMS, DR. F. W. LUNEY, J. WATSON DOW, J. O. HUGHES, FRANK B. CAMPBELL, T. M. HOCKIN.

*Seated, left to right:* MRS. W. D. SMITH, MRS. E. H. A. CARSON, J. H. STEVENS (General Chairman), RT. REV. J. A. RONEY, H. J. McMANUS, MRS. D. A. GRAHAM.

*Absent:* K. W. LEMON, C. N. CHAPMAN, W. M. WARNER.

*This was the first time that the Sisters of St. Joseph sought public financial assistance for their building programs.*

*Archives, Mount St. Joseph, London*



*Early stages of the 1964 construction, Wellington and Cromwell Streets.*

*Archives, Mount St. Joseph, London*

then, was fully justified, but the urgency was magnified by the continued population growth of London and suburbs, thus creating an acute bed shortage.

Mr. John H. Stevens, President of Emco Ltd., London, Ontario, was appointed Campaign Chairman by the Hospital Advisory Board. Various campaign committees were formed, headed by top corporation and business executives, and assisted by other leading professional and influential men and women in London.

Response to the public campaign was most gratifying and raised approximately \$2,300,000.00. Individuals and corporations subscribed about \$1,200,000.00 in addition to \$900,000.00 from the City of London, and \$200,000.00 from the County of Middlesex.

Serious consideration of the expansion began late in 1959, when a survey of the hospital requirements was conducted by Agnew, Peckham and Associates of Toronto, a highly recognized firm of hospital planning and management consultants. Also involved in preliminary studies was the architectural firm of Watt and Tillmann, who for many years had been involved with the various stages of the hospital's development. The consultants' report was submitted to Sister Imelda Mullin in April 1960. Many meetings were held involving Sisters of St. Joseph's Hospital, department heads, consultants and Mr. Peter Tillmann, the architect, in order to finalize the plans, which on completion were submitted to the Ontario Hospital Services Commission for final approval. With permission to proceed,

construction of the Wellington Wing commenced in 1962.

The new building was to have six floors and basement, extending from Grosvenor Street on the south to Cromwell Street on the north, with a five floor addition and basement extending west on Cromwell St. and connecting with the North East Wing. The Marian Wing, with much of the interior re-constructed, connected midpoint with the Wellington Street Wing.

The bolt and nut technique of steel frame construction had now replaced the rat-a-tat of pneumatic hammers on red-hot rivets, a welcome change to patients and workers.

The addition was designed with a new concept of retaining the first and second floors for services and the upper four floors devoted almost totally to patient bed accommodation. Nurses' stations were so arranged to provide minimum distance between nurse and patient, with each station having between thirty and forty beds to supervise. Communication was greatly enhanced with the installation of an audio-visual call system permitting the patient to speak from the bedside to staff at the Nursing Station. The visual aspect of the system was a lighted button which when pressed completed the two-way communication.

Other significant changes which enhanced patient care were:

1. Oxygen and suction was piped to the majority of new patients' rooms;
2. Washroom facilities were provided in all private, semi-private and ward rooms;
3. A pneumatic tube system was installed, connecting the nursing station with most departments, thus facilitating the transfer of medical records, physicians' orders and other related materials, to and from the station.

Nine expanded departments were transferred to the new building including kitchen, central supply, out-patients, emergency, operating rooms, recovery room, intensive care, radiology and psychiatry, in addition to some related services.

The ground floor included a large out-patient department; central supply was moved from an area adjacent to the old emergency entrance into much larger quarters. A completely new kitchen was installed, with the former area converted to Central Stores and a new Emergency Department. The driveway ramp leading to the Emergency entrance on Wellington Street was installed with radiant heat to prevent snow and ice build-up in the winter.

On the first floor the new surgical suite contained fourteen operating rooms built around the periphery with centrally located service areas. The operating suite was completely devoid of windows but was air-conditioned with temperature and humidity control. An air exchange was installed, with fresh air being drawn in, filtered, circulated throughout the surgical suite, then exhausted to the exterior.

The surgical suite also contained a cloak-room and lounge area for the surgeons with access from the hospital corridor. Adjacent to the lounge was a large room complete with lockers, shower and toilet facilities which permitted the surgeon to change into surgically clean operating room garb including shoe covers before entering the surgical suite. A separate change room was provided for the female physicians.

The southeast portion of the first floor provided space for a new recovery room capable of accommodating up to fifteen post-operative cases, a medication room, and two six-bed wards for intensive care. On the west side of the corridor were two large single rooms also part of the Intensive Care Unit but on most occasions reserved for the critically ill patient often requiring additional life support equipment. Also on the west side of the corridor was a utility room, nurses' bath room, nursing supervisor's office and anaesthetic secretarial office space.

Adjoining the surgical suite to the west was the new location for the greatly enlarged Radiology Department, designed and equipped to carry out a full range of diagnostic procedures. Lecture rooms were



provided overlooking Cromwell St. for the purpose of instructions for undergraduate Radiology technologists.

The Psychiatry Department, which had been previously housed on the ground, second and third floors of the Marian Wing, was transferred to the second floor and occupied the complete north and south areas of the Wellington Wing. The north wing contained the Observation Area, psychiatrist's and psychologist's offices, large lounge area, small kitchen and dining area and one five-bed ward, secretarial office area, visitors' waiting room and space for occupational therapy. The South portion provided the nursing station, private and semi-private rooms. The roof area over the new Radiology Department was used as an open recreation area for the psychiatric in-patients.

The size of the Clinical Laboratory was considerably enlarged to accommodate the increased work load and trained staff required to service a 600-bed hospital. The new renovations were extended as far as the main East-West corridor and the laboratory was then able to establish the various divisions as integrated units.

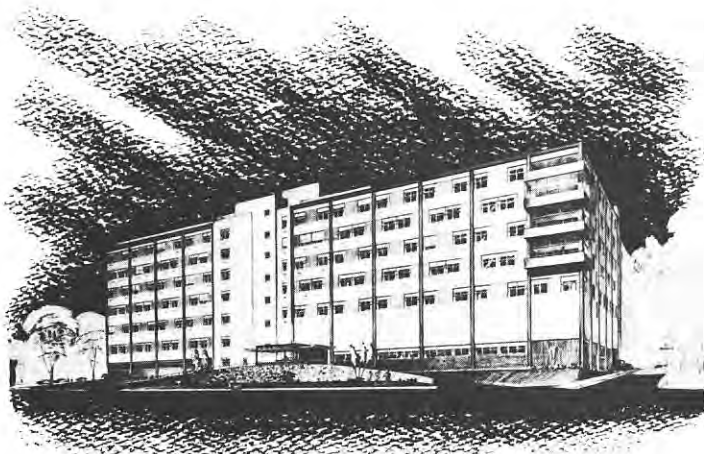
The third floor was designated as the new location for the Obstetrical Department and Nursery. The existing operating rooms provided four delivery rooms, one being designated for patients requiring a Caesarean section. A room on the west side convenient to the delivery rooms was used as a recovery room. The soiled utility room, clean utility room, nurses' lounge and station and doctors' lounge remained for like purposes of the Obstetrics staff. The major change occurred in re-construction of the balance of the space to provide twelve labour rooms.

At the same time that construction of the Wellington St. Wing was in progress, the fourth and fifth floors, Paediatric Ward and Internes' Quarters, respectively, were extended south to the Grosvenor Street line of the South East Wing. The wooden sun-rooms on the existing three floors were demolished and replaced by brick. Included

was a fire exit stairwell. With the transfer of the Paediatric Department to the fifth north floor of the new Wellington Street Wing, the complete fourth floor was then reserved for surgical patients, including the area formerly referred to as 4th Marian. This arrangement permitted the assignment of designated areas for General, Orthopaedic and Urological surgical patients and the nursing stations referred to as 4 North West, 4 South West, 4 North East and 4 South East.

Prior to completion of construction on the fifth floor, the Sisters vacated their sleeping quarters on fifth floor Marian Wing, and moved to various locations, including 1st South West in the Richmond Wing, the second floor in the Nurses' Residence to the north of the Chapel and to the second floor over the laundry building. The Internes' Quarters remained unchanged because of their location being central to patient care and for those house staff on call. The new 5 South West floor was designated for medical patients and included a portion of the south side of the Marian Wing. The 5 South East Wellington Wing consisting of approximately thirty beds provided accommodation for ophthalmology and otolaryngology patients, and included a treatment room for both services. A portion of the north side of the Marian Wing, 5 North East Wellington Street Wing and the extension on Cromwell St. was designated for Paediatrics and provided accommodation for approximately 88 infants and children up to 14 years of age. Two nursing stations were required to service this large area with one situated at either end of the 5 North East Wellington Wing. A playroom and screened porch on the corner of Cromwell and Wellington Streets was used as a recreation area for the children. The design permitted three age groups, the infants in bassinets, small children in cribs and older children as bed patients, to be segregated into defined area for observation and treatment purposes.

On the sixth floor, the north portion of the Wellington Street Wing was allocated



This sketch of the completed 1964 Wellington Street addition shows the Emergency Entrance; Cromwell Street is at the right.

Archives, Mount St. Joseph, London

for gynaecology patients, whereas the south portion and the extension over the 5th Marian Wing for medical patients.

In planning for the new construction, consideration was given those departments

which had experienced high occupancy such as Surgery, Medicine, Obstetrics and Paediatrics. The number of rated Medical beds in 1959 was 108 and was increased to 170; Surgical beds from 118 to 161; Paediatrics from 62 to 84 and also Obstetrics from 62 to 84, with Gynaecology and Psychiatry remaining at approximately the same number.

On September 3, 1964, Most Reverend G. Emmett Carter, Bishop of London, blessed and dedicated the new wing. In his brief talk to about six hundred persons assembled on Wellington Street surrounding the new Emergency Entrance, Bishop Carter praised the Sisters of St. Joseph on their achievement in expanding the hospital to its present capacity of 605 beds. "In the early history of the Church", Bishop Carter said, "even before governments became involved in hospitals, women went into the highways and byways in order to minister to the sick. It is an old tradition of the Church."

— Programme —

*Blessing and Dedication*

Most Reverend G. Emmett Carter, D.D., Ph.D.

*Invocation*

Right Reverend J. Austin Ronvy, D.P.,  
Diocesan Director of Hospitals

*Chairman's Welcome*

Mr. J. O. Hughes

*Greetings*

City of London

Mayor Gordon Stronach

Bishop of London

Most Reverend G. Emmett Carter

University of Western Ontario

G. E. Hall, M.D., President

Medical Staff

W. A. Tillman, M.D., Chairman

Sisters of St. Joseph

Reverend Mother Julia, Superior General

*Introduction of Guest Speaker*

John B. Neilson, M.D., Chairman,  
of the Ontario Hospital Services Commission  
by the Chairman,  
Mr. J. O. Hughes

*Presentation of Key and Shears*

Mr. Peter F. Tillman, Architect and  
Mr. Don J. Smith, Contractor,

will present the Keys and Shears to

Mr. J. H. Stevens, Chairman of  
St. Joseph's Hospital Building Campaign

*Inspection Tour of Hospital Building*

by Guests and General Public

*Refreshments*

The guest speaker for the opening ceremonies was Dr. John B. Neilson, Chairman of the Ontario Hospital Services Commission. Dr. Neilson in his address emphasized the need for communities to retain the responsibility of management and operation of their own hospitals. He commended the Sisters for their achievements in hospital care and the fact that patients are made to feel at home.

Other speakers were London's Mayor, His Worship Gordon Stronach, Dr. O. H.

Warwick, Dean of the Faculty of Medicine, U.W.O., Dr. W. A. Tillmann, Chief of Staff, St. Joseph's Hospital, and Reverend Mother M. Julia Moore, Superior General of the Sisters of St. Joseph.

Monsignor J. Austin Roney, London Diocesan Director of Hospitals, gave the invocation. The ribbon-cutting ceremony held at the entrance to the Emergency Department was performed by Mr. J. H. Stevens, Chairman of St. Joseph's Hospital Building Campaign, assisted by Mr. Peter



*Bishop G. Emmett Carter giving the formal blessing in the Emergency Department of the 180-bed addition on September 3, 1964.*

*Archives, Mount St. Joseph, London*



*A portion of the audience assembled for the opening ceremonies in front of the Emergency Entrance and extending across Wellington Street on September 3, 1964. Archives, Mount St. Joseph, London*

Tillmann, architect, and Donald J. Smith of Ellis Don Ltd., general contractor.

Following the ceremonies, a tour and reception was conducted by St. Joseph's Hospital Women's Auxiliary.

Total cost of the addition, including furnishings and equipment was \$6,600,000.00. Of this amount the following is a list of contributions:

Federal Government	1,010,000.00
Provincial Government	1,620,000.00
Building Campaign	
City of London	900,000.00
County of Middlesex	200,000.00
Individuals and corporations	1,200,000.00

The remainder, or about \$1,670,000.00, was assumed by the Sisters of St. Joseph.

A number of departments and services

were relocated in the vacated space which became available as a result of departments moving into the new wing. A short synopsis of each department and service will be recorded later in this chapter.

### **Hospital Financing**

Prior to 1959 hospitals operated on revenues generated from billings to patients. Some of these patients were insured through Blue Cross, P.S.I. and other private insurance companies. The basic daily room or bed rate was set by the hospital, and all other services such as the use of operating rooms, delivery rooms, X-rays, laboratory tests, etc., and supplies such as dressings, I.V. solutions, used by the patients were billed to the individual patient account. The keeping of these patient accounts caused

a tremendous amount of detailed work, as computers were unknown in those days.

The Hospital Insurance and Diagnostic Act was passed in 1957. As of January 1, 1959, hospitals in Ontario moved to an all-inclusive per diem rate and the hospital budgeting system as we now know it was introduced. The majority of patients admitted to hospital were covered under the provincial plan and the billing system in the accounts office was greatly simplified. The budget process required annual submissions to the Ontario Hospital Service Commission and when these were approved cash flow was funded from the Commission. The effect of this change was that all approved expenses were funded by OHSC and all revenues collected belonged to OHSC with the exception of a portion of room differential which the hospital was able to retain. With the portion of room differential retained, donations and the interest these funds generated the hospital was able to finance its capital needs.

In 1966 the Medical Care Act of Canada was passed which extended insurance coverage to include medically necessary services rendered by medical practitioners (i.e., doctors).

Even with the introduction of computers, the Finance Department has expanded in size because of the increased complexity of the hospital and the need for timely and accurate information.

### **G.F.T. Appointments**

For some time there had been a desire by the U.W.O. that physicians granted an active staff appointment be restricted to practising in only one of the two teaching hospitals.

Consideration was also being directed to full-time clinical appointments as not only desirable but essential in the best interests of medical education. In order to establish some guidelines, the University invited Dr. D. F. Smiley, Secretary of the Association of American Medical Colleges, and Dr. F.R. Manlove, Associate Secretary of the Council of Medical Education and

Hospitals, American Medical Association, to interview members of the Faculty of Medicine and report their findings and recommendations; this visit took place on April 27-30, 1953.

An ad hoc Committee on Full Time Clinical Appointments was established by the Medical Committee of the Board of Governors at a meeting on May 25, 1953, and consisted of representatives from the University of Western Ontario, Victoria Hospital and St. Joseph's Hospital. Subsequent to several meetings unanimous agreement was reached on the following Conclusions and Recommendations:

(a) Full-time clinical appointments are necessary in a modern medical school, especially in the major departments including Surgery, Medicine, Obstetrics and Gynaecology, Paediatrics and Psychiatry.  
 (b) Primary responsibilities would include undergraduate and postgraduate teaching, supervision of public wards, research and general responsibility within the department to which the appointed is jointly approved by the Hospital and University.

(c) A full-time clinical appointment was to be referred to as "Restricted Geographical Full-time" (later referred to as "G.F.T."). Such an appointee would be given a basic salary by the University, but would be permitted the privilege of doing a limited amount of private consulting work; compensation for such services would form part of his maximum gross salary as outlined in his contract.

(d) A limitation of earnings from private consultations retained by the G.F.T. was considered the most practical way of restricting the volume of such private consulting work.

(e) Earnings in excess of the amount derived from the University and from private practice would be given the University. It was recommended that the existing arrangements would necessitate some changes concerning secretarial assistance, pension and travel expenses in keeping with regular Faculty of Medicine policy.

It was not until February, 1958, that

Sister Imelda Mullin advised members of the Joint Relations Committee that the Board of the Hospital had approved compensation for the Chiefs of three major departments, Medicine, Surgery and Obstetrics and Gynaecology; Dr. B. L. Hession, Dr. V. A. Callaghan and Dr. J. H. Walters, respectively. The stipend given to these three Chiefs for teaching and specific administrative services to the Hospital was not included as an allowable expense in the yearly Hospital budget until approval was granted by the Ontario Hospital Services Commission effective for the year 1968, and included the Department of Paediatrics.

The four G.F.T. physicians approved were:

Dr. E. H. Carroll	Chief of Surgery
Dr. B. L. Hession	Chief of Medicine
Dr. N. Jaco	Chief of Paediatrics
Dr. J. H. Walters	Chief of Obstetrics & Gynaecology

Dr. E. G. Carroll was the first physician to establish full-time practice in St. Joseph's Hospital, commencing July 1, 1966, followed by Dr. N. Jaco in October 1966, and Dr. B. L. Hession and Dr. J. H. Walters on January 1, 1967. The number of Geographic Full-Time and Geographic Part-Time physicians increased dramatically over the next ten years with records indicating appointments totalling 36 and 11, respectively, at St. Joseph's Hospital in 1977. The St. Joseph's Health Centre as of January 1987 has 50 geographic full-time faculty and 5 geographic part-time.

The budgeting figure of 39 full-time equivalents has remained constant for some years at the Hospital, even though the number of full-time and part-time faculty exceeds the allotment funded by the Ministry. Salaries for these additional faculty members are funded from:

1. Clinical earnings in excess of the G.F.T. contract
2. Endowments
3. Research granting agencies
4. Salaries from affiliated teaching hospitals for clinical services.

St. Joseph's Hospital has been justifiably

rewarded by the selection of its highly trained and qualified clinical faculty, research and teaching orientated, whose patient relationship exemplifies and maintains the caring attitude that has been prevalent throughout the institution for many years.

### **Parking**

The 1964 building addition increasing the bed capacity and hospital-related services compounded an already existing parking problem.

Of all the alternatives reviewed by the Hospital Board prior to 1970, a plan to erect a parking building on the south part of Doidge Park adjacent to the East Wing and conveniently located to the Emergency entrance appeared to be a viable solution. Civic approval was evident in the support of the Public Utilities Commission and Board of Control. Strong neighbourhood disapproval of encroaching on a children's playground and the neighbouring tenants, however, resulted in the abandonment of that plan.

The Sisters of St. Joseph owned several properties on the south side of Grosvenor Street, between Richmond and Wellington Streets and subsequent to an agreement reached with the Corporation of the City of London, a decision was made to erect a parking building there. The balance of properties on Grosvenor Street, as well as several homes on the southeast of Richmond St. and southwest of Wellington St. were purchased and the total package of land sold at the purchase price to the City of London. The land was then leased by the City to Covent Garden Building Inc., who awarded the contract for the erection of parking building to Concrete Forming (London) Ltd.

Shortage of parking space soon recurred as a result of the increase in clinics and number of emergency patients, with a resulting increase of staff. The problem was acute at peak periods and had to be faced again after only a few years.

Early in 1987 an agreement was



*The 1974 Parking Building holding approximately 800 cars has now been augmented with space for 400 additional cars. At the Richmond and Grosvenor Streets corner of the building, facilities have been included for a connection to the tunnel which will join St. Joseph's and St. Mary's Hospitals.*

*St. Joseph's Hospital Staff Photo*

reached with various granting bodies to erect a multi-level parking building. This is an addition to the existing garage occupying the ground level area west of the present building. The Covent Garden Building Inc. awarded the contract to Ellis Don Construction Ltd. The new facility costing approximately \$2,700,000, expected to be completed by September 1987, will accommodate some 1100 cars.

Many internal alterations and renovations occurred over the fifteen years after completion of the 1964 building, and documentation of all these changes would not add greatly to the hospital history. However, some major internal re-organization was imperative and is worth recording.

The complete Richmond Street Wing built in 1915 was no longer appropriate for patient care and being far removed from most of the major service areas was

gradually converted to living quarters for the hospital-based Sisters. Except for second West which was occupied by some of the Sisters until 1984, many had much earlier moved into houses owned by the Sisters of St. Joseph, adjacent to the Hospital. At the time of writing, First West presently houses the Payroll Department, Word Processing Centre, Occupational health Unit, and offices and storage room used by the Women's Auxiliary. The second and third floors of the Richmond Street Wing are occupied by geographically located physicians' offices.

In addition to the Richmond Street Wing's being vacated, second Main, built in 1902, with a patient complement of 31 beds, was also closed to patient care. This area is now occupied by the Division of Hematology/ Oncology under the Director, Dr. M. Inwood.

**Bed Reduction**

The cost of providing health services during the latter part of 1960 and the early 1970's had escalated to such a degree that the Ontario Ministry of Health imposed some drastic cost-cutting measures in hospital budgets on a Provincial basis. On November 21, 1972, St. Joseph's Hospital received a directive from S.W. Martin, Deputy Minister of Health, that the 1973 hospital operating budget would be reduced by \$650,000.00. The Hospital at that time was operating at 89% of capacity, with an 8.6 day average length of stay and an elective surgery waiting period of approximately four months. Subsequent to several meetings of the Executive Committee of the Board and the Medical Advisory Committee, a decision was reached to close 46 beds, resulting in a cost reduction of approximately \$400,000.00 with the balance to be achieved through cost-saving measures including a freeze on the hiring of new staff. Throughout this decade the Ministry of Health maintained a policy of fiscal constraint with minimal yearly budgetary increases. Unfortunately for St. Joseph's Hospital, which had for many years conducted an efficient operation, this caused some problems in areas where utilization of the services was normally at a high level.

The public and the users of the Health Care System were generally sympathetic to the Hospital's plight, and through a concerted dedication of physicians and hospital staff, a high level of patient care has been maintained at St. Joseph's Hospital despite fiscal restraint.

**Detoxification Centre**

Faith and caring, as a mission in the daily life of the Sisters of St. Joseph, was again exhibited when consideration was given to the establishment of a temporary shelter and the challenge for rehabilitation of the chronic male alcoholic.

On September 19, 1973, County Court Judge W. E. Coulter cut the ribbon to officially open St. Joseph's Hospital Detoxification Centre at 331 Dufferin Ave. The

Centre was directed by Sister St. Patrick Joyce, who explained on this occasion that the aim of the Unit was to keep persons who were continually being arrested for drunkenness out of jails, admitting them to centres where they may be rehabilitated.

The Centre was part of a plan of the Ministry of Health and Welfare to establish such centres where needed across the Province. Mr. Moran, a member of the Board of Trustees of the Addiction Research Foundation of Ontario, congratulated the Sisters of St. Joseph for taking on the responsibility to serve this most untreated but treatable illness in our society.

**1981 Grosvenor Facility - Phase 1A**

The 1981 addition provided from 10,000 to 11,000 gross square feet to each of three floors — basement, ground floor and 1st floor.

**BASEMENT****Respiratory Technology**

Initially, Respiratory Technology was a service mostly maintenance-oriented, responsible for mechanical equipment such as gas machines and ventilators used by the Department of Anaesthesia. Repair and service covered many departments in the hospital including the Operating Room, Recovery Room, Intensive Care, Nursery, and patient care areas.

As the role of the Respiratory Technologist became more patient-oriented, especially in acute care areas, the need for more space became evident. The desired expansion achieved in the new building includes a class room, office space, an area for repair and maintenance of equipment and a store room for repair supplies and expendable equipment. In addition, satellite storage areas are maintained in the Intensive Care Unit and Neonatal Intensive Care Unit. The Department occupies approximately 2000 gross square feet.

**Biomedical Engineering**

Monitoring and highly sophisticated electronic equipment was introduced in a



number of medical disciplines, not only for diagnostic purpose, but also as a vital component of the hospital life-support systems.

During the planning stage of the new addition, particular attention had been directed to providing adequate space for the rapidly developing use of new equipment and suitable space for staff, supplies and work areas. An area of 2000 gross square feet was provided for the new department.

The balance of the basement area was assigned for the following:

- (a) Locker space for most of the employees staffing the new Phase 1A building project (Grosvenor Facilities)
- (b) Storage area for Medical Records Department
- (c) Film storage area for the Radiology Department.

## GROUND FLOOR

### Central Admitting

Admitting Department for in-patients had for many years been located in the main corridor just west of the present Grosvenor Street entrance; patients arriving for Emergency treatment were registered in the Emergency Department. This created problems for non-ambulatory patients transported by stretcher or wheelchair requiring the use of an elevator to reach the first floor for admitting documentation.

The new addition provided a ground level entrance from a driveway off Grosvenor Street, permitting patients direct access to the Admitting Department. Patients transported by ambulance and to the Emergency entrance were equally accessible for documentation. A large waiting room is adjacent to the admitting cubicles for use during busy periods. Patients being admitted to the Emergency Department are documented by separate clerks at a location adjacent to the in-patient area.

### Laboratory Test Centre

Located near the admitting and out-patient entrance off Grosvenor St. is the



*Trays on the Belt Line in the Kitchen on the ground floor. Left to right: Goretty Moniz, Lourdes Deponete, Supervisor Linda Young.*

*S. J. H. Staff Photo*

Laboratory Test Centre. It is staffed by a receptionist, and graduate nurses trained in intravenous therapy who are responsible for the collection of all venous bloods.

Subsequent to documentation, patients being admitted to the Hospital are directed to the Laboratory Test Centre for collection of blood samples prior to proceeding to their rooms. In addition, the service is available for out-patients, emergency patients, Occupational Health Unit and patients of physicians on the hospital staff, and referred for blood sampling.

### Clinic Area

Clinic facilities situated on the ground floor of the southeast wing had become totally inadequate in accommodating the organized clinics in addition to the volume of out-patients.

Plans for the new clinic area provided twenty rooms for the medical clinics oc-



*Prepared food ready to be placed on trays on Belt Line.*

*S. J. H. Staff Photo*



*Steam kettles used in the preparation of soup. Angela Vitogiannis testing the product.*

*S. J. H. Staff Photo*

cupying the south portion facing Grosvenor Street, in addition to an office for the clinic manager, Mrs. Irene Cooper, and an office for the appointment clerk. On the north side of the complex are an eye clinic, covering approximately 1200 square feet, an endoscopic examining room and six rooms to service the orthopaedic clinics. The central portion provides a large, well-appointed waiting room for the out-patients.

The clinic facilities were completed in October 1980 and an out-patient volume of 4000 per month was recorded for 1986, as compared to 1000 per month for the year 1970.

### Dental Department

The location of the Dental Department was not changed during the renovation of the ground floor but one more treatment room was added, providing greater flexibility for dental examination, treatment and post-graduate teaching.

### Medical Records Department

The Medical Records Department, located on the second floor of the Hospital, had for many years been inadequate in size and inconvenient for members of the medical staff. The new location, occupying a large portion of the former clinic area, was ideally located in relation to the major users. Utilizing the latest technology, a Shared Medical System Computer and nine Lektriviers were installed in 1981, which greatly enhanced efficiency within the Department. Individual patient information covering in-patient admissions, out-patient and emergency visits were collated into a single chart and stored in the Medical Records Department, thus providing the attending physician a complete history of the patient relative to medical admissions to St. Joseph's Hospital.

### Telephone Exchange

In 1981 the Hospital purchased their



*A mid 1970's view of the Cord-type Switch-board with operator Sally Rice.*

*Courtesy of Sally Rice*

own telephone exchange system which was installed in a new location adjacent to the Emergency Department.

St. Joseph's Hospital, London, was one of the first hospitals in Ontario to install a hospital-owned telephone system. Planning, selection, installation and testing took over three years; the installation of over 35 miles of cable and wire alone took five months. On February 12, 1982, we cut over to a new telephone system. In the space of a day we went from a cord board of 550 lines to an electronic phone system of over 900 lines.

As it was no longer necessary to manually ring a line and wait for an answer, the same three switchboard operators (day

were able to handle the increased volume.

Other advantages included the call back, call forwarding, conferencing and camp-on features; the ability of the user to transfer calls and the standardization of our intercom system.

Although it was projected that this system would meet our needs for the next ten years, with the amalgamation of St. Mary's, Marian Villa and St. Joseph's, we are looking at expanding or purchasing a larger system.

### First Floor

During the construction of the first floor of the Grosvenor Facility the Recovery Room with 17 recovery bays was not altered.

The Intensive Care Unit containing two six-bed wards remained in the same location with alterations made to provide two beds for dialysis patients with related medical problems. However, the two I.C.U. rooms on the west side of the corridor were removed, which provided a connecting link with the new construction. Adjacent to the I.C.U. a special procedures room was built to accommodate patients from the Intensive Care Unit. In addition to these modifications a nurses' lounge area was provided in an area between the Recovery Room and the Intensive Care Unit.

### Coronary Care Unit

The new Coronary Care Unit, consisting of six private rooms plus a Special Procedures Room was built facing Grosvenor Street. Each room was specially equipped for treatment of the acute coronary patient, complete with monitoring systems connected to a central control station. In addition to the acute area, two semi-private and one four-bed ward providing Intermediate Coronary Care, are situated on the south portion of the second floor Psychiatric Department. These patients are also connected to the Central Monitoring Station.

### Surgical Day Care

The Surgical Day Care Unit at St.



*The modern four position Console Switch board with operators. Left to right: Pat Turow, Zita Shantz and Sally Rice.*

*S. J. H. Staff Photo*



*The Coronary Care Unit (CCU) on the main floor. The Control Monitoring Station has a ready view of the patient rooms.*

*London Free Press Photo*



*One of the two video consoles at the Control Monitoring Station; Registered Nurse Vivian Tymstra checks a patient's record. Data is immediately available on patients in the Coronary Care Unit or those in the Intermediate Coronary Care Unit.*

*London Free Press Photo*



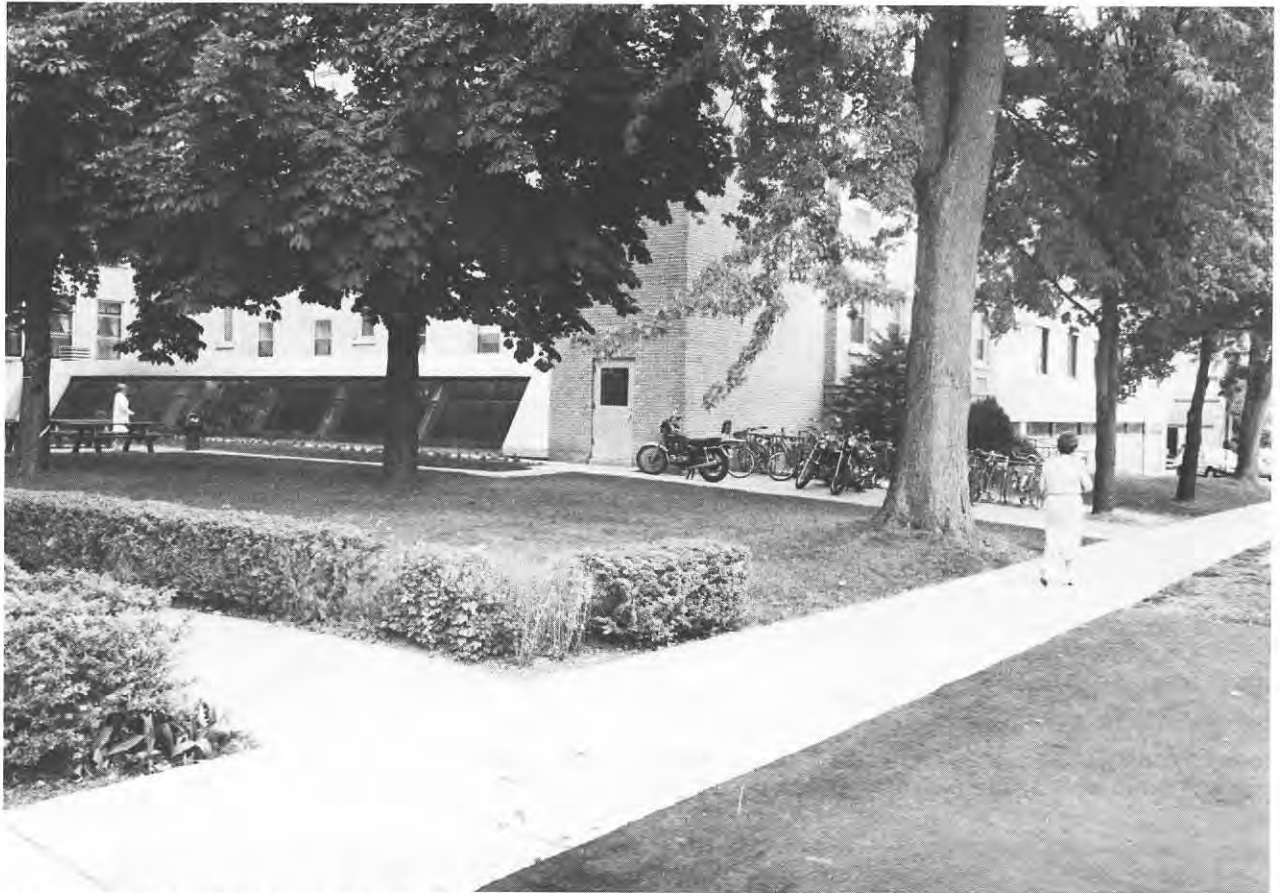
*Special Procedures Room of Coronary Care Unit. Co-ordinator Louisa Leugener is checking the readiness of the equipment which is used to implant heart pacers, catheters, etc.*

*London Free Press Photo*



*The entrance to Admitting and Out-Patient facilities is reached from this semi-circular driveway off Grosvenor Street. The large windows on the first floor are in the Coronary Care Unit.*

*S. J. H. Staff Photo*



*An outside quiet area for a snack or coffee break in warm weather near the solarium windows of the cafeteria.*

*S. J. H. Staff Photo*

Joseph's Hospital was opened on January 4, 1971, with a capacity of six stretchers. The unit was staffed by two registered nurses, Mrs. Anna Tonkin as Charge Nurse, assisted by Mrs. Jean Seabrook.

Surgical Day Care has become a widely accepted method of treatment, avoiding admission of many patients, who in the opinion of the attending surgeon, are not exposed to undue surgical risk from surgery on an out-patient basis. The original unit within weeks of opening increased the number of stretchers to at least ten, and with in-patient bed reductions imposed by the Ministry of Health in 1973, led to greater utilization of surgical day care.

The new unit, opened in 1981 has twelve cubicles, with appropriate change areas, nursing station, and an adjacent

waiting room for relatives or friends. The volume of patients has risen dramatically over the years, statistics indicating an increase from approximately 1800 in 1971 to 8000 in 1986, managed by four full-time registered nurses.

#### **Physicians' Lounge**

The surgeons' lounge and change room built in 1964 were inadequate relative to the increased number of surgeons, physicians and post-graduate house-staff using the facilities. It was therefore appropriate that enlarged quarters be provided in Phase 1A and more in keeping with staff requirements.

The new suite was located a short distance from the main corridor, permitting ready access for physicians. Two change

and gowning rooms, one for the male and a second for the female staff were provided, each with lockers and appropriate facilities. Exits from the change rooms enter a corridor leading directly to the operating room suite, avoiding heavy traffic areas used by hospital visitors or hospital staff.

The operating room booking clerk is located on the inside corridor leading to the operating room suite, thus providing a convenient communication location for the surgical staff.

A small lounge and office was provided for the members of the Anaesthetic Department, in a location most accessible to the Operating Room, Recovery Room and I.C.U. Located on the southwest corner of the Main and Wellington Wing corridors, it serves a dual role, not only as a small lounge area between cases, but also is very

convenient for the anaesthetists in case of an emergency in any of the critical care areas.

**Quiet Room**

The Quiet Room with entrance off the main corridor, provides a small area where physicians and next of kin can discuss in privacy the prognosis of a family member.

**Renovations to 1 South West**

In an effort to house all the Coronary support services in one location, renovations were completed to 1 South West (in 1981). This area was adjacent to the Coronary Care and other critical care units, in addition to serving as a convenient location for out-patients.

The following are the services located in this area:



*Reminiscing — the inset photo of the 1892 building has its ‘front door’ in line with the original position on the present structure.  
Archives, Mount St. Joseph, London*



- (a) Electrocardiography office
- (b) Electrocardiography Work Room and Filing Area
- (c) Electrocardiography Reading Room
- (d) Echocardiography
- (e) Stress Laboratory
- (f) Peripheral Doppler Laboratory
- (g) Holter Laboratory and out-patient E.C.G. Laboratory
- (h) I.C.U. and C.C.U. Master Computer Room
- (i) Manager's office.

### Research Institute

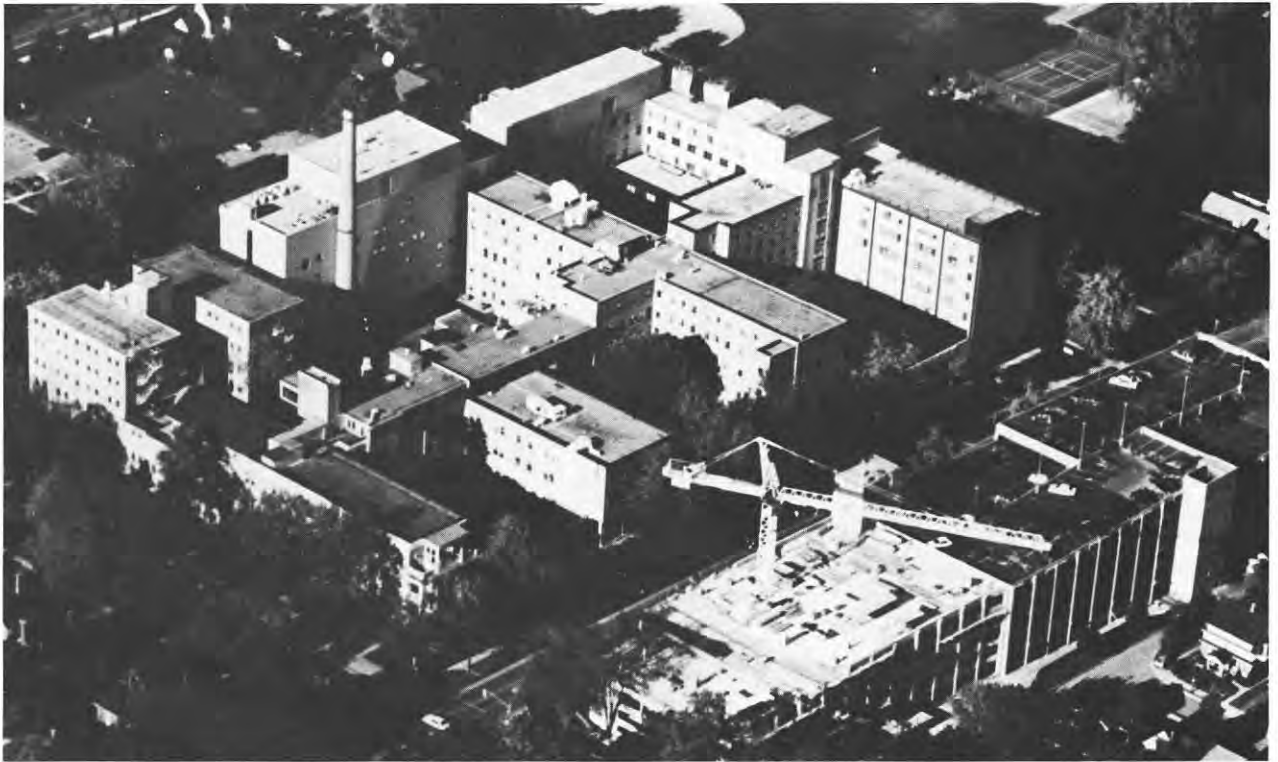
Facilities and space provided to support St. Joseph's Hospital research commitment as a teaching hospital was of concern as early as the 1960's. Less than 7000 square feet of research space was available in the hospital, and a survey of the chiefs of the various Medical Departments indicated at least 20,000 square feet was required in order to support a reasonable level of

research by a growing number of active staff physicians who were committed to conducting a larger portion of their time to clinical investigation.

Details are outlined in the following chapter (History of the Research Institute). The approval of the Ministry of Health was obtained on July 1, 1980, to proceed with the approved plans for the Research Building and additional space for laboratory services. The contract was awarded to Ellis Don Ltd. for \$7,294,600.00. The project was commenced on July 6, 1981 and officially opened in October 1983.

### Future Plans

Planning for the redevelopment of St. Joseph's Hospital has continued. It will involve the demolition of the original hospital wings built in 1892, 1902, 1914 and 1932. This new building space is to allow for the ever-expanding needs of a tertiary teaching hospital.



*An aerial view of the present St. Joseph's Hospital. The new addition to the Parking Garage is in the foreground, 900 Richmond Street is at the extreme left and the Lawson Research Institute is behind the chimney. The Admitting and Out-Patient Entrance is near the extreme right across from the Parking Garage.*

*Lenscape Inc. Photo*

*chapter nine*

# St. Joseph's Hospital Research Institute

(renamed Lawson Research Institute, 1987)

St. Joseph's Hospital, renamed St. Joseph's Health Centre in 1985, is a teaching hospital affiliated with the University of Western Ontario. As such, it has a mandate to provide high quality patient care, teaching for medical students, interns and residents, and to conduct research. In many ways, research forms the underlying base of these other activities. For, while one can treat disease with existing methods of management, the ultimate goal of medical science should be the prevention or elimination of disease. That goal can be realized only through further research toward a better understanding of the underlying physiology, biochemistry and molecular biology of normal and of disease processes.

St. Joseph's Health Centre Research Institute evolved from a presentation made in 1973 by the hospital to a task force on health research requirements set up by the Ministry of Health and the Ministry of Colleges and Universities. The Chairman of the task force was Dr. Howard Petch. His report, released on September 29, 1976, pointed out that while the quality of clinical care and the standard of clinical teaching at St. Joseph's was exemplary, research facilities at that time were inadequate to support the hospital's academic commitments as a teaching hospital affiliated with the University of Western Ontario. The

Petch report stressed that U.W.O. faculty who had been recruited to St. Joseph's did not have the space nor facilities to develop their research programmes. Without provision of such space, recruitment of new academic physicians would become increasingly difficult, and ultimately the quality of patient care would be jeopardized. The need for research facilities was "a critical one".

During 1977 St. Joseph's Hospital began to plan for expanding its research facilities through the idea of adding research laboratories and offices into a new building that was to house new service laboratories. Led by Drs. Gerald Tevaarwerk, Paul Harding and Peter Cordy, the Medical Advisory Committee (MAC) and the Health Centre Board applied for and received funding of \$750,000 from the Provincial Lottery fund. This was added to base-funding of \$1,000,000 provided from the capital reserves of the Sisters of St. Joseph, and was complemented by the provision of \$8,829,000 from the Ontario Health Resources Development Plan. Additional support towards the capital costs of building the Research Institute was received from the medical staff at St. Joseph's Hospital, from the University of Western Ontario, and from St. Joseph's Hospital Foundation. The total amount of money raised was

\$10,874,000. An additional commitment of \$950,000 to purchase equipment for the Research Institute, and of \$1,400,000 to establish a new nuclear magnetic resonance (NMR) facility was provided generously by the hospital board from its capital reserves (Table 1).

Construction of the Research Institute was started on July 6, 1981. The Research Institute was opened officially on October 23, 1983, by The Hon. Robert Eaton, Minister Without Portfolio of the Province of Ontario. The opening celebrations included a Scientific Day that included presentations from investigators at St. Joseph's Hospital and culminated in a keynote lecture by Dr. Pierre Bois, President of the Medical Research Council of Canada. More than one thousand persons toured the new research facilities during two afternoons of "open house". An opening dinner was held at the London Art Gallery. The keynote lecturer was Mr. Graham Scott, then Deputy Minister of Health, Province of Ontario.



*Dr. John R. G. Challis, Director of the Institute.  
S.J.H. Staff Photo*



*A view of the Lawson Research Institute from the north. Three floors are occupied by hospital service laboratories.*

*S.J.H. Staff Photo*

By this time a search committee, chaired by Mr. Jack Adams, had appointed Dr. John Challis as Director of the Research Institute. Dr. Challis assumed this position on July 1, 1983. The Board of the Hospital had also guaranteed \$2,000,000 toward the administration and operation of the Research Institute during its first five years. Quickly, however, it was recognized that it would be more prudent to invest those monies as the base of an "endowment fund for excellence" that would, hopefully, grow in order to ensure greater stability of funding through interest revenues in the longer term.

The Research Institute was established as a concept embracing all research-related

activities at the Hospital, although the major focus of basic investigation was within the new building. The new building provided a basement as part of Central Stores, and an area for Electron Microscopy assigned for the use of the Divisions of Pathology and Virology. The Ground Floor was assigned to the Division of Virology, the first and the major portion of the second floor to the Division of Biochemistry, the balance to the Division of Pathology. The top four floors were dedicated to the Research Institute. Three floors provided laboratory and office space and separate conference rooms, for a total of approximately 18,000 sq. ft. of net assignable space. The top floor housed an animal care facility, with holding and monitoring facilities. From the outset a philosophy of close integration between the Research Institute, the Hospital and the University was developed. The Research Institute is physically connected with the Hospital on each of floors 2 through 6, and many clinical departments hold rounds or seminars in the Institute Building.

Investigators all hold faculty appointments with the University of Western Ontario. In 1983, graduate students registered in basic science departments of the Faculty of Medicine, University of Western Ontario, began working full-time at St. Joseph's Hospital.

An enormous effort had been expended between 1979-1983 in planning the laboratory facilities, developing policies and philosophies, and in equipping the Research Institute. This burden had fallen upon the Research Institute Planning Sub-committee (RIPS Committee) chaired by Dr. Paul Harding, and with a very active membership of several individuals, especially Mr. Bill McLeod (then Assistant Executive Director, Medical and Special Services), Sister Mary Doyle, Drs. Thompson, Tevaarwerk, Patrick, Cooper, Cordy and Kertesz, and Ms. Esther Cox (Research Co-ordinator) as secretary. The RIPS Committee worked closely with the architects (Tillmann-Ruth) in the design of each floor of the building, and collaborated with potential investigators

to ensure that their space and equipment requirements were met appropriately. It worked also with the MAC, and developed the initial proposals that space would be allocated only to investigators holding peer-reviewed funding, rather than on a departmental basis. It was a philosophy of the RIPS Committee that the major research thrusts of the Institute should reflect the major clinical missions (tertiary care programmes) of the hospital. The RIPS Committee was so successful in meeting its mandate, that by the time a Director had been appointed in 1983, much of the foundation for establishing a successful research institute had been built.

By October 1983 the nineteen investigators at St. Joseph's Health Centre were in receipt of \$1,400,000 total research funding from all external sources. The major areas of activity were identified as pregnancy/perinatology, endocrinology, especially diabetes, osteoporosis and the aging process, and neurology and diagnostic imaging, including NMR. The Institute was administered by separate floor committees, the chairmen of which (Drs. Patrick, Tevaarwerk, Kertesz and Tanswell) along with Dr. Challis, Mr. McLeod, Ms. Cox and Dr. Meads (then Chairman of MAC) formed the Executive Committee. The Executive ratified and established firmly the philosophies and policies that had been proposed by the RIPS Committee. The latter had now been disbanded, its task of establishing a research institute completed with unparalleled success. The Executive of the Research Institute developed programmes for a seminar series, an annual Scientific Day, and an annual Open House. It formulated proposals to support Research Institute investigator positions and research fellowship programmes through its annual budget, and also to provide monies for pilot research projects, support of graduate students, summer students and for two annual awards to students enrolled in a new Summer Research Training Programme for medical students at the University of Western Ontario. Mechanisms were established for



*Some familiar faces can be seen in this group running at Springbank Park to raise money for research.*

*London Free Press*

the internal review of research projects before seeking external funding, for publishing the Research Institute Annual Report, and for conducting a bi-annual external review of the Research Institute. The first such review, conducted by Dr. Harvey Guyda (McGill University) and Dr. Henry Dinsdale (Queen's University), was conducted in November 1985, and identified the remarkable progress and success that had been accomplished within such a short space of time.

By July 1986 the level of external peer-reviewed funding had risen to \$2,346,607 per annum, among 25 investigators. Of this amount, \$927,674 was received from the Canadian Medical Research Council. Seven of the investigators received salary support from external agencies (primarily MRC) through their success in highly competitive and prestigious national competitions. In addition to external research

support, the core operating budget of the Research Institute had grown to about \$340,000 per annum. This was derived through the interest from the Endowment Fund, through support from St. Joseph's Hospital Foundation, through donations from the overage of physicians at St. Joseph's Hospital in the Departments of Obstetrics & Gynaecology, Medicine, Surgery and Paediatrics, and through a generous award of \$380,000, spread over five years, from the Variety Club of Ontario, directed towards research in perinatology.

A major suggestion of the Dinsdale-Guyda review had been to improve communication between basic and clinical research activities at the Health Centre, and to promote the role played by the Research Committee of the Health Centre Board. These suggestions were dealt with through the creation of a stream-lined research committee system throughout the

Health Centre. By early 1987 the Health Centre Board had approved the creation of a new Board for the Research Institute. The Research Institute Board, serving in an advisory capacity to the Health Centre Board, would oversee funding strategies for research, and would consider the long-term proposals for research development of the Health Centre. Its Operations Committee, the former Research Institute Executive Committee, had membership from the chairmen of each of the four major research divisions which had replaced the old floor committees. These individuals were Dr. Alan Bocking (Division of Pregnancy and Perinatology), Dr. Tony Hodzman (Division of Endocrinology, Metabolism and Aging), Dr. Andrew Kertesz (Division of Neurology and Imaging), and Dr. Diponkar Bannerjee (Division of Cell Biology). In addition, a new division, the

Clinical Research Committee, had been created to replace the old MAC Research Committee. This group, chaired by Dr. Ken Harris, would also have representation through him on the Research Operations Committee, thereby providing a formal mechanism to promote integration between basic and clinical research activities ongoing throughout the Health Centre. The composition of the Research Operations Committee was completed with the addition of Dr. Keith Tanswell (who had been appointed Deputy Director of the Research Institute), the Chairman of the MAC (Dr. J. K. Milne), and Mr. Chet Singh (Associate Executive Director, St. Joseph's Health Centre). The committee was chaired by Dr. Challis as Director of the Research Institute. In addition, the Health Centre Board created a new position of Assistant Executive Director, Research, with intention



Luncheon guests when it was announced that the St. Joseph's Hospital Research Institute would be renamed the "Lawson Research Institute". Left to right: Mr. Frank Lussing, Dr. Peter Cordy, Sr. Jane Marie Stock, Mr. Jack Adams (Chairman of the Research Institute Board), Dr. John Challis (Director of the Institute), Colonel and Mrs. Tom Lawson, Mr. Chet Singh, Sr. Mary Doyle, Dr. W. B. Chodirker (representing Dean L. S. Valberg of the Medical School).

of increasing the profile and integration of all research activities across the Health Centre; Dr. Challis was appointed to that additional position on January 1, 1987.

Within three and a half years the profile of the Research Institute had changed the profile of St. Joseph's Health Centre across the city, university and nation. St. Joseph's was recognized as a hospital committed to high quality clinical care and teaching, but with a major commitment to academic advance through medical research. Investigators at St. Joseph's Health Centre published more than 125 full papers in 1986, gave 126 invited seminars, presentations and continuing education lectures, in addition to their participation at national and international scientific meetings. A record

number of post-doctoral fellows, graduate students and summer students were working at the Institute. The Health Centre had moved with great strides since the Petch Report, and could now state categorically that it was fulfilling its mandate as a major academic health centre and teaching hospital affiliated with the University of Western Ontario.

In June of 1987 the Board of the Health Centre proudly announced that the St. Joseph's Hospital Research Institute would be renamed the Lawson Research Institute in recognition of the many contributions made by the Lawson Family to the development of St. Joseph's as a University-affiliated Teaching Hospital at the forefront of research, education and patient care.

TABLE 1  
Sources of Funding to Build the Research Institute  
at St. Joseph's Hospital (1983)

The Sisters of St. Joseph (Capital Reserves)	\$ 1,000,000.
Ontario Lottery Corporation	750,000.
Ontario Health Resource Development Fund	8,829,000.
St. Joseph's Hospital Foundation	95,000.
Medical Staff, St. Joseph's Hospital	120,000.
University of Western Ontario	80,000.
Total Support	<u>\$10,874,000.</u>
Additional Funding Required (later met from capital reserves by the Health Centre Board)	2,000,000.
TOTAL COST	<u>\$12,874,000.</u>

*chapter ten*

# St. Joseph's Hospital School of Nursing 1902-1977

Hospitals in Canada had their origin in the hospices established by the pioneer Religious Sisters who came when the country was the lately discovered New World. In Ontario, small-town industries created a population subject to the sickness that goes with urban life and hence 96 hospitals came into existence in Ontario between 1880 and 1940. The Sisters of St. Joseph played a notable part in the development of hospitals in Ontario during this period: Port Arthur 1881, London 1888, Hamilton 1890, Chatham 1890, Peterborough 1890, St. Michael's Toronto 1892, Guelph 1895 and Parry Sound 1907.

From St. Joseph's Hospital's beginning, nursing care of patients was provided by the Sisters and the lay staff hired to assist them. The development in medical science with medical advances in care for the sick increased steadily at the turn of the century. This resulted in greater institutionalization of the sick. The need to train hospital workers in the skills and techniques required to care for the sick and injured was evident.

Eleven years after the opening of the ten-bed hospital in London, the St. Joseph's Hospital Training School for Nurses was founded paralleling like developments in those hospitals which were gradually being established in the province and across the country. St. Joseph's School of Nursing

was established formally in 1901. Nine years later, in 1910, it became registered with the Regents of the University of the State of New York, and followed a course of study recommended by them, which allowed the School's graduate nurses to be eligible for the New York State Board Examination. Registration for graduate nurses in Ontario was not initiated until 1923.

### **School Organization**

To give direction and to oversee the developing school, there was a Training School Committee comprised of persons chosen from the Executive of the Board of the Hospital.

In 1938 the School was governed as well by the hospital's Board of Management. The Superintendent of Nurses, appointed by the Hospital Superintendent, was also head of the School and called at that time the Directress of Studies.

The first Superintendent of Nurses was Miss Jean McBain, a graduate of St. Michael's Hospital, Toronto. She was followed by Sister Justina Podlewski in 1902 and thereafter until 1973 the position of Superintendent was occupied by a Sister of St. Joseph. In 1906, Sister Regis Keating was appointed Superintendent of Nurses, and it was during her administration that the



school became affiliated with the University of the Regents of New York State.

The last Director, as the title of the position became known, was Miss Patricia O'Dwyer, appointed in 1973. Miss O'Dwyer obtained her diploma in nursing from the School of Nursing in 1948, and her Baccalaureate Degree the same year from Brescia College, an affiliate of the University of Western Ontario. In 1969 she received a Master of Science degree from the School of Nursing, Boston University.

### **Accommodation**

The first living accommodation for nursing students was in the original hospital, the Judge Street residence. Later accommodations were provided in a house owned

by the hospital on the northwest corner of Grosvenor and Wellington Streets, called the Crottie House.

When the west wing of the hospital was built in 1915, some sleeping accommodations for the students and a nurses' dining room were provided. In 1931 a larger dining room was opened on the ground floor of the new east addition (renamed the southwest wing in 1964).

In 1927, the School of Nursing was transferred to a new four-storey building adjoining the hospital on its northwest corner bounded by Richmond and Cromwell streets. This handsome building was opened officially on June 29th of that year. All nursing students were accommodated in the new residence and school.



*A "Nurses Party" in the Judge Street Nurses' Residence.*

*Archives, Mount St. Joseph, London.*

Many of the furnishings and comfort aids provided in this new school and residence were the gift of the St. Joseph's Hospital Auxiliary established in 1926. Down through the years the school benefitted substantially through the interest and support of this Auxiliary.

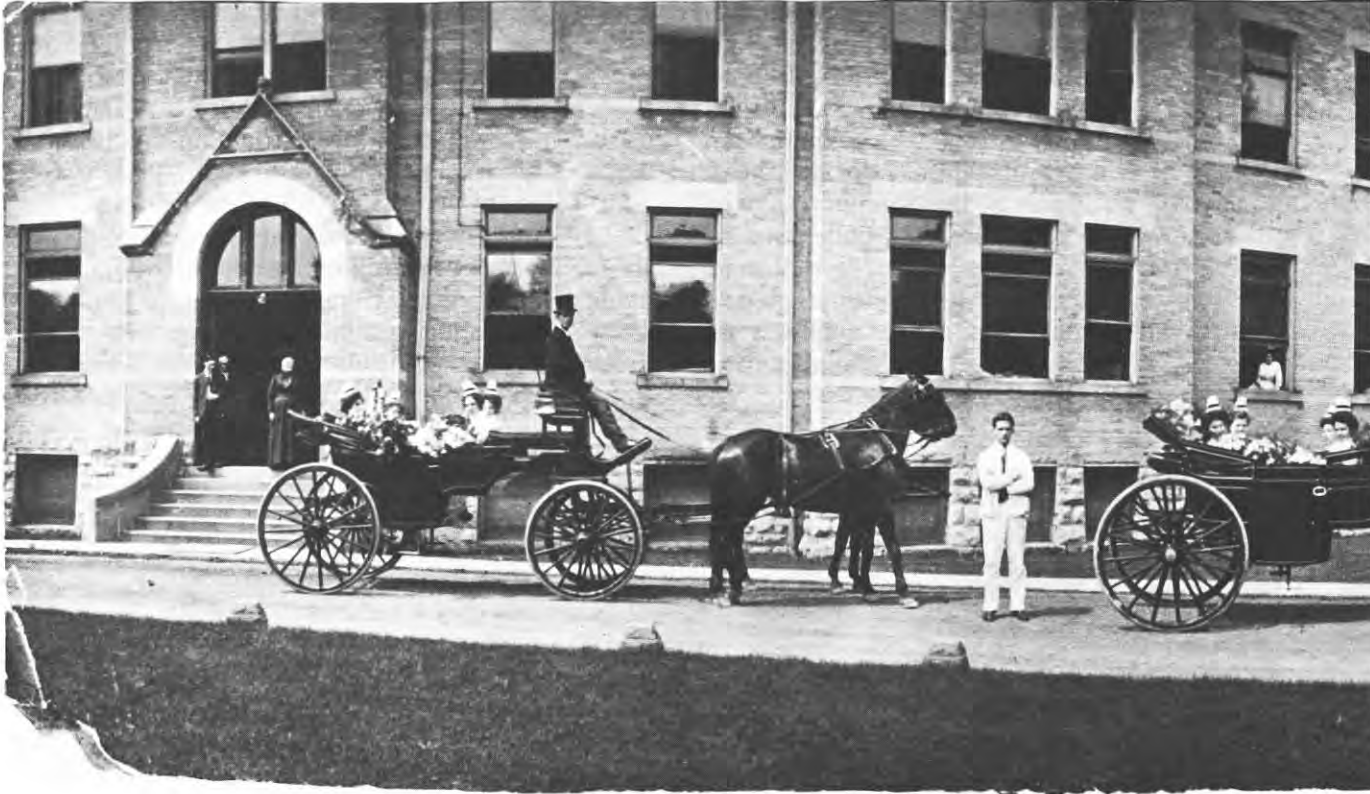
On the first floor, the new school provided a spacious reception room, three large classrooms, one designed as a Nursing Procedures room, a library and faculty offices. Also one room in the Cromwell

Street area was assigned as students' sleeping accommodation (with bathroom facilities on the floor above!). The ground floor housed a chemistry laboratory, laundry, kitchen, and a large recreation room which also served as an auditorium. It was in this room that the "capping" ceremonies were held at the end of the three-months probationary period. The upper floors were sleeping quarters, private rooms gradually furnished with bunk beds to accommodate the increasing numbers of students. Elevator



*An early Graduation Class c̄ 1904.*

*Archives, Mount St. Joseph, London.*



space was included in the new structure but not installed until 1948; a fifth floor was added to the residence in 1950 to provide more sleeping accommodation.

### **System of Education and Training**

From 1901 until 1971, the School offered a three-year basic professional program leading to a diploma in nursing, eligible for licensure as a registered nurse when it became established in 1923.

### **Student Eligibility**

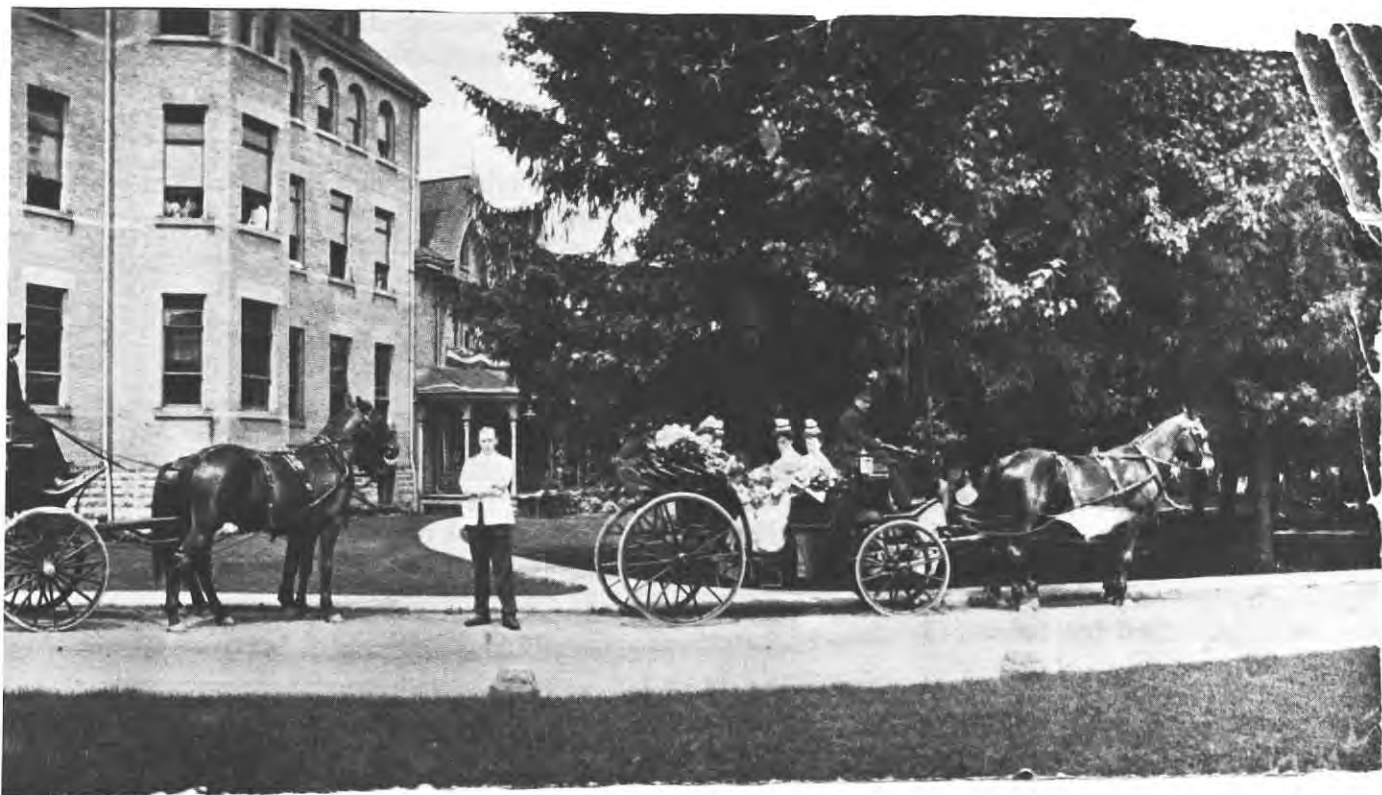
In 1915, records indicate that 65 "pupil nurses" were in training. The minimum educational requirement was one year of high school or its equivalent. For many years, two groups of classes were received each year, in January and September. Single women between the ages of 20 and 30 were preferred. The Training School's brochure of that era noted preference for women "of a superior education and cul-

ture". In 1953, one entrance date a year was established.

Admission requirements in 1956 called for Grade XIII standing.

The first graduate of the new school was Frances Rankin who had been nursing in the hospital for several years. She had little formal instruction but, on recommendation of the hospital's Medical Staff, was presented privately with a diploma in 1901. Eight students were enrolled in 1901 in a three-year program. Jean Pye and Gertrude Du Maresque were the next graduates.

In 1902, a thorough and systematic course of lectures and instruction was established. Physicians appointed from the hospital's Medical Staff gave a series of lectures and clinics to the nursing students. Lecturers in these formative years were: Drs. Wishart, Meek, Balfour, McCallum, Weekes, Tillmann, Macgregor, Mugan and Hodge. It was they who had the responsi-



An early Graduation Procession by carriage c̄ 1905. The 1888 Building can be seen in the right background.

Archives, Mount St. Joseph, London.

bility to set examination papers and determine results. The School Medal, and the Diploma, approved and signed by Senior Hospital Physicians, were awarded to graduating nurses.

The Block System of instruction was introduced in the School in 1952. This was a method of instruction whereby the student was taken entirely away from ward duty for a certain period of time (several weeks) and given concentrated lectures on curriculum subjects. The teaching system whereby clinical experience was related to formal classroom instruction began in the early sixties. Learning applied to clinical practice was a preferred teaching model. The last graduation from the traditional three-year diploma program was in 1967. Until that year, the School had graduated approximately 2200 graduates.

In 1965, a new two-plus-one program

of training commenced. The first two years were clinical training and practice, the final year was called an interne or practitioner year. In the practitioner year, the five-day training week included one full day in academic instruction. In this program, the practitioners remained under the direction and supervision of the School of Nursing, not the Hospital Nursing Service Department. Also, in this third year, a government stipend for the student was provided and the student no longer lived in residence. The last class of this two-plus-one program graduated in 1970. Two graduations were held that year to accommodate the class graduating from the two-plus-one program and the new two-year program established in 1968.

In 1968 a two-year program was begun. Seventy-one students were enrolled in the first year of this new program.

### Affiliation with the University of Western Ontario

A Department of Nursing was introduced by the University of Western Ontario in 1920, and in 1929 St. Joseph's School of Nursing became affiliated with the University, thus opening to nurses a five-year course leading to a Bachelor of Science in Nursing degree.

### Class and Ward Duty

From the School's inception a seven-day week and twelve-hour work and class instruction day with a free half-day prevailed. "Split shifts" provided for an afternoon period free from ward duty to attend formal instructional classes. In 1935 eight-hour ward duty with class time extra became the standard day, but still a seven-day week.

Nursing duties were heavy and onerous in the early decades of this century. Common procedures, arduous and time-demanding — e.g., hot turpentine stupes, linseed poultices, mustard plasters, etc. — that were used during the first part of this century are seldom employed today. Sulfas were introduced in the mid '30's and antibiotics in the '40's; improved surgical techniques and anaesthesia administration came about in the '50's and '60's, all of which dramatically affected the course of a patient's illness.

On ward duty, senior nursing students instructed and supervised their junior counterparts. Great deference was expected and accorded the senior nursing students by the junior members. Rank was supreme and prevailed in all aspects of the student's life: residence living, even to the more junior students being housed on higher floors; sitting arrangements in chapel and, of course, the dining room. A Sister supervised the meal hours in the student nurses' dining room, meals commencing and ending with the ring of a desk bell at which time grace was said. Following grace, students lined up in rank in two's according to their wards and left the dining room quietly in

orderly fashion. Rank even for entering the elevator was a respected custom.

### The Black Band

To signify length of time in training, a system of awarding black bands existed. These were worn on the school's distinctive cap. The cap with the black band distinguished St. Joseph's School of Nursing nurses from those of other diploma schools. The system provided that at the end of the first year of training a narrow black band was awarded; at the completion of the second year, a slightly wider band; then on graduation, a wider band. In 1935, a new policy decreed that the black band would be issued only at graduation time. When the plain cap was worn there were im-



This is to Certify that  
 Miss Helen J. Wecklen  
 having complied with all the Rules and Regulations of this School during the three years Course of Training, and having passed the prescribed Examinations is awarded This Testimonial in evidence of her proficiency in Medical, Surgical and Obstetrical Nursing.

*H. H. Williams M.D., M.R.C.P. Lond.*  
*W. J. Wecklen M.D.*  
*W. J. Wecklen M.D.*  
*W. J. Wecklen M.D.*  
*W. J. Wecklen M.D.*

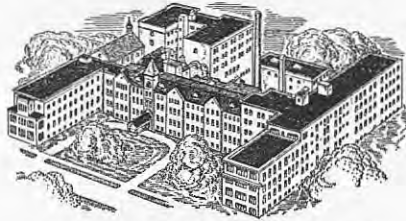
*H. H. Williams M.D., M.R.C.P. Lond.*  
*W. J. Wecklen M.D.*  
*W. J. Wecklen M.D.*  
*W. J. Wecklen M.D.*  
*W. J. Wecklen M.D.*

St. Joseph's Hospital 'Training School for Nurses' Certificate c 1908. Original is 16" x 20".

Archives, Mount St. Joseph, London.

# St. Joseph's Hospital

LONDON



CANADA

## SCHOOL OF NURSING

This is to Certify that Mary Patricia Lowry has completed satisfactorily the Three Years' Course of Theory and Practice in this Institution, and having passed the prescribed Examinations, is awarded this Testimonial in evidence of her proficiency in Medical, Surgical, Obstetric and Pediatric Nursing.

Dated at London, this ninth day of May in the year of our Lord nineteen hundred and thirty-eight.

Sister M. Patricia Regan  
Supt. of Hospital

Roderick Gordon M.D. DPH  
Chairman of Med. Staff

Sister D. Ruth B.D.S.  
Supt. of Nurses

P. Penney M.D.  
Sec. of Mgd. Staff

St. Joseph's Hospital 'School of Nursing' Certificate, 1938. The original is 6¼" x 9¼". Courtesy Sr. Mary Lowry

# St. Joseph's Regional School of Nursing

London  Ontario

This Certifies that Sister Margaret Keller has completed the Educational Programme prescribed for Graduation from this School of Nursing and is, therefore, entitled to this diploma.

Dated at London, this thirty-first day of August, 1971.

A. L. Hession M.D.  
CHAIRMAN OF THE BOARD OF MANAGEMENT

Sister Michelle  
DIRECTOR, SCHOOL OF NURSING

St. Joseph's 'Regional School of Nursing' Certificate, 1971. The original is 6" x 8".

Courtesy Sr. Margaret Keller.



School of Nursing Graduation Medals (clockwise from the right): suspension type which was last given in 1915, St. Joseph's Regional School (SJR) type 1970-74, hand crafted and hand engraved type 1916-31, stamped type 1932-69.  
 Archives, Mount St. Joseph, London, Margo Bettger R.N., Irene Griffin R.N., Dorothy Young Cameron R.N.



The spacious Reception Room.

Archives, Mount St. Joseph, London.



*The Classroom, facing north. This is now the Board Room.*

*Archives, Mount St. Joseph, London.*



*Student Nurses' Dining Room in 1949; seating was dictated by seniority. This is now the Staff Cafeteria.*

*Archives, Mount St. Joseph, London.*



mediate objections raised by physicians and patients since there was no longer a method of determining seniority. So a new method was approved that allowed in the third year of training the successful student, after a private interview with the Superintendent of Nurses, to be awarded the coveted black band. This black velvet strip on the School's distinctive cap was worn with the same distinguished air as that of a four-star general. Of course, any fall from grace, over-extending a late leave, poor ward performance, could result in the loss of the black band. This punishment did not go unnoticed by the whole student body, the Sister nurses and the senior medical staff. It was quite a dreaded chastisement.

### **Monetary Compensation**

Compensation for nursing student service in the early years was room, board and laundry (a limited number of pieces). Later, for a number of years a small stipend in cash was given following "capping": \$3.00 per month for the first year; \$4.00 the second; and \$5.00 during the third year. This was discontinued in 1940.

### **School Life**

The life of the nursing student in the first half of the century in most training schools across the country was deemed akin to that spent in a nunnery. At St. Joseph's School of Nursing, the daily horarium, seven days a week, was consistent: morning and evening prayer periods, limited "late leaves", perhaps four with graded times (a later hour as one entered the esteemed third year); on duty addressing one another as "Miss"; neat, crisp uniform worn as directed, e.g., cuffs worn for "morning report" or when meeting a newly admitted patient at the "front office". When in 1973, the sponsorship of the private training school was transferred to the provincial college system, the reformers referred disparagingly to the "cloistered" life still prevailing in the province's nursing schools.



*The 'Familiar Door' of the Nurses' Residence is held open by senior student Jean Gammage Hutton (R.N. '65). This is now known as "900 Richmond Street" (see also p. 51).*

*Archives, Mount St. Joseph, London.*

### **Eight-Hour Duty**

St. Joseph's was one of the first schools in Ontario to adopt the eight-hour duty for nursing students. Students had been the predominant work force for the hospital with classes sandwiched in between ward duty. (Night nurses interrupted their sleep to attend afternoon classes.) This ward service arrangement (return for free education and lodgings) persisted into the 1960's with a gradual diminution of ward duty until the school eventually had full control of the student's clinical service time with the Hospital replacing student service with graduate nurses.

### **Graduation Exercises**

The first formal graduation was held in 1903. Over the years, graduation exercises were held in various halls chosen according to size of accommodation needed as graduating classes became larger. At first, small graduations were held in the Nursing School, then in St. Peter's Cathedral Parish Hall. In 1919, graduation ceremonies were held in the Masonic Hall, since St. Peter's Parish Hall was occupied by Londoners who had had to evacuate their homes due to a severe flooding of the Thames River. Beginning in 1932, graduations were held in the H. B. Beal Technical School, and then commencing in 1951, at the University of Western Ontario, first in Thames Hall, then in Alumni Hall, in order to accommodate the large number of graduates, their families and guests.

In 1951 and for succeeding graduations, the St. Joseph's Hospital Auxiliary provided scholarships for university entrance to outstanding students. In the following years other scholarships were established — the Alfred E. Bailey Memorial, the Clarinda Bailey, the Thelma M. Bailey Memorial, John Labatt Limited, A. E. Silverwood Foundation and the Margaret Russell Gold Medal Award. Then, at the last graduation of the St. Joseph's Regional School of Nursing, 1974, the Sister M. Eunice Hennessy Memorial Scholarship was awarded.

In the early years, upon graduation,

the graduate nurse assumed senior supervisory duties in a hospital or practised private duty nursing. During these years, fifty-seven graduate nurses served in two World Wars and the Korean War.

### **Alumnae Association**

The St. Joseph's School of Nursing Alumnae was organized in 1912. Over the years the Alumnae served its Alma Mater in various capacities - educational and social. In the early years, the annual Graduation Dance was the highlight, not only for the graduating students, but for the Alumnae as well.

In 1988, this organization will officially cease. Annual class reunions arranged by graduates will no doubt continue to celebrate anniversaries.

### **Trend toward Regional Schools**

In June of 1965, the Honourable Matthew B. Dymond, Ontario Minister of Health, convened a series of conferences across the province on nursing education. The purpose was to acquaint hospital and school of nursing officials with proposals designed to meet an apparent steadily growing demand for registered nurses to staff the province's expanding hospital facilities. Schools were encouraged to expand their enrollment opportunities, maximizing facilities, staff and recruitment programs. One of the proposals introduced to aid in increasing enrollment was the formation of regional schools.

### **St. Joseph's Regional School of Nursing**

Following the announcement of these proposals, the Sisters of St. Joseph decided to establish a Regional School of Nursing which would include the Congregation's clinical facilities at St. Joseph's Hospital, Chatham, and St. Joseph's and St. Mary's Hospitals, London. The Congregation's existing two diploma schools at Chatham St. Joseph's, and London St. Joseph's were phased out. A Planning Committee, established in 1966 for this new enterprise, was comprised of Sisters and an associate of

the Sisters, Dr. Edith McDowell, former Dean of Nursing, University of Western Ontario.

Following provincial approval, a Board of Management for the new Regional School was appointed by the Congregation. The first meeting of the Board of Management for this new regional program was held on January 30, 1967. Those in attendance were Sister Mary Elizabeth Campbell, Chairman, Reverend Mother Julia Moore, Sister Elizabeth Grace (Mary Doyle), Sister Eunice Hennessy, Sister St. Anthony Baker, Sister St. Roch (Rita Heenan), Reverend Joseph P. Finn, Mr. Oliver W. Durdin and Dr. Amy Griffin, the latter a member of Western's Faculty of Nursing. In September of 1967 this School admitted its first class of Nursing students. Sister St. Roch Heenan (Class of 1945) was appointed the School's Director and the Assistant Director appointed was Sister Michelle Lane (Class of 1956). The program of instruction provided for a two-plus-one year experience.

#### **Last Phase — Government Control**

The last phase in the history of the School of Nursing was the transfer of diploma schools to the collective administration of the province's Ministry of Universities and Colleges. On January 12, 1973 the Board of Management of the School of Nursing was notified by Dr. Richard T. Potter, Ontario Minister of Health, and Mr. Jack McNie, Minister of Colleges and Universities, of the Government's decision to transfer schools of nursing by September 1 of that year to the provincial college system. Following this announcement, many meetings with Victoria Hospital's School of Nursing, the Faculty of the local college, Fanshawe College of Applied Arts and Sciences, and officials of the Ontario College of Nurses were held to determine the most effective method to accommodate this transition of sponsorship.

In September of 1970, St. Joseph's Regional School of Nursing became one of the four schools of the Fanshawe College Nursing Program and was then known as

St. Joseph's Campus of Fanshawe College. Shortly after the legal and administrative turnover, hospitals operating nursing residences and educational facilities were notified that "as it appears in the best interest of the public" these facilities would continue to be used for nursing education programs since building capital was not available for providing new nursing education facilities at community colleges. (Fanshawe College did not get its new nursing building until 1984.)

It would be an understatement to say that this provincial edict was not received favourably by the Sisters and the Board of Management of the School. The Board was not at variance with the transfer of the responsibility for nursing education from the Ministry of Health to the Ministry of Colleges and Universities, but did object to losing control of its hospital-based nursing program. The Board supported an alternative approach which was consistent with the government policy of transfer. It would provide for affiliation with the local college with funding for the School by the Ministry of Colleges and Universities through the local college of applied arts and technology. Unfortunately the government was inflexible in its position of total transfer — sponsorship and management.

#### **St. Joseph's Campus**

St. Joseph's Campus, as it then became known, continued to provide teaching facilities on a rental basis with the college. Students who chose residence accommodation paid a rental fee. The faculty of the School became employees of Fanshawe College.

In September 1976, St. Joseph's Campus and Victoria Campus were amalgamated by Fanshawe College. With this change, and the decline in number of students requesting residence accommodation, the hospital ceased to provide live-in accommodation for nursing students. The operation of St. Joseph's Campus ceased on June 30, 1977.

**Dr. Edith McDowell,  
Special Adviser in Nursing**

One of the influential nursing educators associated with the Sisters of St. Joseph and their nursing education was Dr. Edith McDowell. Dr. McDowell had served as Western's first Dean of Nursing from 1950 to 1963. Among her many achievements while Dean was the building of a new School of Nursing and the development of a Master of Science in Nursing degree which admitted two students for the academic year 1959-60. Sister Mary Elizabeth Campbell, graduate of St. Joseph's School of Nursing, 1942, was one of those first students. Sister Mary Elizabeth Campbell achieved the distinction of being the first person in Canada to receive a Master of Science in Nursing degree from a Canadian University.

In 1963, Western conferred on Dr. McDowell an Honorary L.L.D. degree in recognition of the major nursing education developments at Western under her leadership and administration and to the profession of nursing in general. In this year, upon her retirement from Western, she joined the staff of the Canadian Conference of Catholic Schools of Nursing as Special Adviser. She was instrumental in setting up and organizing Lakehead University's School of Nursing.

In 1966, the Sisters of St. Joseph of London engaged Dr. McDowell as a Special Adviser. Her wise counsel and vision assisted in the provision and the development of the Congregation's nursing services and educational programs. During her association with the Congregation, consideration was given to the establishment of a nursing degree program under the management of St. Joseph's Hospital. Dr. McDowell's belief in the provision of a basic philosophy of

Christian nursing and the strengths she observed in the qualifications and credentials of the School's Faculty encouraged her promotion of a Bachelor of Science in Nursing degree program to be affiliated with the University of Western Ontario.

The President of the University, Dr. G. Edward Hall, appeared receptive, at least not reluctant. Nonetheless, with the major changes occurring in the nursing education field, this degree program aspiration did not materialize. Dr. Edith McDowell died January 11, 1972.

**One Hundred Valiant Years**

Dr. F. W. Luney, the first Clinical Laboratory Chief (1929 to 1962), spoke well of the significant contribution of the St. Joseph's School of Nursing nurses towards shaping the culture of St. Joseph's. The following is an excerpt from an article entitled "Yesterday & Tomorrow" written by Dr. Luney during the Second World War years which appeared in the Nurses' Alumnae publication *Notre Mot* December 21, 1942 issue:

And so today we find the graduate nurse abreast of the times. She has completed three years of instructive and practical training which has prepared her for the momentous task of nursing the sick in whatever form it may appear. No doubt the physician may do his share; he will prescribe and direct the course of treatment, but the nurse, trained in all the details of caring for the patient, bears no small share of the responsibility, and we who day in and day out have opportunity to observe the labors of the nurse realize how important her services are when we see the patient gradually convalesce and leave the hospital. But it is not only the physician or surgeon who realizes this but the patient in particular who so often expresses unbounded gratitude in such an impressive way that every graduate nurse must realize that hers is no mean profession.

St. Joseph's nurses over these 100 years have shaped the care provided our patients. To them the hospital is indebted for ensuring that a Christian philosophy of healing which foremost respects the dignity of the human person is its enduring hallmark.

**References:**

- People and Ideas* (Nursing at Western, 1920-1970), by Hendrick Overduin.  
*Health and Canadian Society*, Coburn, D'Arcy, New, Torrance, Fitzhenry and Whiteside Ltd., 1981.

*The 1951 Nurses Graduation Class, the first graduation to take place at UWO Thames Hall.*



*Left to right, front row: Lois Mae Bevis, Margaret Christina Bethune, Mary Barbara Hundermark, Elizabeth Catherine Rayson, Alice Teresa Buscher, Alice Mary Ross, Ann Madeleine Gaunt, Theresa Anne Simon, second row: Mary Eleanor Laithwaite, Mary Elizabeth Lane, Audrey Leona Thomson, Hughena Eileen Purvis, Audrey Joan Pannell, Betty Irene Burgess, Margaret Theresa McIntyre, Ethel Irene Morrow, Myrna Alene Pym, Marion Teresa Cushing, Margaret Anne MacPherson, Ruby Patricia McCann, third row: Joanne Constance Greco, Marion Ruth Watson, Helen Patricia Doig, Greta Muriel McEachern, Eleanor*



*Gertrude Milne, Marjorie Anne Schmuck, Charmaine June Torrance, Mary Theresa Reinhart, Mary Catherine Rowland, Norma Lorraine Jordan, Maura Loretta Traynor, Joan Porter Spackman, Marion Eleanor Quinney, Marjorie Louise Quinney, fourth row: Patricia Jane McKerney, Rita Agnes Morrison, Agnes Patricia Poole, Frances Anne Loughlin, Virginia Anne Barrett, Barbara Ann Kuntz, Shirley Catherine Moore, Jean Rita Savile, Betty Jeanette Matthews, Rosina Elizabeth Zeng, Frances Mary Hale, Elizabeth Lenore McNeil, Kathleen Marie Baird, Marie Betty Papke.*

*Victor Aziz Photography Ltd.*

*The 1974 Nurses Graduation Class, the last class to receive the St. Joseph's Regional School Medal.*



*Row One: Michelle Langlois, Mary Conlin, Karen Hehn, Bev Collett, Justine Brown, Cheryl Fentie, Vickie Wilson, Linda Glennie, Lou Anne Foubert, Marlene Bullock, Martha Corke, Connie Coutts, Irene Wieczor, Suzanne Gascho, Mimi Keating. Row Two: Andrea Hanks, Mari-Lou McNamara, Ev Brown, Monique Charron, Shannon St. Pierre, Sue Feher, Lu-Anne Rowland, Lynn Teachout, Gail Van Rietvelde, Mary Lou Bodendistle, Mary Anne Tait, Dianne Cropp, Nancy Wilkes, Becky Nolan, Jenny Simpson. Row Three: Shirley Making, Sharon Szymanski, Marie Muscat, Barb Skinn, Melanie McAvoy, Faye Bradley, Lynda Bayduk, Ev*

### **Scholarships Awarded to Graduates of St. Joseph's School of Nursing**

St. Joseph's Hospital Auxiliary Scholarship  
 Oliver Warren Durdin Memorial Scholarship  
 Alfred Edward Bailey Memorial Scholarship  
 Clarinda Bailey Memorial Bursary  
 Canadian Nurse Award  
 A. E. Silverwood Foundation Bursaries  
 Thelma M. Bailey Memorial Scholarship  
 Margaret Russell Gold Medal Award  
 The Sister M. Eunice Hennessy Memorial Scholarship  
 John Labatt Ltd. Scholarship



Storey, Jo Ann Schmidt, Jane Knight, Paula Lannon, Alice Sorenson, Anne Doyle, Fran Jenkinson, Laura Patterson. Row Four: Sheila Tobin, Tara Gammon, Mary Atkinson, Joanne Lane, Laura Coop, Janice Watson, Pam West, Mary Beth Kearney, Trudy Kooi, Pat Frederick, Laurie Ginn, Mary Wilkin, Debbie Clark, Lynn MacIntosh, Nancy Ferguson. Row Five: Chris Szota, Marlene Norridge, Debbie Branch, Glenda Little, Joann Cluley, Marilyn Connor, Pam Patrick, Michelle Szorenyi, Sharon McMahon, Gail DeMunck, Margo Bettger, Donna Nesbitt, Marianne Segeren, Shelley Lane, Norma Aicken, Cathy McKale.

Beta Photo

**Superintendents of  
St. Joseph's Hospital School of Nursing  
London, Ontario  
1902 - 1977**

Sister Mary Justina Podlewski	1902 - 1906	Sister Ruth Fleckser	1933 - 1947
Sister Regis Keating	1906 - 1912		1950 - 1952
Sister St. Roch Costello	1912 - 1918		1957 - 1962
Sister Loretto Traynor	1918 - 1921	Sister Mary Loyola Drouillard	1952 - 1954
Sister Patricia Coughlin	1921 - 1924	Sister St. Roch (Rita) Heenan	1962 - 1969
Sister Loyola Kelleher	1924 - 1927	Sister Michelle Lane	1969 - 1973
Sister St. Elizabeth Wilkinson	1927 - 1933	Miss Patricia O'Dwyer	1973 - 1977
	1954 - 1957		






“YOUR CAP”



..~..~..

This Cap which so proudly rests upon your head is emblem of the good which you alone can give to those in need and pain. Let never a day go by without grateful heart and prayerful wish that you shall carry on in spite of personal woes and fears. You are the one who must keep forever its whiteness unsoiled, its purity unmarred. Wear it as a badge of honor and show the world at large that you are proud and sincere in your desire to be worthy of this privilege. Many eyes will turn with eagerness as you approach. Let nothing you may do send forth a shadow over those self same eyes. They are your responsibility. Upon you rests the burden of a world of pain and illness. Let your cap be your inspiration TO CARRY ON!



*chapter eleven*

# Departments and Services 1954-1988

Medical Departments — see alphabetized index page 321 for Departments by specialty. Non-Medical Departments and Services are listed alphabetically.

## Department of Medicine

In 1948, with the resignation of Dr. Stuart Fisher, Dr. Leonard Duffy was appointed Head of the Department of Medicine. He held this position until his death in 1957. For most of these nine years the Department -and indeed the Hospital - remained unchanged. The Hospital served its community but its role within the University remained marginal at best. Indeed, many individuals, most notably within the Department of Surgery, regarded the university with suspicion - if not hostility. The often-quoted description of the St. Joseph's of that day as a "cottage hospital" was probably not too far off the mark.

The majority of the Department of Medicine prior to 1954 consisted of internists with their primary appointment at Victoria Hospital (Drs. Ed Bartram, Frank Kennedy, DeWitt Wilcox) and even those who owed their primary allegiance to St. Joseph's also admitted patients to Victoria Hospital. They practised from offices outside the Hospital. Many, out of financial necessity, had contractual arrangements with the

Department of Veterans Affairs, insurance companies or industry to supplement their consultation income - and most engaged in primary medical care, even to the extent of making house calls on a regular basis. The reasons for this were several. Private medical insurance was a luxury extended to only a small proportion of the population, and the added cost -or the fear of losing a patient to a competitor - was frequently a factor. Medical consultations were also often considered an admission of defeat; family physicians requested them in only the most extreme of circumstances. "General Practice" meant just that - a family physician was assumed to be competent in a wide variety of areas, including most acute medical illnesses, a considerable variety of surgical procedures, and of course obstetrics and paediatrics. And since antepartum and presurgical medical consultations were almost never requested, childbirth and routine surgery sometimes took on tragic aspects. Internal Medicine, on the other hand, was a fairly new specialty that had

yet to prove itself in the marketplace. The Royal College of Physicians and Surgeons of Canada had been established in 1929, but it was only in 1937 that the first member of the UWO faculty, DeWitt Wilcox, obtained his FRCP(C) by examination. (His predecessors had qualified by virtue of their "grandfather" status.)

The era of the subspecialist in internal medicine had certainly not yet arrived, and the spectrum of disease seen by the general internist in those post-war years was broad. Pulmonary tuberculosis and rheumatic fever were still frequent, as was poliomyelitis. With the introduction of the Salk vaccine in 1955 the "iron lung" that played so prominent a role in the polio epidemic of 1953 disappeared from the wards of St. Joseph's Hospital, but infectious disease - and a use of growing number of new antibiotics - did not. Malignancies - including Hodgkin's Disease and leukemias - as well as such disparate conditions as multiple sclerosis, inflammatory bowel disease, and diabetes made up a large part of an internist's practice. Compound F -cortisone - was introduced in 1950, and was so widely hailed as the cure for rheumatoid arthritis that its effectiveness in the treatment of Addison's disease, of far greater clinical importance, was considerably overshadowed. Cardiovascular disease, an internist's "bread and butter", was common, but the tools available were very limited. Dr. Ed Bartram and Dr. Roderick Gordon had introduced electrocardiography to London in the 1930's and Dr. Bartram, although on active staff at Victoria Hospital, read all the ECG's at St. Joseph's right up until the 1970 appointment of Dr. Michele ("Mike") Goddard. Cardiac catheterization was in its infancy; "closed" mitral commissurotomy for rheumatic mitral stenosis had just been developed, and coronary care units were still to come. Digitalis, quinidine, and nitroglycerine made up the cardiovascular pharmacopeia - the absence of diuretics or a potent antihypertensive meant that hypertension was a dreaded disease.

Internists and family physicians ad-

mitted private patients to both hospitals. These patients were rarely used for teaching. Hospital insurance was uncommon and at St. Joseph's as elsewhere patients whose families could not afford the cost would be offered the option of admission to the "staff medicine" ward. Interestingly, with the new addition to the hospital in 1954 this ward was one of the newest - 2S, with seven four-bed rooms. Patients were for the most part poorly educated and unemployed and Roman Catholic. Financial responsibility for their care was a matter of constant negotiation between hospital and municipality. In 1957, for example, it was urged that "application be made to the City of London to cover the costs of drugs and supplies for the care of indigent patients in the interest of the teaching programme." It was a "truism" often repeated within the medical community that the very best care available within the hospital was given on these "staff" wards. There, one or two rotating interns, supervised by a senior intern, cared for such patients daily, under the ever-watchful eye of "The Nun" who deferred only (and in the carefully defined area of medical expertise alone) to the authority of the "staff man" - one of the medical staff who took on in rotation the unremunerated responsibility of supervising overall patient care. In exchange, these patients were "taught upon" by the part-time University faculty, although this was neither very frequent nor very onerous. Dr. G. E. Hall, former Dean of Medicine and President of the University, had recommended in 1948 that the post-war teaching programme be expanded to two clinics a week in Medicine and one per week in Surgery as soon as possible, along with a series of demonstrations for medical students. Clinics placed a heavy emphasis on bedside diagnostic skills but - unless an undergraduate held an outside job as an "extern" at one of the London hospitals (working in one of the laboratories or carrying out intern-level medical tasks in exchange for room and board - St. Joseph's was famous for its "brown bag" lunches) -

it was highly likely that he or she would graduate having performed at most a dozen venipunctures and having never actually cared for a single patient from admission to discharge.

Housestaff - primarily junior rotating interns with the occasional "senior intern" seeking additional preparation for general practice - were few and competition with Victoria Hospital particularly keen. A "good" year (except for the bonanza year of 1956 with its influx of Hungarian refugee physicians seeking Ontario licensure) would see 5 or 6 internship appointments, many of them foreign medical school graduates. The situation improved little even after 1947, when the Medical Act was changed to make mandatory a one-year internship following graduation, despite such "perks" as a fully stocked refrigerator in the intern's quarters, free late-night milk-shakes prepared by "Kitty" in the basement snack bar, and at Christmas under the tree in the intern's lounge fruit baskets from the surgeons and cigarettes from the Sisters. St. Joseph's continued for some time to be considered less than first-rate by many - Dr. David Meltzer, as Secretary of the Intern Committee, wrote in 1958 to the Aesculapian Society of Queens University to protest the omission of St. Joseph's from their list of approved internships (Victoria Hospital was on the list). Nor were there residents in internal medicine, although in the immediate post-war period the new Professor of Medicine, Dr. Frank Brien, was busy developing a residency training programme for Victoria Hospital.

Such was the state of affairs in the decade following World War II. The transition to the first-rate teaching hospital of today was to take another 25 years. Several factors crucial to that transition can be identified, and among them are two that occurred within those first ten years. The first was the Joint Relations Agreement with the University, signed in 1947; the second was the appointment of Dr. Lloyd Hession to the Medical Staff in 1950.

Dr. G. Edward Hall was appointed

Dean of the Faculty of Medicine in 1945 and although he was named President of the University in 1947 he continued to be heavily involved in Faculty of Medicine policy and development. In 1945 the Medical School and Victoria Hospital faced each other across South Street, recognized by both lay and medical communities as inseparable. Indeed, one of the highest priorities in the University's 1945 plan for post-war development was a residence for medical students as part of the South Street complex, a complex that was to be further expanded as a result of the 1946 gift by Dr. W. J. Stevenson of \$75,000 for the construction of a medical library to serve the Faculty, Victoria Hospital, and the London medical community. Both plans, however, failed to take into account those of Ed Hall. The residence was never begun, and the library, although completed at last in 1962, never served the purpose for which it was originally designed - for in 1947 the former Dean and newly appointed President, Dr. Hall, announced that the Medical School would be relocated on the north campus. Although this did not actually occur for another 18 years, and only after a determined resistance that left a legacy of bitterness, his decision marked the end of the era when Victoria Hospital was considered the logical, and essentially sole, clinical arm of the Faculty of Medicine.

One can, therefore, appreciate the importance of the signing of a Joint Relations Agreement, effective July 1, 1947, between the University and St. Joseph's Hospital. This agreement, which effectively gave the University a presence on the Medical Advisory Board and an equal voice in the appointment of both new members of the Medical Staff and Department Heads, undoubtedly was welcomed by most at St. Joseph's Hospital as an opportunity to achieve medical respectability. The extent to which this involved the surrender of hospital autonomy only became apparent with time. One of the earliest indications was the insistence, in 1946, by the University that one particular application to the "non-

teaching" active staff be denied on the grounds that "any new appointments to the Hospital Staff should be of the nature of a teaching appointment." Although this and other such general policies were often honoured in the breach, they increasingly became the rule. Soon came the insistence that physicians applying for active staff appointments be limited to a single hospital. As a result, one local clinician based at Victoria Hospital refused to accept appointment as Chief of the St. Joseph's Department of Obstetrics, which in turn led to the appointment of Dr. Jack Walters - and the subsequent flowering of obstetrics at St. Joseph's under his leadership. New appointees claiming specialist status were required to possess the Fellowship qualifications of the Royal College of Physicians and Surgeons of Canada. There were also occasions where the University was able to block or defer appointments brought forward by the Hospital - a 1954 proposal to recruit a neurosurgeon for St. Joseph's is a case in point. The University reserved to itself the decision as to the appropriate academic designation for St. Joseph's Department heads which was, for a number of years, that of Assistant Professor with further advance in rank dependent "upon recognition of exceptional service in the Department."

The ultimate result, then, of the Joint Relations Agreement was to impose upon St. Joseph's the necessity of developing its own staff, to insist upon a uniform and high standard of professional training of new faculty, and to emphasize the importance of teaching. As in the case of the plans to move the Medical School to the north campus, development followed policy slowly, although in the end the nature and extent of the change were remarkably faithful to the original vision.

The other factor crucial to the development of the Department of Medicine was the approval, in January 1950, of the appointment of Dr. B. L. Hession as St. Joseph's first post-war specialist in Internal Medicine. He was soon followed in February

1951, by Dr. Charles Fisher, son of Dr. Stuart Fisher, Dr. Duffy's predecessor as Chief of Medicine, and in January 1955 by Dr. Peter Rechnitzer. Dr. David Meltzer followed in August 1955. With the passing of Dr. Duffy in July 1957 and the nomination of Dr. Lloyd Hession in September 1957 to be his successor, these four men became the Department of Medicine. Since the present Department is a result of their efforts, an examination of the careers of each of these men is appropriate.



*Dr. Lloyd Hession*

Dr. Lloyd Hession was a native of London, attended South Collegiate, and graduated in Medicine from the University of Western Ontario in 1937. A year's internship at the Ottawa Civic Hospital and a year of internal medicine at Victoria Hospital were followed by 5 war years with the Royal Canadian Air Force. Demobilized with the rank of Wing Commander, Lloyd pursued post-graduate training in Hamilton, London (Ontario) and Ann Arbor. Upon coming to St. Joseph's he soon established that he was not only a superb clinician but a leader. A natural

athlete well over six feet in height, ruddy-faced, in moments of reflection inevitably with a Camel cigarette in hand, he was a commanding presence - one observer commented on his being "gruff in a kind sort of way - or kind in a gruff sort of way." He was a man of few words, and taught by Socratic questioning. He was idolized by his students. He was quick to praise - even those he had no reason to thank - and was scrupulously fair. When a new and very junior member of the Department in later years criticized his shirt-sleeve style of ward rounds as too informal, he was henceforth never seen on the wards without an immaculate laboratory coat. He was, for many years, an examiner of the Royal College for Internal Medicine and the University's representative to the Medical Council of Canada. He never carried on research activities but he understood quite clearly the importance of a research programme to a Department of Medicine; once he had assembled what he termed "the horses" to meet the basic clinical needs of his Department he moved to recruit individuals who showed promise in the area of clinical investigation - and supported them to the hilt. At the time of his resignation in 1973, his Department was 13 in number, most of them full-time, and provided what was arguably the best clinical experience in the University for both undergraduate and post-graduate students. He was named Knight Commander of St. Gregory, the highest honour the Roman Catholic church can grant a layman, just prior to his death on January 19, 1979.

Even before he became Chief of Medicine, Dr. Hession began to assemble his "horses". The first of these was Dr. Charles Fisher. Charlie had entered Western in 1938 and with the outbreak of war became, with the rest of his classmates, one of His Majesty's private soldiers. The clinical years were condensed by the elimination of summer breaks, and a "hurry-up" 8-month rotating internship at the Hamilton General was followed by entry into the Army. For Charlie this meant a long cold winter in



*Dr. Charles Fisher*

Prince Albert, Saskatchewan, carrying on research on cold-weather clothing, and then a period as army psychiatrist. He returned to London to obtain an M.Sc. under Dr. Alan Burton in biophysics and subsequently was a resident in Dr. Frank Brien's new training programme. A final year at the University Hospital in Cleveland pointed out the degree to which Canadian clinical training at that time lagged behind its American counterpart. Back in London in November 1950, now to establish a practice after obtaining his Royal College Fellowship, he was offered an out-patient appointment at Victoria Hospital by Dr. Brien - and membership in the budding Department of Medicine by the newly-returned Lloyd Hession.

Dr. Peter Rechnitzer entered the first-year class of Western's Faculty of Medicine in 1944 as an 18-year-old. Too young to enlist in the army and certain that a career in law or business was not his *métier*, he had enrolled in pre-medicine the year before. The fact that he did not abandon his formal university education with the study of medicine is typical of the man - he



*Dr. Peter Rechnitzer*

continued to accumulate credits toward an undergraduate degree during summer vacation breaks and, after brief negotiations with Dean K. P. R. Neville, obtained his B.A. in the Fall of 1947. He graduated in Medicine the following Spring. A junior internship at the Toronto General Hospital (with an annual stipend of \$100) was followed by a year of endocrinology at the Collip Laboratory - a year that convinced him he was not destined to become an animal doctor. Post-graduate training in that era was largely self-directed. Dr. Brien's Royal College-accredited programme in internal medicine at Victoria Hospital had just begun (St. Joseph's was not accredited for training until 1952, and then only for a single year of training), but even its trainees usually went elsewhere to complete their training. For Peter Rechnitzer, his itinerary was not atypical - a year of internal medicine at Westminster Veteran's Hospital, two further years at the University of Edinburgh under Sir Stanley Davidson (where, despite some very successful clinical research into the metabolic and haematologic effects of total gastrectomy, he decided against a

career in haematology) and a final year at Duke University (where he combined a year of general internal medicine with a budding interest in the cello). Returning in 1954 to his home-town, with no career plans and still lacking his FRCP(C), he received no encouragement from the Professor of Medicine; but a chance encounter with Lloyd Hession led to an unsolicited offer of appointment to the Medical Staff of St. Joseph's Hospital. This experience - very similar to that of Charlie Fisher - explains in part the intense loyalty both to the institution and the man that characterized the Department of Medicine under Lloyd Hession.

Peter Rechnitzer added a new dimension to the Department. He had - and continued to develop - a research interest in cardiovascular effects of exercise that made him a world authority on the subject. Working in association with the University Department of Physiology, he coordinated a multi-centre study that demonstrated not only that exercise conferred certain benefits on heart attack survivors but that it was also safe. More recently he has been conducting research into the effects of exercise on the health of recent retirees. But Peter offered considerably more - he brought to teaching his own unique flair for the dramatic that made him a favourite of several generations of students and house-staff. He introduced "Ringer Night" to St. Joseph's staff meetings - an annual pre-Christmas evening of case presentations of the rare, the entertaining, and the ribald - and for several years produced a series of medical television programmes that gave a certain trans-Canadian notoriety to many of his fellow physician-actors. He also is no respecter of institutional barriers. Soon after his appointment he developed, in cooperation with the Chief of Obstetrics, Dr. Jack Walters, and the Professor of Obstetrics, Dr. Robert Kinch, a programme for the assessment of cardiac disease in pregnancy - probably the first such inter-departmental effort in the University. That this project was realized in a matter of

weeks, supported financially by Sister Imelda after a brief interview on the strength of a verbal estimate of cost, testifies not only to the informality of decision-making in those days but also to the Sisters' strong support for the fledgling Department.

The final - and undoubtedly the most beloved - of the original "Four Horsemen" was Dr. David Meltzer. Raised in metropolitan Beausejour, Manitoba, and graduated from the University of Manitoba in 1939, David's future in medicine was postponed like that of so many others by the Second World War. He joined the RCAF, trained as a radar operator in Clinton, Ontario, met his wife Zivia in nearby London, and after a military career in which his notoriety reached the ears of then-Wing Commander Hession, returned to London to join the first post-war class in Medicine - the class of '50. He interned at Victoria Hospital, and completed two years of internal medicine under Frank Brien and a year of pathology with John Heber Fisher. He had decided upon haematology as a subspecialty and it was with the intention of returning to Victoria Hospital that he left



Dr. David Meltzer

for Boston and a year with William Dame-shek. Midway through the year he learned that his plans had gone awry - Victoria had decided on another haematologist - so that it was with some little relief that he received a totally unexpected offer from Vince Callaghan, then Chief of Staff, to join the growing Department at St. Joseph's. David became the first member of the Department to have an office within the hospital - a forerunner of today's "geographic full-time" appointee. At first the Sisters were concerned lest his income from clinical practice become excessive. They insisted on an annual audit - until the first such accounting when it was clear to all that a haematology consultation practice in those days was unlikely to result in abuse. The audits were dropped. The laboratory service to which Dr. Meltzer came consisted of one room - serving pathology, microbiology, biochemistry, and haematology. Dr. Fred Luney was Chief of Laboratory Services and his staff included Mackie Smith, biochemist, Dr. Luney's two daughters, Dorothy and Marion (Mrs. Robert Murray), both technologists, and Gus Curchin, technician. There were two microscopes - David inherited a monocular student Bausch and Lomb - a flame photometer for basic electrolyte determinations, and the practice of subdividing Petri dishes into multiple sections so that a variety of specimens could be co-cultured (this attention to economy was also typical of medical supplies in other hospital departments). The situation soon changed however - Dr. Meltzer was given what he termed "carte blanche" by the Sisters and the hospital was rewarded not only with a first-rate haematology service but also with a superb training programme for haematology technologists. Because of his clinical skill, compassion, and genuine friendliness - not to mention his on-site availability - he also was put in charge of the internship programme, and was a key factor in the increasingly successful recruitment of housestaff over the next decade - with major consequences for future staffing of the Department and the hospital.



Meetings of the four members of the young Department of Medicine were held monthly, usually around a table and a bottle of rye, concealed in a brown paper bag, at the Bamboo Garden Restaurant on the Glendale curve just south of town. There teaching assignments were divided up, plans were laid for the recruitment of intern staff, and priorities established for the appointment of new departmental members. Even then the days of the general internist in the academic centre appeared to be coming to a close and Lloyd felt strongly that there was a need for both a neurologist and an endocrinologist. Accordingly, Dr. Arthur Hudson was appointed to the Department in Medicine, in 1957, and plans were made for Dr. George Lovatt to spend a year in endocrinology at the Royal Postgraduate Medical School before returning to St. Joseph's. Neither of these appointments "stuck", however, and by the late 1960's both men had chosen to go elsewhere. There were other appointments of equally brief tenure - in gastroenterology, in pulmonary disease. With a few notable exceptions - the appointments of Wilson Rodger in endocrinology and Andrew Kertesz in neurology, both in 1967 - it was not until a generation of students - taught and strongly influenced by Lloyd Hession and his three colleagues - had matured to specialist level that the Department took on the strength of numbers, interests, and collegial cohesiveness that marks it today. Then, in the brief period between 1967 and 1971, John Albers (dermatology), Ivan Borda (gastroenterology), John Thompson (rheumatology), Tom Wood (chest disease), David McCourtie (allergy), and Gerald Tevaarwerk (endocrinology) were all appointed to the departmental staff. The Department was now too large to assemble at the Bamboo Gardens and so, in 1968, the first of the annual Departmental retreats at Bayfield was held. Initially essential to plan Departmental adaptation and innovation at a time of major change in both undergraduate and postgraduate education, they have subsequently become indispen-

sible in the maintenance of the collegiality that underlies the cohesiveness and strength of the Department.

Outside factors also bore heavily on the development of the Department at this point. Publicly funded hospital insurance in 1959, introduced despite the almost unanimous opposition of the medical profession, effectively eliminated the public medical ward with "staff" patients and led to the utilization of private patients for teaching. Then, in 1968, publicly funded insurance for physicians' services was introduced in Ontario. Physician incomes rose across the board; physicians no longer tended to regard their colleagues as financial competitors, and the financial barrier to consultation ceased to exist. It was suddenly possible to make a living as a true specialist consultant. Finally, and by no means least, the Ontario government became concerned about the quality and quantity of medical education in what was perceived as a threatened demographic explosion, and embarked on a programme of clinical "Geographic Full-Time Appointments". Appointees were to be hospital-based, receive a base salary from both University and Hospital, and have a "ceiling" on clinical earnings so that scholarly activities would be encouraged. By this time St. Joseph's Hospital had developed into a major factor in undergraduate - if not postgraduate - education. The newly-appointed Chairman of the Faculty Department of Medicine, Ramsay Gunton, freed from possible parochial concerns as hospital chief (Frank Brien retained his hospital appointment at Victoria Hospital), was vigorously pursuing a vision of three equally viable hospital departments. With few exceptions, all of the appointments made to St. Joseph's Department of Medicine between 1966 and 1976 were "GFT", beginning with Lloyd Hession himself.

One other factor was important to St. Joseph's in this period. In 1968 Dr. Gunton asked Dr. John Thompson to organize a city-wide coordinated training programme in internal medicine. This was a crucial decision which, once taken, succeeded in

reducing if not eliminating the parochial competition between London hospitals, a competition which was best exemplified by the rivalry in house-staff recruitment. Utilizing the considerable and varied strengths of the three institutions (initially St. Joseph's, Victoria, and Westminster - and subsequently University - Hospitals), with a Department considerably strengthened by the new GFT appointments, this programme very rapidly succeeded in attracting trainees from across Canada - many of whom, in their turn, became a third and even fourth generation appointees to the St. Joseph's faculty: Michele Goddard in cardiology, Martin Inwood and Jamie Skillings in haematology, David Lloyd and Mel Belsheim in gastroenterology, Peter Nichol in cardiology, Rob McFadden in chest disease, Nichole le Riche in rheumatology, Keith Payton in allergy, Sally Stewart and Paul Cooper in neurology, and Bob Southern, Iain Mackie, and Malcolm Wilson in general medicine.

At St. Joseph's, rapid change was the order of the day. Medical beds were organized along the lines of Clinical Teaching Units on 3rd South and 6 South East. Teams of consultants, residents and interns (and, with curriculum reform in 1973, third-year clinical clerks) cared for a variety of patients with increasingly serious illnesses who nevertheless (because of Provincial funding restraints on bed expansion) paradoxically stayed for increasingly shorter periods of time. The average length of stay for a patient with a myocardial infarction was 6 weeks in 1954 - as opposed to 6 days at present. The St. Joseph's Community was growing smaller, and no longer was the Head Nurse of any ward a Sister. The Sisters' presence continued to be felt, however - there was a continuing emphasis on ethical issues within the hospital community, and the pastoral care and palliative care services (both initiatives of the Sisters) became, despite some initial reservations and even suspicion on the part of some of the medical staff, a significant part of the day-to-day life of the hospital.

In 1973, Lloyd Hession resigned as Chief of the Department and was replaced by Dr. John Thompson. His six-year tenure was marked by continued development of the clinical service and the establishment by the Hospital Board, on his strong recommendation, of St. Joseph's Hospital Foundation. Dr. Peter Cordy succeeded him, signalling a new emphasis on the development of research within the hospital and the faculty. A number of new appointments and initiatives - as well as the flowering of the new Research Institute with strong Departmental input and support - have followed.

It would be an encyclopedic task to catalogue all the changes and innovations within the Department of Medicine from 1954 to the present. A brief overview, organized along subspecialty lines, will have to suffice:

**Allergy:** In the early 1950's Dr. John Toogood became the first academic allergist in the city, although for many years before his arrival Dr. Gordon Calder had combined an interest in both allergy and rheumatology in his office on Dufferin Avenue. In 1965 Dr. David McCourtie, who had completed two years at St. Joseph's Hospital and had just finished a short rotation with Dr. Toogood at Victoria Hospital, managed to convert a tentative enquiry from St. Joseph's about his future availability as a chest disease specialist into an offer of a position as an allergist. Several further years of training later, on July 1, 1969, the Allergy Service of St. Joseph's Hospital was open for business - and awaiting the occasion were five short consultations from the Chief of Otorhinolaryngology. The service has never looked back (although often up). By 1973 the need for a second allergist became apparent and a short list of applicants was drawn up. Dr. Joe Butchey was the obvious choice, shortly joining the staff in 1974. Ten long years later, Dr. Keith Payton joined a group which by that time had established a reputation for care, teaching and research in a variety of areas dealing with drug treatment of asthma and allergic rhinitis.

Diagnostic and research protocols had been established for bronchial inhalation testing, and in 1980 a "Venom Clinic" was established to deal with persons sensitive to wasp, yellow-jacket, and bee stings. This clinic, a cooperative effort involving the three St. Joseph's allergists and three whose primary appointments are at Victoria Hospital, has treated several hundred people for this unusual type of allergy since its inception.

**Cardiology:** Prior to 1963, the only cardiac facility in the hospital was electrocardiography (ECG), supervised by Dr. Ed Bartram. Some stress testing, using the master's Two Step, was carried out. In 1963 a fourteen-bed Intensive Care Unit was opened. Continuous cardiac ECG monitoring was now available and soon 50-80% of unit beds were occupied by cardiac cases. The need for a separate coronary care unit was quickly recognized, but it was not until 1978 that a four-bed unit, using telemetry for monitoring, was established on 2 SE. With the 1980 construction, a new wing - which included a six-bed Coronary Care Unit - was added, and the 2 SE telemetry unit was expanded to eight beds as an Intermediate Cardiac Care Unit. In the past ten years, other diagnostic techniques have been added to electrocardiography, and the Cardiovascular Investigation Unit now offers in addition Holter monitoring, two-dimensional echocardiography, cardiac doppler, treadmill and supine stress testing with or without nuclear cardiology. Cardiac catheterization is carried out on St. Joseph's patients at the University Hospital.

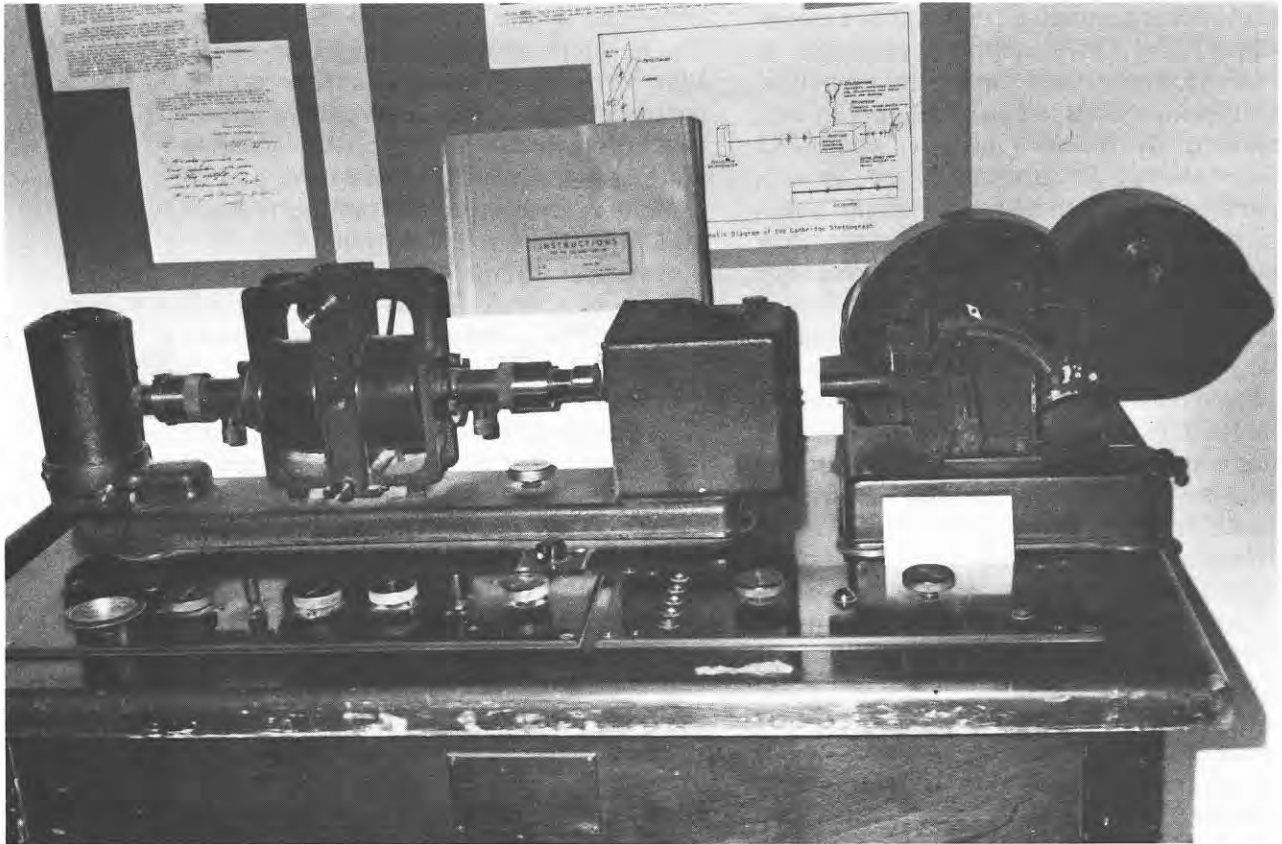
In July 1971, Dr. Mike Goddard, a New Zealander trained in the U.K. and in Western's new programme in internal medicine, was appointed as Director of the Coronary Care Unit of the ICU and took over the reading of all hospital ECG's. He was soon joined, in 1973, by Dr. Robert Southern and, in 1976, by Dr. Peter Nichol, both former Chief Residents in Medicine. Prior to these appointments St. Joseph's had yet to participate in the diagnostic and



*Technician Paula Hamber adjusts the controls of an Echocardiograph machine to better visualize the heart and valve action of a staff 'Resident'. The monitor at top can give a graphic presentation.*

*London Free Press Photo*

therapeutic revolution that had overtaken cardiology in the previous decade, but under Dr. Goddard's leadership new standards were achieved. When Dr. Gerald Wisenberg came to St. Joseph's in 1980 with special expertise in nuclear cardiology, his appointment marked not only a determination to consolidate these achievements in clinical cardiology, but also the intention of the section to further develop the area of cardiological research initiated many years earlier by Dr. Peter Rechnitzer. Research in the past few years has included ischemic heart disease, arrhythmias, and more recently the application of nuclear magnetic



*In 1935, this String Galvanometer was the precursor of the Electrocardiograph. The movements of the galvanometer wire were recorded as a shadow cast on a light sensitive strip of paper. The light source is at the left end. This machine is identical to one purchased by the Hospital in the mid thirties.*  
*University Hospital Museum*

resonance to the study of cardiac dysfunction.

**Dermatology:** Dr. John Albers became, in 1966, the first staff dermatologist at St. Joseph's and at that time established the first dermatology out-patient clinic. Its location, immediately adjacent to the newly-formed Department of Family Medicine in the ground floor of the SE wing, led to an extremely useful association for trainees in family medicine that continues to this day. Trainees are assigned for one month of their two-year programme to the Dermatology Service on a full-time basis. Dr. Denise Wexler, A Western graduate, returned to London in 1975 following her training in Toronto; Dr. Jaak Purres came on staff in 1978 and Dr. Lynne Guenther arrived in January 1984. The Dermatology Service runs a very small but extraordinar-



*Modern Electrocardiograph, one-third the size and one-quarter of the weight of the 'pioneer' machine.*  
*SJH Staff Photo*

ily busy in-patient service from 4 allocated beds on 2 SW. The out-patient service makes a major contribution in the care of

skin cancer through a "Pigmented Lesions Clinic" and Dr. Guenther's expertise in Mohs' Surgery, used particularly for difficult facial lesions. Since 1979, largely as a result of Dr. Wexler's initiative, the UWO Dermatology Programme has become a partner in the University of Toronto's specialty training programme in dermatology and each year trains one first-year resident.

**Endocrinology:** Dr. Wilson Rodger, a graduate of the University of Manitoba by way of McGill, became the first endocrinologist on staff in July 1967. He was joined in 1971 by Dr. Gerald Tevaarwerk who had completed training begun at St. Joseph's with several years at London's Hammer-smith Hospital and the Toronto General Hospital. In later years they have been joined by Dr. Paul Cooper (1980), a cross-appointee in the Department of Clinical Neurological Sciences, and Dr. Cheryl Clarson. Major accomplishments in the last two decades in which members of this section have played a key role include the development of radioimmunoassays for a variety of hormones, the development of a Clinical Investigation Unit and the Diabetes Education Centre, research into metabolic bone disease and the effectiveness of the "insulin pump" for diabetics, the initiation with the Department of Obstetrics of a programme for the care of high-risk diabetic pregnancy, and - of probably greatest significance - the promotion and development of the Research Institute.

**Gastroenterology:** Dr. Ivan Borda took on the responsibility of developing a gastroenterology service in 1968. He had come to Canada with many of his countrymen following the Hungarian uprising in 1956, and had received further training here in London (including an education in the surgery of Dr. Boris Ragula) and in Boston at the Lemuel Shattuck Hospital with Dr. Tom Chalmers. His interest in clinical pharmacology eventually led to his resigning his post and returning to Europe, where he worked for CIBA/Geigy in Basel and the WHO in Geneva. He was replaced by Dr. David Lloyd in 1976; the section was further

expanded by the addition in 1980 of Drs. Mel Belsheim and (in 1983) Rick Reynolds. Like virtually all medical subspecialties, gastroenterology has undergone a virtual revolution in the last 20 years. Flexible endoscopy means that there is no part of the human gastrointestinal tract that remains inviolate to both inspection, diagnostic biopsy, and often treatment. Ultrasound, CT scanning, and MRI have supplemented traditional X-ray diagnosis and needle biopsy of the liver has become an out-patient procedure. New, powerful, and frequently effective drugs have reduced dramatically the necessity for surgery for ulcer disease.

**Haematology/Oncology:** Although Peter Rechnitzer has the distinction of performing the first bone marrow aspiration at St. Joseph's, he very willingly relinquished this task to David Meltzer upon the latter's appointment. For many years Dr. Meltzer was the Haematology Service, but eventually was joined, in 1974, by Dr. Martin Inwood - who as a medical student (and registered haematology technologist) worked weekends and evenings in the clinical laboratories. Dr. Inwood's interest in coagulation and clotting disorders resulted in the formation, in 1979, of a Regional Hemophilia Programme, the first in Ontario.

It also led to the recruitment, in 1985, of Dr. W. F. Brien, to add to St. Joseph's expertise in the area. Since the mid-'60's, Dr. Meltzer had been treating solid tumours with chemotherapy on an ambulatory basis, from his small office in the laboratory wing, and gradually cancer treatment came to dominate his practice as it had come to dominate the specialty of traditional haematology. Thus it was natural that the Department would develop an Oncology Unit for ambulatory cancer treatment, and that Dr. Jamie Skillings, a former Chief Resident in Medicine, would join the group in 1982 as its Medical Director. In 1985 Dr. Meltzer stepped down as Chief of Haematology and was replaced by Dr. Inwood.

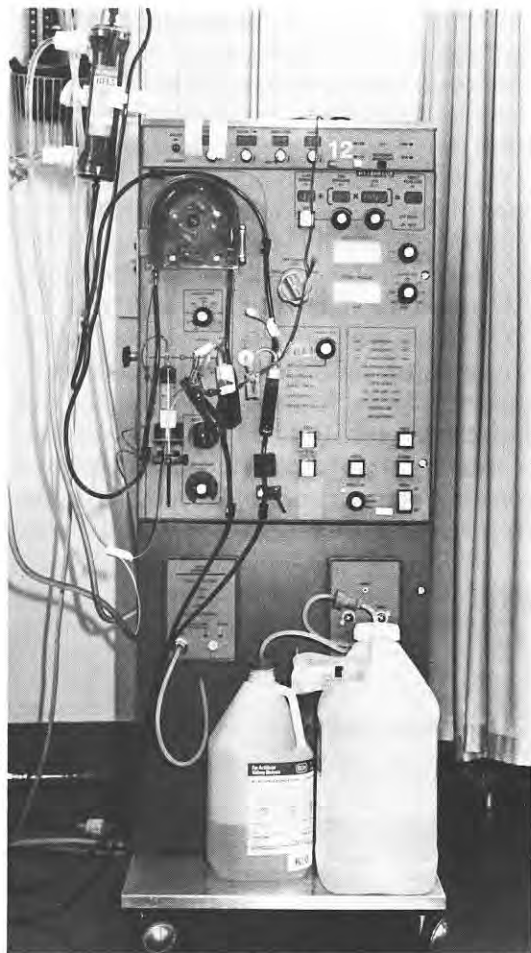
**Nephrology:** The era of modern nephrology began, for St. Joseph's, in 1956 when

Dr. Lionel Reese of the Department of Surgery persuaded the Women's Auxiliary to donate funds for the purchase of an artificial kidney. The first dialysis took place soon thereafter, in a room near the north end of the laboratory corridor, under the supervision of Dr. Reese and Dr. David Meltzer and with the help of Mackie Smith, who mixed the electrolyte solutions in the nearby biochemistry laboratory and performed the necessary biochemical tests. Such procedures were time-consuming - ten hours and more - and for the first five years were confined to the 4 to 6 cases of acute renal failure or acute poisoning that were seen each year. In 1963 the first cadaver kidney transplant in Ontario was

performed at St. Joseph's; one year later an attempt at a transplant from a live unrelated donor ended in failure. Thereafter chronic dialysis became a priority and in 1966 the first patient was placed on twice-weekly maintenance hemodialysis from a base in the ICU. Two years later the rising number of patients led to the construction of a four-bed Dialysis Unit and the establishment of a dedicated nursing team. In 1970 there were 42 dialyses a week. The present Unit on 2 Centre opened in 1972 and in 1986 performed an average of 118 dialyses a week. By this time new methods of dealing with chronic renal failure had been developed, and in the same year the Unit trained 24 patients in CAPD (con-



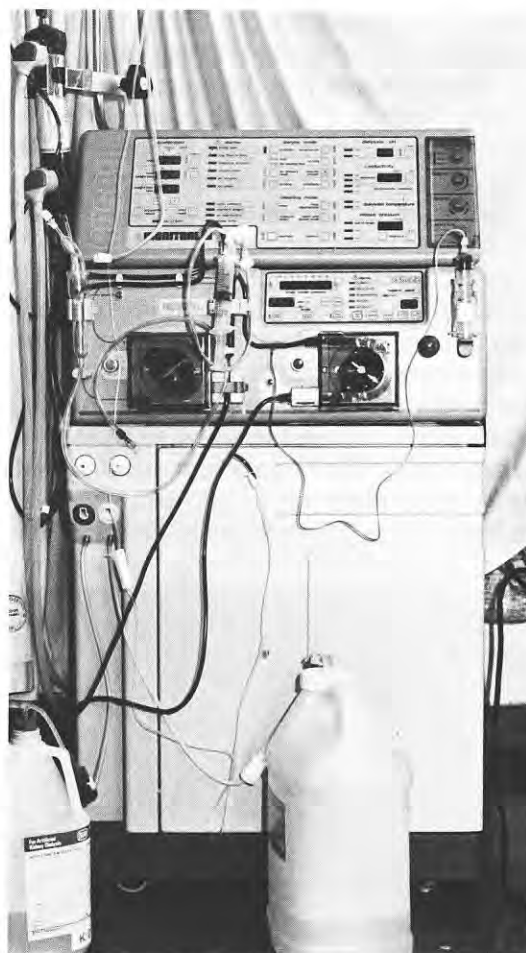
*The 'Auxiliary' has contributed much money to support the Dialysis Unit. This is an old style 'batch type' or 'wash tub' Dialyzing machine used in 1972 and earlier. A large dialyzer membrane is located in the chamber under the plastic dome. L. to R. Sister Mabel St. Louis, Mrs. Eileen Skywork, Mrs. Mary Hallman, Mrs. Connie Parnell, and Mrs. Helen Keenliside, Auxiliary President. London Free Press Photo*



A more recent 'continuous flow bath' Dialyzing machine. The concentrated chemicals for the bath are contained in the two plastic bottles and are proportionately diluted with deionized water in the machine and pumped through the small dialyzer membrane unit in the upper left. Sodium and Potassium levels of the bath can be read directly on the machine. Previously these had to be performed in the Biochemistry Laboratory.

*SJH Staff Photo*

tinuous ambulatory peritoneal dialysis) and supervised 8 on home hemodialyses. Twelve patients were transferred for kidney transplantation. Dr. Peter Cordy joined the staff in 1973 as the first full-time nephrologist and co-director (with Dr. Reese) of the Dialysis Unit. Pursuing his interest in metabolic bone disease, he collaborated with Dr. Gerald Tevaarwerk in a number of areas and encouraged one of the nephrology trainees, Dr. Tony Hodzman, to



The most recent Dialysis machine has additional electronic refinements. It has the added capability of performing a dialysis in three hours rather than four hours if an improved, and more costly, dialyzer membrane is used.

*SJH Staff Photo*

obtain further research training in this area and to return to St. Joseph's in 1981.

**Neurology:** The first full-time neurologist, Dr. Arthur Hudson, was appointed to the Department of Medicine in 1957, but only after approval had been sought and obtained from the Department of Psychiatry. At that time, the Royal College specialty examination was a dual one, in neurology and psychiatry, and many neurologists augmented their incomes with

clinical work in psychiatry - at Victoria Hospital Dr. Alan Douglas, for example, was active in electroconvulsive therapy. From 1957 to 1967, neurology remained a small clinical service. Electroencephalography - at that time one of the few techniques available for probing the workings of the human brain - was available only at Victoria Hospital and patients would often wait for days or weeks before it could be done. Neurosurgery then -as today in 1987 - was available through a series of itinerant neurosurgeons. Dr. Hudson moved to Victoria Hospital in 1967 and was replaced by Dr. Andrew Kertesz who became, upon the formation of a separate Department of Clinical Neurological Sciences in 1972, the Chief of the new Department. The story of that new service is detailed elsewhere.

**Pulmonary Disease:** In 1968 Dr. Lloyd Hession asked Dr. Barry Shaw, a McGill-trained pulmonary physiologist, to establish a respirology service. Pulmonary function machines were hand-built by Dr. Shaw and his technician, Dave Sapergia, and installed in the former ENT operating suite on the third floor. Results of testing were calculated by slide rule. Within a year, Mrs. Pauline Berk joined the staff as technician and has continued in that role to this day. Dr. Tom Wood, who had trained at the Boston City Hospital and Montreal's Royal Victoria Hospital, returned to St. Joseph's in 1968 to provide the clinical aspect to the respirology service and in 1973 took over responsibility for the laboratory as well. In 1980 a Chronic Obstructive Lung Disease (COLD) programme was set up, supervised by Mrs. Anna Wissing, Clinical Nurse Supervisor for respiratory diseases. Dr. Rob McFadden, a former trainee, returned from research training in Boston in 1983 and not only assisted in the growing clinical load but also established a clinical and research programme in interstitial lung disease. Another graduate of the programme in pulmonary disease, Dr. David Leasa, returned in 1985 to act as respirologist and

intensivist in the Intensive Care Unit. New staff, over the years, reflect not only a growing work-load in the field - they also reflect a change in the specialty itself. Although the decline in tuberculosis as a public health threat was well established by the early '50's, when streptomycin was introduced, tuberculosis follow-up clinics and "miniature" chest X-rays for all new St. Joseph's admissions continued to reflect its importance well into the '70's. Today, the computer has replaced the slide-rule, scanning with CT, gallium, and MRI has added immeasurably to the X-ray, and flexible fiberoptic bronchoscopy with the laser has in many instances replaced the scalpel. Tuberculosis has been replaced by lung cancer and, in the '80's, by AIDS-related pulmonary diseases.

**Rheumatology:** Operating on the rather erroneous belief that a rheumatologist was equally expert in the field of physical medicine, the Drs. Hession and Meltzer were strongly supportive of the return, in 1968, of Dr. John Thompson to St. Joseph's after 4 years at Duke University. (The Duke connection, established earlier by Peter Rechnitzer, was severely tried by those four years but held up long enough to provide clinical training in cardiology for Dr. Peter Nichol prior to his return to St. Joseph's several years later.) Over the intervening 20 years, St. Joseph's has become a centre for care in arthritis -as in so many other areas - for patients from all over Western Ontario. The ability of this Hospital to provide first-rate care in the rheumatic diseases has been enormously enhanced by the development of an extremely high level of specialist expertise in the Departments of Occupational Therapy, Physiotherapy, and Orthopaedic Surgery, as well as the appointment in 1984 of Dr. Nicole le Riche as the second full-time rheumatologist and the opening in 1984 of a four-bed Rheumatic Disease Unit.

**General Internal Medicine:** On many occasions over the past twenty years, the continued viability of General Internal Medicine was - especially initially - in some





*Dr. Tom Wood explains the capabilities of the 'flexible fiberoptic Bronchoscope' for examining the 'bronchial tree' to Executive Director Sister Mary Doyle and Director of Nursing Pat Pocock.*

*London Free Press Photo*

doubt. Both the newer medical graduates and the clientele appeared to be attracted by the subspecialties. But just as there has been a recognition in family practice of the need to care for the "whole patient", so there has been a belated realization that diagnostic skills in a variety of areas are important for the assessment of the critically ill or medically complex patient. Drs. Rechnitzer and Meltzer had been appointed in 1954 and 1955, respectively. It was not until 1973 that the next general internist, Dr. Robert Southern, was brought on staff. Dr. Malcolm Wilson and Dr. Iain Mackie followed in 1982 and 1984.

St. Joseph's Department of Medicine has changed profoundly over the last three

decades. To a large extent change has reflected the changes in the nature of medicine itself - new technology, new ideas, new institutions - and changes in the institutions of our society. St. Joseph's has also clearly benefitted from changes within the University, changes beyond its control. But it has also been profoundly affected by several men who guided it during a critical period of its development, and who marked it - unique among similar departments elsewhere - as a community of individuals with genuine affection and respect for each other. And of those individuals, Lloyd Hession was "primus inter pares" - first among equals.

## Department of Surgery

The evolution of the Department of Surgery into a formal academic department involved a series of events, appointments and the adoption of a formal Joint Relations Agreement with the Faculty of Medicine, University of Western Ontario. Prior to the 1950's, questionable financial arrangements between surgeons and referring physicians involved the splitting of fees. This practice was endemic in North America. Through the efforts of the American College of Surgeons (many of whom were Canadian), the Columbus Plan was adopted. Basically this plan required surgeons to sign a pledge that they would refrain from splitting fees.

Following his return from active service during World War II, Dr. Angus McLachlin was appointed Professor and Chairman of the Department of Surgery at the U.W.O. He was given a mandate to ensure that the active members of the surgical department abided by the provisions of the Columbus Plan. This coincided with the appointment of Dr. Vincent A. Callaghan in 1955, as the Chief of Surgery at St. Joseph's Hospital, succeeding Dr. H. O. Foucar. Dr. Callaghan's impact on surgical activities over the next ten years was profound.

During this period of time most surgeons admitted patients and performed operations in at least two of the three

London Hospitals, even though an attempt was being made to have their active staff appointment limited to one hospital. Exceptions to this practice were Dr. Angus McLachlin, Chairman of the University Department of Surgery and the Chairmen of the various Surgical Divisions organized in 1967, i.e., Dr. J. C. Coles, Cardiovascular Surgery; Dr. J. C. Kennedy, Orthopaedic Surgery; Dr. L. N. McAninch, Urology; Dr. R. McFarlane, Plastic Surgery; and Dr. Charles Drake, Neurosurgery.

This group of Surgeons performed surgery infrequently at St. Joseph's Hospital, restricting their practice mostly to Victoria Hospital, in accord with their active staff appointment.

The Department of Surgery under Dr. Callaghan began with a small nucleus of surgeons whose active staff appointments were at St. Joseph's Hospital. These included Drs. Lionel Reese, D. W. B. Johnston, Donald A. MacKenzie, Jack Walker, Howard Cameron and Donald Marshall.

In order to develop expertise beyond a standard residency, Dr. McLachlin as Chairman of the Department of Surgery, U.W.O., required that all future appointees in surgery spend a year or more doing further postgraduate training. This condition of appointment resulted in attracting surgeons with specific skills in selected areas,

the emphasis being on the depth rather than the breadth of expertise. New technical, diagnostic and therapeutic advances were expanding capabilities to the point where specialization and sub-specialization were demanded. These skills led to the development of further academic interests among members of the staff.

Dr. Callaghan brought a special strength to the Department during his term as Chief of Surgery. He had a gruff external manner which belied his inner humane personality. After training in London and New York City and following an early interest in obstetrics and gynaecology, he then devoted his energies to the practice of General and Orthopaedic Surgery. More than any single staffman he was responsible for the technical development of the residents. Dr. Callaghan allowed residents to train and operate on his private patients, under his supervision, which was almost unique among the staff. He had a great love and affection for all the people involved at St. Joseph's Hospital and did an outstanding job as Chief of the Department, administratively, educationally and clinically. Drs. Callaghan, B. L. Hession, D. B. Meltzer, W. W. Wilkins, P. Rechnitzer, and W. A. Tillmann represented the real pillars of strength at St. Joseph's Hospital during this era and are the physicians most responsible for the growth and development of St. Joseph's Hospital as an academic institution.

Dr. Callaghan was a devoted family man whose religion was dear to him and was awarded the Papal Chamberlain of the Cape and Sword by the Catholic Church in 1957. He was extremely active until his sudden death in July, 1965. Posthumously, in 1986, he was inducted into the "W" Club Hall of Fame, at the University of Western Ontario for his contribution as an athlete, supporter and team physician.

Dr. David Downham joined Dr. Reese in practice and was granted privileges in Urology at St. Joseph's Hospital in 1969. Dr. Downham completed postgraduate studies in England from 1956 to 1965 and

was a resident in Urology at Victoria and Westminster Hospitals from 1966 to 1968. He practised his specialty until 1974 at which time he moved to Orillia where he maintains a very busy practice.

Dr. J. L. Sales moved his practice from Victoria Hospital to St. Joseph's Hospital in 1974 and added a superb clinical component to the Urological Division. He has been an outstanding clinical teacher and because of his special interest in urinary tract calculi, was the first urologist in London to perform Percutaneous Nephrolithotripsy. In addition he has been the driving force for the procurement of an Extra Corporeal Shock Wave Lithotripsy.

Dr. John Vallely was appointed to the Urological Division in 1978 after completing further postgraduate studies at Baylor University in Texas. His specialty included bladder motility disorders and sexual dysfunction; he also developed an active innovative subspecialty in prosthetic surgery. Each of these surgeons has made significant contributions to the development of the Division of Urology and maintained a current and competent department. They are capable of performing all aspects of urological surgery as well as diagnostic or therapeutic procedures with the exception of transplantation.

A Division of Orthopaedics within the Department of Surgery at the University of Western Ontario did not occur until 1967. Records of the medical staff meetings of St. Joseph's Hospital indicate the appointment of Dr. G. A. Ramsay as Head of Orthopaedics in 1930, followed by Dr. R. A. Johnston in 1950. This, however, should not be confused with the establishment of a Division of Orthopaedic Surgery which did not occur at St. Joseph's Hospital until 1973.

Much of the orthopaedic surgery early in this period was performed by general surgeons. Dr. William Ollerhead was the first fully trained orthopaedist appointed to the Medical Staff at St. Joseph's Hospital in 1944. He was energetic, enthusiastic and a meticulous surgeon. After 33 years

as a member of the surgical staff, the latter part as a member of the active staff, Dr. Ollerhead retired in 1977.

Dr. Howard Cameron was appointed to the Active Staff, Department of Surgery in 1957, following a four-year surgical residency in London, Ontario, in addition to two years of training in Orthopaedics in Boston. Dr. Cameron was not only a dedicated skilled surgeon but was extremely active in the progressive development of all activities at St. Joseph's Hospital.

He was the first Orthopaedic Surgeon in London to perform a total hip replacement, using a McKee Farrar type prosthesis. Although a Division was not officially established at the time of his appointment, Dr. Cameron assumed the responsibility of Chief and devoted long arduous hours to the advancement of Orthopaedics and the eventual establishment of the Division of Orthopaedics, in addition to attracting three outstanding Orthopaedists who would perpetuate the excellence he had fostered. In 1981, Dr. Cameron retired from active practice and joined the Workers' Compensation Board with headquarters in London.

Dr. Wayne Grainger was appointed to the Active Staff, Department of Surgery, St. Joseph's Hospital in 1970, after completing his postgraduate training in Orthopaedics, in Scotland and at the Mayo Clinic. He is a tireless worker with a well-deserved reputation for his excellence as a clinical surgeon and educator. Dr. Grainger was appointed Chief of the Orthopaedics Division on the retirement of Dr. H. S. Cameron in 1981.

In 1975, Dr. Richard Hawkins was appointed to the Active Staff, Department of Surgery, Orthopaedics Division, and joined in partnership with Drs. Cameron and Grainger. On completing his residency in Orthopaedic Surgery, he undertook special training in surgery of the shoulder, under Dr. Frank Neer, New York, a world authority on this procedure. Dr. Hawkins has maintained his interest in shoulder surgery and has gained an international reputation for his expertise. In addition he

has assisted in developing an active Sports Injury Clinic at St. Joseph's Hospital.

Dr. Thomas Phillips was appointed to the Active Staff, Orthopaedics Division in 1981. An indefatigable worker with a special interest in surgery of the hip, he has combined this clinical interest with a pursuit of excellence in research, even though supportive resources have been limited.

Dr. Waldo Stavraky was appointed to the Department of Surgery in 1966, having specialized in Plastic Surgery. Following a general surgical residency he completed additional training at Roswell Park in Buffalo and also in England. Dr. Stavraky is a superb teacher and clinical surgeon. A large portion of his surgery is done on an out-patient basis through the Surgical Day Care Unit.

Dr. Uldis Bite was appointed to the Division of Plastic Surgery in 1986 and became the first non-general surgical Geographic Full-Time appointee. He has a special interest in craniofacial surgery and is working in a collaborative program with the Computer Science Department at the University of Western Ontario.

Dr. S. E. Carroll was a graduate of the U.W.O. Medical School in 1953, did post-graduate training in Boston and London, England, specializing in general, cardiovascular and thoracic surgery. He brought new skills in the surgical activities of both thoracic and peripheral vascular surgery and for many years was the only peripheral vascular surgeon on staff at St. Joseph's Hospital.

Following the death of Dr. V. A. Callaghan in 1965, Dr. Carroll was appointed the Chief of Surgery commencing July 1, 1965, and became the first Geographic Full-Time member of the Hospital staff.

Because of his administrative skills and an objective approach to the Department he was responsible for the organizational assignments on the surgical wards, surgical bed assignments and reserved hold time in the operating room. Dr. Carroll's easy-going personality and patience gained

for him a respect which endured during his many years of administrative and bureaucratic activity. During his tenure he fostered the development of basic and clinical research and recently received several awards for research done in the sphere of peripheral vascular problems. Dr. Carroll resigned as Chief of Surgery in 1980 following a long and faithful term in office.

Dr. G. E. Meads graduated from U.W.O. Medical School in 1962 and then entered the four-year surgical residency program through the University of Western Ontario, and received his F.R.C.S.(C) in November 1966. During 1967 Dr. Meads completed further training as a Fellow at Vanderbilt University, followed by one year in military service at the U.S. Army Hospital, Ft. Campbell, Kentucky, and one year at the 91st and 93rd Evacuation Hospitals in Viet Nam. On returning from active service, Dr. Meads was appointed to the Department of Surgery at St. Joseph's Hospital in 1970, with his specialty in general and peripheral vascular surgery. He was in partnership with Drs. D. A. MacKenzie and John Sweeney from 1970 until 1980. Following the resignation of Dr. S. E. Carroll in 1980, Dr. Meads was appointed Chief of Surgery, a position which he holds with distinction both clinically and administratively and is held in high respect by his colleagues and the Hospital Staff.

Dr. John Sweeney, whose father, Dr. Paul J. Sweeney, was a busy practitioner in London, was appointed to the Active Staff in the Department of Surgery in 1971. He spent additional postgraduate time in London, England, Louisville and Los Angeles completing his specialty in peripheral vascular surgery.

Dr. Thomas Jory, during his residency, abandoned his early interest in Neurosurgery in favour of a career in General Surgery. In 1962 he was appointed to the Department of Surgery and for many years has been regarded as an excellent surgeon. Dr. Jory accepted an Active Staff appointment in 1981 and has since become Chief of one of the two surgical teams.

Dr. Brian Taylor was appointed to the Department of Surgery in 1983 and brought new expertise to the Department in the field of colorectal surgery. Following his residency he completed a Fellowship in colorectal surgery at the Mayo Clinic. He has been extremely busy juggling his extensive clinical, educational, research and administrative activities. Dr. Taylor is a Geographic Full-Time Member of the Department of Surgery. He was rewarded for his many activities by being named one of five Young Men of the Year in 1986 by the London Junior Chamber of Commerce.

The most recent appointment to the Department of Surgery in 1984 was Dr. Kenneth Harris. After additional post-graduate training in Toronto, he became the first specialist to confine his practice specifically to peripheral vascular surgery. A training program in peripheral vascular surgery has been established, with clinical skills being gained at St. Joseph's Hospital and Victoria Hospital. This program has been approved by the Royal College of Physicians and Surgeons, leading to Certification of Competence in Peripheral Vascular Disease. Dr. Harris has brought new skills and strength in this field and is busy with clinical and basic research activities. He has been appointed Director of Peripheral Vascular Surgery and the Non-Invasive Investigation Unit.

Starting with Dr. Carroll's appointment, the number of G.F.T. members at St. Joseph's Hospital's Department of Surgery now has grown to five. It is likely that new practice plans will encourage all members of the Department to become hospital-based either as Geographic Full-Time or Geographic Part-Time members. The Dean of Medicine, hospital administration and parent departments are very supportive of this proposed arrangement. Presently, financial constraints have precluded this from taking place.

Advances in clinical, educational and research activities at St. Joseph's Hospital in the field of surgery have paralleled the increased appointments to the Active Staff.

Many of the new advances can be traced to the building of the new operating facilities in 1964. The opening of 14 operating rooms greatly enhanced surgical facilities providing considerable improvement in efficiency and productivity. To a large extent, each of the charge nurses during these three decades has played a significant role in providing outstanding nursing leadership. Chronologically these include: Sr. St. Paul Dietrich, Sr. Mary Lowry, Sr. Mary Loyola Drouillard, Miss Irene LaRocque, Mrs. Patricia Pocock, Mrs. Marcia McGrath and Mrs. Jane Finan.

Facilities and equipment have made tremendous advancements over the years, in the operating rooms, recovery room, intensive care unit and intermediate care units, which in turn has greatly improved the quality of patient care.

In 1962 the Department of Anaesthesia joined the city-wide practice group called Anaesthesia Associates. This progressive step provided a uniform call system for each hospital. Anaesthetists were then assigned one operating room each day so that bookings were simplified. In addition, the new association provided for a daily first call anaesthetist as well as for night and weekend coverage. It ensured that city-wide anaesthetic coverage was available for all patients and surgeons.

From 1950 to 1987, the volume and profile of the Department of Surgery has changed considerably. The provision of prepaid insurance at first by groups such as Physicians Services Incorporated and later by O.M.S.I.P. and ultimately O.H.I.P., provided universal financial medical coverage for all the citizens of Ontario. This led not only to a significant increase in overall surgical activity but eventually to a replacement of the so-called "staff" patient category which provided a large portion of the training for surgical residents. Following this change, theoretically, every patient admitted to the Hospital by a surgeon on the active staff could now be clinically involved as part of the educational and training program, with the patient's permission.

The number of operations performed annually at St. Joseph's Hospital from 1950 to 1987 grew steadily with a rapid increase in the 1980's. Early in this period approximately 5000 operations were performed annually; however, this figure increased to 20,000 in 1987. As a result of governmental support and direction, the percentage of out-patient operations increased significantly during the same period. Each day during 1987 an average of 30-36 general anaesthetics were given to patients for out-patient or day care surgery, while 15-20 minor procedures were carried out under local anaesthesia.

The complexity and acuity with regard to patient condition and surgical procedures increased significantly as well. The use of prosthetic devices steadily increased as medical technology and biomechanics made new advances. Prosthetics in orthopaedics, urology, plastic surgery, vascular surgery and ophthalmology proliferated, leading to innovative, rewarding but expensive operations and the upgrading of educational skills required for postoperative care.

The use of Laser Surgery has been developed at St. Joseph's Hospital, largely under the direction of Dr. Cecil Wright. He has pioneered the use of Laser Surgery resulting in St. Joseph's Hospital having developed into a world-wide centre of excellence in this field. Formal teaching sessions and visitors from Canada, United States and Europe are now commonplace any given day in the laser operating room. Laser operations are now performed by gynaecologists, ophthalmologists, otolaryngologists, urologists, plastic surgeons, general surgeons and even endoscopically by some of the internists. One operating theatre is now reserved for Laser surgery.

Teaching responsibilities in surgery have proliferated significantly since the Joint Relations Agreement was signed with the University of Western Ontario in 1947. An active program involving undergraduate, graduate and postgraduate education evolved. Third year clinical clerks from the U.W.O. Medical School spend eight

weeks at St. Joseph's Hospital. Daily seminars, ward experience, operating room teaching and rounds are utilized. Each Hospital Division from the parent University of Western Ontario program has residents assigned to St. Joseph's Hospital. All the surgeons are involved in teaching responsibilities with emphasis on hospital rounds.

Postgraduate educational activities take place in the form of Refresher Days and Research Days, which are held several times each year in all Divisions. City-wide Divisional Rounds are held at least weekly or biweekly.

With the advent of the St. Joseph's Health Centre Research Institute in 1983, surgical presence in this area has advanced. Drs. Carroll, Phillips, Taylor and Harris have made significant contributions in both basic and clinical research. Each member of the Department contributes financially to the support of research activities. Several residents are now assigned to St. Joseph's Hospital each year.

Gastroenterological surgery activities have increased and improved significantly in the last five years. Working in collaboration with the gastroenterologists and with input from Dr. Brian Taylor, the members of the general surgical service have remained current and in many instances are at the

forefront of colorectal surgery. A collaborative effort involving the gastroenterologists and general surgeons has been designated by the Hospital for major emphasis over the next five to ten years.

The Department of Surgery during the last thirty years has made significant advances, in large part due to the activities and expertise of the members of the staff. The affiliation with the University of Western Ontario has led to positive changes but limited funding and the rapid proliferation of high cost and rapid technical advances has made rationalization of services mandatory. The Department in cooperation with St. Joseph's Health Centre is developing a strategic plan for the next five years so that the high level of care can be perpetuated. This will also, of course, be done with provision for modification and restructuring as required.

New plans over the next ten years include a new auditorium, additional staff appointments in orthopaedics, urology, gastrointestinal surgery and thoracic surgery. The future of surgery at St. Joseph's Hospital is viewed with optimism, with emphasis on fostering and developing increased excellence both academically and in patient care.

Dr. Hubert J. Loughlin was the Chief of Paediatrics from 1948 until 1963 and was responsible for coordinating the design of the Paediatric Ward built into the 1964 Wellington Wing. Situated on the fifth floor of the North East Wing, it made provision for approximately 88 infants and children up to 14 years of age, with bassinets, cribs and beds located in appropriate areas according to age.

The size of the unit and provision for the large number of patients required two nursing stations. One station was situated at the north end of the ward, providing nursing care and supervision for infants and younger children in cribs. A second station was situated at the south end, affording coverage for the older children, including 12 beds on the north side of Marian Wing which were primarily designed for children requiring isolation.

Dr. H. J. Loughlin resigned his appointment as Chief of Paediatrics in 1963 but continued to practise until 1974 at which time he retired from private practice. At the time of his resignation as Chief, the Medical Advisory Board, in recognition of his long years of service, appointed him to the post of Senior Consultant in Paediatrics with Courtesy Staff Privileges. Dr. Loughlin after many years' service in the field of paediatrics died in 1981.

## Department of Paediatrics

Dr. Ellen Trout, on the retirement of Dr. Loughlin, was appointed Acting Chief of the Department until the appointment of Dr. Nicholas Jaco in October 1966. Dr. Trout had joined the Medical Staff with an appointment in the Department of Paediatrics in 1948 and retired in 1978.

Dr. N. T. Jaco graduated from Oxford University in 1945, following which he completed postgraduate studies at Oxford, Liverpool and London, England, and one year (1955-56) at the Hospital for Sick Children, Toronto, Ontario.

He practised in Sudbury until 1961 before spending two years at Columbia University in New York, during which time his major interest was Neonatal Research.

After his appointment as Chief of Paediatrics in 1966, Dr. Jaco played an important role in the development of the Neonatal Unit at St. Joseph's Hospital. In 1967 alterations were made to the Isolation Nursery on the third floor to provide a delivery and a resuscitation room for all high-risk deliveries. Between these two rooms was an area for the technicians with equipment capable of foetal heart monitoring and foetal scalp blood gas determinations. The resuscitation room was equipped for newborns and included suction, oxygen and apparatus for doing arterial and venous blood catheterization, as well





*Technician Rod Kosmick at controls of electronic monitoring system developed by Dave Miller for Dr. Walters and Dr. Effer. A T.V. camera mounted over the chart allows the staff in the special obstetrical unit, seen through the window in the background, to observe the foetal and maternal heart-rate. At the same time the technician can observe any unusual actions of the patient on his T.V. monitor.*

*London Free Press Photo*

as blood gas sampling. All high risk pregnancies were attended by a Paediatrician for immediate post-partum resuscitation and care of the newborn. Within a year a considerable reduction in neonatal mortality occurred, particularly of premature infants as well as of those who had encountered foetal distress.

The Royal College of Physicians and Surgeons approved the Paediatric Department for residency training in 1967. Dr. Margaret Pendray, a third-year resident in Paediatrics, was appointed to the staff in October 1967. She remained on staff until June 1969 and was particularly valuable during the initial development of the Neonatal Unit.

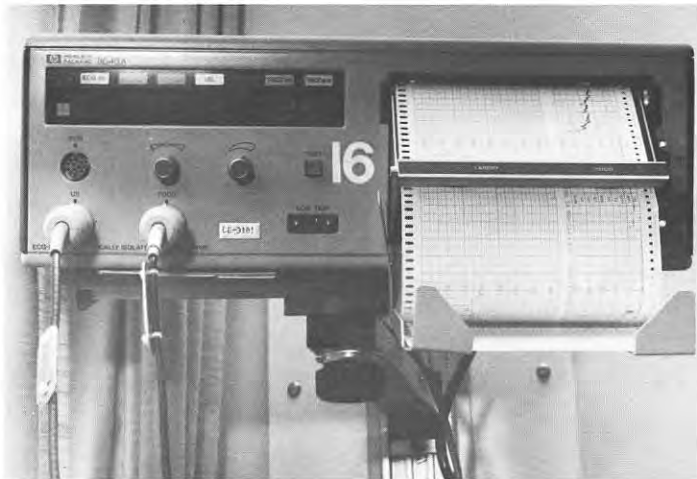
Dr. Marilyn Sutton, F.R.C.P.(C), a graduate of the University of Western Ontario Medical School in 1961, was appointed to the Department of Paediatrics commencing July 1, 1968. Dr. Sutton had completed training in England, Stockholm, Sweden, and the Neonatal Unit at the Hospital for Sick Children, Toronto. She was a most capable and highly respected neonatal Paediatrician but her career was suddenly terminated in 1971 when she suffered permanent neurological damage resulting from a motor vehicle accident. The absence of her expertise was a serious loss to the Department of Paediatrics.

Much of the early success of the Perinatal Unit was due to members of the

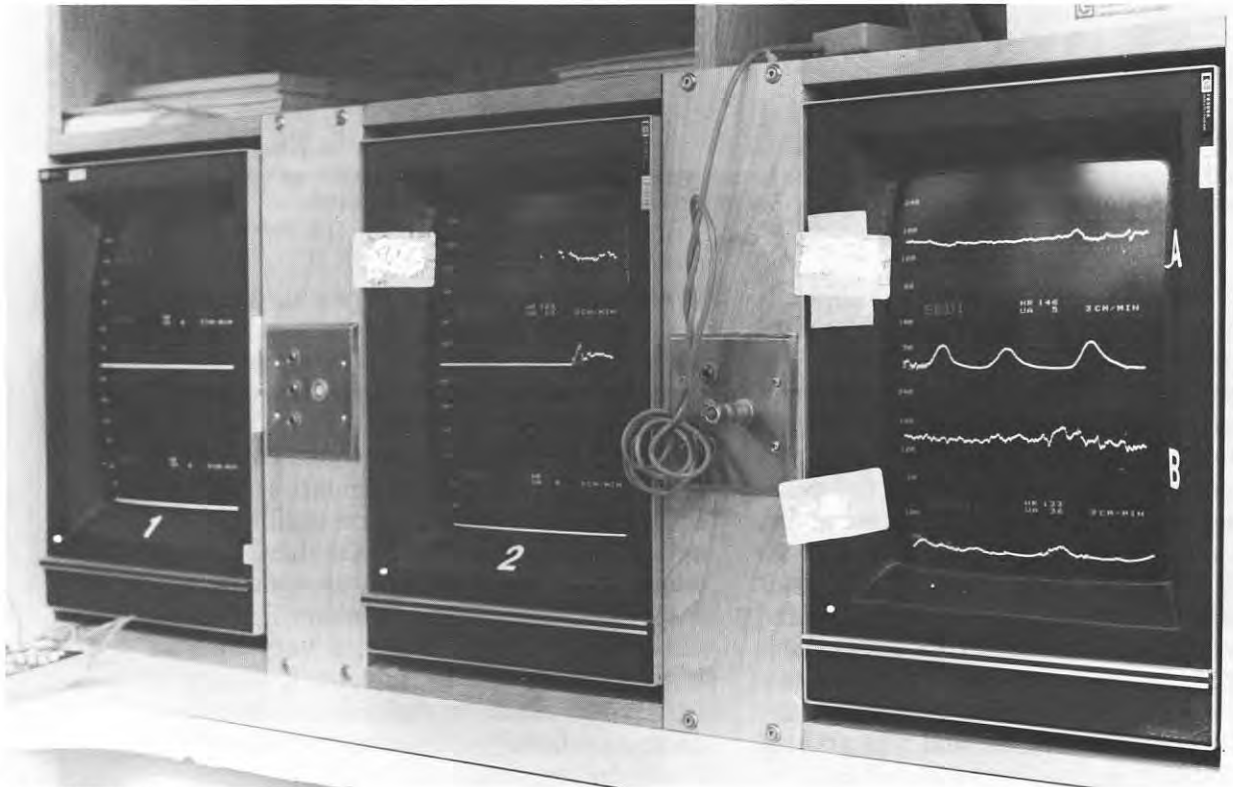
Obstetrical and Paediatric Staff lecturing at medical meetings throughout the Western Ontario Region on the early detection and care of the high-risk obstetrical patient. The result was a marked decrease in the

mortality rate of the premature and sick infants. These informative discussions led to a steady increase in the numbers of referrals to the Perinatal Unit.

Dr. Michael J. Hardie, born in Aberdeen, Scotland, and a graduate in Medicine from the University of Aberdeen in 1965, was appointed as a G.F.T. in 1972. Dr. Hardie had completed postgraduate studies in Scotland, New Haven, Connecticut, and as a Fellow in the Neonatal Division at the Hospital for Sick Children, Toronto. He provided urgently required back-up for the Neonatal Unit and indeed for Dr. Jaco who had given so much of his time and energy in developing the unit in addition to his responsibilities as Chief of the Department of Paediatrics. Dr. Hardie resigned his appointment in August 1977, to assume the position of Chief of Neonatology at Ottawa General Hospital.



*in patient's room*



*at nurses' station*

*The monitoring system is now a chart display in the patient's room and a visual display at the nurses' station in the obstetrical suite. SJH Staff Photo*



*The 'Incubator' of c1960 provided limited visibility for observing the newborn. To gain access the cover had to be opened which allowed warm air and any increased oxygen to escape. Nurse and infant not identified.*

*SJH Staff Photo*

Dr. K. I. Lee held a part-time appointment on the active staff from 1970 until his resignation in October of 1976. The third G.F.T. appointment to the Department effective August 1, 1975 was Dr. Abdul Shaheed. Dr. Shaheed graduated from Cairo University, Egypt, in 1961, with five years of postgraduate studies at Cairo University, and six years in the United Kingdom. In 1972 he received his M.R.C.P. and after moving to London, Ontario, was appointed Chief Resident in Paediatrics at London's War Memorial Children's Hospital and one year as a Paediatric Fellow in Neonatology at St. Joseph's Hospital, and was granted his F.R.C.P. in Paediatrics in 1975.

Dr. N. Jaco resigned his appointment as Chief of Paediatrics in 1980, but remained on the Active Staff until his retirement in

1986. He had initially, and over his tenure as Chief, contributed his expertise in Paediatrics and Neonatology in developing a Perinatal Unit that has attained international recognition.

Dr. J. R. Nicholson succeeded Dr. Jaco as Chief of Paediatrics on January 1, 1981 and remained in this position until termination of his contract in December 1985, when Dr. A. Shaheed was appointed to succeed him commencing January 1, 1986.

The Paediatric Ward, a very busy service with 88 beds in 1964, has gradually been reduced to 25 by declining admissions, a situation being experienced by all active treatment hospitals.

Even though the number of beds has decreased, Paediatrics remains an essential service providing acute care, and post-



*The 'plexiglass Isolette' of the 1970's provided unlimited visibility of the newborn. All manipulations can be carried out, without changing the environment, by personnel inserting their hands and arms through the portholes. Nurse Bobbie Bourne is increasing the ventilation of the baby by means of an inflatable bag.*

*London Free Press Photo*

operative management for Departments such as Ophthalmology, Otolaryngology and General Surgery. With the reduced number of beds, a better physical arrangement is made possible, in addition to more isolation rooms. The only paediatrics services not provided are those cases requiring tertiary care.

In 1979, Dr. Jaco stepped down as Director of Nurseries, continuing as Chief of Paediatrics, and Dr. Graham Chance was appointed in his stead. Dr. Chance had trained in Birmingham, England and for eight years before joining the staff of the University of Western Ontario and St. Joseph's Hospital in 1979 had been Director of the Neonatal Intensive Care Unit at the Hospital for Sick Children, Toronto.

With funding from Physicians Services Incorporated and with the assistance of Ms. T. Radford, B.Sc.N., Dr. Chance initiated the Southwest Region Perinatal Outreach Program. The principal thrust of this program was to heighten interest and improve knowledge in maternal/newborn care in Southwest Region Hospitals. Through this program, participation in which was entirely voluntary, it was hoped to encourage utilization of the Tertiary Perinatal Programs in London, to facilitate early reverse referral of mothers and babies, and to enable Level I and Level II Southwest Region Hospitals to function appropriately. Over the years a close collaboration has developed between the region's hospitals and St. Joseph's Hospital Perinatal Unit.



*The modern (1981) neonatal intensive care unit (NICU).*

*SJH Staff Photo*

As a consequence of the Outreach Program, there was rapid increase in referral of high- and very high-risk mothers to St. Joseph's Hospital. The 22-bedded NICU of those days rapidly proved inadequate and the current NICU was built and completed in 1981. The new NICU was placed above the roof of the Haematology and Bacteriology Laboratories, running alongside the East-facing labour rooms. This relocation was particularly advantageous because simple replacement of a window by a door permitted the 5th Case Room to become the high-risk delivery room separated from the NICU only by a neonatal resuscitation room. Concurrent with this relocation, the NICU was re-equipped with much new apparatus, creating a unit which was as up-to-date as any in North America.

Although the number of admissions increased annually only slightly following

relocation, the patient mix has changed substantially. Fewer near-term infants are admitted and their stay has become shorter. Over half of the unit's admissions are now true prematures. Progressive co-operation from physicians in the region has resulted in the fact that almost all infants less than 1500 grams at birthweight (those who are highest risk) born in the region are now born at St. Joseph's Hospital because their mothers have been transferred. There are now about 150 such babies born here each year. Moreover, the Outreach Program has enabled the practise of earlier discharge by so-called reverse referral to community hospitals. Survival rates have increased so that nowadays nearly all babies born at or above thirty weeks gestation live, and babies born as early as 22 weeks gestation have been discharged home. Particularly gratifying is the fact that a great majority of the

babies are found to be developing normally regardless of their gestational age at birth.

Perinatal care has become a true team effort by Obstetricians, Neonatologists and the large staff of dedicated nurses supported by staff from virtually all other services of the hospital. The collaboration with the region's physicians is now such that the full resources of our Perinatal Unit are truly available to any Southwest Ontario mother or newborn requiring them. Wherever possible, infants likely to be at high risk at birth are referred in utero to the centre taking maximum advantage of the principle upon which regionalization of perinatal care is based.

So far as possible over the years, the Perinatal Unit has avoided refusing admission of any mother for whom transfer has been requested. As a consequence of this policy, by late 1985, the number of infants in the unit frequently far exceeded acceptable staff/patient ratios. In early 1986, a well-documented approach to the Provincial Government was successful in bringing about an increase in the unit's budget so that the nursing and other support staff could be greatly strengthened. The unit is now staffed to accept up to 42 infants and a step-down unit for recovering babies is being planned.

In 1982, Ms. Nancy Dodman joined the Outreach Program replacing Ms. Radford. Since then, the role of the program has expanded to include consultation and advisory functions as well as educational activities. Dr. Renato Natale was appointed as Obstetric Co-Director with Dr. Chance in 1985. The Outreach Program involves a great deal of travelling for its members; for example, in 1986, over 15,000 miles were travelled in Southwest Ontario while carrying out over 100 visits. The program now is welcomed in nearly all Southwest Region Hospitals. It is unique and Program members believe that it should be available in other regions.

The staff in Neonatology has changed over the years. Dr. Anne Cornet, who had previously been appointed by Dr. Jaco,

left in 1981. She was replaced by Dr. David Brabyn who had worked at St. Joseph's Hospital as a Fellow. Dr. Brabyn returned to New Zealand in 1986. Drs. Chance and Shaheed were joined by Dr. Keith Tanswell in 1982 and by Drs. Donald Reid and Cynthia Kenyon in 1986. Most recently, Dr. Victor Han has returned, having spent four years in further research training.

Each Neonatologist has his or her own area of research. Dr. Tanswell's basic work in oxygen toxicity is internationally recognized. The group was also greatly strengthened by the addition of two basic scientists, Dr. David Olson, whose work focuses on prostaglandin metabolism and Dr. Karen Campbell, whose expertise is in Epidemiology and Statistics. Dr. Campbell originally developed the obstetric data base with Dr. John Patrick and is currently involved in collaboration with the Outreach team in a study supported by Physicians Services Incorporated which will assess the program's impact on the many facets of perinatal care and neonatal outcome in the region.

The efficiency of the perinatal program is, of course, in part indicated by its "product". In this regard, Dr. Mervyn Fox of Thames Valley Children's Centre established a Developmental Surveillance Program beginning in 1981. This clinic, in which developmental progress of all infants at risk is assessed regularly, has expanded in numbers as a consequence of the increased referral to the hospital. Last year, there were nearly 500 visits. Dr. Fox has been assisted over the years by Dr. Val Pusey from Strathroy and in 1986, because of the increasing workload, he was joined by another developmentalist, Dr. Joyce Carlyle from the Children's Psychiatric Research Institute. The Developmental Surveillance Clinic can be regarded as a vital audit mechanism for the whole of the perinatal program.

While technical advances have been applied regularly to the care of the mother and her baby, these advances have not been allowed to take place without appropriate concern for the psychological well-being of the families whom we service. In

this regard, the NICU led the way in opening its doors to extended family visiting and to development of a program, for parents who lose infants, which is now recognized internationally. Our Social Workers, especially Ms. Randee Moir, have played an important role in this latter development.

Changes in attitude towards the involvement of families and friends around the time of birth soon involved the whole perinatal area and, in 1984, the Hospital was honoured by being selected along with

the McMaster University Medical Centre for production of a film on Family-Centred Care entitled "Childbirth: The Changing Sounds". This film has become very widely known throughout North America and Europe. While the miracle of birth can be happily celebrated by families who come to our Hospital, perhaps one of the most joyous events to be seen is the Biennial Picnic for ex-prematures for whom is celebrated not only the miracle of birth but also the miracle of life.

## Department of Obstetrics and Gynaecology

Although medical care during childbirth and for gynaecologic disease had been provided by this Hospital since its inception, an identified Department of Obstetrics and Gynaecology appeared only about 1950. This coincided with the development of recognized specialists in Obstetrics and Gynaecology who increasingly confined their hospital practice to the care of pregnant women and those with gynaecologic problems. Prior to that the management of these patients was carried out by either Family Physicians with an interest and extensive experience in this field or General Surgeons who were called in for operative procedures.

The concept of "preventive care" as applied to the identification and management of a high-risk pregnant patient or one predisposed to develop serious gynaecologic diseases had not evolved as yet. In obstetrics for example, hospital admission of pregnant patients prior to labour was almost exclusively confined to those who had already developed a serious obstetric complication and by that time, aggressive and often life-saving treatment was required. The post second world war "baby boom" was underway and this, combined with a high prevalence of grande multiparity created a busy obstetric unit with a wide spectrum of complications some of which are seldom seen today. Severe maternal

morbidity and maternal deaths were relatively common compared to current experience. Even by the late 1950's, there were six direct obstetric deaths in this hospital in one year. Conversely, it would be difficult to identify a single direct obstetric death in this hospital within the past ten years despite a progressively greater number of confinements. The recognition that many of these tragic experiences might have been prevented had earlier hospitalization and intensive surveillance and management taken place, gave rise primarily to the evolution of a conceptual framework for tertiary perinatal care.

The Royal College of Physicians and Surgeons of Canada first recognized Obstetrics and Gynaecology as a distinct specialty in 1946. Graduates of approved training programs were certified by the Royal College following successful completion of one of the two examination processes, Certification or Fellowship. St. Joseph's Hospital was approved for the training of residents in Obstetrics and Gynaecology as an affiliate of the University of Western Ontario's teaching program along with that at Victoria Hospital. Dr. James Dean was the first resident assigned to this hospital's OB/GYN department in 1952 following which there was a hiatus until Dr. Lillian Beattie was appointed a



resident in 1957. A consistent retinue of residents followed each year and by the early 1960's, the appointment of both a Senior and Junior resident concurrently became routine, reflecting the high volume of patient care taking place at this hospital.

Professor W. P. Tew had been appointed the first full-time Head of the University Department of Obstetrics and Gynaecology in 1934. As such, he was responsible for the Specialty training of residents at both St. Joseph's and Victoria Hospitals and in effect, was the Chief of both hospital Departments relative to residency training. The first full-time appointment of a Chief of the Department at St. Joseph's Hospital occurred in 1957 when Dr. J. H. Walters returned from post-graduate training in Europe to assume that post. From that time on, the structural organization of the Department and its teaching program became formalized with a regular training curriculum that included Grand Rounds, teaching seminars and active resident participation in both academic and clinical affairs. An integrated training program that involved the rotation of residents through St. Joseph's, Victoria and the Hamilton Civic Hospitals every six to twelve months provided a well-rounded clinical experience.

Following the retirement of Dr. Tew, Dr. R. A. H. Kinch was appointed Head of the University Department of Obstetrics and Gynaecology in 1957. With his encouragement, a number of the residents during that time acquired a year of training in a basic science in the Departments of Anatomy, Physiology or Pathology as an integral part of their residency program. This experience appeared to be a primary factor in the subsequent development of a Department that recognized the importance of the geographic integration of basic and applied research activities with clinical teaching and the care of patients. Two decades later this strong commitment to a high quality of patient care within the hospital supported by an infrastructure of research-oriented clinical teachers and

Scientists created the impetus and intellectual environment for the development of the Hospital's Research Institute. This latter facility with its well-defined missions designed to support the role of the Hospital in several areas of tertiary care has brought a national and international reputation to this Health Centre of which all who have been associated, past and present, may well be proud. Dr. John Challis, a Perinatal Research Scientist was appointed the first Director of the Research Institute in 1983.

During the early 1960's, several other unique and nationally recognized clinical developments in Obstetric care were initiated in this Hospital Department. The concept of identifying risk factors in a pregnancy well before a compromise of mother or fetus had occurred was developed primarily by Dr. Walters and from this an organized antenatal In-Patient and ambulatory service was developed from the preventive management of these patients. Their intrapartum care became much more intensive than during otherwise healthy labour with a 1:1 nursing and continuous resident supervision throughout the labour and delivery process. The first electronic monitoring of the foetal heart rate in Canada took place in this Hospital under the combined efforts of Dr. Walters, Dr. Sid Effer and David Miller who was the electronic wizard behind the early derivation of the foetal heart rate from the foetal electrocardiogram obtained transcutaneously across the mother's abdomen. This instrumentation took place well before the commercial foetal heart rate monitors became available.

The development of an identified neonatology division with the Department of Paediatrics under the supervision of Dr. Nicholas Jaco was paramount in the evolution of this hospital's Perinatal Centre, the first to be recognized in this Province and one of the original investigative Perinatal Centres in Canada. The presence of a trained Neonatologist at all high-risk births and the geographic juxtaposition of the Neonatal Intensive Care Unit to the tertiary

level Obstetrical delivery suite was unique. Most Intensive Neonatal facilities in North America were located within a Children's Hospital far removed from any Obstetric Delivery Unit. This hospital and its "Perinatal Group" provided an original role model in the integration of these two units and made a unique contribution to the modern concepts in the optimum care of the high-risk mother and her newborn infant. This Unit provided evidence that the integration of the high-risk obstetric and newborn facilities thereby avoiding the necessity of Neonatal transport of the unstable newborn resulted in a significant improvement in Perinatal outcome.

About the same time that the evolution of the Perinatal Centre took place, the introduction of a complementary technique occurred under the stimulus of Dr. Wolfgang Spoerel and the Department of Anaesthesia. The use of continuous lumbar epidural analgesia rapidly became a highly effective and popular method for the control of pain in labour. The organization of Anaesthesia Associates that ensured readily available Anaesthetists overcame the necessity of having to find an Anaesthetist on an Ad Hoc basis for Obstetric anaesthetic coverage. Subsequently 24-hour In-House Anaesthetic Services proved to be an absolutely essential step in the support and credibility of the high-risk Perinatal concept through the readily available continuous lumbar epidural service. The all-too-common incidence of serious complications following the administration of inhalation anaesthesia to poorly prepared obstetric patients dramatically decreased. The maternal aspiration syndrome and newborn hypoxia associated with narcotic depression became a rare event. The widespread use of intravenous fluid therapy during epidural analgesia contributed as well to a marked reduction in serious postpartum complications such as thrombo-embolic catastrophes. Mothers were less fatigued following delivery and more comfortable with early ambulation.

The recognition of the important role of the Perinatal Intensive Care Unit by the

Community and surrounding Counties in the support of their own Obstetric care system evolved into a well-defined regional concept of Obstetric and Perinatal care in which this Hospital Department became the primary referral and Out-Reach resource. This involved both patient care and the education of physicians and nurses here and in other Hospitals in the region. Initial Provincial recognition of this responsibility was received in 1969 and has continued to be re-affirmed since then under the leadership of Dr. Graham Chance, a neonatologist in the Dept. of Paediatrics with a cross-appointment in the Department of Obstetrics and Gynaecology and who has developed a "model" Perinatal Outreach program emanating from this hospital.

A number of experienced clinical teachers and investigators have formed the foundation on which the OB/GYN department's current clinical referral and scientific reputation has been based. These include Drs. P. Harding and J.K. Milne who succeeded Dr. Walters as full-time Chiefs of the Department from 1974 to 1982 and from 1982 to the present, respectively. The former became Chairman of the University Department of Obstetrics and Gynaecology in 1982 following the retirement of Dr. E.R. Plunkett. Current teachers on the Active Staff include Drs. D.O. Manners, V.C. Wright, James King, Fraser Fellows, John Patrick, George Vilos, Brian Richardson, Renato Natale and Alan Bocking. Dr. B. F. (Peter) Mitchell resigned from the Department in 1986 to take up the post of Chairman of the OB/GYN Department at the University of Alberta in Edmonton. Full-time research staff appointed to the Department and the Research Institute includes Drs. J. Challis, Director of the Institute, Stephen J. Lye and Karen Campbell.

Another very important component that enhanced the standard of Obstetric/Perinatal care was the support system involving the Departments of Medicine, Surgery and the Laboratory facilities. Many of the personnel from these disciplines with an interest and expertise in the various

medical and surgical complications of pregnancy provided excellent multi-disciplinary support to the Obstetric system. These included cardiovascular, renal, endocrine, pulmonary and haematologic subspecialties along with general and vascular surgery and their O.R. facilities that proved essential and life-saving on many occasions. Ultrasound imaging was first introduced in the mid 1970's and brought to a current State of the Art standard by Dr. John Patrick and Dr. Charles Coates over the following decade.

International academic recognition has been further achieved through the attraction of a strong group of Perinatal Investigators that have continued to be highly productive in furthering our understanding of fetal

adaptation and the changing environment in utero and during the birth process. With the addition of the Research Institute to the Hospital complex in 1983, a major facility became available for the further development of Maternal and Perinatal Research both basic and applied. This completed the long-sought-after objective of uniting the three components of a well-structured medical discipline; i.e., a high standard of clinical care supported by a progressive teaching program, a productive Research facility and personnel, each effectively integrated with the other components.

This amalgam of expertise in Obstetrics and Neonatology backed by high-quality personnel and resources in the other supporting services has been responsible for



*The carbon dioxide 'Laser' was introduced by Dr. Cecil Wright, seen here demonstrating its action on an apple. Observing are L. to R. Mr. John Hunter, president of the London-Middlesex unit of the Canadian Cancer Society, who donated the unit, Dr. Paul Harding and Dr. Boris Ragula. (for Cytology see also Dept. of Pathology)*

*London Free Press Photo*

the well-deserved highly credible reputation of this Hospital and its Perinatal Centre.

Another important advance in the health care profile of this Institution surfaced in a unique manner in the early 1960's. Following his return from Europe where his interest focused on the detection of early malignant disease of the cervix, Dr. Walters developed a pap test screening program for this region. With the assistance of the Canadian Cancer Society and its enthusiastic local representative, Dr. Boris Ragula, an effective educational program was developed among family physicians and the public. Cytology resources were provided through this Hospital to cope with the large number of pap tests that were being made. Subsequently Dr. V.C. Wright returned from specialized training in GYN

Cancer detection and treatment in Buffalo and developed an Ambulatory Colposcopy service to support the Regional Cytology program. With the advent of the new modes for treating pre-invasive disease of the lower female genital tract including cryo- and laser therapy, an internationally recognized treatment and training Centre in this important subspecialty has developed under Dr. Wright's supervision.

Given the legacy of these outstanding contributions that evolved within the Department of Obstetrics and Gynaecology, Perinatal care and the diagnosis and management of pre-malignant genital tract disease in women have subsequently become major missions in this Hospital's profile. (see Dept. of Pathology, Cytology Division)

## Department of Radiology

In November, 1964, when the Wellington Street Wing was completed, the Department of Radiology, already well established, moved into new and greatly enlarged quarters. Dr. M. B. Hill and the radiologists on staff had been actively involved in the planning of this new department. At that time, these were Dr. M. B. Hill (Chief), Dr. D. A. Nichol, Dr. E. Johnston, Dr. W. W. Wilkins, Dr. F. J. Linsdell and Dr. H. W. Edgar. Dr. J. A. McIntyre had been a member of staff until his death in 1962. Dr. M. B. Hill served as Chief of Radiology from 1951 until October, 1968. Under his leadership, the Department developed new radiological procedures and techniques and, with newer equipment, was able to reduce the time required for radiological examination processing and reporting. The time involved in clinical teaching was also increased.

By 1968, the number of radiological procedures had increased to over 50,000 per year. As well as administering the Radiology Department, which at this time included a staff of approximately 30, Dr. Hill was also Chief of Staff and Chairman of the MAC, from 1959 to 1962. He was also Assistant Professor of Diagnostic Radiology at UWO, from 1962 to 1967, and was promoted to Clinical Associate Professor of Radiology at that time. During

his ten years as Chief of Department, the Royal College of Physicians and Surgeons approved the Department of Radiology, at St. Joseph's Hospital, for residency training.

After Dr. Hill's resignation as Chief of Radiology, he remained on staff until his retirement in 1972. For some years after his retirement, he remained active as a locum radiologist throughout the radiological community in Southwestern Ontario. He spent his winters in Montserrat in the British West Indies and his summers in Bayfield. Besides his sailing, among other interests, the greatest was music in a professional capacity; he had attained his Licentiate from the Toronto Conservatory of Music. Dr. Hill died in 1980.

In 1969, Dr. W. W. Wilkins was appointed Chief of the Department of Diagnostic Radiology. He had obtained his Fellowship from the Royal College of Physicians and Surgeons in 1960 and, at that time, was one of only six Fellows in Diagnostic Radiology in Canada. Three were in Montreal and the other two were in Toronto. Due to the persistence of Dr. Wilkins and his teaching ability, the Department of Diagnostic Radiology, at St. Joseph's Hospital, became fully approved for full resident training. It is interesting to note that three of the four residents who passed through early training at this hospital

were to return on active staff. While Dr. Wilkins was Chief, teaching commitments increased considerably with the development of undergraduate as well as post-graduate training. Dr. Wilkins began one of the first weekly student radiology seminars in Canada, and this was continued into the early 1980's, by Dr. C. Coates. The Radiologists cooperated in surgical, medical, paediatric, emergency and pathology rounds within the hospital setting.

As the technology in Diagnostic Radiology became more precise, more complex examinations were developed. Mammog-

raphy started in 1960 and a mammogram machine was first installed in the early 70's. Further advancement in technology has once again required replacement of that machine with a new CGR machine which was installed in 1987. New protocols, including biopsy site identification and breast ultrasound, have been instituted by Dr. L. McCurdy, who is now largely responsible for our mammography service in St. Joseph's Hospital. Lymphangiography was developed with input from Dr. P. Greenhow. Dr. T. Brown was responsible for significant advances in cerebral, abdominal and peripheral angiography and also for developing biopsy techniques.

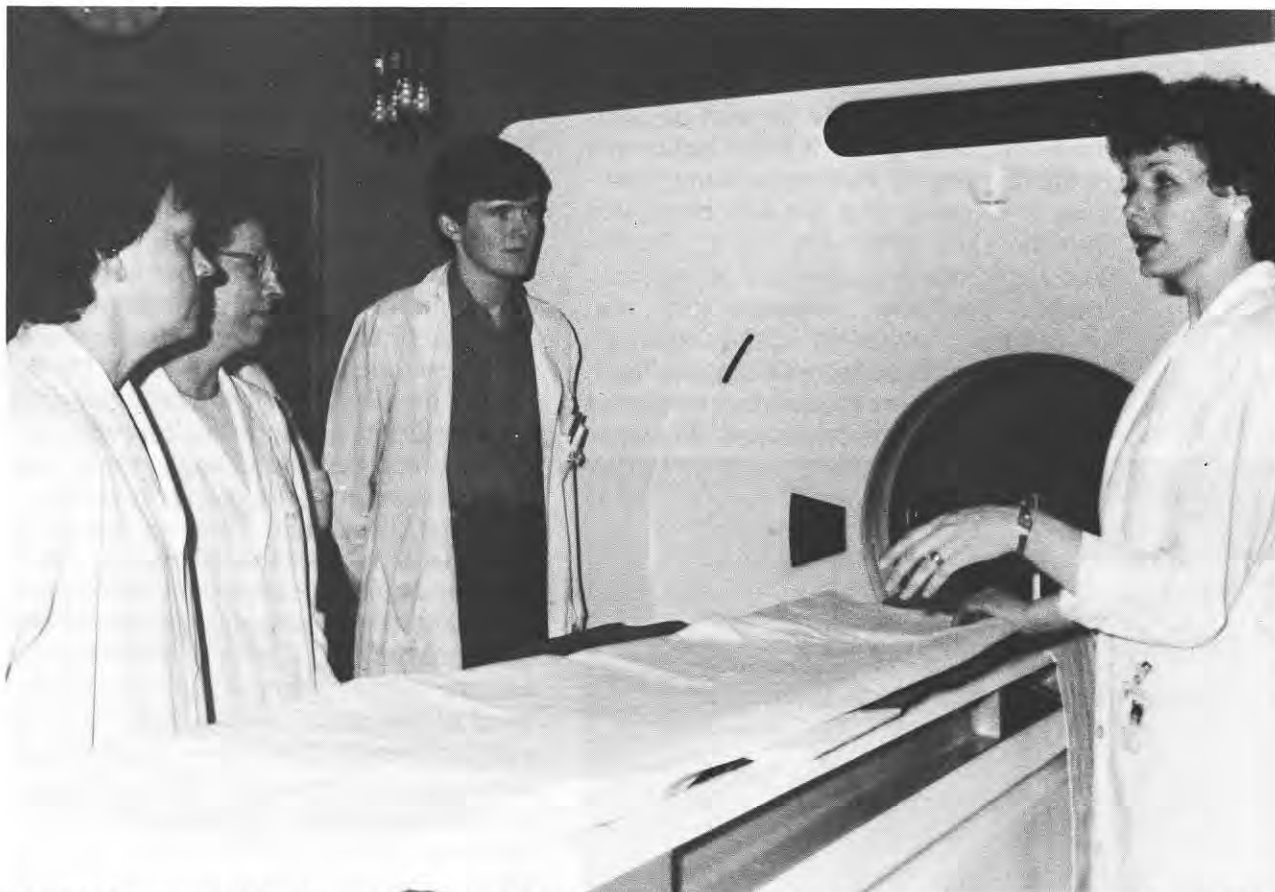
The Ultrasound Division began in 1974, with the purchase of the first ultrasound machine. Since that time, the Division has been developed under the control and guidance of Dr. C. Coates. Ultrasound has become extremely important in the assessment of pregnancy and the abdomen and pelvis of non-pregnant patients; the main advantage of ultrasound being the absence of radiation. In late 1986, the Ultrasound Division consisted of five ultrasound machines, with four ultrasound technologists performing up to 55 cases per day. Dr. D. Mowbray was appointed to the staff of St. Joseph's Hospital to develop, in association with Dr. C. Coates, a Doppler Ultrasound Division. This is a non-invasive technique for assessment of blood vessels in the body. The Ultrasound Division has been very supportive of the main thrusts of the hospital involving obstetrics and peripheral vascular surgery.

During Dr. Wilkins' tenure as Chief of Department, he served as Chairman of the MAC and was Acting Chairman of the Department of Radiology at the University of Western Ontario, pending the building of University Hospital and the appointment of the new University Chairman. Dr. Wilkins was succeeded as Chief of Department in 1976, by Dr. J. Black. Dr. Wilkins remained on staff at St. Joseph's Hospital before finally retiring in 1985. In the late 70's and early 80's, Dr. Wilkins served on the Examination



*This x-ray machine also functioned for several years as a Tomography unit, which shows specific parts of the body without the surrounding tissues interfering. Personnel are not identified.*

*London Free Press Photo*



*In 1984 a Computerized Axial Tomography Unit (CATscan) was installed. The x-ray head and detector are mounted on a circular frame, which can rotate through specified degrees of arc, inside the cover around the circular opening. The patient carrier, which moves the patient through the opening, can move very short distances to position the body for special areas to be visualized. Signals from the detector are computerized and converted to a highly defined X-ray image. Technologist Rosemary Millar explains its features to interested personnel.*

*SJH Staff Photo*

Committee of the section of Diagnostic Radiology of the Royal College of Physicians and was Chief Examiner in his third year. He continues performing locums throughout the radiological practices in Southwestern Ontario.

Dr. J. Black was the first Chief of Diagnostic Radiology, in St. Joseph's Hospital who had come through the residency training program. He is a graduate of Medicine from Trinity College, Dublin, Ireland, and obtained his Fellowship in Diagnostic Radiology from the Royal College of Physicians and Surgeons in Canada in 1970. During Dr. Black's tenure as Chief of Department, he served on the MAC, acting as Chairman in 1982-83. The number

of radiologists increased to 10 and further expertise was developed in Ultrasound and Special Procedures. Dr. Black, in association with Dr. Coates and Dr. Brown, was able to advise the hospital about the purchase of a computerized axial tomography machine (CT scanner). This is a highly technological piece of radiographic equipment which, by the use of the computer, is able to image transverse slices through the patient. This can image the patient from head to toe. The CT scanner was eventually installed in 1984 just after Dr. Black's resignation as Chief of Department.

He was followed as Chief by Dr. C. Coates, then by Dr. S. Eakins, who is presently the Chief of Department. Dr. S.

Eakins is a graduate of Trinity College, Dublin, and obtained his F.R.C.R. in 1972 and F.R.C.P. in 1973. The radiological staff has now increased to 11, despite the retirement of Dr. Wilkins and Dr. Nichol. The workload in the Department continues to increase, with the average annual case-load between 85,000 and 90,000. Since the addition of Dr. R. Kozak as an interventional radiologist two years ago, significant expertise has been developed in this branch of Diagnostic Radiology. Now the radiologists are involved in more complex tissue biopsies; under the control of the fluoroscope and the CT scanner, drainage procedures are being performed on intra-abdominal abscesses, biliary tree obstruction and renal obstruction. In the past two years, the Diagnostic Radiology and Urology Departments have been working together on the percutaneous removal of renal stones, performing approximately 300 kidney stone removals from 1984 to date.

Looking to the future, plans include the installation of a digital angiography suite in which angiography can be more easily and safely performed with the assistance of a computer to minimize radiation dosage. As well as visualizing the cardiac and coronary arteries and veins, those in other parts of the body can also be observed. Plans are also in progress to update the CT scanner for a more rapid scanning ability.

**Radiotherapy Department:** Radiation therapy was commenced in the 1930's at St. Joseph's Hospital. This continued through until 1970 with between 125 and 175 treatments given monthly. Approximately one-third of these cases were for superficial skin lesions. Drs. Nichol, Johnston and Wilkins were certified in Radiation Therapy, as well as Diagnostic Radiology. As the Cancer Clinic at Victoria Hospital became more organized and increased its staff, the decision was made to discontinue Radiation Therapy at St. Joseph's.

**School of Radiographic Technology:** The first training school in this specialty at St. Joseph's Hospital was established by the Radiologists, as teachers, in 1947 to

qualify students for certification by the examination of the Canadian Society of Radiological Technicians (later Technologists). The first two students, for the three-year program, were Sisters Mary Arthur Renaud and Roberta Thibert. When they graduated in 1950, they, with others, became part of the teaching staff.

In 1967 the teaching of radiological technology in Southwestern Ontario was taken over by Fanshawe College and the independent school at St. Joseph's Hospital was discontinued. In 1969 Dr. Johnston and later Dr. Greenhow were appointed to the Advisory Board of the School of Radiological Technology at Fanshawe, a position that has continued to be held by succeeding Department Chiefs of St. Joseph's Hospital.

The Department has been maintained in excellence by its staff. Sr. Mary Arthur Renaud was the Chief Technologist from 1950 until 1961 when she was succeeded by Sr. Cecilia Dronzek who occupied the position until 1978. Since 1978 Ms. Brenda Callaghan commendably manages the Department, assisted by Mr. W. Goarley who became Assistant Manager in 1974. Ms. R. Jackson has been Charge Technologist in Special Procedures with excellence in service. Ms. C. Bilbie as Charge Technologist in Ultrasound has been further involved in developing procedures of that specialty and training Ultrasound Technologists.

In 1979 the Society of Radiological Technologists was renamed the Canadian Association of Radiation Technologists to include those handling X-ray and/or Nuclear Medicine Procedures. Ultrasound was not specifically included because there is no radiation hazard, but since it is a visualization technique it would be natural for the procedure to be performed by technologists with this background.

Every successful department owes much of that success to the dedicated service of its members and typical of such are Rita Clark, Cora Snider, Madeline Bellamy and Anne Cornish, just to mention specifically a few.



The year was 1957 when anaesthesia at St. Joseph's Hospital gained the status of a combined University and hospital department. Dr. M. Growse was its first chief and there were six members on the active staff. This new commitment was the first of many changes which were to take place over the next thirty years.

Sharing in the teaching in the Department of Anaesthesia of the Faculty of Medicine at Western now meant that anaesthesia at St. Joseph's was under the influence of the University Department Chairman. Dr. Wolfgang Spoerel took over from Dr. J. Blezard as Department Chairman in 1958 and over the next twenty-five years played a major role in the development of anaesthesia in the city of London and surrounding district including St. Joseph's Hospital. During this period of development the number of members on active staff in the department grew to the present complement of sixteen. Dr. W. E. Spoerel stepped down as chairman in 1983 and was replaced by Dr. Arnold Tweed who hails from Winnipeg. Dr. Tweed comes to St. Joseph's Hospital once or twice a month to administer anaesthesia and to play a more active role in promoting research, especially in obstetrics and perinatology.

The next event to influence the practice of anaesthesia was the formation of Anaes-

## Department of Anaesthesia

thesia Associates of London in 1962. This marked the first time that all anaesthetists in the City of London became organized under a constitution to efficiently provide anaesthetic services wherever needed in London and district and to give the best possible care to all those requiring these services. This organization had a profound effect on the practice of anaesthesia including that in St. Joseph's Hospital. With the consent of the Anaesthesia Departments of St. Joseph's and Victoria Hospitals, Anaesthesia Associates assumed control of the daily assignment of anaesthetists to the various operating rooms, making it possible for anaesthetists to be scheduled at the same hospital and usually in the same operating room on any particular day. As time went on the anaesthesia staffs of the two hospitals became quite separate and distinct, with major commitments to one or the other of the hospitals where the greatest proportion of their work took place. Occasionally unpredictable workloads were such that an anaesthetist of either St. Joseph's or Victoria would help out at the other institution. This was vastly different to when the surgeons' office in scheduling surgery often had to call several anaesthetists before one was found free. The improved efficiency of scheduling elective surgery was then practised with emergency surgery

and obstetrics as well. Duty rosters were formed and all the anaesthetists of St. Joseph's took turns covering the hospital around the clock, looking after emergency surgery and obstetrics mainly, but anywhere else their services were required. For many years now the anaesthetists have given twenty-four hour in-hospital coverage, the first doctors in St. Joseph's to volunteer this service.

From an organizational standpoint, the next milestone was the appointment of Dr. Anthony Webster as Chief of the Department in 1968 and the first Geographic Full-Time member of the Department. This meant that Dr. Webster would receive a salary for the time he spent teaching, carrying out administrative duties and encouraging research. Dr. Webster performed his duties well and under his influence and supported by an energetic and skilled staff of anaesthetists, anaesthesia gradually blossomed into a truly teaching department. It was also due to Dr. Webster's efforts and insistence that the operating rooms first became outfitted with the necessary equipment to practise good, safe anaesthesia. In August, 1986, Dr. Arthur Lam replaced Dr. Webster as Chief of the Department. Dr. Lam as a graduate of the specialty course in Anaesthesia at Western came to St. Joseph's from University Hospital, where through his research in neuro-anaesthesia, he has received international acclaim. Dr. Lam is charged with stimulating more research by the Department of Anaesthesia at St. Joseph's along with his other duties as Chief.

In tracing the development and progress of Anaesthesia, the Recovery Room or P.A.R. (Post-anaesthetic Recovery Room) was probably the first area outside the operating and delivery suites to receive the attention of and be managed by anaesthetists. A holding area close by the operating rooms for patients to recover following surgery all the while being carefully monitored by specially trained nurses was a most important step in improved health care and safety. So it was in St. Joseph's

that this new concept in patient care was adopted in the early fifties and soon became an integral part of the care of every patient returning from surgery. Until this time patients were taken directly to their rooms or wards following surgery, many still unconscious, and the resulting degree of mortality and morbidity was unacceptably high. The present Recovery Room was opened in 1964 along with new operating rooms and Intensive Care Unit and has space and facilities to handle nineteen stretchers. The geographic location and relationships between operating suite, recovery room and intensive care unit offer excellent patient flow and the anaesthetists have a small office and lounge directly across from the Recovery Room where help can be summoned quickly should an emergency arise.

If holding patients following surgery in a confined area where they can be carefully monitored and until all their vital organ symptoms become stabilized proved beneficial, it follows that in those patients who because of the nature of their illness and/or the surgical procedure performed, more time is required for their improvement, then an extension to the recovery room or some similar area for further care and monitoring should be considered. Thus were the first Intensive Care Units (I.C.U.) conceived and this is exactly how the first I.C.U. was developed at St. Joseph's; it was as part of the recovery room in the old operating suite which is now the present location of the labour room. Looking after these patients, most of them very ill, is a natural outgrowth of the work of the anaesthetists skilled as they are to look after those with cardiac and respiratory problems. Thus it was that Dr. Frank Walker who joined the anaesthesia staff in 1964, became the unit's first director and through whose early work in coordinating and developing the unit is responsible for the success the unit still enjoys today. Gradually more and more medical patients came to the unit to benefit from the type of concentrated care and treatment possible only

in this kind of environment. Eventually, as more work came under the aegis of internists and cardiologists, Dr. M. Goddard, a cardiologist, was named Director in 1970/71 and he held this position until 1985 when Dr. D. Leasa, an intensivist became its present Director. The Department of Anaesthesia shares the care of I.C.U. patients with the Departments of Medicine and Surgery and Dr. Barry Singleton, an anaesthetist, is the Deputy Director of the Unit, assisted by Drs. John Parkin and James Nicholas, also anaesthetists. The success in looking after critically ill patients both surgical and medical is directly due to the highly skilled work in this area performed not only by intensivists, anaesthetists, cardiologists, internists and surgeons, but also by very well-trained and devoted nurses, respiratory technologists and others.

Traditionally obstetrics has required extensive anaesthetic coverage. Until 1960, most obstetrical patients receiving an anaesthetic for normal delivery were given a general anaesthetic. Now, 80% of obstetrical patients who have anaesthetic assistance with their delivery receive an epidural. Most Caesarean sections are also done under epidural anaesthesia. Because epidurals are started while the mother is labouring, some must be managed for several hours prior to delivery. Safe management of epidural anaesthesia coupled with a steady increase in obstetrical cases, over 4,000 annually, now necessitates 24-hour in-hospital anaesthetic coverage. The fact that two-thirds of the obstetrical deliveries in London take place in St. Joseph's Hospital is proof alone of the excellent care given these patients by their doctors and nurses. Unusual cases, because of their small numbers often must be concentrated in one centre to both optimize and economize their treatment. Such was the case in July 1969 when St. Joseph's Hospital due many surmise, to its excellent obstetrical unit, was chosen as the Regional Centre for high risk pregnancies in South-western Ontario. In addition to the special care given these patients by the obstetrician,

a special unit to look after the newborn, often quite premature and possibly suffering many congenital defects, was necessary. A Neonatal Intensive Care Unit was constructed and following a recent much-needed addition now accommodates approximately thirty-five neonates, many of whom require mechanical respirator care. Although only a small number of these newborns require surgery, because of their small size, many weighing as little as one and a half pounds, they present special problems to both the surgeon and the anaesthetist. A great deal of credit for the successful outcome of many of these high risk neonates must go to the neonatologists and nurses working in the unit who are with these infants from the very moment of birth.

The relief of pain, although a tenet held by every medical practitioner, was for many years denied certain segments of patients mainly because of lack of know-

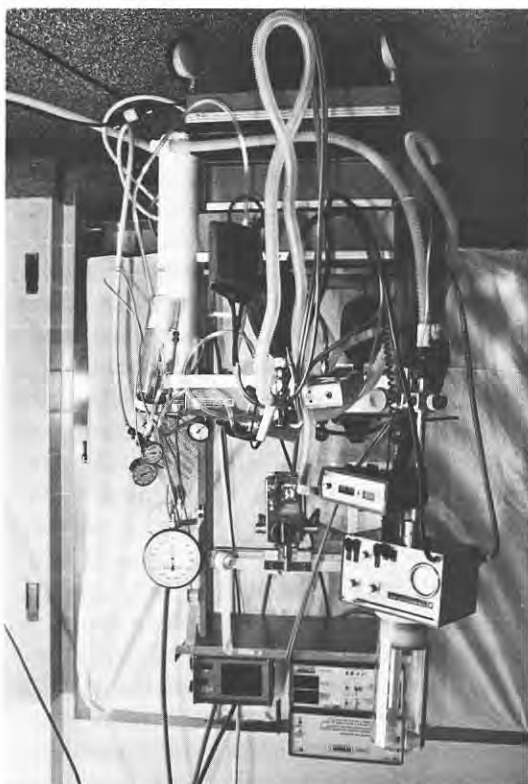


*Older Anaesthetic machines were devised to provide an accurate flow rate of gases. This machine (Port-anaest) is approximately 18" high. SJH Staff Photo*

ledge and understanding. Anaesthetists with their knowledge of local anaesthetics and their skill with needles were the logical group then, to become interested in this field of medical care. Dr. Frank Walker initiated pain management in a clinical setting with encouragement from Dr. Spoerel in 1967. The demand for this service has increased to the extent that it operates five half-days a week and except for a shortage of clinic space, could be expanded even more. Dr. Earl Russell, an anaesthetist and another pioneer in the work of pain relief, then joined the anaesthetic staff and provided clinic care as well. He is particularly interested in the relief of chronic pain in terminal illness. More recently, Dr. James McKishnie, an anaesthetist, has joined the pain clinic, having completed a six-month course in pain management at the University

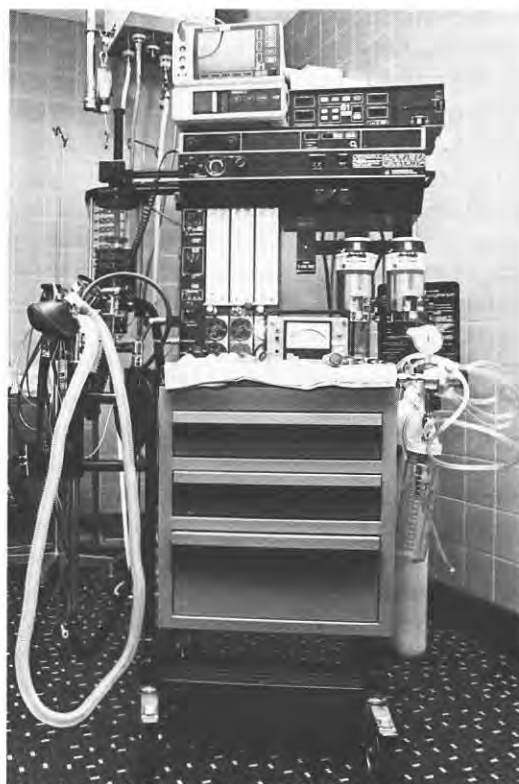
of Washington in Seattle. Pain relief is one of the most highly rewarding pursuits in medicine and often this is all that can be offered to the many suffering from malignant pain due to terminal illness.

As changes took place in the organization of the Department down through the years, so did the actual administration of anaesthesia. Explosive anaesthetics such as ether and cyclopropane, popular for many years, were replaced by non-explosive agents and the third generation of these, the halogenated hydrocarbons are now in use. Muscle relaxants continue to be used liberally and some of the newer ones have been developed to meet more individual requirements. Nerve stimulators are used to help monitor the degree of muscle paralysis and to facilitate the dosage demands. A relatively new narcotic, fentanyl,



Ten years ago this became the basic Anaesthetic machine. Anaesthesiology was advancing rapidly with new sensors, out-of-limit alarms and monitors which were added as their values were proven.

*SJH Staff Photo*



Today's "state of the art" Anaesthetic machine, now in use, incorporates the gadgetry of the previous model into a highly efficient computerized unit for rapid response to any adverse changes in the patient's condition.

*SJH Staff Photo*

and more recently its two congeners, sufentanil and alfentanil, have practically replaced morphine and demerol and when these agents are given intravenously along with nitrous oxide, oxygen and a muscle relaxant a very popular type of anaesthetic results known as intravenous narcotic anaesthesia. While different induction agents have been tested nothing has been found to replace sodium pentothol, the original hypnotic introduced to anaesthesia in the 1930's. Nitrous oxide, still used as part of almost every general anaesthetic, appears ensconced as the basic gas along with oxygen to form a major part of all general anaesthetics.

In keeping with newer anaesthetic agents there has been a concomitant improvement in the gas machines with prices rising even faster. A gas machine 15-20 years ago could be purchased for \$1500.00. A new machine today comes at anywhere between thirty and fifty thousand depending on the number of options requested. These options for the most part consist of individual monitors or a battery of monitors displayed on one screen. The fact is, improved capabilities in monitoring over the past ten years is the single most important reason for the improved safety in anaesthesia. Safety alarms provide signals should the percentage of oxygen fall below preset values or if a disconnect should occur between patient and machine causing a drop in pressure. Today every patient is monitored for pulse rate, temperature, blood pressure, breath sounds and heart tracing or E.K.G. Shortly it will become a must for every patient's oxygen saturation to be measured and this facility is present in the hospital with half the operating rooms now fitted with these monitors. A machine to measure a patient's exhaled carbon dioxide is used in specific cases and this feature will be next to become necessary for all patients undergoing surgery.

Why then, one might ask, with the many new and better anaesthetic agents, sophisticated gas machines, and more monitoring capabilities are anaesthetics in

the highest risk category when it comes to settlement for damages in lawsuits involving malpractice? There are many sides to this dilemma, but to answer this question simply, it is correct that anaesthesia today is far better and safer and there are fewer mishaps resulting in bodily harm and/or death, but because of the high patient expectations nothing less than perfection is acceptable; and to paraphrase a somewhat recent editorial, however, still cogent, as to the attitudes in most courts, if no other plausible reason can be found for the mishap then it must have been due to the anaesthetic. Today, specialist anaesthetists pay an annual insurance premium of slightly over eight thousand dollars and word has it the premiums will increase to over ten thousand dollars. Five years ago, the same coverage cost five hundred dollars.

While teaching is now shared by all three London hospitals, in days prior to the opening of University Hospital and when many of the teaching programmes were first being structured, anaesthetists of St. Joseph's Hospital took responsibility for administering many of the courses. Some of these under the undergraduate and post-graduate lectures and seminars, are the six-month course in anaesthesia aimed at training family doctors to practise anaesthesia in small community hospitals, and a refresher course to assist in the continuing education of specialists and non-specialist anaesthetists throughout Southwestern Ontario. In a further attempt by the University Department to disseminate knowledge and information and to provide a forum for those practising anaesthetists outside London to be able to come together to discuss their problems with others, an association known as Southwestern Ontario Anaesthetists was formed and the administration of this group was, for many years, centred in St. Joseph's Hospital. Anaesthesia coverage for Moose Factory involving anaesthetists, many from outside London, was another assignment looked after by the department at St. Joseph's for many years under the direction of Dr. Earl Russell.

But, if the teaching assignments mentioned appear demanding in time, the major proportion of teaching is done in the clinical setting in the operating and delivery suites and critical care areas. Teaching in these areas is usually carried out on a one-to-one basis between consultant and resident, but also with interns and medical students and naturally, patients. One of the most difficult problems associated with clinical teaching is arriving at the proper balance between the amount of responsibility to give the students and doctors-in-training which is related to their experience and competence and offering the proper supervision to guarantee the practice of good, safe medicine at all times. The anaesthetists at St. Joseph's Hospital recognize the great responsibility of their positions and make every attempt to act as good role models.

In spite of increased involvement of anaesthetists outside the operating rooms, the anaesthetist still spends by far the greatest share of this time in the operating suite. The number of surgical cases requiring anaesthesia, approximately 6,000 in the mid-1950's, doubled by 1971, plateaued until 1981 and will reach almost 16,500 by the end of the fiscal year, 1986-87. Some of these increases were made possible by the addition of surgical beds in 1964; however, the abrupt increases noted in 1971 and 1981 were due to the institution of the Surgical Day Care Unit (S.D.C.U.) in 1971 in the old Doctors' Lounge and to the new and presently used S.D.C.U. in 1981 which doubled the capacity of the patient facility. To put this into perspective, the point is being reached where almost half the surgical patients are being treated as out-patients. The operating suite is working at near capacity and any future increases will require more surgical beds, more operating space and additions to the recovery room.

The members of the anaesthesia staff by the very nature of their work have always been in close contact with the surgeons, somewhat less with the obstetricians and gynaecologists, but also with the internists,

radiologists, psychiatrists and others. These professional relationships have always been excellent and the relaxed atmosphere and good working conditions found everywhere in St. Joseph's are often mentioned by the resident doctors who travel around to all three London teaching hospitals. A great deal of the credit for this special atmosphere evident throughout the hospital must go to the Sisters of St. Joseph whose original concern for the sick was responsible for the establishment of the hospital in the first place and whose care and love in carrying out their mission has affected all who work in the hospital to producing this certain aura that all perceive and enjoy, especially the patients.

The number of people involved in health care has steadily increased. Nowhere is this more apparent than in hospitals where doctors, nurses, interns, residents and medical students have multiplied and others added due to the advances in technology in treatment, diagnosis and monitoring. This growth in personnel involved directly and indirectly in patient care has more than been matched with increases in those in administration. This latter growth, reportedly predicted by many, is a natural sequel to the universal medical plan first introduced by the Federal Government in 1964 and later adopted by the Ontario Government. The effect of this bureaucratic-like management has been to gradually reduce the involvement of the doctors in the affairs of the hospital which in some areas has been welcome relief, but in others, relating to patient care, has given rise to the fear that doctors may ultimately lose their ability to determine the direction of care best suited to the individual patient. We have been fortunate in St. Joseph's Hospital and, with few exceptions, the Department of Anaesthesia has received excellent cooperation from administration and this relationship built on mutual trust and good will has been an important factor in the department's success.

The members of the Department of Anaesthesia with Dr. Arthur Lam, the new

hospital Department Chief, along with Dr. Arnold Tweed, the new Chairman of the University Department, face the twenty-

first century with renewed interest and dedication, supporting the basic obligations to patient care, teaching and research.

## Department of Psychiatry

The new Marian Wing of St. Joseph's Hospital opened in 1954. Included in this wing were 36 patient beds, a significant portion of the first Psychiatric Department within the Hospital. Fifteen of these patient beds along with their nursing station were located on 3rd Marian Wing; fifteen patient beds and their nursing station on 2nd Marian and the remaining six patient beds with their nursing station servicing the more regressed patients were on the ground floor near the psychiatrists' offices. On the ground floor as well were patient treatment rooms, namely — group therapy, hot tub, electro-shock therapy (E.S.T.) and occupational therapy. A patient waiting room, a secretaries' office and the two psychiatrists' offices comprised the remainder of the area.

Doctor Wm. A. Tillmann, a psychiatrist and teaching Fellow within the Faculty of Medicine, University of Western Ontario, was appointed Head of the new Department of Psychiatry (1952-1984). The following year Dr. Lebert Harris (1953-1959) was appointed to the permanent psychiatric staff. The acquisition of Dr. Harris reaffirmed the original intent, that the major thrust of treatment and teaching would contain the fundamentals of a psychodynamic (psychoanalytic) formulation.

Three new permanent staff positions were created at this time; a registered

Psychologist, John Howe, an M.S.W. Social Worker, Margaret Phipps, and a registered Occupational Therapist, Lillian Gardiner. In 1953 Hospital Administration arranged advance psychiatric nurse training for three Charge Nurses: Sister Angela Felix McKeough (Sr. Katherine), Sister St. Patrick Joyce and Dorothy Maguire. These nurses spent a period of three months in each of the following settings — Homewood Sanatorium, Westminster Hospital psychiatric service and Hillside Hospital, New York City.

From inception some physical therapies were incorporated to support the more severely regressed patients in coping with their anxiety and/or severely depressed state. These therapies included sedation, sub-coma insulin therapy, wet packs and electro-shock therapy. Very early in the use of E.S.T., a pre-shock sedation and shortly thereafter a pre-shock muscle relaxant (curare) were introduced.

In 1954 the Psychiatric Residency programme which at this time was based mainly at the Ontario Hospital London included the Psychiatric Department at St. Joseph's Hospital as part of its training programme. It was at this time that Dr. Harris began presenting to interested psychiatric residents seminars on psychoanalytic theory. In 1955 Dr. Tillmann began



a weekly Balint style teaching group for a limited number of interested general practitioners to enable them to communicate more effectively with some of their patients.

Dr. B. Pivnick (1956-67), a recent post-graduate in psychiatry from the Menninger Clinic in Topeka, Kansas, joined the permanent staff.

In 1956 Dr. Tillmann accepted and directed a research study that would be carried out on a small number of automobile drivers in the London population. This study was supported by funds from the U.S.A. Government and was to determine the effects of group psychotherapy among a limited number of persons who had in common incurred a high number of automobile accidents. The mechanics of the research study were carried out in the setting at S.J.H. and the project was approved by U.W.O.; the funds were administered by St. Joseph's Hospital authorities. The research study was completed in 1963.

The use of anxiolytic drugs for reducing the level of anxiety in some patients was introduced in 1956. These medications, used judiciously, enabled some chronically emotionally ill persons to function in the community with continuing psychiatric care. It was not long after this time that anti-depressant medications were also made available as a means of terminating major depressive episodes in persons liable to this recurrent emotional disorder.

Dr. V. Jurjans (1959-86), who joined the permanent staff, had completed a portion of his post-graduate studies in psychiatry at St. Joseph's Hospital prior to receiving his Fellowship in Psychiatry.

Dr. W. Downe (1959-66) was appointed to the permanent staff shortly after completing the final portion of his psychiatric training in the Hartford Institute in Connecticut. He had some specialized training in working with emotionally disturbed adolescents and young adults.

Dr. George Gort (1960) also had completed some portion of his post-graduate training in psychiatry at St. Joseph's Hospital prior to receiving his Fellowship in Psy-

chiatry. Dr. Gort was the first member of the permanent staff to undertake and complete his psychoanalytic training while still on staff.

The Provincial Ministry of Health did, for a second time within the decade, approve and grant some monies to St. Joseph's Hospital to include a new and expanded Psychiatric Department on the second floor of the new Wellington Wing completed in 1964. There were 48 in-patient psychiatric beds as well as two five-bed patient wards for day patient care and night patient care only. Included in this unit as well were patient treatment areas and patient facilities such as a meeting room, T.V. room, patient dining room, kitchenette and laundry room. There was an outdoor deck which provided space for physical activities such as badminton, shuffle board. There were two strategically placed nursing stations with adjoining nurses' offices as well as an office for the Head nurse. There were offices for the permanent staff psychiatrists and one for visiting staff physicians. Offices were also provided for a department psychologist, a social worker and an occupational therapist. This unit also contained a large area for the Department of Occupational Therapy. The Department contained areas for limited size group therapy sessions. There were two resident offices, a large conference teaching room with a library area, and three teaching suites which allowed for audio-visual teaching.

In the overall design one nursing station was located to provide nursing care for thirty patients, all of whom were ambulatory and generally self-caring. The remainder of the psychiatric patient beds were located in Supportive Care. Psychiatric patients assigned to these beds were those who evidenced clinical features of being overwhelmed by their inner feelings of anxiety and/or depression. In this setting the nurse was readily available to the patient both visually and physically. When a patient no longer required this kind of nurse support, he/she was transferred to the patient self-care area.

Dr. H. Mountain (1963-66) was appointed to the permanent staff after completing his graduate psychiatric training at the University of Denver. It was in that setting that he took special training in a type of psychiatric patient care known as the therapeutic community. In early 1966 Dr. Mountain joined the out-patient staff of the Ontario Hospital (London) to develop this treatment approach in that setting.

Dr. John McLeish (1966-76) was appointed to the permanent staff. He organized and headed a specialized group therapy team designed for younger psychiatric patients in their mid and late teens. It was at this time that psychedelic drugs were more readily available and being misused by some young people.

Since the inception of the unit, staff psychiatrists found it was valuable to meet out of hospital once weekly to talk informally "away from the shop", so to speak. They learned that this activity proved very supportive in enabling them to recognize and deal with issues that were cropping up between themselves. These situations were dealt with before they became issues. It became evident that they invite, once monthly, a representative from the nursing staff, occupational therapy staff, psychology, social work, psychiatric resident staff and undergraduate medical student group. This enhanced the communication greatly over the years and was particularly valuable when treatment began for some adolescents in the adult ward. The importance of dealing with staff conflicts by talking them out, greatly reduced the likelihood of some of the in-patients acting them out.

The principal treatment aim continued entrenched in the psychodynamic model. With the introduction of anti-psychotic and anti-depressant pharmaceutical drugs, E.S.T. was used much less in the supportive treatment of these selected patients. It is also to be noted that they did not require re-admission to hospital as frequently as they had in the past.

More group therapy was instituted in the wards during the early '60's. At this

time in-patients and out-patients were involved, whom it was felt could utilize the analytically-oriented group approach.

The undergraduate medical student teaching at this time was principally confined to some lectures in psychiatry by St. Joseph's Hospital staff at the Medical School. Psychiatric lectures were also presented to the undergraduate nurses in the St. Joseph's Hospital nursing programme. These nurses also took their clinical training in the psychiatry ward.

The post-graduate training function until the early '60's was confined to the psychiatric resident assigned to the Unit. Beginning in the '60's teaching of Family Practice residents for a period of six weeks was begun while they were assigned to the Department for training in clinical psychiatry. These residents came from the St. Joseph's Hospital Family Practice training programme.

In the mid 60's a psychiatric crisis team was formed on a 24-hour: 7 days a week, basis. This team consisted of a staff psychiatrist on call, a psychiatric resident and a psychiatric nurse. In the mid-60's there was an ever-increasing number of patients being referred directly to the Hospital emergency service for psychiatric assessment and possible crisis admission to the psychiatric service. This began a period of so-called emergency admission to the ward in contrast to the elective admission. It became necessary to assign a limited number of beds in the Supportive Care Unit as crisis admission beds. The bed could be assigned to the specific crisis patient for a limited time. It became evident that the pattern of a physician's practice and the utilization of hospital emergency departments within the community were changing.

Toward the latter third of the 60's the government had taken over the whole of the health care system. This brought to an end the so-called staff patient (a patient unable to afford hospitalization and physician's care). The staff patient in past years had been admitted to hospital at no cost and was treated by the hospital staff

physicians at no cost. Monies from government health sources were now made available to pay for the staff patient care.

It was at this time that permanent staff psychiatrists were offered full-time geographic teaching appointments within the Department of Psychiatry, U.W.O. Faculty of Medicine and St. Joseph's Hospital. At this time, the residency programmes were re-organized — they were taken from within the Faculty of Medicine U.W.O. and were required as well to meet the teaching standards set down by the Royal College of Physicians. St. Joseph's Hospital Department of Psychiatry was so approved. It was around the same time that the College of Physicians and Surgeons of Ontario legislated that six weeks clinical training for interns in an approved psychiatric department in a general hospital setting was mandatory prior to their being licensed to practice. The Department gladly participated in this intern training as well.

In the latter part of the 1960's the Ontario Government replaced the large and aging Ontario Hospital London (1600 patient beds) with the new London Psychiatric Hospital (460 patient beds). At this time there was a changing emphasis on long term in-patient care in the Ontario Hospital system. The changes directly influenced the mentally handicapped as well, who were cared for in large institutions for long-term periods. This shift of emphasis to externalization was brought about mainly by the development of long-term acting major tranquillizers and as well by the use of anti-depressant medications in some patients. The politicians as well at this time made the decision that it was not a good thing for the chronically mentally ill and the mentally handicapped to live for long periods in institutions. Many of these above-mentioned patients were referred to the treatment resources of the psychiatric services in the community hospitals when they were in a crisis.

At the beginning of the 1970's Dr. G. E. Hobbs, the incumbent Chairman of the Department of Psychiatry at U.W.O., retired

and Dr. G. F. Heseltine was appointed Chairman. The '70's heralded many changes within the overall University Department of Psychiatry and Dr. Heseltine contributed significantly to them. Many of these changes had an impact on the St. Joseph's Hospital Department of Psychiatry. One of the early changes was the development of the Associates in Psychiatry. This Association developed a financial agreement among all the psychiatrists appointed as geographic full-time appointees in the three teaching hospitals. This led to a closer association among the psychiatrists based at the three teaching hospitals and the London Psychiatric Hospital. With the already developed programmes within the U.W.O. Department of Psychiatry and the ones that Dr. Heseltine planned to institute, he was able to attract to London a significant number of psychiatrists to join the developing psychiatric staff at University Hospital. Two of the early additions to the afore-mentioned staff had a major influence on the Psychiatric Department at St. Joseph's Hospital — Dr. J. Aufreiter and Dr. V. Kral.

Dr. J. Aufreiter, a nationally renowned psychoanalyst, teacher and therapist, and one of the founders of the Canadian Psychoanalytic Society, joined the consultant staff at St. Joseph's Hospital. Over the years that Dr. Aufreiter has been here, he has enriched the knowledge and understanding of all the staff, of psychoanalytic principles and process. Through his teaching and his participation in the teaching seminars, he has attracted over the years some members from the psychiatric residency training programme as well as a number of other staff persons within the overall U.W.O. Dept. of Psychiatry and related disciplines to undertake psychoanalytic training. The Department of Psychiatry has, since the mid '50's, invited guest speakers nationally and internationally recognized in the field of psychiatry to lecture and conduct teaching seminars in the St. Joseph's Hospital setting. It was after Dr. Aufreiter joined the consultant staff and became an active participant with the various guest speakers that these

teaching experiences became doubly enriching.

Dr. V. Kral, an internationally renowned gerontologist whose basic training was in neurology and psychiatry, joined the consultant staff at St. Joseph's Hospital Department of Psychiatry. He has been widely published in leading medical journals in North America and Europe. Shortly after Dr. Kral joined the consultant staff he encouraged the forming of the first polyclinic for geriatric patients in London. This out-patient service is located in the medical out-patient department of St. Joseph's Hospital. It has continued to grow in patient numbers over the years. It is not only sensitive to assessing and treating the emotional disturbances within the geriatric patient but as well it is sensitive in assessing and recommending with regard to their particular social needs and further medical assessment where indicated. The clinical work of this polyclinic for psycho-geriatric patients has recently been published in a well-known Canadian Psychiatric Journal by the three psychiatrist members working there.

In the late '60's and early '70's the medical undergraduate programme was totally revised. Psychiatry was now to be taught throughout the first three of the four-year undergraduate programme. Members of St. Joseph's Hospital Department of Psychiatry participated in teaching at all levels of this programme. The fourth and final year did not include psychiatric courses in the selective or elective courses. At this time the psychiatrists on staff actively participated in the updating and reorganizations of the ongoing post-graduate programme in psychiatry.

In 1972 the Provincial Government included in the annual budget for St. Joseph's Hospital monies to start and continue a formal out-patient psychiatric clinic. Dr. D. Heath (1973-75) was appointed Director. This Department had difficult growing pains primarily due to the lack of composite space. Dr. John Lohrenz, an experienced psychoanalyst, was appointed to the Geographic

Full-Time staff in 1977 and Director of the Psychiatric Out-Patient service. This service was, shortly after, moved all "under one roof" Dr. J. Casselman, a senior psychoanalyst as well, was appointed to the Geographic Full-Time staff (1978-83) in the capacity of Assistant Director of Out-Patient Psychiatric service. This service has assumed and reinforced the cornerstone of dynamically oriented psychotherapy within the overall Department of Psychiatry at St. Joseph's Hospital. This psychiatric Out-Patient service provides individual psychotherapy and various conventional forms of group psychotherapy. It has contributed a number of original papers to the psychiatric literature and continues to do so. The Out-Patient service at St. Joseph's Hospital is held in high esteem as a post-graduate training area particularly among residents hoping to pursue further training in individual psychotherapy.

Dr. W. Yakovishin was appointed to the active teaching staff in 1974. He has contributed in both teaching and service. Dr. Yakovishin is highly respected for his teaching and clinical service in the polyclinic within the Hospital Out-Patient clinic.

Dr. E. McCrank (1977-83) joined the Geographic Full-Time Staff. Dr. McCrank made a number of contributions to the patient care system and mainly to the undergraduate teaching. Not the least of his list of attributes was his contribution to public relations.

Dr. John McCready was appointed to the Active Staff in 1978. He has been quite contributory to the twenty-four hour psychiatric assessment service.

Throughout the '70's improvements were made in clinical teaching techniques, beginning with the psychiatric residents transcribing their patient interviews; progressing to their recording the interviews on wire recorders in the '50's — to tape records in the '60's — to direct viewing of the resident via one-way mirror teaching rooms in the latter part of the '70's — to direct audio-visual tape recording of the resident in a treatment session with his/

her patient. Now in the mid and latter part of the '80's, resident teaching has extended to include contributing directly to the interact component of teaching in conjunction with University Hospital and some other regional hospitals by direct T.V. This latter development augments the Department's regional teaching efforts and as well expands the rapid psychiatric consultation service.

During the '70's and extending into the '80's it was observed that upon admission, there was a change noted in the nature of the illness that psychiatric patients suffer. There is an increase in the number of crisis admissions and a high percentage of these patients manifest features of a character disorder. A large number of these afore-mentioned patients manifest features of depression, seemingly sudden in onset and often associated with rejection by a significant person. They can often be impulsive and at risk to themselves. They frequently reorganize quickly in hospital but generally do not adapt to on-going hospital routine. It was recognized that a long-term commitment to treatment by the patient was warranted. Efforts were made to procure a house for them nearby where they could continue to receive emotional support in a less formal but structured environment. These patients would be expected to continue in individual psychotherapy. The request was never funded.

An increasing number of senior patients were being transferred to the service because of behavioral problems often associated with an underlying organic disorder. These patients generally required longer periods of time in the active treatment setting. Also a significant number of patients were being received who were manifesting disorganized behaviour as a result of their abuse of street drugs, etc. To deal with and to try to stem this flood of admissions and transfers, a crisis intervention team was developed to be available to other clinical departments of the hospital and to psychiatric crisis problems referred to the Emergency Department. This service proved

to be useful to the patient in crisis and it also provided a learning experience for the ward staff involved. It did lessen the incidence of admission through Emergency and transfers within the hospital.

At one time in the '70's a psychiatric staff person, usually a psychiatrist or psychiatric nurse, was also appointed to meet regularly with the nursing teams in high stress units such as the Intensive Care Unit, hemodialysis unit, etc. These regular group sessions seemed to free up considerable interpersonal feelings for discussion. Unfortunately they were discontinued in the late '70's for various reasons.

In the late '70's and continuing into the present, a psychiatrist consultant has been assigned to the palliative care committee and has proven to be a valuable resource.

For many years efforts were made to develop a Psychiatric Liaison Service. It was recognized that it required a psychiatrist full-time as well as a psychiatric nurse and psychiatric resident. When Dr. Paul Steinberg received his Geographic Full-Time appointment in the service in 1982, he became the necessary resource person to act as Director of this important hospital service which provides an excellent undergraduate and post-graduate teaching resource.

In 1983 Dr. Greg Truant was appointed to the Geographic Full-Time staff. His initial appointment was to the psychiatric outpatient service. Dr. Truant had already manifested considerable interest and skills in the fields of teaching and research.

Over the years since the inception of the Psychiatric Department at St. Joseph's Hospital the shifting emphasis in the means of providing emotional support to the psychiatric patient who required hospitalization is evident. These external supports initially were mainly physical and are now mostly psycho-pharmacological drugs. There has been an increasing emphasis from within psychiatry to attempt to keep persons with emotional disorders functioning in the community.

At the same time, due to major biological and technical advances in other spheres of medicine, increasing demands are made for patient bed space and specialized areas for specific procedures. Over the years, the psychiatric in-patient bed space has been reduced from 48 to 33.

On June 30, 1984, Dr. Tillmann retired as Chief of the St. Joseph's Hospital Department of Psychiatry and from the active teaching appointment within the Department of Psychiatry, Faculty of Medicine, U.W.O. He was appointed Professor Emeritus and has maintained a part-time link with the Hospital. Dr. John Mount, a psychoanalyst, who had been on staff at the Department of Psychiatry University Hospital, was appointed the new Chief of the Department of Psychiatry St. Joseph's Hospital as of July 1, 1984.

In the ensuing years further commitments to the inter-personal model of understanding human behaviour was made, but there were many changes in the way the actual services were delivered to the patients. Dr. A. Malla was appointed to the Geographic Full-Time staff in 1984, coming to St. Joseph's Hospital Department of Psychiatry from Chatham, Ontario. His contributions have been mainly in the area of social and epidemiology research to complement his Aftercare Program, a service to patients who are chronically disabled.

A shift in educational activity occurred with the appointment of Dr. Greg Truant to the position of Coordinator of Education in 1984. In conjunction with Dr. Truant's efforts this educational programme is now highly regarded by the residents in the post-graduate and undergraduate training programmes.

The St. Joseph's Hospital Department of Psychiatry actively supported the development of an autonomous hospital-wide Department of Psychology and the Department was able to attract Ross Norman Ph.D. to head this newly established service. Dr. Norman is a person of considerable national renown for research activities and

delivery of psychological services.

On the in-patient unit, certain changes were brought about that created an increase in efficient care resulting in a shorter length of stay than previously had been the case. At the same time, with the increased support of the Aftercare Program, and continuing involvement of the Out-Patient Psychotherapy Service, return admissions had not increased. The development of an additional component to the Out-patient Psychiatric and Follow-up Service under Dr. G. Gort in 1987 similarly offered services where previously they had been scarce.

Dr. V. Jurjans retired from the St. Joseph's Hospital Department of Psychiatry and U.W.O. in 1986. He was appointed a Professor Emeritus and now maintains part-time an active research interest within the Department.

Research endeavours have increased, focusing on mainly collaborative efforts in the areas of childhood relationships and marital quality, postpartum depression and various social psychiatry issues.

Regrettably, due to Provincial Government financial restraints, specific projects that requested funding for the expanded hospital Liaison Psychiatric Service, an Aftercare Service and a Day Hospital have not been satisfied.

In 1987, a Psychiatric Emergency Service under Dr. J. McCready was developed, providing a more efficient and effective service during the day to the Emergency Department and one which is less disruptive to the on-going activities of the Unit.

The Department of Psychiatry is looking forward to being housed in the new second floor of the rebuild program with the utilization of space in keeping with its current focus and increasingly energetic role.

Many people have contributed to the development and to the level of excellence of Psychiatry at St. Joseph's Hospital. One could enumerate persons from all levels of the health care disciplines in the Hospital from the hierarchy of the Administration

to those performing ward tasks. All have contributed to this thirty-five-year-old Department in its efforts in treating others,

teaching others and contributing to research in one common pathway--namely, the care about others beyond themselves.

## Department of Ophthalmology

The original eye service at St. Joseph's Hospital was part of a combined service of Eye, Ear, Nose and Throat (Ophthalmology and Otolaryngology). This surgical subspecialty was first headed by Dr. Septimus Thompson, who trained at the Manhattan Eye and Ear Hospital in New York City.

Dr. J. R. Armstrong was responsible for the combined Department from 1942-1956 and it was in 1957 that the two surgical subspecialties of Eye and Ear, Nose and Throat decided to go their separate ways. This was not only due to the realization that the interests and demands of the two specialties were quite different, but as well, was due to the postgraduate training courses providing teaching and experience in one or the other specialty, not both.

It was the responsibility of each of these two services to provide medical and surgical in-patient care as well as out-patient care. The latter was in the form of out-patient clinics, which were primarily held to provide care to the indigent. They also provided teaching for under-graduate students at the Medical School and nurses and technicians of the hospital staff.

In the mid-fifties, a few beds scattered throughout the hospital were available for the use of the Eye Department. Clinical facilities for out-patients were, to say the least, not substantial. The Eye Clinic, so

called at that time, was the shared use of the old iron Ear, Nose and Throat chair (designed primarily to prevent the escape of a frightened, unhappy patient), along with the box of loose trial lenses and a retinoscope. The addition of a magnificent new slit lamp, however, provided a further exciting dimension to the diagnosis of eye disease and injury. The little Schiötz tonometer and black cloth tangent screen, complete with wand and white-headed pin, provided diagnostic capacity in the field of glaucoma and neurological disease. There was a weekly clinic held on Tuesday morning for an hour or so in the gynaecology clinic. Sometimes as many as five or six patients waited their turn in the adjoining Hospital Emergency waiting room.

The Department of Ophthalmology today bears little resemblance to that of the mid-fifties and sixties. The Department now boasts an active teaching staff of five Ophthalmic surgeons, and two full-time residents on the accredited teaching program. Ophthalmic nurses, technicians, ward, out-patient and operating room personnel make up the supporting staff. Fourteen adult teaching beds and five paediatric beds are being used to capacity. The operating room is continuously active.

The out-patient Department of Ophthalmology now operates five days a week,



treating up to forty patients a day. These patients are served by facilities which include three completely equipped examining rooms, minor surgical facilities, and an investigative unit capable of carrying out fluorescein angiography, ultrasonography, computerized field analysis, intra/extra-ocular stereo photography and Friedman analysis.

In-patient facilities have grown along with the Hospital over the years, and have now been augmented by a Surgical Day Care service. Cataract patients, for instance, can now come to the Hospital an hour or so before their surgery and return home the same day. This is in sharp contrast to the long periods of hospitalization in the

50's, often up to two weeks in length. Then the patient was confined to bed, with the head surrounded with sandbags to prevent any untoward movement. It was no wonder that cataract surgery was anticipated with dread if not justifiable pessimism.

The Eye Operating Room, from its simple beginning where the surgeon used magnifying spectacles and bare hands unencumbered by the thick, insensitive rubber gloves of the day, now benefits from the latest advances in ocular technology. The ceiling-mounted remotely-controlled operating microscope, with remote video monitors, is the centerpiece. This provides not only perfect visualization of microsurgical procedures, but its dual



*Ophthalmic technician Pat Cay, with Mary Jane Leonhardt as "patient" demonstrates the "Octopus 500" which tests for central and peripheral vision. It is now possible to detect glaucoma earlier, glaucoma being a symptom of many conditions.*

*SJH Staff Photo*



*Dr. D. Pocrinch, with ophthalmic technician Pat Cay as his subject, demonstrates the new \$100,000 Laser unit for eye surgery. London Free Press Photo*

controls and zoom capability, along with the integrated photographic module, makes a perfect teaching modality. Complementary to the above, a wealth of additional instrumentation - phaco-emulsifier, vitrector, aspiration/irrigation unit, cryotherapy unit, and the necessary microsurgical instruments and suture materials, has helped put St. Joseph's Hospital Eye surgery at a world-class level.

In spite of the exciting advances mentioned above, some of the older surgeons do miss the treatment they were afforded by the operating room Sisters of yesteryear. They were provided with freshly brewed tea served in bone china teacups, in an Eye surgeons' lounge furnished in a style not unlike a Victorian drawing room.

Many procedures previously thought impossible, or requiring major intraocular surgery, only a few short years ago, can now be performed at St. Joseph's Hospital utilizing laser beams. The Eye Department

now maintains a laser facility, utilizing Yag and Argon energy, which treats a variety of eye conditions quickly, safely and without discomfort.

The last few years punctuated by these advances in medical technology, have been an exciting period in St. Joseph's Hospital's long history of first-class medical care and teaching. Ophthalmology has been fortunate to have shared and played a part in bringing these advances to the people in and around the city of London and its University.

The present members of the Active Staff are: Drs. J. F. Ballantyne, W. L. Burt, W. Cadera, R. T. Collyer, L. Siebert.

Chiefs of Service	Year
Dr. Septimus Thompson	1928 - 1942
Dr. J. R. Armstrong	1942 - 1956
Dr. Charles Thompson	1956 - 1957
(acting)	
Dr. J. F. Ballantyne	1957 - 1973
Dr. R. T. Collyer	1973 - 1982
Dr. W. L. Burt	1982-present

## Department of Otolaryngology

With the retirement of Dr. J. R. Armstrong in 1957 a major change occurred. The specialty of Eye, Ear, Nose and Throat split into two components, one being Ophthalmology and the second being Ear, Nose and Throat. The two specialties which had been a single entity since early in the century had become quite divergent with the passage of time, and very many individuals had sub-specialized in either ophthalmology or in otolaryngology. The formal division of the previously combined service was, therefore, simply the acknowledgment of an established fact. Thus both became totally autonomous and independent departments within St. Joseph's Hospital. However, the link between the two had become ingrained and the two services continued to share the same ward facilities and continue to do so to this day. With the establishment of two separate departments, two separate departmental Chiefs were necessary and Dr. F. J. Rounthwaite was appointed Chief of the Department of Otolaryngology on January 1, 1958.

At almost the same time that the separate Department of Otolaryngology was established at St. Joseph's Hospital a momentous change was occurring in the nature of the practice of this specialty. Up until the late 1950's the specialty had been concerned primarily with either infections

or neoplasma involving the upper respiratory tract. The development of the operating microscope in the early 1950's had opened up limitless possibilities for microscopic surgery on the ear with a view to restoring hearing. In 1956 Dr. G. L. Wong joined the active staff at St. Joseph's Hospital. Dr. Wong had previously practised in Chatham and while practising there had come in contact with Dr. H. F. Schuknecht of the Henry Ford Hospital in Detroit. Dr. Schuknecht was a pioneer in the development of middle ear microsurgery in North America and had introduced these new and revolutionary surgical techniques to Dr. Wong. When Dr. Wong arrived at St. Joseph's Hospital he introduced the first operating microscope and instituted the first middle ear microsurgery in the city. It is possible that the first successful stapedectomy performed in Canada was done at St. Joseph's Hospital. Throughout the late 1950's and the 1960's Dr. Wong was one of the busiest otologic surgeons on the continent.

In 1966, Dr. G. M. LeBoldus joined Dr. Rounthwaite and Dr. Wong as part of the Active Staff. Dr. LeBoldus had also been trained at Henry Ford Hospital and he also contributed to the continued reputation for excellence in the field of otologic microsurgery at St. Joseph's Hospital.

The 1960's was an era of considerable change both for the Department of Otolaryngology and for the hospital itself. With St. Joseph's becoming fully integrated as a teaching hospital with the University of Western Ontario, a greater and greater commitment to the teaching of medical students, interns and residents was occurring. In addition, the Department of Otolaryngology at Western became fully accredited for a residency training program. These changes necessitated the bringing on site of the various departmental chairmen and Dr. Rounthwaite moved his office into the hospital in 1967. Also during the 1960's audiological testing facilities were installed at St. Joseph's Hospital thanks to the generosity of the Richard G. Ivey Foundation.

In 1970, a second Geographic Full-Time physician was added to the Active Staff at St. Joseph's Hospital in the person of Dr. R. R. F. Ruby. Dr. Ruby, as with Dr. Wong and Dr. LeBoldus before him, had his prime interest in otologic microsurgery. In 1972, Dr. Rounthwaite, who by this time was Chairman of the University Department of Otolaryngology, took up the position of Chief of Department of Otolaryngology at University Hospital and was replaced in that position at St. Joseph's Hospital by Dr. Ruby.

Throughout the 1960's and the early 1970's the major thrust of the Department

of Otolaryngology had been the diagnosis and treatment of ear disease. In 1977 the direction of the Department underwent a major change with the addition of Dr. P. J. Gullane to the Active Staff. Dr. Gullane had been extensively trained in the treatment of cancers involving the head and neck region. He very rapidly established a large practice and throughout the late 1970's and early 1980's was the busiest surgeon in the province for head and neck cancer. In 1983, Dr. Gullane left to take up a similar position at the Toronto General Hospital and in September 1984 was replaced by Dr. Howard Lampe who carried on the treatment of malignancies in the upper airway.

St. Joseph's Hospital in the 1980's continues its role in the treatment of infectious disease of the upper airway but also maintains its reputation for management of hearing problems and the treatment of cancerous disease of the upper respiratory tract.

The Department undertook a major expansion in the spring of 1987 when it moved from its quarters on the 5th floor to a renovated wing in the old Nurses' Residence at 900 Richmond. This move greatly expanded the capacity of the Department to deal with the testing of the hearing impaired and also created much improved and enlarged out-patient facilities.

## Department of Family Medicine

In the decade following World War II, profound changes took place in the practice of medicine. Rapid advances were taking place in medical science and technology, as well as major changes in medical education process. Perhaps as a result of these and other less recognized phenomena, there was a growing trend to specialization in medical practice and a perceived decline in the quality of General Practice. In recognition of this, the Canadian Medical Association initiated discussions which culminated in 1954 with the formation of the College of General Practice of Canada. The motto of this College was: "Strength Through Study", and it was believed that this new College would be analogous to the Royal College of Physicians and Surgeons of Canada, and that it would stimulate the revivification and ultimately elevate the quality of General Practice of medicine in this country.

It is interesting to note that the inception of this new College was followed very shortly and presumably coincidentally, by the interest in the formation of a Department of General Practice at St. Joseph's Hospital, expressed by the Medical Advisory Committee and described here-in-after.

Prior to 1955, there was no Department of General Practice at St. Joseph's Hospital. The non-specialized practitioners

using the facilities were members of the Courtesy Staff and had representation on the Medical Advisory Committee only through elected members from the General Medical Staff. In 1955, however, the Medical Advisory Committee, at the suggestion of Drs. J. L. Duffy, E. I. Loughlin and F. W. Luney, began to consider the necessity and wisdom of establishing a Department of General Practice. Initially, it was considered that a Committee of General Practitioners be formed but it was realized that a more formal departmental organization would be more suitable.

One of London's premiere general practitioners, Dr. W. R. Fraser, was asked to formulate a proposal outlining how such a department might be organized. Initially, Dr. Fraser felt there should be a Department of General Practice in the Hospital with a designated head, whose term of office would be a two-year period. The members of the Department would have duties in the out-patient clinics, primarily in medical out-patient work in the early stages but with the thought they would become involved in other clinics at a later time. The members would also be expected to attend Ward Rounds regularly. The members of the Department were to be encouraged to present cases at the regularly scheduled staff meetings. It was not visualized that

general practitioners would have responsibility for in-hospital "staff" patients although they continued to have admitting privileges for their private patients; nor were they to have any assigned teaching responsibilities to undergraduate students, but there might be some teaching to graduate House Staff. This teaching would be conducted under the aegis and supervision of the hospital department involved.

Dr. Fraser wished to involve other prominent general practitioners. Notable among these were; Drs. J. B. C. Robinson, H. G. Fletcher, M. Walsh, G. Pratt, F. Rose and R. K. Annett. This plan was approved by the Medical Advisory Committee in 1956. For the next ten years Dr. Fraser continued to provide leadership in the Department and his industry and initiative were of inestimable value in paving the way for the developments that subsequently took place in the mid 1960's.

Several developments occurred outside St. Joseph's Hospital in the early 1960's which were influential in the eventual reorganization of the Department of General Practice. In 1963, a book written by Dr. Kenneth Clute and commissioned by the College of General Practice of Canada was published. This volume described the perceived deficiencies in the quality of General Practice as it was being conducted throughout the country and attributed many of the deficiencies to the lack of appropriate undergraduate and postgraduate education for general practice. Largely as a result of these revelations, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada and the College of General Practice of Canada, jointly began to consider the advisability and feasibility of conducting formal postgraduate training programs in Family Practice. Jointly these organizations agreed that there was an urgent need for such programs to be initiated on an experimental basis.

Late in 1965, the new Dean of Medicine, Dr. Douglas Bocking, convened a Committee of the Faculty of Medicine, which Committee came to be known as

the Committee for Advanced Graduate Training in General Practice. This Committee was comprised of members of the Faculty of Medicine, of the Medical Staffs of St. Joseph's Hospital and Victoria Hospital, of the local Academy of Medicine and members of the general practice community of London who had neither University nor Hospital departmental affiliation. There was also representation from the College of General Practice of Canada.

By fortuitous circumstance, a group of general practitioners, led by Drs. Annett and Pratt, Dr. F. J. Butson of London and Dr. F. Boyes of Parkhill, had for several years conducted an informal study club for general practitioners in the London area. These doctors had been involved in the undergraduate medical education curriculum by the previous Dean of Medicine, Dr. H. O. Warwick, and they were able to provide very significant input to the Committee which Dean Bocking convened in 1965.

This Committee shortly arrived at two main conclusions; one, that a program for Advanced Graduate Training in General Practice be organized and conducted under the auspices of the Faculty of Medicine at the University of Western Ontario; and two, that such a program be conducted in cooperation and in the venue of St. Joseph's Hospital. St. Joseph's Hospital was deliberately selected for this role because of its historical tradition of community involvement, as well as its long established Department of General Practice.

Dr. A. T. Hunter, who had completed a term as President of the Ontario Chapter of the College of General Practice, was appointed Director of the Program and Dr. F. J. Butson was designated as his assistant. Dr. Hunter was also appointed Head of the Department of Family Practice in 1966, succeeding Dr. W. R. Fraser. Office space was made available on the ground floor of the Hospital in an area previously used by the Department of Psychiatry. The Advanced Graduate Training Program began in the summer of that year with four

1966 graduates of the Faculty of Medicine, University of Western Ontario, taking part. They were; Drs. Emilie and Paul Newell, Dr. Edward Jenkins, and Dr. Joseph Glaister. Of these, only Dr. Paul Newell completed the then three-year course of training. By that time, considerable activity had taken place in the development of a curriculum for the program, the first year of which was a modified rotating internship.

Dr. F. J. Butson recruited and organized a cadre of local and area family physicians who were to form the nucleus of an expanded Department of Family Practice as it was by then known. The initial involvement of these doctors was in the Emergency Department where they were to have both service and teaching responsibilities. In spite of early enthusiasm regarding the training program and the Department concept, it was difficult to maintain a consistent rota of doctors in the Emergency Department on a purely voluntary basis. After about one year of experience with this system, emphasis was shifted to the formation of an out-patient program which was to simulate more closely the conditions of Family Practice. Experience in this clinic area was seen as an important component of the training program. Substantial space was allocated for this purpose in the existing out-patient area, and this began to be fully utilized in 1968 and the teaching/learning experience shifted to this location.

Eight additional graduates having entered the program in 1967, it became evident that full-time teachers were required in the Department of Family Practice geographically located in the Hospital. In the summer of 1968 Drs. J. A. Collyer and C. T. Lamont were appointed Geographic Full-time positions and Dr. A. T. Hunter later in the year. The University Department of Community Medicine had, by this time reorganized into two sub-departments, and these physicians became the original full-time members of the sub-department of Family Medicine. Dr. I. R. McWhinney assumed duties as Chairman of the Sub-Department at the University of Western

Ontario at the end of that year.

As the teaching program expanded, it became evident that there was a need for in-hospital beds to be designated for the Hospital Department and approximately twenty beds on 2nd South were allocated for this purpose. It further became evident that additional out-patient space was necessary and desirable, and it was agreed this should be outside the Hospital environs. Rental space was located at 362 Oxford Street East, the interior of which was carefully designed to provide a replica of a multi-doctor family practice clinic and originally was organized to accommodate four separate teams (or "firms", a British term that was adopted). Each firm was headed by a Geographic Full-time Teacher and included a resident, registered nurse, registered nursing assistant and a receptionist.

By this time, Dr. J. Collyer had returned to private practice, and Drs. B. K. E. Heenan and P. B. Stein had been appointed to complete the full-time staff, which included Drs. C. T. Lamont and A. T. Hunter.

A generous donation from Mr. J. Gordon Thompson enabled the Family Medical Centre to be adequately furnished and equipped. By the autumn of 1969, the Centre was fully operational, and Mr. Charles Redden had assumed duties as Business Manager. In December of 1969 the Family Medical Centre was formally dedicated by the Honorable Thomas Wells, Minister of Health, Province of Ontario, at a colorful ceremony attended by a number of dignitaries.

Subsequently, a Public Health Nurse was seconded to the Centre from the Department of Health, City of London, and in addition, laboratory facilities were established on-site in cooperation with the Pathology Department of the Hospital. By mid 1970 the Centre had achieved optimum volume of 2000 patients per month and an active Undergraduate Teaching Program had been initiated. The Advanced Graduate Training Program had by this period of time attained International recognition and

the Family Medical Centre was recognized as one of the finest of its kind on the Continent.

In 1971 a fifth Geographic Full-time Physician was added to the staff in order to meet increasing teaching needs. Coincidentally, Drs. Lamont and Stein resigned their appointment at the Centre, with Dr. Lamont moving to Stonybrook, New York, to head up a new Department of Family Practice.

Drs. Robert Baxter, John Biehn and Gordon Dickie joined the staff over a three-month period and Dr. Joseph Morrissy was appointed in 1973. This group has remained with the Centre to this date.

Dr. A. T. Hunter resigned as Director of the Family Medical Centre in 1972 to enter private practice, and he was succeeded by Dr. Brian Heenan. In 1974, Dr. Heenan resigned and moved to Halifax where he had been appointed Chairman of the Department of Family Practice at Dalhousie University. Dr. John Biehn was then appointed Director of the Centre and remains in this role.

One hundred and fifty physicians have now completed postgraduate studies at the Family Medical Centre, twenty-five of the graduates are practising in London, Ontario, while others have located in other Provinces, the United States and the United Kingdom, as well as other locations in Ontario.

Mrs. Teresa O'Neil served as patient

care coordinator from the Centre's inception until her death in 1983, following a brief illness.

The Family Medical Centre was located at 362 Oxford Street East until July, 1985, at which time it was relocated in a specially designed, one-floor new building on Platt's Lane in the Cherryhill district. The Centre is now owned by the Sisters of St. Joseph and all staff are employed by the St. Joseph's Health Centre.

The Family Medical Centre has provided patient care to many persons in the community over the years and has served as a teaching resource to the Faculties of Medicine and Nursing and to Fanshawe College. In addition a number of research studies in delivery of primary care have been carried out and published.

Since the inception of the original Family Medical Centre, three other affiliated Centres have been built in London and the surrounding community. Together with the St. Joseph's Family Medical Centre, they constitute the teaching arms of the University of Western Ontario's highly regarded Department of Family Medicine.

Dr. Brian Heenan, previously mentioned, assumed the Chairmanship of the University Department in July 1987. He succeeded Dr. I. McWhinney who retired after twenty years as Chairman of the Department.





*The St. Joseph's Family Medicine Centre officially opened September 18, 1985, on Platt's Lane in the Cherryhill district.  
London Free Press Photo*

### **A Division of Laboratory Medicine (1960-1986)**

The precursor of the present Department of Laboratory Medicine with its Divisions was the Clinical Pathology Laboratory established by Dr. F. W. Luney in 1928. When the move was made from temporary quarters into the new laboratory in the recently completed East Wing in 1932, pathology represented about half the work load and occupied the west half of the main room. The balance of the work load was about equally divided between bacteriology, biochemistry and haematology, and occupied the eastern half of the same room.

When Mr. Mackie Smith joined the staff as Biochemist in 1946 (after three years as a technical officer in the R.C.A. M.C.), the above ratio of work load was beginning to change rapidly as new types of analyses were being introduced in all areas except pathology. Antibiotic testing had been developed for bacteriology. Clinical photoelectric colorimeters were evolving for biochemistry and soon the flame photometer enabled sodium and potassium concentrations to be determined in minutes rather than hours. Prothrombin times would soon be in routine use to control anticoagulant therapy and blood bank (located elsewhere) procedures, now in-

cluding the Rh factor, were multiplying.

In the post World War II period there was tremendous scientific advancement in all disciplines of Laboratory Medicine. This included development of sophisticated instrumentation, automation and micro-analytic techniques, advances in diagnostic electron microscopy, advances in fine needle and cytologic diagnostic techniques, and of course the impact of the advances in Immunology on all disciplines of Medicine. These required separation of the Laboratory into complex divisions whose growth and development were carried out by increased numbers of personnel who brought special skills and training to each division.

Dr. D. B. Meltzer (1955-1985) was the first specialist of this type with his advanced training in Haematology. His primary appointment was in the Department of Medicine but he was assigned jurisdiction over haematology and blood banking (see Division of Haematology and Blood Transfusion). At first, due to space and staffing restraints, there was no apparent change in the laboratory.

The 1957 addition to the east side of the North East Wing allowed biochemistry and haematology to occupy new laboratory space almost equal to the size of the 1932 main laboratory. Bacteriology occupied the vacated space.

## **Department of Pathology**



*This is the Laboratory, that Dr. Luney designed, which was opened in 1932. Picture was taken from the north-west corner. Technician Gus Curchin is sitting at microscope, others not identified. Archives, Mount St. Joseph, London*



*This is the same room as above; picture was taken in 1987 from the same location. Technologists operating the microtomes, which cut tissue sections one-tenth the thickness of paper are Anne Marlowe, Margaret Meeke, Vicki Waspe and Karen Arieson.*

*SJH Staff Photo*

Dr. Ross Malone was appointed assistant pathologist to Dr. Luney in 1959. He was a graduate of Queen's University Medical School, Belfast and had been associate professor of pathology at the Banting and Best Institute of the University of Toronto (1956-1959). He was appointed Chief when Dr. Luney retired.

Dr. Luney retired in August 1961 after 34 years of dedicated service to the hospital. As well as being Chief of the Laboratory Services, he had served on various committees and was Chief of Staff 1941-1943 and 1952-1954. He was one of the founding members of the Historical Committee in 1950. Dr. Luney died in early 1987.

Dr. I. B. R. Duncan was appointed Chief of Microbiology Services in 1960 (see Division of Microbiology) but had very limited room to expand until almost a year after the 1964 Wellington Street addition was completed.

This marked the beginning of "Divisions" within what is now known as the Department of Laboratory Medicine.

Dr. Eleanor M. Davies was appointed assistant pathologist in January 1962. Dr. Davies was a 1951 graduate of the University of Toronto and took her residency training in Toronto. Before coming to London, she was Director of Laboratories and Pathologist at McKellar Hospital in (Fort William) Thunder Bay as well as Assistant Pathologist at the Department of Health's Regional Laboratory there.

Residency training in Pathology was approved and the first resident was accepted in 1963-64.

The completion of the Wellington Street wing in 1964 was followed by a major expansion and reorganization of all the clinical laboratories which now occupied the complete north end of the East wing (now West) with an extension along the east side. Pathology now occupied the whole of the original 1932 laboratory plus additional office space.

Dr. Ross Malone's death after a short illness in April 1965 at age 37 greatly saddened his associates.

Dr. Douglas M. Mills succeeded Dr. Malone as Chief of Pathology, September 1965. He was a 1948 graduate of the University of Western Ontario and had taken his residency training at Victorial Hospital and the Institute of Public Health. He had been Director of Pathology and Clinical Pathology Services at Hotel Dieu Hospital, Windsor, since 1952.

Probably the greatest technical advance in Pathology in the late fifties was the introduction of an automated tissue block processor which operated overnight. This enabled tissue reporting to be completed several hours earlier. In the early sixties tissue staining techniques became more complex with the development of histochemical stains. This refined establishment of special sections in Pathology.

In mid 1966 Dr. M. Binns Smith was appointed Medical Biochemist and Director of Medical Biochemistry (see Division of Medical Biochemistry).

This point marked the final separation of the other specialties from Clinical Pathology. In 1968 a Laboratory Administrative Committee was organized to facilitate the handling of common problems in the laboratories. The Chairman was chosen in yearly rotation from each Division and was spokesperson at the M.A.C. The Clinical Laboratories became known as the Department of Laboratory Medicine with appropriate Divisions.

Dr. Mills now had the opportunity to lead the Division into newly developing fields: immunofluorescence, plastic embedding, histochemistry, immunopathology and preparation of samples for electron microscopy and ultimately performing the electron microscopy (1983) etc.

Dr. Robert Slinger, a 1955 graduate of the University of Toronto who had taken residency training in London, England, and the U.S.A., followed by appointments in Guelph and Victoria Hospital, London, was appointed to the staff in 1969. He resigned in 1985 to take a similar position in St. Thomas.

In 1973 John Sholdice, who had been

teaching at the University of Windsor, joined the staff as Manager. He is the present incumbent. Since 1928, there have been three Chief Technologists or managers - Mr. G. W. (Gus) Curchin, Mrs. Barb Atkinson, and Mr. Sholdice.

In association with nephrologist Dr. Peter Cordy, a Bone Pathology Laboratory was developed. For the first time, detailed analyses of bone samples were available for the diagnosis of metabolic bone disease, in particular in patients with renal failure. With the arrival of nephrologist Dr. Anthony Hodsmen in 1980, the service was further expanded and engaged in routine diagnostic work and research. The Bone Mineral Metabolism interest has now become an important focus in the Research Institute.

Dr. Mills began a plan to enhance the expertise of the Division by seeking out Pathologists with skills in subspecialties.

Dr. Katherine Turner (1976-) was a

graduate of the University of Toronto and had spent several years in General Practice in Alberta before coming to London to enter the pathology training program at U.W.O. obtaining her Fellowship in 1976 and was appointed to the Department. Her special interests are dermatopathology, immunopathology, haemopoietic disease and forensic pathology. Currently she is also Deputy Director of the Department.

Dr. Meredith Silver (1978-1985) was a graduate of the University of Adelaide Medical School, Australia with further training in Australia and McGill University, Montreal. After achieving her Fellowship she was a pathologist at Children's Hospital and the Salvation Army Hospital, Toronto. Her special interests were neonatal, paediatric and renal pathology. She was instrumental in the complete development of the electron microscopy service.

Dr. John L. Walton (1985-) graduated



*Dr. Meredith Silver, sitting at the console of the Electron Microscope, set up this division of the Department.*

*SJH Staff Photo*

from the U.W.O. Medical School in 1972 and spent several years in British Columbia engaged in Family Practice. He trained in the U.W.O. Pathology program. After gaining his Fellowship he joined the Department. His special interests are neonatal, paediatric and renal pathology.

Dr. Mariamma Joseph (1986-), a 1974 graduate of the University of Kerala Medical School, India. She took her internship in London and entered the post-graduate program at the University of Ottawa. She took further training in cytology.

Dr. Harvey Cramer (1987-) is a 1980 graduate of the University of Manitoba, and took one year of his Pathology residency at McGill University and the balance at the University of Toronto. His special interest is head and neck cancer and exfoliative and fine needle cytology.

Dr. Wm. B. Chapman (1987) graduated

from the U.W.O. Medical School (1981). After further training he entered the U.W.O. Anatomic Pathology program in 1983 and gained his Fellowship in 1987. His special interest is gynaecological pathology.

Dr. Diponkar Banerjee, a graduate of Uganda Medical School, came to Canada and entered the post-graduate Pathology program at the University of Ottawa. He obtained his Fellowship and was appointed to the staff in Pathology at the University Hospital, London. Recently he obtained his doctorate in immunology and continued research and development in that field. He is pioneering in new techniques with the assistance of Mr. David McFarlane, A.R.T., to count and measure specific cells in the diagnosis of blood cancers and other blood disorders using a recently developed flow cytometer with double lasers and computer enhancement. On Dr. Mills' retirement later



*The 'Ultra Microtome' cuts sections of tissue, which are 1/1000 the thickness of paper, for the electron microscope. The technologist is Cathie Cruckley.*

*SJH Staff Photo*

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The 'Ultra Microtome' cuts sections of tissue, which are 1/1000 the thickness of paper, for the electron microscope. The technologist is Cathie Cruckley. SJH Staff Photo

Joseph's Hospital. With the tremendous Laboratory expansion since the 1960's, Mrs. Edith Brown has not only acted as Head Secretary in the Department, but also has had the responsibility of coordinating secretarial services in the entire Department of Laboratory Medicine.



*Sister St. William Ford, the first cytologist at the Hospital, was very active in promoting the importance of the 'pap' test for cancer. Looking on are Sister Imelda Mullin, Mrs. Allan Rush and Sister Ruth Fleckser.*

*London Free Press Photo*

**Cytology Division:** This was inaugurated by Dr. Jack Walters, Chief of Obstetrics and Gynaecology in 1958. Sister St. William Ford R.T., Supervisor of the Blood Bank, offered her services as a trainee to learn the techniques for the "Pap" smear and cancer cell diagnosis. She trained at Roswell Park Memorial Institute, Buffalo, in 1958. Space was made available in the Blood Bank to set up a cytology laboratory because the Red Cross had assumed blood collection responsibilities. Sister St. William became aware of the life saving significance of the "Pap" smear and soon was speaking at various women's social functions to promote the cytological examination for women as young as 25 years. Later she became Education Director of the Ontario Division of the Canadian Cancer Society and also served as Education Chairman of the Edmonton District. After spending a short period of time in Clinical Photography, she retired from the Order in 1970. Mr. Bob Marks succeeded as Chief Cytologist. Previously Mr. Marks had been Chief Cytologist at the University of Birmingham, England, and at the Manitoba Clinic. On Dr. Walters' departure in 1973, the Pathology Division assumed direction of Cytology as a subdivision of Anatomic Pathology. The work of the Cytology Division expanded into non-Gynaecologic areas that included pulmonary and gastrointestinal cytology, as well as cytology of fine needle aspirations and biopsies. Correspondingly, the technical staff grew from one cytotechnologist in the early 1960's to four qualified technologists at the present time.



## Department of Clinical Laboratory Medicine

**Division of Haematology and Blood Transfusion:** In 1955, Dr. D. B. Meltzer (see Department of Medicine) was the first Medical Haematology specialist to be assigned to the Laboratory Services. Until the 1957 addition was completed there was no space available for expansion. The first chief technologist in the Division was Mr. A. B. Atkinson (1962-1968) who left to become the first full-time non-medical Director of the London Regional School of Medical Technology. He was succeeded by Mr. Sam Thomson (1968) the current manager who has been responsible for many new developments and for maintaining the Division at a very high level both technically and academically. He has played a major role in developing technology education at the regional, provincial and national level. For his leadership and contributions, the Canadian Society of Medical Technologists awarded him the Gold Medal in 1982. Similarly, the Ontario Society of Medical Laboratory Technologists awarded him the C.S.L.T. Award of Merit in 1984.

Prior to the 1960's most haematology testing was done by a technologist using a microscope. The process was tedious, time-consuming and not very accurate. In 1962, one of the newly developed electronic cell counters was purchased. This instrument

counted large numbers of cells, provided accurate results and measured new parameters which allowed for greater insight into haematological diseases. Subsequent generations of these instruments have become more sophisticated and are now fully automatic and computerized, capable of handling large numbers of analyses with speed and precision. The trend to computerized, automatic equipment has revolutionized the hospital laboratory and its role in supplying data for diagnosis and treatment of disease.

The Haematology Laboratory has major responsibilities for a city and regional bleeding and clotting time reference practice and provides a haematopathology reference service to North-Western Ontario. Charge technologists in this section are Mr. Paul Harris, with 19 years of service and Miss Bernice O'Keefe for haemostasis (Coagulation Laboratory) with 16 years' experience.

In 1985 Dr. D. B. Meltzer stepped down as Chief of the Division and was succeeded by Dr. Martin Inwood (see Department of Medicine).

**Blood Transfusion Service:** The Blood Bank was set up in 1945 and donors were recruited by the Hospital, or the recipients recruited their replacement blood donors. In early 1959, a Canadian Red Cross Transfusion Centre was located in London

for the South-Western Region of Ontario and was soon supplying the St. Joseph Hospital Blood Bank. In 1968, the glass bottle in which blood was collected was replaced by the plastic bag. This was a superior container as it was not fragile and also the blood remained viable for a longer period of time.

Transfusion medicine has undergone considerable advances in the past 25 to 30 years. Blood collected from donors was known as "whole blood" and normally used intact to transfuse patients. On infrequent occasions the plasma was removed and transfused. It is now possible to separate the blood into component parts - red cells,



*The Automatic Blood Cell Counter, operated by haematology technologist Marian Matlovich, can count and differentiate the three normal types of white cells as well as red cells and platelets plus haemoglobin concentration, all in less than one minute. There is a video display of cell characteristics and an automatic print-out of results. Twenty-five years ago this would have required at least 30 minutes.*

*SJH Staff Photo*

white cells, platelets, plasma and proteins - and transfuse to the patient only that component or combination which is required. This has resulted in safer, more effective transfusions. All the transfusion requirements of the Regional Hemophilia Program are supplied from St. Joseph's Hospital.

With the referral of Western Ontario's high risk pregnancies to St. Joseph's Hospital, there is a concentration of immunological problems which are capably handled by the staff of the Blood Bank.

The laboratory will undoubtedly evolve to provide even more effective testing, cross matching and blood component preparation, ensuring that the Hospital provides "state of the art" laboratory medicine. The

charge technologist is Mrs. Kathy Leigh, a 16-year employee.

**Division of Microbiology and Infectious Diseases:** With very little space to function, the two technologists who carried out the bacteriological procedures in the late 1950's could only hope that the future would give them more space and professional support. Dr. Hession's team recruited that support. Dr. I. B. R. Duncan was a graduate of the University of Glasgow. He gained his certification in Bacteriology at the University of Toronto and later his Doctorate in Virology at the University of Glasgow. He was the first physician in Canada to pass the new Fellowship in Bacteriology introduced by the Royal College in 1962.



*Dr. I.B.R. Duncan is shown instructing a technologist on procedures in an isolation cabinet. An ultra violet light was turned on overnight to sterilize the cabinet.*

*London Free Press Photo*

On his arrival in late 1960, he realized developments would be limited until new space was available. In 1962, Mr. Brian Jeans, a British-trained technologist already in Canada, was hired as Chief Technologist. Dr. Duncan reports "Brian's devoted services played an essential part in the development of the Division."

The same year, Dr. Duncan acquired a room which would serve as a temporary Virology Laboratory and proceeded to train a technologist in the required procedures. This was the first diagnostic Virology Laboratory in Southwestern Ontario and the first Clinical Virology segment of the U.W.O. Bacteriology Faculty.

The completion of the Wellington Street Wing in 1964 also brought major

expansion and alteration of the clinical laboratories completed in 1965, including those for Bacteriology and Virology.

The Bacteriology service was upgraded and expanded for service work. Studies on a variety of antibiotics were carried out for pharmaceutical companies.

The newly designed and equipped Virology Laboratory serviced the Victoria and Westminster Hospitals as well as other area hospitals. The interest of the news media in outbreaks of viral diseases gave the laboratory a high profile in the city. There was also funded research, particularly in relation to enteroviruses. Between Virology and Bacteriology, investigations of over a dozen scientific papers were published in this period.



Technologist Joann Oke is performing the 'time honoured' procedure of 'streaking' a plate for isolation and identification of bacteria. In the right background is an automated sampler analyzer for detecting growth in blood cultures in as little as two hours. Previous to 1980 this would have required 96 hours. Also in the background is a computer console and display; all work operations are computerized with a terminal at each work area.

SJH Staff Photo

In 1966, Dr. Duncan was instrumental in initiating a residency training program in Microbiology for the combined U.W.O. affiliated hospitals which was accepted by the Royal College. Dr. Duncan resigned in 1967 to accept a similar position at Sunnybrook Medical Centre, University of Toronto.

Dr. L. A. Hatch (1967-1986) was appointed to succeed Dr. Duncan. His professional education was from the University of London, England, and most of his experience at the Colindale Virus Laboratory and the Portsmouth Public Health Laboratory. Miss Jill Forster became the Chief Technologist of Virology. She was a British-trained technologist with considerable experience in Virology. Mr. Brian Jeans was appointed Laboratory Chief Technologist until his departure in 1980.

Mr. Darryl Gopaul succeeded Mr. Jeans as Chief Technologist in Bacteriology. He was also British-trained, but was born in Trinidad, West Indies. Before coming to St. Joseph's Hospital he obtained a science degree at the University of Waterloo.

During Dr. Hatch's period, funding for Virology was lower but advances in technology were still being made. During the past ten years, direct viral testing by fluorescence techniques produces results in a few hours instead of several days by the tissue culture method. Now, specific anti-viral agents can be used to destroy viruses similar to the use of antibiotics against bacteria.

At the research level, H. Hobrzanska, Ph.D., is currently investigating microbes for drug resistance at the genetic level.

During the past ten years or so, there have been giant strides in Bacteriology and the following are only a sampling. The time required to report antibiotic sensitivity levels has been reduced from 72 hours to 18-24 hours or less. Screening for tuberculosis now requires only 15 minutes instead of one hour, and the wait for culture results has been reduced from 6-10 weeks to 5-10 days.

The time required to "detect" septi-

cemic/bacteremic infections has been cut from 18-24 hours to as early as 2 hours, the whole procedure being automated. These have been only a few of the many advances.

The causes of infections remain a difficult problem for clinicians to diagnose and treat adequately. The main reason is that all human beings live in a microbial world, along with the fact that the human body is colonized by a rich variety of bacteria, fungi, protozoa and viruses. These comprise the discipline of Bacteriology, Mycology, Parasitology and Virology. These are now combined under the Microbiology and Infectious Diseases Complex for the whole Health Centre.

In 1987, the Division has been fortified by the addition of two dynamic persons. Dr. Ole Hammerberg, a graduate of the University of British Columbia, was appointed the new Medical Director and has specialist qualifications in Paediatrics and Infectious Diseases. Infants are most susceptible to microbial agents because some period of time is required for the immune system to develop, whereas in old age the immune system begins to decline. As the Infectious Diseases Clinician, Dr. Hammerberg sits on the MAC, which indicates the high priority placed on infectious diseases in the Hospital.

Dr. Anton Maki Jr. was appointed his associate in charge of Virology. He is a graduate of Memorial University, Newfoundland, and is highly qualified in Internal Medicine, Infectious Diseases and Clinical Microbiology.

Mr. Darryl Gopaul is now the Manager of Technical Services for Bacteriology, Virology and Molecular Biology Laboratories.

**Infection Control:** With the introduction of antibiotics, there followed a decade of complacency about infectious diseases. In the late 1950's and early 1960's, an outbreak of hospital infections caused by a highly virulent and antibiotic resistant strain of *Staphylococcus aureus* swept most of the hospitals. Before 1960, few hospitals

had any formal process or organization for addressing the problem of nosocomial (acquired in hospital) infections.

Dr. Ian Duncan, Microbiologist, soon became aware of the nosocomial problem from the tabulation of results from bacteriological reports. There were similar findings reported from other centres. He spoke strongly and increasingly on the problem and recommended steps be taken to control the problem.

Dr. Duncan had proved his point; when Dr. Hatch was introduced in mid 1967, it was not only as Chief of Microbiology but also as Infection Control Officer and Chairman of the Infection Control Committee for St. Joseph's Hospital.

Soon Mrs. Betty (Potter) Bannerman, R.N., was hired as a full-time infection control nurse, among the first in Ontario, to assist Dr. Leslie Hatch.

By a vigorous program of education, for all who might be in contact with patients, and handwashing, control of cross-infections was gained and maintained. Bacteriology reports are now computerized for quick assessment and action if there is any indication of nosocomial infection. Newly admitted patients are observed for any infections they might bring into the Hospital.

Mrs. Bannerman, now co-ordinator of Infection Control, was President of the Canadian Hospital Infection Control Association, 1980-1982.

**Division of Medical Biochemistry:** In the six or seven years before Biochemistry became an independent Division, there had been a steady increase in the number and variety of tests and suddenly a burgeoning of the work load after the Wellington Street Wing was completed in 1964. The laboratories were not entirely completed until 1965.

The most significant development during that period which has continued to develop to this day, was the automation of chemical analyses and the results being obtained from a chart. This started as an analyzer performing one test a minute on one sample and steadily increased until 12

tests were being performed per minute on each sample in sequence by 1970. These machines were self-washing and the precision (reproducibility) of results was greatly increased.

Dr. Malcolm Binns Smith, a Medical Biochemist, was appointed to the staff in 1966. He was a graduate of the University of Edinburgh and had been working at Wellesley Hospital in Toronto. With a medical biochemist in charge, Biochemistry became an independent "Division of Biochemistry" in the Department of Laboratory Medicine.

Mr. Gerdev Rana, a Steroid Chemist, was hired at the beginning of 1967. Mr. James Braidwood, a British-trained technologist was hired in 1968 to replace Mr. Michael Diver as Chief Technologist. Mr. Diver continued to work part-time while obtaining his M.Sc. at U.W.O. before returning to England to obtain his Doctorate in Biochemistry.

Dr. Binns Smith was keenly interested in computerization and soon developed a program to take the signal output from the 12-channel analyzer and produce a printed report for the patient's chart, one of the first in Canada. This was a significant step also because it eliminated transcription errors.

Specialized and refined instrumentation was being actively designed by many companies. A new accessory for the spectrophotofluorometer made it so sensitive that an accessory had to be purchased to smooth out the irregularities in the power supply (120 v). Also the distilled water was no longer pure enough and had to be processed through a special still; finally the "chemically pure" chemicals still had too many impurities and had to be further purified.

When the program for the care of high risk pregnancies was introduced by Dr. J. Walters and his associates in Obstetrics, new techniques had to be learned to handle and process the greatly increased number of "micro" samples for various tests from the sometimes premature babies and others in distress. In particular, "blood



*The Automated Chemical Analyzer, operated by charge technologist Joan Crosby, can determine up to nine substances in a blood sample in 30 to 60 seconds. The results are produced as a print-out as well as being monitored on a video display. These tests would have required up to four hours to perform 35 years ago.* SJH Staff Photo

gases”, an assessment of respiratory and renal function increased rapidly because they are often taken several times during the 24-hour day. This has increased even more due to the present Obstetrics referral service.

The management of difficult pregnancies and infertility problems, both involving some of the same biochemistry, brought about continuing changes in the steroid section.

Mr. Mackie Smith retired in mid 1979 and was succeeded by Joe Artiss, Ph.D., and in turn by Randall Yatscoff, Ph.D.,

both biochemists. When the latter also resigned, Mr. Braidwood, who had an excellent understanding of medical biochemistry, was classified as a biochemist. Dr. Binns Smith resigned in mid 1982.

Dr. Clive Rose, a medical biochemist, the present incumbent, was appointed in 1983. He received his M.D. from U.W.O. in 1971 and his Fellowship in Medical Biochemistry in 1976. In the interval he held appointments at CPRI and Victoria Hospital.

The nutritional status of premature and other babies in distress as well as any

other seriously ill patient that requires total parenteral nutrition (TPN) is altered because the food substances are not processed through the gastrointestinal tract but are introduced directly into the bloodstream. It has been found that vitamin levels appear to play an important role in this nourishment. The Laboratory is able to determine the levels of A, C and E by a delicate assay using high performance liquid chromatography and is now a referral centre for these assays.

Therapeutic Drug Monitoring has become increasingly important in the last few years. Three or four decades ago, "aspirin" was commonly used by the public (and still is) and often they unwittingly came to grief because of a "build-up" of the drug. Today many persons are taking two or more drugs, some 8 or 10 or more; these may interact to produce side-effects and/or diminish the therapeutic levels of each. Too little is ineffective, too much may be life-threatening. Asthma in children can be controlled now by a careful monitoring of a minimum therapeutic dose level which controls the patient's condition while creating no side-effects. Two other common conditions that can be controlled are epileptic seizures and cardiac irregularities, by maintaining the effective drugs in a narrow range. The commonest of all is the depletion of potassium by those who are taking diuretic pills, especially for hypertension. Our health is maintained better when drugs and chemicals are kept at an optimum level.

Computerized data handling of cumulative reports is having many beneficial results. One in particular is related to diabetes. When glycated haemoglobin determinations are made at approximately three-month intervals, trends are apparent which appear to indicate an increased threat of renal and/or retinal damage.

Spiralling costs of capital equipment such as large analyzers, which may be a number of smaller units linked by a data processing system, are reaching values in excess of \$200,000.

In earlier years, budgets were approved by the Ministry of Health. Any surplus was returned at the end of the year but usually any loss was covered. In the 1982-83 fiscal year a new program was introduced called BOND (Business Oriented New Development). It was suggested that hospitals find innovative ways of raising extra funds. The Department of Laboratory Medicine gained a contract to perform all the laboratory procedures for the London Psychiatric Hospital. The money is paid into St. Joseph's Hospital and a portion is returned to the Divisions performing the work.

Mr. Jim Braidwood is the present Manager, Ms. Willa Entwistle, Assistant Manager Technical Services and Mr. Harry Harris, Assistant Manager Support Services.

The Biochemistry Division is active in promoting medical and technical education. Discussions are held with Doctors and Internes on rounds when Biochemistry specialties are involved. There are weekly in-service meetings of the Divisions staff. Mr. Braidwood is participating in the Telemedicine Canada Program sponsored by Faculty of Medicine, University of Toronto, McMaster University and Toronto General Hospital.

The Biochemistry Division of Laboratory Medicine is a complex of instruments and computerization not easily understood by the outsider. This has been a mini-review of how the care of patients creates a demand for certain tests and how the demand has continued to grow as new frontiers have opened over the last quarter century.

**Medical Laboratory Technology Training:** The Clinical Pathology Laboratory at St. Joseph's Hospital was approved for the training of medical technologists in 1945 by the Canadian Society of Medical Laboratory Technologists. Over the next 15 years the number of technologists trained gradually increased from one to four per year, one in each section.

Dr. A. H. Neufeld, Director of Clinical Pathology (Biochemistry, Haematology and Blood Banking) at Victoria Hospital, recognizing the advantages of centralizing



the didactic portion, found space in the old Medical School for a lecture hall and student laboratories. By the mutual agreement of Victoria, Westminster and St. Joseph's Hospitals of London and the Elgin General Hospital of St. Thomas, the Regional School of Medical Laboratory Technology was formed; later Chatham St. Joseph's Hospital joined. Teachers and laboratory instructors were loaned from the senior staff of the participating hospitals. The sponsoring

hospitals provided in-hospital laboratory training.

In 1965 Mr. A. B. Atkinson, formerly Chief Technologist of Haematology/Blood Banking at St. Joseph's Hospital, became the first full-time Technical Director, and staff were hired to teach the students. In the Fall of 1971 it became part of Fanshawe College but did not move "on campus" until 1983.

## Department of Clinical Neurological Sciences

The Department of Clinical Neurological Sciences at St. Joseph's Health Centre was formed in 1972, in conformity with the Department of Clinical Neurological Sciences which had been established earlier at the University of Western Ontario. Prior to that, Neurology had been a part of the Department of Medicine and Neurosurgery a part of the Department of Surgery.

Dr. Andrew Kertesz, who had joined the staff of the Health Centre in 1967, was appointed as the first Chief of the Department. During his three terms as Chief, from 1972 to 1987, Dr. Kertesz was instrumental for the growth and development of major areas of the Department. Dr. William Brown, now Chief of Neurology at University Hospital, was a member of the Neurology staff at the Health Centre from 1970 to 1973. Dr. Donald Paty, now the Chief of Neurology at the University of British Columbia, Vancouver, was a member of the Neurology staff at both St. Joseph's and University Hospitals. In 1974, Dr. Sally Stewart, one of the first neurologists to train entirely in the residency programme in London, was appointed to the staff, bringing to the Health Centre her expertise in neuromuscular disease. In 1981, Dr. Paul Cooper was appointed to the Department with a cross-appointment in the Department of Medicine. Dr. Cooper es-

tablished the Neuroendocrinology Clinic-an interdisciplinary clinic for the diagnosis and treatment of individuals with disorders of the pituitary gland and hypothalamus. In 1987 Dr. Cooper was appointed to succeed Dr. Kertesz as Chief of the Department. In July of 1988, Dr. Jon Stoessl will be joining the Department, bringing with him expertise in the area of Parkinson's disease and movement disorders. He will be establishing a clinic and research programme for the diagnosis and treatment of these conditions.

Between 1967 and 1972, Dr. Hugh Barr was a member of the Neurosurgery staff of both St. Joseph's and Victoria Hospitals; however, since then, neurosurgery at the Health Centre has been provided on a consultative basis by all the neurosurgeons at both Victoria and University Hospitals.

From 1972 to 1979, in-patient Neurology services were located on 1 SW. They then moved to their present location on 5 SW where there are 15 acute care beds-4 of which are in a Stroke Unit. This unit allows the intensive monitoring of patients who have recently suffered from stroke or other cerebrovascular diseases.

The Department of Clinical Neurological Sciences plays an important role in undergraduate and postgraduate teaching. Approximately 15 percent of each second



*The original Electroencephalograph (EEG) machine, partly in view at the right, was big, awkward and non-portable. L. to R.: Dr. A. Kertesz, patient, technician Patricia McCabe and Sister Cajetan Van Dorresteyn R.E.T.*

*Archives, Mount St. Joseph, London*



*The modern EEG is readily portable; it is operator programmable with simultaneous EEG and video recording capabilities.*

*SJH Staff Photo*

year medical class takes its training in basic neurological skills at the Health Centre and one third of each class does its Neurology clerkship here. All of the consultant neurologists are involved with a variety of teaching to clerks, interns, and residents during their rotations in the Department of medicine. At the postgraduate level, residents in Internal Medicine spend 3 months in the Department as do residents training in Neurology. Finally, Dr. Kertesz has provided opportunities for a number of residents and fellows to take further training in the area of behavioural neurology and he continues to do this.

**Electroencephalography (EEG):** The EEG Laboratory at St. Joseph's Health Centre opened in 1966 under the guidance of the first technologist--Sr. Cajetan Van Dorresteyn, R.E.T., and Dr. Arthur Hudson. In 1967, Dr. Kertesz was made Director of the EEG Laboratory, a position in which he continues to serve. Sr. Cajetan retired in 1981 and was replaced as EEG manager by Miss Emily Sullivan, R.E.T. In 1987, Miss Sullivan, in conjunction with Dr. Kevin Gurr of the Division of Orthopaedic Surgery, began using a special type of EEG recording to monitor spinal cord function during surgery on the back--a first for the London area. Originally located in the 1 SW wing, the EEG Department (Laboratory) moved to 1 NW and then in 1988 moved to its present home on 5 SW. In 1967, EEG's could be recorded simultaneously on only 8 channels and the patient had to be brought to the machine. By 1972, 16-channel recording was possible and the machine could be taken to the patient when necessary. Since 1982, computer technology has allowed the use of evoked potential recordings--yet another refinement of this technology.

**Electromyography (EMG) and Neurophysiology:** In 1968, Dr. J. Seguin, a neurophysiologist, was encouraged by Dr. Kertesz to establish a neurophysiology laboratory at St. Joseph's Health Centre. This facility was taken over by Dr. Brown in 1970 and finally by Dr. Stewart in 1974.

Dr. Stewart continues to provide the diagnostic EMG and nerve conduction study service in the hospital.

**Research:** In 1967, Dr. Andrew Kertesz began his research into higher cortical function, one aspect of which led to the development and publication, in 1974, of the Western Aphasia Battery (WAB). Published commercially by Grune and Stratton Inc. in 1982, the WAB has become one of the most commonly used tests for aphasia in North America and abroad.

In 1980, Dr. Kertesz established a formal Neuropsychology Service with Patricia McCabe as the first psychometrician. Originally, she had been the first student in the EEG technologist training programme here at the Health Centre.

In 1982, with the opening of the Research Institute, Dr. Kertesz' group moved into their new research quarters on the fifth floor of the Institute. Over the years, students from literally all over the world have come to study behavioural neurology with Dr. Kertesz who continues to build upon what is already an international reputation for excellence in this area. Much of Dr. Kertesz' work is supported by peer-reviewed funding from such sources as the Ontario Heart and Stroke Foundation, the Ontario Ministry of Health, and the Medical Research Council of Canada.

All members of the Department have participated in a number of collaborative research projects such as the study of dementia, treatment of multiple sclerosis, use of aspirin in the prevention of stroke, etc., and they continue to do so.

In 1983, Dr. Cooper received one of the two Career Scientist awards given each year by the Canadian Life and Health Assurance Association. This provided three years of support to enable him to pursue his studies in Alzheimer's disease. With the appointment of Dr. Jon Stoessl, the research capabilities in the area of brain chemistry will be strengthened further.

Despite having been part of only the last quarter century of the Health Centre's history, the Department of Clinical Neuro-

logical Sciences is firmly committed to and involved in the Health Centre's healing mission. Through continued excellence in teaching, research, and exemplary patient

care, we look forward to ensuring that the high standards set during the Health Centre's first century are met and exceeded in its second.

## Department of Nuclear Medicine

Nuclear Medicine formerly called "Radioisotopes", depends on the radiation from atomic nuclei. It is the application of radionucleid techniques to the diagnosis and treatment of human disease. It has achieved an importance "second only to the microscope".

Historically, organ visualization by scanning radio-isotopes, just a concept in 1950, was a clinical reality by 1960. Not only could specific organs and systems of the body be visualized, but so also could their physiology and function. Of greater importance to the patient was the ease in performance and the non-invasive nature of Nuclear Medicine diagnostic procedures.

Dr. Fred C. Heagy of the Ontario Cancer Clinic, London, performed thyroid function tests at St. Joseph's Hospital, but patients requiring brain scans had to be transported to the Cancer Clinic. Urologist, Dr. Lionel Reese, on the Hospital Surgical Staff, recognized the need for on-site availability of this important new health care facility. Following Administrative approval, Dr. Reese approached Dr. Heagy to provide Nuclear Medicine training for himself and Miss Mary Louise Becheley, R.T. Dr. Heagy very kindly provided the appropriate training.

The St. Joseph's Hospital Department of Nuclear Medicine was opened in the

summer of 1964 in the west half of the basement of the Grosvenor Street wing. Next, it was moved to the vacated Central Supply just east of the old Emergency Entrance ramp and finally, in 1982, to the whole north wing, previously the interns' quarters on the fifth floor.

Originally the Department was equipped with current state of the art instrumentation to allow for the full spectrum of available procedures in diagnostic imaging, functional analysis, body fluid measurements and therapy. Due to rapid advances, the Rectilinear Scanner was shortly superseded by the Scintillation Camera. Irene Lindsay bequeathed \$50,000 towards the cost of this camera.

The St. Joseph's Hospital School of Nuclear Medicine Technology was opened in 1969. At that time, only individuals who possessed previous qualifications in a related health field -nursing, radiation or laboratory technology or a Bachelor of Sciences degree - were eligible to apply. Between 1969 and 1973, some 14 individuals completed their training and successfully passed the Certification Examination of the Canadian Association of Medical Radiation Technologists. Many of these are now Chief Technologists across Canada.

By 1973 the Toronto Institute of Medical Technology (TIMT) had developed

an accredited two-year technology training program resulting in the one at St. Joseph's Hospital being phased out. Currently, Miss Becheley, who also has acquired her RT (NM) and A.C.N.M., is the manager of Nuclear Medicine. She has a cross-appointment as Clinical Co-ordinator for TIMT students and has served on several committees associated with education and accreditation.

Dr. L. Reese acquired his certification in Nuclear Medicine with the Royal College F.R.C.P.(C.), Nuclear Medicine in 1976. He introduced an accredited program for medical residents in the late sixties.

Also earlier a Provincial grant to study renal and hypertension disease using radioisotopes led to an early entry into Nuclear Cardiology.

Dr. Frank Prato, a physicist, joined the Department in mid 1976. He had obtained his doctorate at Princess Margaret Hospital, Toronto. As well as being an associate professor in Diagnostic Radiology and Nuclear Medicine, he holds cross-appointments in the Departments of Physics and Biophysics at the University of Western Ontario. This has led to teaching programs in physics at Undergraduate and Graduate levels in affiliation with U.W.O.

In mid 1981 St. Joseph's Hospital submitted a request to the Ontario Deputy Minister of Health to install a Nuclear Magnetic Resonance Imager in the Department of Nuclear Medicine. Subsequently proposals were sent to President G. E. Connell of the University of Western Ontario. Two internationally known NMR researchers were chosen as adjudicators to assess the scientific merits of the St. Joseph's Hospital submission. Following their recommendation, approval was granted and the NMR Unit was installed in late 1981. The first images were produced in February 1982, the first in Canada, witnessing the dawn of a new imaging era.

It was not until 1985 that a clinical service evolved. The interval was devoted to developmental research on this new instrument. For the past two decades the



*This prototype Nuclear Magnetic Resonance Imager (NMR or MRI) has a magnetic field produced by large electromagnets surrounding a two meter long tunnel in which the patient is moved by a carrier. The part of the patient being imaged is positioned at the middle of the tunnel where there is a uniform magnetic field 0.5m in diameter. Short bursts of radio waves are applied on this region which produce variable echoes, dependent on the nature of the tissue, which are picked up by an antenna. The echoes are analyzed by a computer, in the foreground, which generates a highly defined picture of the tissues in the selected area. New Models (MRI) are using superconductivity systems for the electromagnets. Technologist Bill Bradwin is at the computer keyboard while Dr. Frank Prato and Dr. Tom Carr are waiting.*

*London Free Press Photo*

Department of Nuclear Medicine has produced 91 articles, 118 abstracts and 203 presentations. Nuclear Magnetic Resonance Imaging accounted for 38, 77 and 102, respectively, of these and were performed over the past five years.

In retrospect, the Department has



*This picture more clearly defines the operation of the patient carrier with technologist Kathy Wilkins positioning the patient.*  
*London Free Press Photo*

experienced continuous change and growth due to the many advances made in radio pharmaceuticals, instrumentation and diagnostic technique over a short span of time.

From the original two people, the professional and technical staff has expanded to include five physicians, two medical consultants, two physicists and a computer programmer.

Special recognition should be given to Dr. R. MacKenzie and Dr. F. Prato and to technologists William Bradwin, Peet Uksik and Kathy Wilkins for their dedication and long-time service ranging from 10-20

years. Many others, past and present, have made important contributions. Human resources are the essence and building blocks of any valuable service. More exciting developments and advances in the diagnosis and treatment of human disease are on the horizon.

If the past is prophetic of the future, then Nuclear Medicine will continue to provide advances in patient care through education, research and development. Already on the horizon are exciting developments and advances in diagnosis and treatment of human disease.



## Department of Emergency Medicine

There is no evidence in minutes of the Medical Staff meetings or in other Hospital records to indicate that a specified area existed for emergency treatment prior to 1930. One would, however, surmise that numerous emergency patients did arrive at the Hospital and received treatment. During 1930, an emergency treatment room was organized, situated on the split-level between the third and fourth floors on the north side of the Hospital. This area was accessible by the stair-well opposite the main entrance of the Hospital or by elevator. Patients arriving by ambulance had convenient access to the elevator on the basement level but transfer by stretcher from the elevator to the emergency room often encountered difficulty because of the close proximity of the balustrade on the staircase. The room was minimally equipped compared to present standards, and nursing service was provided from 3 West when required.

Sister Fabian Slattery was aware of the disadvantages of this location and one of her first decisions when appointed Administrator in 1951 was to relocate the Emergency Department to the basement of the West Wing. Two well-equipped rooms were provided on the east side of the Richmond Street Wing adjacent to the drug store, with a convenient waiting room on

the west side of the corridor. Nursing care was provided on a 24-hour basis, with treatment being provided by House Staff, Active and Courtesy Staff.

Sister Carmelita Grier was appointed Supervisor of the Emergency Department, as well as of Central Supply which was located adjacent to the Emergency on the north side. Statistics indicate, 3,411 patients received emergency treatment during the 1951 period. The Emergency Department remained in this location until completion of the 1954 Administrative (Grosvenor) Wing, at which time new quarters were provided in the basement. The east portion of the wing was divided into private examining areas for emergency patients, whereas the west portion was used for clinic and teaching facilities. The south portion was used as a waiting room and included an office for the Supervisor and Staff.

A steady increase in the number of emergency patients occurred over the next few years, with 12,355 visits recorded in 1957 and an increase to 23,456 by 1962. Statistics indicate the number of clinic patients seen during the same period increased from 3,586 to 7,108. All indicators pointed to the need for larger and improved facilities for the Emergency Department, as well as expanded space and facilities to accommodate the increasing number of

clinics being conducted by the various Medical and Surgical Departments. The Wellington Street addition opened in 1964 provided for a new Emergency Department, in addition to separate and vastly improved Clinic accommodation, situated on the ground floor of the new building.

Medical treatment of emergency patients had not altered for some years, with coverage continuing to be provided by House Staff, usually in consultation with the patient's family physician or consulting with a member of the Active Staff in the specialty indicated. Patients were often disadvantaged by lengthy delays in receiving prompt treatment. In 1966 a group of family practitioners, all members of the Department of Family Practice at St. Joseph's Hospital, organized a rota of physicians under the direction of Dr. F. J. Butson, to provide medical coverage for the Emergency Department on a volunteer basis. This system provided a much more efficient procedure for processing emergency patients and administering prompt medical treatment, in addition to providing an excellent teaching forum for House Staff and post-graduate physicians in the newly organized Family Practice Program. However, maintaining a rota of family physicians on a volunteer basis became more difficult, resulting in a break-down in continuity of service and eventual demise of the system in less than two years.

In April 1969, Dr. K. N. Edwards was appointed a member of the Courtesy Staff of St. Joseph's Hospital with General Practice privileges, but without admitting privileges. Dr. Edwards assumed the position of Director of Emergency Medical Services on a contractual basis with St. Joseph's Hospital. Under the terms of agreement he was to provide medical coverage for the Emergency Department on a 24-hour basis, this proviso being accomplished through a contractual agreement between Dr. Edwards and medical associates he employed on a full-time or part-time basis.

Dr. Edwards had a thorough grasp of

the importance and significance of emergency medical care and worked intensely on developing curriculum content for the training of emergency medical specialists. He was Founder and President from 1973-1975 of the Emergency Medical Services Committee, City of London; a member of the Civic Disaster Committee, City of London, 1976-1977; and a member of the Regional Disaster Planning Committee, 1976-1977. In February 1976, he was appointed Clinical Lecturer in the Section of Emergency Medicine of the Department of Medicine U.W.O.

Dr. K. N. Edwards died suddenly on June 18, 1977, and is remembered with pride for his contribution to the advancement of Emergency Medicine.

Unlike many Medical Departments within the Hospital, the Medical Staff, Nursing and support staff are not only involved with minor injuries and ailments but with critically injured and seriously ill patients. Treatment for these patients may require immediate transfer to a Critical Care Unit or to the operating suite for emergency surgery. Clinical treatment of many emergency patients may depend on prompt radiological examination and report, laboratory analyses and other diagnostic means used to establish a correct diagnosis. The fiscal constraints and resulting bed cuts imposed on hospitals by the Ministry of Health during the early seventies, has on numerous occasions, created almost chaotic conditions within the Emergency Department, when large numbers of admitted patients are held awaiting available in-patient beds. These patients require care and treatment by physicians, nurses and support staff, and as a consequence frequently impede the flow and treatment of emergency patients.

Sister Carmelita Grier was the first nurse appointed a Supervisor of the Emergency Department and served in that capacity from 1951-1957 and was followed by: Sr. Monica Donovan, 1957-1964; Sr. Ferdine St. Louis 1964-1968; Sr. Stephanie Rettinger, 1968-1977; Mrs. Joyce Lekx,

1977-1980; Sr. Josina Van Dyk 1980-1982; Mr. Mario Jacques from 1982 to date. Emergency patient visits have increased considerably over the years, with 1986 statistics indicating more than 45,000 patients treated.

Six months elapsed following the death of Dr. K. N. Edwards before the appointment of Dr. Dale Palko as Director of Emergency Medical Services was approved, and became effective on February 25, 1978. Few changes occurred during his tenure which terminated with his resignation in June, 1981.

Dr. Peter Frank was appointed Chief of the Department of Emergency Medicine in the fall of 1981. One of his first major duties was participation in the Task Force on the Emergency Department which made recommendations towards a planned new and expanded emergency unit. This work is continuing in successive stages as part of the scheduled major rebuild of St. Joseph's Hospital.

During the 1980's other important developments took place in Emergency medicine. The Royal College of Physicians and Surgeons granted specialty status to the discipline of Emergency Medicine and the first examinations were held in 1983. As well, the College of Family Practice developed a Certificate of Special Competence in Emergency Medicine. As a result of these occurrences, training programs in Emergency Medicine developed at the University of Western Ontario and the Emergency Department became the base for the clinical training of these residents.

Consistent with this expanded teaching role of the Emergency Department, an initiative has been undertaken to more formally recognize the academic links between the Emergency Department and the University of Western Ontario through the Division of Emergency Medicine.

## Department of Physical Medicine and Rehabilitation

A Physical Therapy Department was established at St. Joseph's Hospital in September 1928, under the medical supervision of Dr. P. J. Sweeney. For over three decades, his keen interest in the physical benefits patients received from physiotherapy treatments and rehabilitation added strength in developing the Physiotherapy Department with the assistance of trained physiotherapists. Dr. Paul Sweeney died in 1963 at the age of 71.

Dr. M. G. Peter Cameron, F.R.C.P.(C), was appointed to the Medical Staff at St. Joseph's Hospital in 1964, as a Consultant in Physical Medicine and Rehabilitation. Dr. Cameron graduated from the University of Toronto in 1942, and after an Internship at Toronto General Hospital, he joined the R.C.A.M.C. until discharged in 1945. After serving as Assistant Professor of the Department of Rehabilitation Medicine at the University of Saskatchewan from 1957-1964, he was appointed Professor and Head of the Department of Physical Medicine and Rehabilitation at the University of Western Ontario.

For the next few years Dr. Cameron encouraged the appointment of a Geographic Full-time Psychiatrist at St. Joseph's Hospital. However, this position was not filled until 1969.

Dr. R. A. Durnin, F.R.C.P.(C), was

appointed to the Medical Staff of St. Joseph's Hospital as Chief of Physical Medicine and Rehabilitation, commencing December 1, 1969, thus becoming the first Psychiatrist to hold a full-time position at the Hospital. Dr. Durnin graduated from Queen's University in 1960, and then completed a one-year rotating internship at Hamilton General Hospital followed by a one-year internal medicine internship at Toronto East General Hospital. He was in general practice until 1966, at which time he entered a two-year Residency Training Program at Baylor University College of Medicine, Houston, Texas, specializing in Physical Medicine and Rehabilitation.

Dr. Durnin was very personable, an excellent clinician and lecturer, and his performance while at St. Joseph's Hospital helped to further establish this specialty. It was with regret that he resigned his appointment in June 1974, to establish a private practice in Peterborough, Ontario.

Dr. Emilie Newell, F.R.C.P.(C), was appointed to the Active Staff at St. Joseph's Hospital Department of Physical Medicine and Rehabilitation in May, 1974. Dr. Newell graduated from the University of Western Ontario in 1966, and was one of the four Internes to enter the Family Practice Program which was introduced at St. Joseph's Hospital in 1966. From 1967 until 1972

most of her residency was completed at Victoria Hospital, London, Ontario, with the exception of six months each, at Toronto Western Hospital and Middlesex Hospital, London, England, as Assistant Resident in Physical Medicine and Rehabilitation.

Dr. Newell was initially appointed Acting Chief on a G.F.T. basis until promoted to Chief of the Department in July 1977. She was an excellent clinician and enjoyed a good rapport with patient and staff alike. In July 1980, she resigned on being appointed Chairman of the Department of Physical Medicine and Rehabilitation at the University of Western Ontario Medical School.

Dr. R. A. Durnin and Dr. Emilie Newell were accorded admitting privileges and during Dr. Newell's tenure up to four beds were assigned to the Department of Physical Medicine and Rehabilitation for patients admitted to the service. Physiatrists are trained in the management of physically disabling conditions, most of which are neurological or orthopaedic. The severity of these conditions range on a scale from mild and temporary to severe and permanent. Treatment and rehabilitation require from short to lengthy periods of time, and of prime importance in providing effective patient care is the inter-disciplinary support rendered by Physiotherapists, Occupational Therapists, Audiologists and other related professionals.

For approximately two years after Dr. Newell was appointed Chairman of the University Department of Physical Medicine and Rehabilitation, consulting services were provided by members of the University Department for patients requiring the services of a Physiatrist. With less than a satisfactory resource base to provide high quality patient care, and with the Ministry of Health encouraging shared services, a proposal to develop a shared Rehabilitation Service between St. Joseph's Hospital and St. Mary's Hospital was initiated.

In November, 1982, Dr. A. B. Deathe was appointed Chief of the Department of Physical Medicine and Rehabilitation. Dr. Deathe was based at St. Joseph's Hospital only for a short period of time before transferring to St. Mary's Hospital, continuing to retain his position as Chief serving both institutions. The Rehabilitation Service at St. Mary's Hospital continued to expand and in November 1984, Dr. Deathe stepped down as Chief and Dr. O. Maryniak was appointed to fill the vacated position, geographically located at St. Mary's Hospital. In 1985, Dr. A. B. Deathe was appointed Chairman of the University Department of Physical Medicine and Rehabilitation, following the resignation of Dr. Emilie Newell. A third Physiatrist was added to the staff at St. Mary's Hospital, with the appointment of Dr. A. Bhardwaj in 1986. Presently, both Dr. Deathe and Dr. Maryniak have Active Staff privileges, and Dr. Bhardwaj, Courtesy Staff privileges at St. Joseph's Hospital. Patients requiring rehabilitation are transferred from St. Joseph's Hospital to the Unit at St. Mary's Hospital.

The Rehabilitation Unit located on the second floor of St. Mary's Hospital has a complement of 30 beds. The beds are designated to the following disability areas: Amputee - 11; Neurological - 10; Orthopaedic - 5 and Chronic Pain - 4.

The Rehabilitation Program has developed into an acute rehabilitation service, which provides intensive and comprehensive diagnostic and therapeutic services to patients and their families, utilizing an interdisciplinary approach. The average length of stay for a patient on the Rehabilitation Unit approximates 36 days. Clinic and Community follow-up of patients are also integral components of this program, utilizing community services to facilitate the readjustment of the patient to his or her home setting when required.

## Dentistry

A major addition to St. Joseph's Hospital was opened in 1964 facing Wellington Street. The planning for this new facility was under the direction of a surgeon, Dr. V. A. Callaghan. In the early planning stages opinions were sought from many sources including some of the Sisters of St. Joseph in the United States, who urged that a Dental Department be included in their plans as in a major hospital this was considered essential. In their wisdom the Sisters in London accepted their advice and built a dental facility adjacent to the Emergency Department on the ground floor. This consisted of two dental operatories with the necessary secretarial space. However, for a short time this was used as secretarial office space until a suitable applicant with considerable experience in hospital dentistry could be recruited. At that time dental consultations or surgical assistance was given primarily by Dr. A. J. Harris and Dr. D. Stiles on an ad hoc basis.

Coincident with the expansion of St. Joseph's Hospital was a movement to establish a second School of Dentistry in Ontario due to the increase in population and dearth of dentists. In October, 1964, Premier John Robarts announced in the Legislature at Queen's Park the availability of two blocks of money to establish a second School of Dentistry and also a hospital on

the campus of the University of Western Ontario. Subsequently the University Board of Governors established the Faculty of Dentistry on 1 January, 1965 and named Dr. Wesley J. Dunn as its first Dean on 1 February, 1965. In the spring of 1967 Dr. A. G. Parnell accepted the position of Professor and Chairman of the Department of Oral Surgery commencing 1 July, 1967. As a surgical specialist required hospital facilities and operating room privileges, Dr. Parnell was interviewed by a small committee consisting of Dr. Jack Walters, Chairman of the Medical Advisory Committee, Dr. Edward Carroll, Chief of Surgery and Dr. John Rounthwaite, Chief of Otolaryngology, and shortly afterwards was appointed the first Chief, Department of Dentistry, commencing 1 July, 1967.

Sister Mary Elizabeth Campbell was the Executive Director and most supportive in setting up the Department of Dentistry. At first one dental operatory was proposed and following coordination of various items of equipment, a budget of \$12,000 was advised as sufficient to equip the proposed operatory. It is interesting to note that the dental chair was very mobile and could be moved easily with a button control on a carpet of air, similar to a hovercraft; it could be raised to the height of a stretcher for hospital patients and turned flat similar

to a bed. Twenty years later it is still in use. Dr. Parnell was most surprised when Sister Mary Elizabeth told him two weeks later that he could order the equipment as the St. Joseph's Hospital Ladies' Auxiliary had generously donated the whole amount.

That Fall saw the Department of Dentistry open and a service commence for referrals and emergency patients. London had not had a full-time emergency dental service and, as the Department became busier, the next stage was to enlarge the Department to two operatories and commence graduate teaching by establishing a Dental Internship. This came to fruition in 1970 when Dr. Blackman, a graduate of Georgetown University, was appointed the first Dental Intern in London. Other members of the Faculty of Dentistry joined the Dental Staff either in Active or Consultant categories. Within a few years Victoria Hospital and University Hospital had dental departments affiliated with the Faculty of Dentistry. As the years passed the amount of work increased, particularly for the Dental Interns, and following representations to the Ministry of Health, three additional Dental Intern slots were allocated to the University of Western Ontario. This necessitated enlarging the Dental Department at St. Joseph's Hospital which was accomplished in 1983 when a third operatory was opened and the secretarial area enlarged and a dental laboratory provided. As of 1987 the Department was twenty years old and the staff consisted of:

Dr. H. G. Parnell, Chief  
 Dr. L. T. Prentice, Assistant Chief  
 Five members of Active Staff



*Dr. Anthony G. Parnell demonstrates a technique on dental technician Bonnie Rea; in the background is dental technician Marion Barta adjusting the 'heart monitor'.*

*London Free Press Photo*

Ten members of Consultant Staff  
 Four members of Secretarial Staff  
 assisted by two Certified Dental Assistants.

## **Chiefs of Staff**

The Medical Staff was first organized in 1922.



Dr. John Wishart  
1922-23



Dr. W. J. Tillmann  
1923-26 and 1938-39



Dr. S. M. Fisher  
1926-27 and 1930-31



Dr. A. J. Grant  
1927-30



Dr. J. R. Armstrong  
1931-33



Dr. H. O. Foucar  
1933-34 and 1945-47





Dr. E. I. Loughlin  
1934-35 and 1943-45



Dr. P. C. Banghart  
1935-36



Dr. J. L. Duffy  
1936-37 and 1950-52



Dr. R. J. Gordon  
1937-38



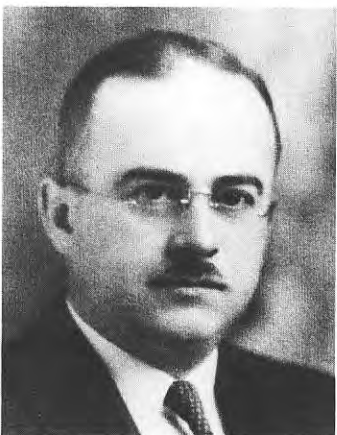
Dr. W. P. Tew  
1939-40



Dr. V. A. Callaghan  
1940-41 and 1954-56



Dr. F. W. Luney  
1941-43 and 1952-54



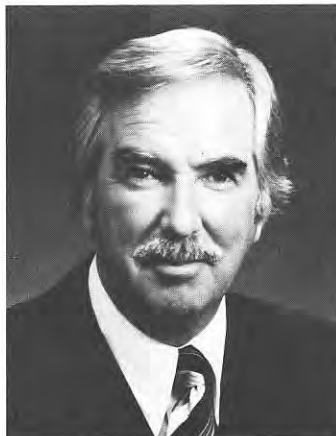
Dr. M. C. Morrison  
1947-49



Dr. B. L. Hession  
1956-59



Dr. M. Hill  
1959-62



Dr. J. F. Ballantyne  
1962-63



Dr. W. A. Tillmann  
1964-65



Dr. J. H. Walters  
1966-67



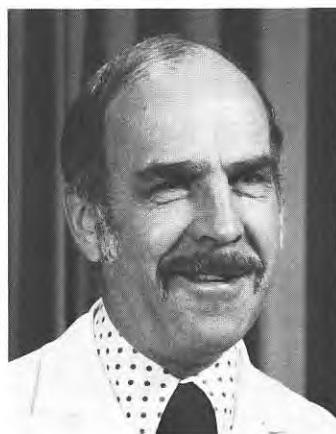
Dr. F. J. Rownthwaite  
1968-69



Dr. D. M. Mills  
1970-71



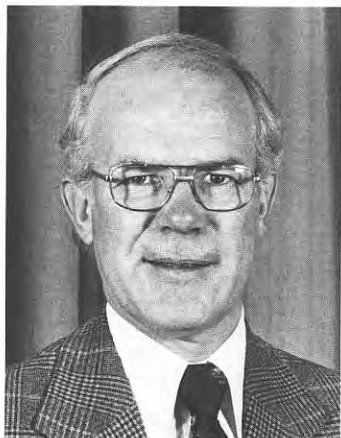
Dr. E. G. Carroll  
1972-73



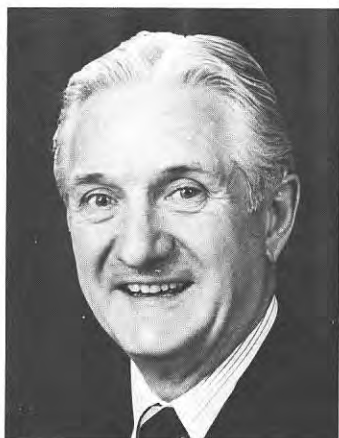
Dr. W. W. Wilkins  
1974-75



Dr. N. P. Jaco  
1976



Dr. R. T. Collyer  
1977



Dr. A. C. Webster  
1978



Dr. J. Thompson  
1979



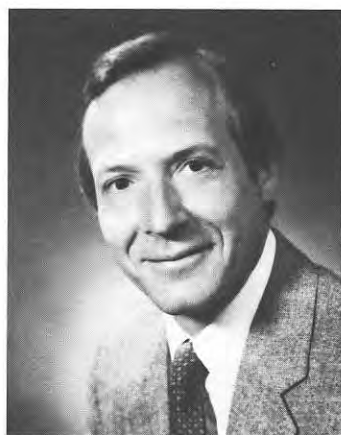
Dr. P. Harding  
1980



Dr. R. R. Ruby  
1981-82



Dr. J. Black  
1982-83



Dr. P. E. Cordy  
1983-84



Dr. A. Kertesz  
1984-85



Dr. G. E. Meads  
1985-86

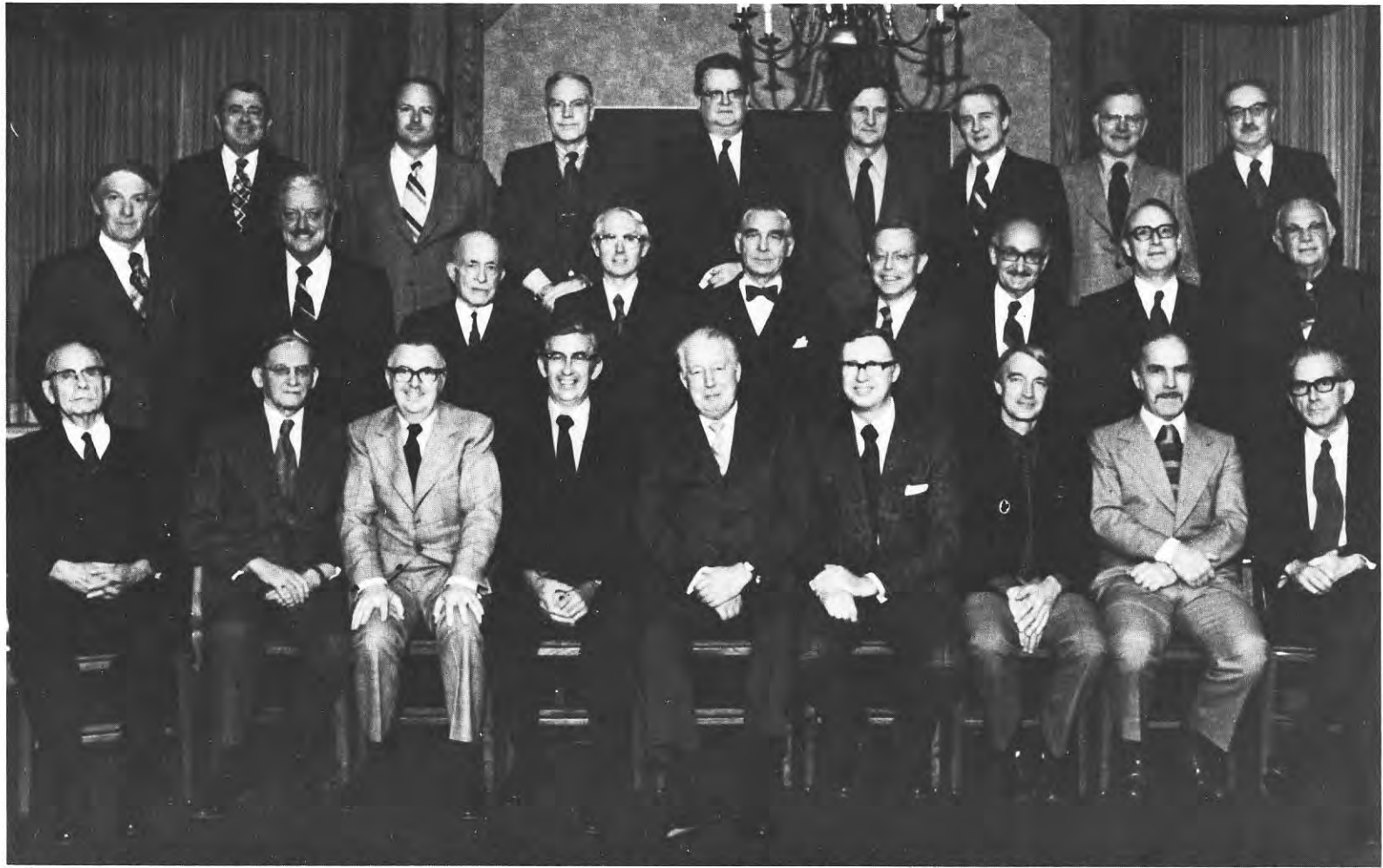


Dr. J. K. Milne  
1986-87



Dr. J. Biehn  
1987-88

This 1974 picture shows many doctors who have been associated with St. Joseph's Hospital.



*Left to Right: Front Row: W. C. Sharpe, H. O. Foucar, G. E. Pratt, R. E. Greenway, G. E. Hobbs, J. B. Walker, P. Rechnitzer, W. W. Wilkins, O. H. Warwick.  
Second Row: B. L. Hession, W. A. Tillmann, F. W. Luney, W. E. Pace, C. A. Thompson, C. Dyson, D. B. Meltzer, R. W. Gunton, F. S. Kennedy.  
Third Row: J. S. Winder, K. A. Johnston, J. A. Lewis, H. B. Stewart, C. W. Gowdey, D. Bocking, D. M. Cram, M. L. Barr. Harvey Club of London*

St. Joseph's Hospital had been in operation for nearly forty years when the Sisters of St. Joseph, while Sister Zita Forster was Superintendent, appealed in April 1926 to the local women asking them to form an organization to help in the work of the Hospital. Thirty women answered the appeal and organized themselves as St. Joseph's Hospital Auxiliary "to give volunteer humanitarian services to the hospital and the patients".

The Auxiliary determined early to devise efficient fund-raising projects. Although no regular records were kept by the Auxiliary until about 1951, there was evidence of their activity. In 1927 the Nurses' Residence was furnished. In 1929 they enabled the setting-up of a Dietetic Centre. In 1947 they opened a Gift Shop and a little later provided a travelling Gift Cart for the convenience of the patients.

In 1934 the by now well-established Auxiliary became affiliated with the Provincial Hospital Aid Group, now known as the Hospital Auxiliaries Association of Ontario. Mrs. R. M. Burns was President. Sr. Patricia Coughlin, Superintendent, was given the title of Honorary President.

In close conjunction with the Auxiliary were the Volunteers — separate but close. Not all the women and men in the Auxiliary are Volunteers, but each Volunteer joining

the service is given the option of also becoming an Auxilian. A number of Junior Volunteers first known as Candy Strippers joined the service. They were at least thirteen years of age and usually at a stage where they were investigating the health care services as a possible future profession. In 1971 the Volunteer Service expanded to such an extent that a Co-ordinator was retained and the service was organized as a Department. Mrs. Erdyne Killingsworth was the first Co-ordinator and filled the position with efficiency and graciousness until her retirement in 1982. She was succeeded by Sister Sheila Collins. When Sister Sheila died suddenly in January 1987, she was succeeded by Sister Sandra Wood.

The Volunteers in so many areas of the Hospital are a special sign of its caring. They provide a very personal contact for patients who may be apprehensive and ill at ease in an atmosphere which they see as clinical and professional.

In January 1986 St. Joseph's Volunteer Department amalgamated with the volunteer departments of St. Mary's Hospital and Marian Villa. Through its volunteer services the Department is able to provide a better balance of professional efficiency and expertise for the benefit of the patients/residents.

Presently there are both a full-time

## Auxiliary and Volunteers

manager and a full-time secretary as well as two part-time (one a volunteer, one paid) co-ordinators staffing the Health Centre department. There are over 550 volunteers (100 of these are Junior Volunteers) working at the Health Centre in 35 areas of service. In 1986 these Volunteers contributed approximately 31,776 hours of service on St. Joseph's Campus alone. Another interesting statistic is that 25% of the volunteers have served for more than five years.

In 1968 representation on the Hospital Advisory Board was given to the elected President of the Auxiliary.

One of the first purposes set by the Auxiliary was the devising of projects that would supply the Hospital with needed equipment. They were eminently successful. A detailed account of equipment supplied would make exhausting recording and reading. But some account is in order. In 1963 the Auxiliary opened a Coffee Shop and Tuck Shop. In 1967, \$10,000 was

donated to cover much of the expense of opening a Dental Department. They raised funds to supply not only a dialysis machine and operating room tables, but also equipment to all surgical departments. In 1986 alone the Auxiliary donated \$136,000 for specified equipment, besides making a \$100,000 payment, their second on a pledged \$500,000 for the building fund. Every area in the hospital has benefited from the concern of the Auxilians in an effort that has been Herculean.

The Auxiliary membership has continued to grow and numbers 320 dedicated people at present. In the past ten years, a total of 1.25 million dollars has been donated — an achievement of which the Auxilians can be most proud!

The presence of dedicated workers in the Auxiliary and in the Volunteer Department in all areas of St. Joseph's Health Centre has been always a very visible and important sign of its caring and compassionate concern.

The rapid proliferation of increasingly sophisticated therapeutic and diagnostic equipment in the early 1970's prompted the formal establishment of a Biomedical Engineering Department.

Until that time, various clinical divisions such as Dialysis, Pulmonary Function, Obstetrics, and the ICU had employed equipment repair technicians within their own area. In September 1978 the first Director of Biomedical Engineering, Charles Botz, Ph.D., was appointed and the technical staff centralized.

The nascent Department operated out of a small laboratory in the basement of the Grosvenor Wing, near the west elevator. Neonatal incubators and dialysis machines could often be found in the corridor awaiting their turn for inspection or repair. Because of these space limitations and because a majority of equipment "breakdown" is really a lack of understanding on the users' part of how the equipment is supposed to function, technicians conducted daily walk-around rounds through Emergency, ICU, CCU, NICU and the Recovery Room in order to become familiar with the nursing staff and the problems they might have with the instrumentation. These routine visits were well received, solved many

problems on the spot, and saved having to remove, often-scarce, equipment from patient service.

The Department also looked after beepers. When lightning struck the antenna and "fried" the transmitter in 1980 there was a near panic situation as alternate arrangements quickly had to be made to alert the cardiac arrest team. Subsequently, the Hospital was visited on a number of occasions by the Midnight Marauder who put the paging system out of commission by removing vacuum tubes and other vital parts from our newly repaired transmitter. That mystery remains unsolved.

In 1981 the Department was relocated in new quarters in the sub-basement of the Phase 1A expansion. Much new and complex equipment was making its way into the Hospital at the same time. A computerized system for monitoring and analyzing the ECG's of ICU, CCU and ICCU patients, costing over half a million dollars was introduced. The NICU was renovated and new incubators, neonatal monitors and transcutaneous oxygen monitors were purchased. In a four-year time period the amount of instrumentation maintained by Biomedical more than doubled.

## Biomedical Engineering



## Detoxification Centre

From 1970 to 1972 a pilot project was operated in Toronto to determine whether medical intervention was necessary in all cases of detoxifying from the effects of abuse of alcohol. A medical as well as a non-medical model was put in operation simultaneously. The conclusion was that the majority of alcoholics could safely be detoxified in a non-medical, non-threatening, homelike setting. As a result, the Ministry of Health made the decision that this would become the Ontario model. Apart from being more successful, it was obviously more economical.

Initially, the criteria for a city to have a Centre was 1000 Chronic Drunkenness Arrests during the previous year, London ranked third in the province. (Chronic Drunkenness Offender — more than 3 arrests during the previous year, no longer applies.) In London a Committee was set up consisting of representatives from the three General Hospitals, London Psychiatric Hospital (L.P.H.), Alcoholism and Drug Addiction Research Foundation (A.R.F.), Police, Social Service Agencies and other interested persons. The administration of a General hospital had to be willing to accept the responsibility for the Centre, in order that medical backup would always be available. Sr. Mary Doyle accepted in the name of St. Joseph's Hospital. The

Committee continued its work locating a suitable facility and setting guidelines. On December 8, 1972 Sr. St. Patrick Joyce accepted the position of Director. A building was found and renovations began in January 1973. Staff was hired and training began. The 20 bed, all male detox at 331 Dufferin Ave., was officially opened on September 19, 1973. The first residents were accepted three days later.

Within the first month it became evident that the doors had opened none too soon. From the beginning an average of 250 men per month were admitted to be detoxified. Referrals came from police, hospitals, doctors, social agencies, families and self.

For six years life continued much the same, very interesting and very challenging. Some men came in once or twice, were motivated to change their life style, went to a treatment program or directly to Alcoholics Anonymous and remained sober. Others had no desire to change and stayed long enough to feel well and returned to their home or the street to continue drinking.

In 1978 it became evident that a similar facility was needed for women. However it was not economically feasible to consider a Detox for women only. Although not ideal, a decision was made by the Ministry of Health in agreement with the Board to



*The official opening of St. Joseph's Hospital first 'detoxification centre' on Dufferin Avenue took place September 19, 1973. Observing County Court Judge W. E. C. Colter cut the ribbon are Sister St. Patrick Joyce, director of the centre, and Sister Mary Doyle, executive director of St. Joseph's Hospital.* London Free Press Photo

find a facility large enough to accommodate both men and women. On September 28, 1979 an official opening took place at 471 William St. and the move followed immediately.

When a person is admitted to the Centre he or she is either intoxicated from the effects of alcohol and/or soft drugs, or is in withdrawal from them. The client is made as comfortable as possible in the admitting room. A Staff person is on hand to alleviate fear, and to help the intoxicant to adjust to his surroundings. When able, the resident is showered and given a bed.

For the following three to five days the resident will be quite sick with the shakes, nausea, bouts of nervousness and irritability. There is always the danger of seizures or hallucinations.

When well enough, the resident begins low-key counselling, Alcoholics Anonymous Meetings and group interaction with peers. The Centre provides at all times a milieu of acceptance in which alcoholics are allowed to feel comfortable and at ease. Drugs are not used; rather, recovery is facilitated by person-to-person contact.

The Detox is the Gateway to Treat-

ment. When the resident is well prepared and motivated, preparation will begin with the help of the Staff to plan for an appropriate referral for continued sobriety. The most frequently used Programs by the Centre are: St. Thomas Addiction Unit, the Westover Treatment Centre, St. Stephen's House and Alcoholics Anonymous.

Over the years the number of admissions has increased to an average of 300 a month, reaching 400 on one occasion.

During the past few years new trends have evolved. The client population is younger. The addition of prescription drugs

and street drugs by many who are consuming alcohol has made the management of clients more difficult, as well as the length of detoxifying longer. A very encouraging trend is the number of persons coming for help before they have lost everything. Employee Assistance Programs have helped greatly in this area.

As we approach 15 years of operation we are grateful to God for the many men and women who got their start from the Detox Centre and are now living productive sober lives in the community.

## Diabetes Centre/Clinical Investigation Unit

Since 1973 St. Joseph's has been developing a centre of excellence in caring for and helping diabetic patients to manage their condition. On January 10, 1986, the Diabetes Centre received the official stamp of approval and full funding to cover operating costs of both the Diabetes Education and Diabetes Day Care services, which along with the Clinical Investigation Unit, united in July 1985 to form the Diabetes Centre.

The Diabetes Centre in total is more than diabetic management and education; it is research and the application of research findings to clinical patient care.

The day care service is relatively new. It started in February, 1984, and serves four types of patients:

- Newly diagnosed patients who were in the past admitted to hospital, now learn survival skills through the day care service
- Established diabetic patients requiring minor surgery or such procedures as dental extractions have their Diabetes Mellitus managed by the day care service during the surgical period
- Patients who are changing treatment modes can have these variations evaluated under supervision and with greater safety for the patient in the day care setting. It is often preferable that these patients carry on with their usual activities

- Diabetic patients admitted to non-medical hospital units (such as a diabetic woman who is pregnant) may receive care on that unit while highly specialized diabetic management is provided in conjunction with the Diabetes Centre.

Dr. Gerald Tevaarwerk, Medical Director of the Diabetes Centre, estimates that as many as six patient beds might be saved by teaching survival skills in an outpatient setting. Improved screening and diagnostic methods mean that many diabetics are now diagnosed earlier when initial treatment in hospital is neither necessary nor economically feasible. Studies at McMaster University Medical Centre (Spaulding et al., 1976) have shown that initial diabetic treatment in hospital is nine times more expensive than on a day-care basis.

Patients are referred to the education and self-management service at a rate of nearly 500 new patients annually. Sixty percent are referred by family physicians, forty percent by St. Joseph's specialists, Drs. Clarson, Rodger and Tevaarwerk. In 1973-74, the first year of operation of the Education Centre, 1,267 teaching visits were recorded. Ten years later the 2,659 recorded teaching visits reflected a 110% increase.

On initial contact, each patient is seen individually by a nurse and dietitian to

assess his or her needs, resources, and attitude toward diabetes, self-care, learning and willingness to change. Following individual counselling, each person is directed toward the group and curriculum best suited to their needs and interests. Programmes range from a one-day session for diabetics controlled by diet alone to a four-day comprehensive programme for patients requiring more sophisticated training and education.

The education service serves to:

- guide the diabetic out-patient and his or her family in the understanding of diabetes and its treatment;
- help the diabetic patient acquire skills necessary in balancing diet, exercise, and medication if required with his or her lifestyle; and
- formulate attitudes that accept that the lifelong control of diabetes rests with the diabetic.

By educating and training patients with Diabetes Mellitus to such a degree of sophistication in self-management techniques it is hoped that diabetic education will ultimately prevent diabetes complications and reduce hospitalization in the diabetic population.

In the Clinical Investigation Unit patients are given glucose tolerance and other related tests to assess their need for treatment of glucose abnormalities. New treatment modes are evaluated such as the insulin pump and Home Glucose Monitoring. Future assessments may involve the artificial pancreas.

Dr. Wilson Rodger is participating in a clinical study to examine the use of the immuno-suppressive agent, cyclosporin, in the treatment of newly diagnosed diabetics.

Dr. Gerald Tevaarwerk is investigating ways of reducing the potentially serious effects diabetes in pregnancy may have on the baby.

Diabetes Mellitus is found in more than five percent of the population. Its complications are a major cause of disability and morbidity. Diabetic eye disease is the leading cause of blindness in this country

and diabetes significantly contributes to renal, neurological and cardiovascular disease.

Ministry of Health funding for the Diabetes Centre will assist us in continuing to develop services to meet the needs of the diabetic community. The 1986 Run for Research benefitted the diabetes programme. Proceeds from the fourth annual Run on May 11, 1986, in Springbank Park were directed towards diabetic research. Funding is in place for the appointment of a Lawson Professor in Diabetes. The Diabetes Centre receives strong support from both the local branch and the provincial division of the Canadian Diabetes Association and from its own Guild members.

The whole programme has come of age. We have a centre of excellence in diabetes care.



*Dorothy Gibson, education director of the diabetes centre, has used a battery operated insulin infusion pump continuously since December 13, 1978, a world record; the pump is shown in the foreground.*

*London Free Press Photo*

## Food Services

In 1954 when the Marian Wing was built the area for Food Services received some much-needed expansion. The kitchen at that time prepared and served the food for not only the patients, but also for the cafeteria, the Doctors' and Sisters' dining rooms, the monthly Medical Staff Meetings and the Christmas dinner for all the staff. The food was transported from the main kitchen to the floor kitchens in stainless steel carts.

The expansion in 1954 installed on the ground floor a dish-washing room with a large commercial dishwasher, sorting tables and assembly units.

Under the direction and supervision of Sister Matilda Coyne, nearly all the food was "home prepared": bread, buns, pastries, pickles, jams and preserved fruit. Meat was purchased by the whole carcass and was cut and prepared by the cooks. Behind the kitchen area was a building used as a dark cool area for the storage of raw fruit and vegetables.

Special diets were prepared in a small diet kitchen, where student nurses helped as part of their instruction in dietetics. A formula room beside the kitchen prepared formulas for the Nursery and Children's Ward. Mrs. Birchmore, a therapeutic dietitian directed these preparations as well as the dietary requirements for the main kitchen.

In 1959 a new food belt system was introduced to centralize and speed the preparation of patient trays. The staff from the floor kitchens came to help with the tray assembly and the dish-washing. Sixteen stainless steel carts equipped with hot and cold sections held twenty trays each. A special dietitian was in charge of the formula room and Mrs. Stubbs, a general dietitian, supervised the special diet menus in the kitchen, instructed the student nurses and, on occasion, visited and counselled patients.

A new and greatly enlarged kitchen was built on the ground floor during the 1964 building project. It was the beginning of a new era for the department, now under the direction of Sister Josepha Zimmer and Sister Carmela Reedy.

The new kitchen had four offices and an enlarged dish-washing room. The main kitchen had a large cooking area and bake room; a freezer and large refrigerators were installed as well as a cold room for raw fruits and vegetables. The tray area accommodated thirty stainless steel carts and an assembly belt with six push-in freezers for butter, milk and juices. From the kitchen the food trays were transported to the different serving areas in the hospital.

Efficiency, practicality and economy were moving Food Services into the technological era and it was deemed more econom-

ical to purchase baby formulas, canned fruits, jams, pickles and vegetables from wholesale suppliers.

In September 1970, Julia Stapleford, R.P.Dt., was appointed Director of Food Services and was the first of the laity to hold this position in the St. Joseph's Hospital system. Her mandate was to unify all the services of the Department: Cafeteria, Main Kitchen, Diet Kitchen and patient services, as well as to initiate a selective menu for all patients on regular and diet menus.

The selective menu was introduced in the spring of 1971 for the regular diets. The special diet menus were to follow. With the commencement of these menus a new system of menu-tallying, forecasting and menu distribution, was set up. It took several months to have the new system working smoothly but the results were rewarding.

At the request of the Red Cross, in 1971 St. Joseph's Hospital became a part of the "Meals on Wheels" program and has continued to prepare and serve meals to date. Recently the program was switched from the Red Cross to an independent group and the Department has been asked to prepare as many as 350 meals per month. This is not possible at present because of the lack of space and staff which would be required. Over the years, the meals at St. Joseph's have received high commendation.

A Diabetes Education Centre was opened in the early seventies and initially the therapeutic nutrition component of the program was handled by the St. Joseph's dietitians. The Department continues to provide the meals for the program with an Aide I to serve them. A few years ago, the work load became too heavy for the hospital dietitians to handle and the centre now employs two of its own dietitians.

When the Detoxification Centre opened, the Department was asked to supply the groceries, food and one meal a day for that Centre.

The role of therapeutic dietitians has grown over the years and is still growing. In 1970 there was one therapeutic dietitian for the whole hospital. Today there are six full-time dietitians and as the amalgamation proceeds there will be more. One full-time dietitian handles the dialysis unit while another full-time dietitian works solely with out-patient counselling. The dietitians are highly respected by the physicians and the co-operation between nursing and food service is excellent.

In the last five years the Department has installed a new flight dishwashing machine, and a new tray-veyor which puts off six trays per minute. The hot and cold food carts were wearing out so a new tray distribution system was installed, the Aladdin Synergetics insulated tray. Rarely with this new system are complaints received that the meals are not hot.

Finally, the Department has moved into the computer age. A computer was installed two years ago enabling the diet clerks to run a patient census before each meal, thus avoiding wasted trays as transfers and discharges are up to date. As well, all the maintenance and diet requisitions are entered into the computer. In a short time two more computers will be installed in the Department, enabling the dietitian to produce a nutrient analysis on all the menus. The second computer will handle all the food stores inventory and produce the exact amount of items to be purchased.

When the amalgamation of the Health Centre is complete, the Departments of both hospitals will become one Department serving 6000 meals daily.

## Housekeeping

Building materials have altered dramatically over the last century, during which time flooring has changed from pine and hardwood to terrazzo, carpeting, corlon, vinyl asbestos tile and other floor materials.

During the early period at St. Joseph's Hospital, the wood floors were broom swept, and damp mopped using a home-made soap solution comprised mainly of animal fats and caustic soda in order to maintain cleanliness but with no provision for maintaining an aseptic environment. As the years progressed, research in housekeeping methods developed improved equipment as well as many different germicidal cleansing agents. Over the last twenty years the Housekeeping Department has been greatly assisted by recommendations from the Infection Control Officer and the Infection Control Committee.

The Housekeeping Department was for many years under the management and supervision of Sisters, including Sister Annunciata O'Brien, Sister Innocentia O'Meara, and Sister Cletus Lobsinger. With each expansion, especially the 1954 Marian Wing and 1964 Wellington addition, the capacity of the Hospital had increased to over 600 beds. The need for increased staffing, equipment and the necessity to maintain a high standard of efficiency, cleanliness and asepsis, prompted admini-

stration to consider Modern Building Cleaning Inc., a private contractor, to assume responsibility for all housekeeping duties. Upon receipt of good references from various hospitals across Canada, a decision was reached to accept the housekeeping proposal and a yearly contract was signed effective December 1, 1963.

Previous to commencement of the contract all members of the Hospital housekeeping staff were interviewed and many who had not reached retirement age elected to join Modern Building Cleaning Inc. Several members of the housekeeping staff with between 25 and 40 years service are still employed. A minimal turnover in labour has led to greater efficiency and familiarity in maintaining a clean and aseptic Hospital environment. Expanded areas of responsibility required the re-programming of the various duties to be performed in order to keep in existence good quality control. Critical Care Units and especially the Infectious Ward required the Housekeeping Staff to adhere strictly to special aseptic techniques and regulations as recommended by the Infection Control Committee and to work in close cooperation with the Infection Control Officer, in order to control and prevent the occurrence of cross infection.

The Housekeeping Manager or his representative attends the Department Head



monthly meetings in order to keep abreast of any proposed changes that may occur in the day-to-day operation of the Hospital. For the past 17 years the Housekeeping Department has been under the capable management of Mr. Charles Mizzi, a valued employee of Modern Building Cleaning Inc., for 27 years.

The Management Team of the Health Care Centre appreciates the excellent cooperation of the Management and Staff of Modern Building Cleaning Inc. in maintaining a high standard of housekeeping duties throughout the last quarter century.

## Information Systems

**Earliest History:** The first computers were introduced in the laboratory areas to do calculations and print out reports directly from chemical analyzers in the early 1970's. In 1976, the Nuclear Medicine Department implemented a computer to display diagnostic images of internal organs, and two years later, Medical Records installed word processing computers for transcribing doctors' notes. 1980 saw computers installed in the Cardio Vascular Investigation and Biochemistry Departments, for data collection and analysis. That same year, the proposal for a Patient Care System was sent to the Board, and the Computer Committee was formed. Sister Patricia McKeon was instrumental in starting the Patient Care System, and in gaining approval.

**Systems Department Formation:** In 1981, the Systems Department was founded, consisting of a Computer Operations Coordinator (reporting to Sister Patricia McKeon) and three part-time operators. The Department has since grown to encompass ten full-time and three part-time staff members.

The first phase of computerization was the installation of the ACTION\* system, supplied by Shared Medical Systems (SMS) of Pennsylvania, and utilizing a Digital PDP 11/70 mini-computer.

Printers and screens were placed in

Admitting, Medical Records, Accounts, Out-patients and the Information Desks. A Central Patient Index (CPI) was loaded into the computer. This application allowed Medical Records to store in the computer pertinent data on all patients who had been seen in the hospital since 1970, and then update the data as patients returned, or as new patients were charted.

In-patient admissions, Emergency, Surgical Day Care and Out-patient registrations were then added to the system. Patient movement (transfers, discharges) was conducted on the system, and location of patients was now instantaneous for the Information desks and the Admitting department: there was no longer any need to retain the cumbersome card filing system in many areas of the Hospital. Up-to-date reports were printed and distributed throughout the hospital at various times of the day, thus allowing many departments, even those without computer equipment, access to more accurate patient information.

In 1983, the ACTION\* system expanded to include Out-patient Clinic scheduling. Booking clerks were able to schedule appointments for the Out-patient clinics on the computer system, and resulting reports were produced and used by Medical Records to pull appropriate charts before

each clinic, and by the department for statistical purposes.

The next phase was the installation of a Nurse Station Order Entry system in 1985. Now nurses on each unit could key orders into their computer screen and a requisition would automatically be printed in the Department providing the service. This improved the communications between various departments and cut down on some telephone calls and portering runs. To enhance this application, printers were introduced on each nurse station in 1986. Now the nursing staff could print labels for blood work and specimens, and also print up-to-date census data for their unit. Physicians could also print lists of their patients' names and location, which greatly assisted in visits and consults with patients.

Additional computers were added in the Nuclear Medicine and Obstetrical Research areas of the hospital as well.

In 1986, the Materials Management Department implemented an in-house inventory and purchasing computer system, utilizing Data General equipment and software from Meditech. This system provides reports such as supplies usage by department, stock levels and purchase orders.

Having the system in the hospital provided immediate access to the level of stock and the status of purchase orders. This system was further up-graded in 1987.

A Pharmacy computer system has been installed to allow for greater control of pharmacy inventory and patient drug profiles. This system became operational April 1, 1987.

The next phase will include a financial system, a Radiology system, a Networking system, Lab systems and up-grading some of the earlier computer systems which have grown a bit out-of-date.

It is evident from the foregoing information that almost all hospital staff require varying degrees of an understanding of when and how to use computers. To further emphasize this point, at present there are in excess of 200 terminals; this is expected to double or triple over the next several years. Presently those staff members who use terminals are given class room instruction and on-site training if required by the instructors. The large work load that is stored or processed by computers requires that they be used efficiently and accurately.

Before the Intravenous Team (IV Team) was established at St. Joseph's Hospital in the early 1960's, the interns and clinical clerks initiated all the IV's on the patients requiring IV Therapy while the blood sampling was shared between the laboratory technologists of Hematology and Biochemistry.

In the mid 1960's the IV Team was started under the direction of Mrs. G. Mallette and Mrs. E. Jones. Mrs. Jones came to St. Joseph's Hospital with experience on an IV Team at McClaren General Hospital in Flint, Michigan. These two nurses covered the 7-3 shift only and answered all the IV calls from the overhead paging system. As they became known in the hospital for their expertise in inserting IV catheters, the number of calls increased and the team expanded in staff to three nurses on days and one of 3-11 shift. The evening nurse was also responsible for E.C.G.'s on patients. At this time the Jelco catheters and butterflys replaced the straight stainless steel needles which eliminated many interstitial IV's because of their flexibility within the patient's veins. For a short period of time the IV Team was using the long Intra-caths which were extremely dangerous due to the possibility of becoming severed by the insertion needle and travelling in the veins. This type of intravenous catheter was

discontinued following a serious incident in Toronto.

In the 1970's it was recognized that blood sampling was related to IV Therapy. Thus to promote efficiency and accuracy in blood sampling and to provide continuity of care on the patients and to preserve veins, the Phlebotomy service shifted from the laboratory to the IV Team. This was a great improvement and facilitated superior blood sampling and infection control monitoring by a small group of people. All IV's were checked by the IV nurse three times a day. If the IV Nurse had difficulty obtaining a peripheral IV site the anaesthetist who acted as back-up was called directly. If no peripheral veins were accessible, a cut-down was performed or a jugular vein was used.

Dr. Webster taught the IV Team how to use local anaesthetic for IV insertions. The IV Nurses experienced the great benefits and effectiveness of this technique through their patients' comments of their experiences in other hospitals, where a local anaesthetic was not used.

In 1971 Mrs. B. Palmer perfected the system of blood sampling even more by labelling the blood tubes and requisitions with the addressograph. This also increased the teams' efficiency and they began teaching the medical students. Stat blood work

## **The Intravenous Team**

then became the responsibility of the doctors. In the mid 70's Mrs. E. Inwood implemented 48-hour IV site and tubing changes on all patients with Intravenous Therapy. This had a tremendous impact on decreasing the phlebitis and infection rates. Heparin Loks were also introduced for patients on restricted fluid intake or patients needing IV medications. As the team became recognized for good aseptic technique and accuracy, blood cultures were done by the IV Team. This decreased the number of contaminated samples or repeat sampling.

By the end of the 1970's the IV Team was responsible for admission blood work on patients as well as all the IV starts for patients requiring surgery. At this time the IV Team assumed the responsibility for teaching the interns how to initiate IV's and draw blood samples. Accurate statistics were collected on the number of IV insertions and the number of blood procedures performed and the work load indicators for each procedure were compiled. As the number of patients in hospital requiring IV Therapy increased, one IV nurse was assigned to each floor. This delegation of the work load promoted continuity of care for the patient and was consistent with the primary nursing philosophy for IV Therapy.

By 1980 the Lab Test Centre opened under the direction of Kathy Pugsley. As well as servicing the out-patients, all patients admitted for surgery went to the Lab Test Centre for their pre-op blood work. By 1987 approximately 50,000 patients per year utilize this facility, which is staffed by the IV Team. T.B. Skin testing on in-patients was also the responsibility of the IV Nurse.

By 1983 the number of IV's and blood work on the evening shift increased re-

quiring two nurses to accommodate the work volume. As the average length of stay for the patients decreased and the number of patients requiring sophisticated IV Therapy increased in the form of T.P.N. or chemotherapy, more patients were requiring central venous access devices in Port-a-caths, Hickmans, Triple Lumen Catheters. These devices allowed a direct access to the patient's vascular system for blood sampling, drug administration or fluid requirements. Many of the responsibilities for these central lines were shared with IV Nurses and the Nursing Staff.

By 1987 the IV Team, under the management of Ann Regier, provided 24-hour coverage for IV Therapy and Phlebotomy services at St. Joseph's Hospital and also provided these services to St. Mary's Hospital. The teaching component of the IV Team increased to include medical students, critical care nurses, nursing staff orientation, laboratory technologists as well as providing clinical experience for Parkwood Hospital and London Psychiatric Hospital. Quality Assurance Monitoring also became an important component of the IV Team and a strict Blood, Tissue, Fluid Protocol was established in close association with the Infection Control Officer.

As the years progressed, the IV Team obtained years of service and expertise in their field and have become their own back-up staff for the Health Centre. As the IV Nurses' skills increased they were able to evaluate new equipment which proved to be efficient and cost-effective.

The Department is pleased and proud to have grown from a staff of two nurses, to one with thirty-two nurses giving the patients at St. Joseph's Health Centre the expertise and excellent care they deserve.

## Materials Management

### (Central Supply)

Previous to the introduction of "Central Supply", needles, syringes, scissors, scalpels, hemostats, forceps, etc., were sterilized in boiling water on the units (wards) or in the Emergency Room. Sterile dressings were obtained from the operating room after their sterilization in an autoclave.

In 1951 the first Central Supply to store and issue these items was established on the ground floor at the southeast corner of the east-west corridor and the Richmond wing corridor. The Emergency Room was the next room south. About 1956 Central Supply was moved to larger quarters on the ground floor immediately east of the sloping ramp from the old Emergency entrance opposite the Power (boiler) Plant. The Emergency Department had been transferred to the ground floor of the new Grosvenor Street wing in 1954.

Sterile supplies were requisitioned by the units and picked up by the nursing staff. Dirty needles, glass syringes, etc., were exchanged for re-processed ones. The only disposables were dressings. Blood and intravenous tubings were washed, dried and packed in a cloth wrapper for sterilization and repeat use.

Sister Bernardine Boyle and Ms. Foster were Supervisor and Head Nurse, respectively. Srs. Imelda Mullin and Innocentia O'Meara were responsible for most purchases.

The Wellington Street addition, completed in 1964, included new space and facilities for a greatly expanded Central Supply in the northeast corner of the ground floor. The Emergency Department was immediately adjacent to the south and the sixteen theatre operating room complex was directly above on the first floor. Mrs. E. Rose was Head Nurse.

This Central Supply had four steam sterilizers and one hot air oven. There was a glove room with washer, dryer and powderer to re-process gloves for sterilization. Distilled water was produced from two stills. A gas sterilizer was added in the mid seventies.

Sterile supplies were delivered daily to the units on a "top-up" system and a regular quota was sent to the Operating Room. Dirty linen from the O.R. was returned by a dumb waiter directly to the contaminated laundry room. Almost all instruments from the O.R., that had not previously been processed in Central Supply (now Central Processing) were transferred there in April 1981. Microsurgical instruments and a few others of delicate nature remained in the operating room for processing.

Purchasing and Stores were located on the ground floor of the north end of the west wing (formerly east). This space had

been used by the kitchen since its opening in 1931. Mr. W. P. Bambury became purchasing agent in 1968, succeeding Sister Imelda Mullin. Each unit of the hospital was able to requisition supplies from stores on a specified day each week.

In 1968, Mrs. Helen Martin succeeded Mrs. Rose as Head Nurse and later, on Sister Bernardine's retirement, became Supervisor of the expanding service which now included linen and laundry. The laundry was processed in a separate building on Cromwell Street (1930-1970). It was transported back and forth by carts in all kinds of weather. In the late fifties an underground tunnel was built, but it was used only for returning clean laundry in bad weather.

Negotiations had been carried on by the London hospitals to have a combined laundry service for all hospitals as a means of reducing costs. The plant was built on the South Street property of Victoria Hospital. It started operations in 1970 as "London Hospital Linen Service".

The old laundry building was refurbished as a carpenter shop but ultimately demolished in 1980 to provide space for the Research Institute. The carpenter shop was relocated to the east half of the basement at 900 Richmond Street.

With the laundry being sent out, a dispatching and receiving area had to be allocated. The northern areas of Central Supply complex including the access corridor were used. The truck loading dock was adjacent. The laundry trucks brought in the clean laundry and picked up the dirty laundry early in the morning before the regular shipments of supplies began to arrive. Millar Nicol has been the receiver shipper of this area since 1973.

Because so many patients were being transported by stretcher or wheel chair to diagnostic or treatment areas, a "Portering Service" was set up under the jurisdiction of Nursing Service in 1974. In addition to paid employees there were some volunteers.

In 1978 Mr. M. T. Rosser, who had joined the accounting department the previous year, succeeded W. P. Bambury

as purchasing agent. In 1980, Purchasing, Stores, Central Supply, Linen, Portering, and Print Shop were consolidated to form Materials Management with M. T. Rosser as Director.

Materials Management offices were moved in 1985 to the location that Central Supply had vacated in 1964 near the old Emergency Entrance. Central Supply moved into the vacated office space and their sterilization area became known as Central Processing.

At this time a cart exchange system, with 35 carts, was set up to provide nursing units with frequently used sterile supplies. Each day a cart of fresh supplies replaced the one that had been provided the previous day.

The Mail Service was added to Central Processing, Central Supply, Linen and Portering. The whole was simplified to Supply, Process and Distribution or "S.P.D." with Mrs. Martin as Manager. The latter retired in mid 1987 and was succeeded by Mrs. Marjorie Weeden, R.N., who had previously worked in the Operating Room.

In order to accommodate growing space requirements for the Materials Management Department, the Hospital purchased a 37,000 square foot warehouse located on Stronach Crescent near Huron Street and Clarke Side Road. All bulk medical/surgical supplies, stationery, forms, housekeeping and maintenance supplies from the sub-basement of the Lawson Research Institute have been transferred there. Central Supply, which occupied the north end of the West Wing (the Kitchen 1932-64) will be transferred in 1988, as well as the restocking of the cart exchange system. The off-site storage of medical records will also be relocated there in 1988.

As part of the reorganization into St. Joseph's Health Centre, St. Mary's Hospital and Marian Villa's requirements were integrated into the Materials Management Department in 1986. Materials Management has become a vital part of the Health Centre with 140 full- and part-time employees.

## Medical Library

The First Library Committee appointed at St. Joseph's Hospital convened on December 3, 1931, and consisted of the following members:

Chairman	Dr. E. I. Loughlin
Committee	Drs. J. R. Armstrong,
Members	H. O. Foucar,
	F. W. Luney
Honorary Member	Miss Ethel Sullivan

The first order of business was the appointment of Sister Thecla McKinley as Librarian and secretary of the Library Committee.

Prior to the meeting a letter was sent by Mother Pascal Kenny to Miss Ethel Sullivan, Librarian at the U.W.O. Medical School, advising her of the Hospital's intent to open a Medical Library and inviting her to accept an honorary membership on the Committee. In her reply by letter Miss Sullivan accepted the appointment and offered her assistance in addition to offering to donate any duplicate books or journals they might have on hand.

In the Annual Report of 1931-32 the following references to the Library was noted:

Under the able direction of the Chairman of the Library Committee, a nucleus for the Hospital Library has been secured and considerable progress has been made during

the past year. The support of the members of the Staff is solicited.

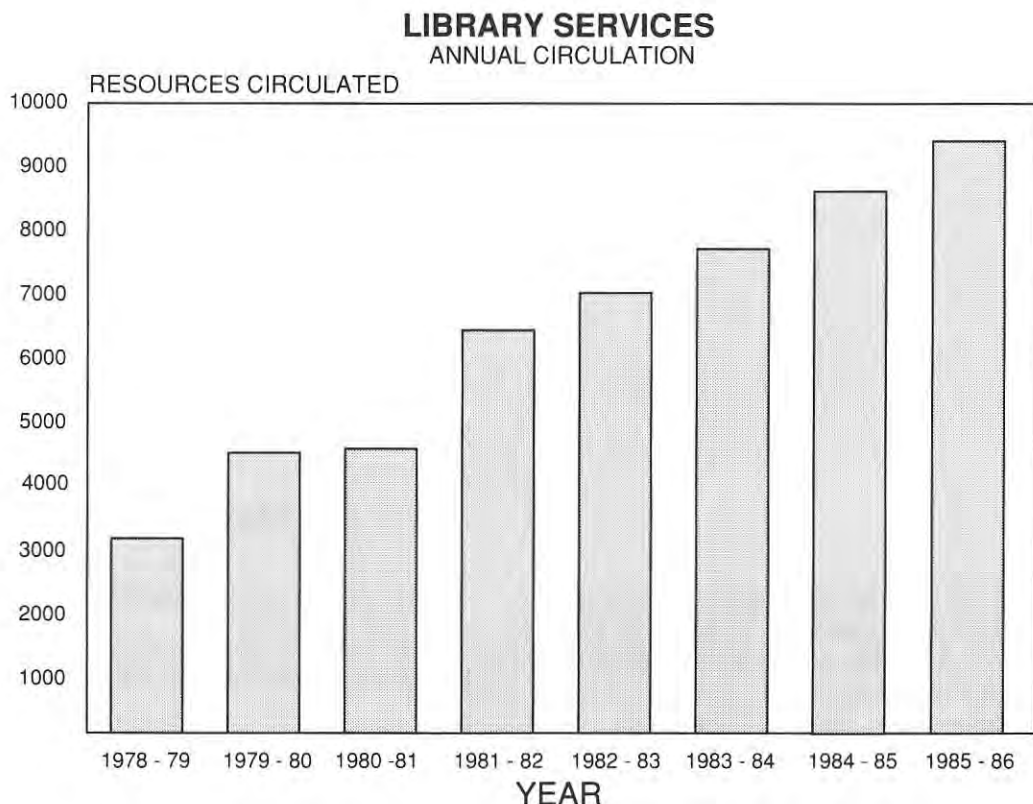
Library Fund - The Library draw held in conjunction with the luncheons has netted \$13.50.

The 1932-33 Annual Report again gives reference to the Library fund, with an accrued balance of \$30.00, to be used to purchase suitable current medical literature at an early date. The 1933-34 Annual Report shows an accrued balance of \$60.00 but that a disposition of this money has not as yet been made. Further reference to having set up a library service could not be established until the period between 1937 and 1944 when there was one adjacent to the X-ray Department.

When the Doctors' Lounge was built on the first floor of the Administrative (Grosvenor) Wing in 1954, shelving was installed on the north and south wall to accommodate medical books and journals, thus serving a dual role as library and lounge. The system, however, became decentralized and many of the medical books and journals were stored in their respective clinical departments for convenient reference.

Dr. B. L. Hession had for some time been recommending the establishment of a centralized Medical Library and in the fall of 1965 the Executive Committee of the Hospital endorsed the request. Room





216 (now Room 2-622), previously used as a large patient ward, was chosen as a suitable location, and subsequent to remodeling and being fitted with appropriate shelving and furnishings a new Medical Library was opened on February 1, 1966.

Dr. Eleanor Davies, secretary of the newly formed Library Committee sent a letter in February to all physicians on the Medical Staff with pertinent information relative to the Medical Library and requested that all journals and books presently held in departments be forwarded immediately to the Medical Library. Dr. Davies added her feminine touch in the letter by saying that Room 216 had been renovated, nicely painted, newly carpeted and the windows trimmed with attractive drapes: In addition, she advised the physicians that the Hospital had obtained the services of Mrs. Bernice Rowcliffe as Medical Librarian, starting February 1, 1966.

Dr. B. L. Hession, Chairman of the Library Committee, also sent a letter to

members of the Medical Staff asking for financial support to aid in the purchase of basic equipment required for a first-class hospital library. Through the kind efforts of Dr. O. H. Warwick, Vice-President (Health Sciences) University of Western Ontario, a cheque was received in the amount of \$1,028.69, to assist in financial support of the Library. Of this amount Dean D. Bocking had authorized payment of \$500.00 from the Dean's Medical Research Council Grant, because of the research component afforded in the objective. The balance of \$528.69 was made available through the generosity of the Richard Ivey Foundation, this being surplus funds on a grant made to the University for the purchase of a Hyperbaric Unit, the transfer being authorized personally by Mr. R. M. Ivey.

From a collection of a few textbooks, many boxes of out-dated books, bound journals and loose journals, the collection by September, 1967 had reached 1800

volumes. The increasing number of interns, residents and G.F.T. physicians and an increasing emphasis on research created a greater demand for service and easy access to current scientific information. In addition, important assistance was established through Interlibrary Loan with the University of Western Ontario Health Sciences Library. By 1971 the need for additional space was quite evident. In addition to some renovations to the Department, provision was made to store rarely requested medical books and older bound journals in another location, thus providing space for more recent editions. The Library continued steady growth throughout this decade with volume of resources circulated reaching the 3000 level by 1978.

In 1970, Dr. F. W. Luney, who had retired as Head of the Laboratory in 1962, established through a donation of \$5,000 the "Dr. F. W. Luney Library Fund", with instructions that the annual interest be used toward the purchase of capital items for the Medical Library. In addition, a Memorial Fund was created in 1975 for Dr. Joseph Innicki, by the Department of Medicine of the University of Western Ontario and Dr. Innicki's colleagues in his graduating class in Medicine, this fund to be used for the purchase of commonly used text books for the Medical Library.

Mrs. Bernice Rowcliffe, who had been in charge of the Medical Library since its inception in 1966, resigned the position in June 1978, and was succeeded by Mrs. Louise Lin in November 1978.

Mrs. Lin was appointed the Co-ordinator of the Library Services with her main thrust to change the Medical Library from a quiet reading room into an active service department. Capital funds were increased, the collection to be up-dated and expanded to support the information and educational

needs of the departments and services. The departmental collections were then coordinated and a central record was retained in the library.

A library collection policy and lending code was developed with the guidance of the Medical Library and Teaching Aids Committee and a Medical Library Newsletter was also launched.

Following the move of the Medical Records Department in the summer of 1981, the Medical Library was renovated and expanded into the present facility. The nursing collection kept in the staff education quarters was also organized and merged into the Medical Library. The Union List of Serials in London Hospital Libraries was compiled and edited by the Medical Library with the help of Mrs. Edythe Stewart, a devoted volunteer. This was a pilot project much needed by the London Area Hospital Libraries.

On December 4, 1981, the Medical Library held its first open house with Reverend Father A. Busuttill blessing the newly expanded facility.

A collection for Consumer Health Information was developed in 1985 with the donation of funds from Delta Chi Sigma. At the present time there are more than 10,000 volumes of books and journals in the Hospital; included are approximately 2,000 volumes of working collections stored in various Hospital Departments. The Hospital Library has approximately 8,000 volumes, 3,000 monographs and 5,000 bound journals. There are 335 current subscriptions and more than 3,000 teaching slides. The collection will increase considerably when amalgamation of St. Mary's and Marian Villa's Libraries, with their focus on rehabilitation and geriatrics, are eventually centralized at St. Joseph's Medical Library.

Since its concept as a special facility at St. Joseph's Hospital, the medical record has been an important tool in the practice of medicine. It serves as a basis for planning patient care; it provides a means of communication between physician and other professional groups contributing to the patient care; it furnishes documentary evidence of the patient's care, illness and treatment, and serves as a basis for review, study, and evaluation of medical care rendered to the patient.

Since 1953, Medical Records Department has seen many come and go as the Department Head and the Assistant. 1953 brought Sister Pauline Marie LeBlanc as Department Head with Miss Ann Campbell as her assistant. Sister Marion Flaherty took over the duties of Department Head in 1958 with Mrs. Carla Hadley as her assistant. Mrs. Muriel Chisholm followed in 1960 becoming Department Head upon the retirement of Sister Marion in 1961; Mrs. Bonita Lamont was her assistant. Miss Audrey Berry became Department Head in 1975 followed in May of 1976 by Mrs. Mabel Mills whose assistant was Mrs. Ann Bond. In 1981 Mrs. Phyllis Brady took over as Department Head with Miss Pat Vandespemel as her assistant. 1984 brought Miss Vandespemel as Manager of Medical Records with Mrs. Christine Lee as assistant.

## Medical Records

In the early 1950's office supplies were distributed from Medical Records Department to hospital staff and floor. Copying then was done on the old Gestetner Copying Machine; at present by photocopying.

In 1953 the Medical Dictapool consisted of three medical secretaries, working on manual typewriters. Dictaphone equipment was installed on the floors with two receiving machines in Medical Records and one in the Operating Room on third floor. All dictation was made on small red records. The first electric typewriter came in 1966 going to Miss Janet Martin. When the Dictapool moved across the hall on the second floor, the staff increased to six. Dictaphone Co. installed a new tank system servicing the Hospital. January of 1979 saw the once coveted electric typewriter succumb to the AES Word Processor; five units were purchased. Officially on a move to new quarters, in 1981, it became known as the Word Processing Unit. Here a change was made from Dictaphone to Lanier equipment under Mrs. Mabel Mills. At present there are 11 tanks with an additional tank to take dictation from St. Mary's Hospital as well as from Marian Villa in the near future. Word Processing now has a complement of five full-time and five part-time medical secretaries transcribing all in-patient, operative, emergency notes,

Surgical Day Care Unit and out-patient clinics.

A comparative study on work-load and staff shows the following:

	In Admission	Staff
1955	16,442	5 with a 6-day week
1985	24,939	56 with a 7-day week, 24 hours a day

SDCU

1984	7,011	
1985	7,802	an approximate increase of 800 more a year

Coding, Abstracting and Medical Audit has grown by leaps and bounds. In 1953 coding was on a card system, which had to be typed daily after coding. In 1965 Dr. Francis Kuhbacker joined the staff retiring in 1976. Coding then switched to PAS in 1964 until switching to HRMI in 1974. Ann Bond introduced Research and Audit in 1976. Under the direction of Mrs. Barbara Pancino the Medical Audit has become a large part of Medical Records, with Research-Fiscal 1985 of over 3,000 charts and Audits 300+ charts.

Statistically the beginning of the fiscal year changed in 1978 from January to April. Admissions were always posted by hand in the Admission Register until 1982 when they were put on computer printout sheets. Statistical Report and Census have remained relatively the same throughout the years.

The medical record after 10 years was placed on microfilm starting in 1959. The

Hospital has since switched to off-site storage for medical records. The chart was first filed by Numeric Numbers and then switched to Terminal TD2 in 1975 and then to TD3 in 1983. In 1980 Emergency Charts were filed on the medical record, Out-patient Clinics in 1981 and in 1982 Surgical Day Care Unit was finally added.

Upon relocation to the new and present location, Medical Records saw many changes as advancement in technology offered the Shared Medical System Computer installed in 1981. In April 1981 the Lektriever was installed for patient index cards. Today in its week this department pulls roughly 2,090 charts, processes 2,290 records after patient treatment, types 1,500 dictated reports, files 5,910 loose reports and receives 80+ requests for medical information from outside the hospital, lawyers, and Workers Compensation Board.

Future plans for the Medical Records Department at St. Joseph's Health Centre include the installation of the Savoir-Faire Computer Program on which abstracting will also be done. With the advancement of technology in the field of medical records and computer science, the Microfiche of the computer patient index will be installed thus eliminating the need for patient index cards. In the next decade, more advancements in computer and technology will bring to St. Joseph's Health Centre only the finest to the patient record and research area in the field of Medicine.

## Nursing Services

Since the beginnings of St. Joseph's Hospital and the School of Nursing, student nurses, as the practical side of their nursing education, provided a large component of care to the patients of the hospital. The Director of the School of Nursing had also the administering of hospital nursing services. She was assisted by a group of Nursing Supervisors, many of whom were Nursing Sisters. The role of the Nursing Supervisor was that of directing and monitoring care for a designated area or service.

Nursing units ranged in size from 12 to 30 beds and until the inception of health care insurance, patients were assigned to areas by accommodation request, private, semi-private, with the exception of Obstetrics and Paediatrics.

Dramatic changes occurred in the early sixties in the provision of nursing care when the numbers of registered nurses and registered nursing assistants providing care greatly out-numbered that of students in the clinical areas. During this period as well several more lay nurses were appointed to positions of Head Nurse and Supervisor. In mid 1960's the position of Director of Nursing Service was established and Sister Mary Claude Mindorff (Rose Mindorff) appointed to build the foundation of our current Nursing Administration. The late 1960's to early 1970's saw major changes

to Nursing at St. Joseph's due to the impact of Intensive Care, major adjustments to nursing education curriculum, the introduction of a nursing staff in-service education department and collective bargaining for nurses.

In retrospect the transition from student to graduate care-giver occurred rapidly and by 1973 virtually all care was provided by Registered Nurses and Registered Nursing Assistants. The number of Supervisors greatly diminished over this period as well.

Miss Theresa Hurley was appointed Director of Nursing Services in 1967, a position she held until 1983. During this period Miss Hurley worked with many senior personnel — Sister Katherine McKeough, Sister Angela Fleming to name two. In 1984 organizational changes saw the appointment of three Nursing Directors; Mrs. Beverly DeMelo, Mrs. Sandra Letton and Mrs. Pat Pocock. With the Health Centre amalgamation, Mrs. Susan Wolnik was appointed Director of Patient Services Long Term Care. Mrs. Wolnik replaced Sister Rita Heenan who, for several years, was responsible for Patient Services at Saint Mary's and Marian Villa.

Emphasis continues, as over the years, for the provision of excellent and compassionate care. Within the past two decades the professional association, along with

other regulatory bodies, continues to enunciate increasingly high standards for excellence in care. Nursing personnel continues to respond to the challenge. With renewed vigour and an amalgamated department

Nursing Services personnel continues to provide excellent and compassionate care which is the heritage of the Sisters of St. Joseph.

## Occupational Therapy

There have been Occupational Therapy programs in Psychiatry at St. Joseph's Hospital dating back to 1956. The therapists and aides who worked in this area reported to the Chief of Psychiatry. For the next twenty-four years, Occupational Therapy service was sporadic for a number of reasons. During this period, there was a qualified therapist periodically in this area, but for the most part, an aide carried out limited programmes. Mrs. Geraldine Jones worked for sixteen years (1968-1985) in Occupational Therapy.

Mrs. Christine Reno, O.T., came on staff in 1980 and on November 9, 1981, the Occupational Therapy Department was established as an independent service reporting directly to Administration. Mrs. Reno was the first Coordinator of the Department with one staff therapist and aide reporting to her. With increases in staff in 1982, Mrs. Reno developed new programs for physical medicine to service other patients in the hospital in addition to psychiatry.

On March 4, 1985 the Department was amalgamated with the St. Mary's Occupational Therapy Department. At the present time, the Department boasts a staff of twelve therapists, two attendants, and secretarial support over two sites providing programs to Psychiatry, Physical Medicine, Rehabilitation, and Continuing Care.

The rapid growth of the Department can be attributed not only to the rising demand for therapy services, but also, to the realization of the tremendous benefit that therapy has in enabling patients to return to the community and function as independently as possible.

The Occupational Therapy Service was officially accredited by the Canadian Association of Occupational Therapists on May 27, 1987, for the teaching of occupational therapy students from Universities with that program. The Department can accept up to 20 students for six to eight weeks each year.

## Pastoral Care

From its inception, St. Joseph's Hospital was seen by the Sisters of St. Joseph as a continuation of the ministry of Jesus, a loving, compassionate regard for the individual as unique and a child of God. Not only was there recognition of medical needs, but also of the worry and often of the grief that attended illness. This personal, total care came naturally when the institution was small and numbers of patients comparatively few. Sister Supervisors of nursing areas, visited each patient every day and had contact also with family anxiety and grief.

There was a resident chaplain who said Mass daily in the Chapel and carried the Eucharist to those Catholics who requested it. Patients of other religions were put in touch with their ministers when they wished it. Father T. J. Valentin was Chaplain 1903-1929; Father J. A. Feeney 1936-1948; Father F. G. L. Pettypiece 1948-1960; Father J. Finn 1963-1971 and Father A. Busuttil 1971-1985.

With the rapid expansion of the hospital and the advances in technology, there was a move to structure all service as departments. With a movement away from a service which had become primarily sacramental and into one of total spiritual-psychological care, Pastoral Care became a distinct department.

In 1971 the Congregation of the Sisters of St. Joseph decided to set up Pastoral Care Departments in their health care institutions. St. Joseph's Hospital, London, was selected for a pilot project with other sister institutions in the Diocese of London to move into similar programs gradually.

From 1972 to 1981, at St. Joseph's Hospital the co-ordinators of the Pastoral Care Department were Sisters. A resident priest-chaplain, Father Busuttil, replacing Father Finn, was appointed to the hospital by the Bishop. Sister visitors, seminarians, lay men and women, all on a volunteer basis, were the Pastoral Care providers.

At St. Mary's Hospital five Sister volunteers did pastoral visiting. In 1979, Sister Catherine McCann was appointed to organize and develop the Pastoral Care Department at St. Mary's. In 1981, Sister Sylvia Cust replaced her as part-time co-ordinator of Pastoral Care for St. Mary's Hospital/Marian Villa.

In the same year Sister Catherine McCann moved to St. Joseph's Hospital as Director of Pastoral Care Services for the three institutions, St. Joseph's, St. Mary's and Marian Villa. Rev. Douglas Cossar, a C.A.P.E. (Canadian Association of Pastoral Education) supervisor, was hired as Director of Pastoral Education for the three institutions.



When Rev. Cossar resigned in 1982, Sister Catherine McCann was appointed Manager of Pastoral Services at St. Joseph's and Sister Sylvia Cust assumed the same responsibilities at St. Mary's Hospital/Marian Villa.

In the summer of 1983, Sister Judith Soulliere was appointed Manager of Pastoral Care at St. Joseph's to replace Sister Catherine McCann, who had resigned in November of 1982. At this time hospital administration set a budget for Pastoral Care and all positions in Pastoral Care became salaried positions. However, some Sister visitors and lay people continue to this day as volunteer helpers.

At St. Joseph's from 1984 to the present some of the people who have worked (or are working) in Pastoral Care are: Father Michael O'Brien (replacing Father Busuttill), Sister Mary Loyola Drouillard, Sister Monica Beaudoin, Sister Veronica Cooke, Sister Mary Carmel White, Sister Marguerite Trudell, Sister Eileen Foran, Charles Vella, Gordon Lang, Dan Shea, Brent Neumann, Brian Ducedre, Terry Schreurs, Linda Dixon and Eugene Dufour.

At St. Mary's/Marian Villa, Marvin Shank, Father Tom Beothy, Fr. Tom Ashton (replacing Father Beothy), Sister Kathleen Shea, Georgina Haig, Jean Clayton, Bill James-Abbra have worked (or are working) in the Pastoral Care Department.

In June of 1985, the three institutions (St. Mary's Hospital, Marian Villa, St. Joseph's Hospital) were amalgamated into one St. Joseph's Health Centre. When Sister Sylvia Cust left for further studies, Judith Soulliere was appointed Manager of the one Pastoral Care Department for the whole Health Centre.

Presently there are some fifteen persons, lay women and men, Sisters and priests from a variety of backgrounds, Anglican, United, Baptist, Mennonite, Roman Catholic, working in Pastoral Care at St. Joseph's Health Centre. There are also Sister visitors and volunteers assisting in a variety of ways. A C.A.P.E. training unit was offered at St. Mary's/St. Joseph's in 1986 and one in the

spring of 1987 with Rev. Marvin Shank and Rev. Laurie Stibbards as Supervisors. A fully accredited University of Western Ontario Pastoral Health Care program is being offered annually through the Pastoral Care Department for lay students and seminarians enrolled at St. Peter's Seminary. Grief Recovery Groups for bereaved parents have been offered at St. Joseph's Family Medical Centre since 1985, offering help to over 70 bereaved parents.

Pastoral Care is the art and skill of dealing with issues of meaning and purpose, spirituality and religion. It is practised by the Chaplains and those who collaborate with them as they work with each person (patient, relative, staff) and with the Health Centre environment.

Pastoral Care workers come to each person with a basic respect for his/her human and spiritual struggle. We listen; we assist life review and reconciliation; we assist healthy ventilation of normal feelings; we help in the grief process. We try to be human, compassionate, companions with people as they work through their unfinished business towards a new stage of living and growing.

The concern in considering Pastoral Care, tailored to suit all who serve in it, is that it does not deteriorate by becoming more psychological than spiritual, that it must remain faithful to the original basic principle which was the goal in the founding of St. Joseph's Hospital on October 15, 1888.

Pastoral Care workers do not come to judge, convert, preach at or proselytize anyone. They do pray with people when asked to do so. They do read their Holy Books with them. They link them with their own ministers of religion or with the ordained chaplains on the team. They respect each person's freedom of choice in religion. What they endeavour to do is to assist people in their growth towards human and spiritual wholeness as they integrate their own freely chosen religious way with their own personal, God-given spirituality.

The aim of this Department is to remain

true to its basic principle and provide a loving, compassionate presence in all areas of suffering.

The founders of St. Joseph's Health Centre, the Sisters of St. Joseph, have a

saying: "In a broken world, we seek unity". In all of the work in religion and spirituality, they are trying to put into practice the import of that saying.

## Personnel and Payroll

In the early 1960's Finance, Personnel, Payroll and basic employee health functions were all done in the Finance Department under the direction of Sister Jane Marie Stock.

The beginning of 1968 saw a move to a separate office for the Payroll function headed by Thelma Cox. This move was necessitated by the change from a monthly pay with a mid-monthly cash advance to bi-weekly pay through a purchased computer system. In the 1970's, Payroll moved to its third generation of pay systems joining the hospital group computer pay program. In November of 1968, Mr. Joseph Ryan joined St. Joseph's Hospital as the first Personnel Director. In addition to negotiating contracts with the nurses' union, Mr. Ryan established a more comprehensive Personnel Department.

In July of 1969, Mrs. Norma Gray who had worked for Mr. Ryan for many years, also joined St. Joseph's to assist Mr. Ryan in the development of the Personnel

Department. As the Hospital continued to grow and employment-related contractual obligations became more complex, the Personnel Department expanded. In December of 1977, Mr. Larry Walls joined the Department as Assistant Director of Personnel. Mr. Ryan was preparing for retirement and in March of 1978 he retired from St. Joseph's Hospital. Soon after, however, he was back doing consulting work for the Sisters at St. Mary's Hospital and helped establish a Personnel Department at that facility.

With the closing of St. Joseph's Hospital School of Nursing in September of 1973 due to the transfer of nursing schools to regional Community Colleges, Norma Spearing moved from the School of Nursing to the position of Nurse Recruiter in January, 1977. Later, in the summer of 1978, Ms. Spearing joined the Personnel Department, thereby consolidating all Personnel functions into one department.

## Pharmacy

A decision was reached by the Sisters of St. Joseph and the Hospital Executive Committee 1956, that a hospital-operated pharmacy was required to meet the needs of a 500-bed hospital, which had been reached with the 1954 addition.

Sister Imelda Mullin, the Hospital Administrator, approached Mr. Alex Stephen, a pharmacist with an extensive knowledge in pharmaceuticals and surgical equipment, concerning a proposal to design and manage a Department of Pharmacy for the Hospital. An agreement was reached in the fall of 1956 and Mr. Stephen commenced his duties as Chief Pharmacist on February 1, 1957.

The area chosen for the Pharmacy was centrally located in the basement of the Hospital which had, since 1931, been used as the Sisters' dining room prior to their relocating on the fourth floor of the Hospital. The vacated space provided approximately 1500 sq. ft., which was adequate for a ward stock room, office, bookkeeper-receptionist area, the main dispensary, in addition to a separate room for manufacturing pharmaceutical preparations. A room across the hall-way, providing approximately 400 sq. ft., was equipped as a storage area for back-up dispensing stock, bulk stores of dry chemicals and liquids and other dispensing supplies.

John Hayman and Sons were retained to make the necessary alterations and in approximately three months completed the project to a point where stock could be arranged and equipment installed. The woodwork was of solid birch or in some cases birch veneer throughout most of the Pharmacy. On one occasion Mr. Stephen spoke to Sr. Imelda regarding the cost of using such expensive materials, but was advised that installing the best materials would, over the years, ensure excellent appearance and require minimal maintenance. Thirty years and numerous alterations, have proved this to be true. During the construction period Mr. Stephen dispensed prescriptions for the clinic patients, in addition to choosing appropriate ward stocks, designing and arranging installation of drug cupboards on each nursing station, including locked storage for narcotics and controlled drugs.

An arrangement was reached with Cairncross Drug Store, whereby the patient prescription service would be transferred to the hospital dispensary over a two-month period. Mr. S. D. Adams was hired as Assistant Chief Pharmacist commencing June 1, 1957, and assisted with the arrangement of stock and supplies. The new Department officially opened on July 1, 1957 with final transfer completed by

September 1, 1957. In addition to Chief and Assistant Chief Pharmacist, the balance of the staff engaged was: Mr. Charles Burnie and Mr. Ralph Hanebury, Staff Pharmacists; Miss Frances Deelstra, Pharmacist Assistant; Mr. W. Johnston, portering and stock control; and Mrs. G. Blanchfield, bookkeeper-receptionist.

The distribution of patient medication adopted was the individual patient prescription method permitting medications to be stored in separate cubicles in the drug cupboards on each nursing station, each cubicle being assigned to a specific bed. Initially patients were charged for prescriptions ordered by their physician, which resulted in charges being submitted to the accounts office on a daily basis. Commencing on January 1, 1959, Hospitals in Ontario, changed to an all-inclusive per diem rate, after which time total drug costs for all hospitalized patients were submitted on a monthly basis.

In 1962 Sister Giovanni (Sister Marie Miles) of the Sisters of St. Joseph, Diocese of London, graduated from the Ontario College of Pharmacy with a B.Sc. Degree in Pharmacy. Sister was awarded the Aubrey Brown Memorial Gold Medal Award for the best thesis from the graduating class. Shortly after her graduation she joined the Pharmacy Staff at St. Joseph's Hospital. She remained on staff until 1968 when Sister moved to the Motherhouse where she assumed the dispensing duties for the Mt. St. Joseph Infirmary until her death in 1980.

Methodology and staff changes were minimal until the Wellington Wing was completed in 1964 which then required additional staff to cope with the demands resulting from the increased number of beds and enlarged services. In 1964 Mrs. R. Bucknell joined the staff, followed one year later by Mrs. A. Lloyd.

During the mid-sixties a new philosophy referred to as Clinical Pharmacy was being adopted in several of the teaching hospitals in the United States and a few in Canada. The new approach, called the

Mosaic System (Medication orders, supply and individual charting), considerably altered the method of drug distribution and enhanced the role of the Pharmacist as an important member of the health care team.

After a careful review of the medication requirements of a specific ward (i.e., medical, surgical, paediatric, etc.), the distribution of drugs was altered to include an increase in ward stock and a decrease in the individual patient prescriptions dispensed. The Clinical Pharmacist was responsible for ward stock control, attended ward rounds and assumed the role of pharmaceutical consultant, relative to drug information, dosage, incompatibilities, methods of administration and other data of interest or assistance to the Nursing, House Staff or Clinical Staff.

Success of the Clinical Pharmacy Program during the early stages was to a large extent due to the support of Dr. B. L. Hession, Chief of Medicine, who was most confident of the contribution that could be given by the Clinical Pharmacist as a member of the health care team. Good patient treatment demanded the best the Pharmacists could give; the better trained they became, the more initiative and skill they brought to the task of fulfilling their responsibilities. Within two years the system covered all patient care areas. This system continues to operate at this date but with some alterations in the dispensing of patient medications.

In May, 1972, Mr. R. A. Stephen resigned as Chief Pharmacist and accepted an appointment to the Administrative Staff as Director of Medical and Special Services. Mr. S. D. Adams became Director of the Pharmacy Department.

Dr. Ivan Borda, Specialist in Pharmacology and Gastroenterology, appointed to the Department of Medicine in 1968, had trained in Boston, and was one of a group of physicians who initiated the Boston Collaborative Drug Surveillance Program. Dr. Borda received a grant from the Department of National Health and Welfare to

assist in his research. On March 19, 1974, with the assistance of a specially trained nurse, Mrs. Linda Moyer, the drug monitoring program began, and was confined to 6 SE, a medical unit with 35 beds. A large volume of data was collected from the patients' charts, including medications prescribed, laboratory tests and results, diagnosis, and any drug reaction. All suspected adverse drug reactions were investigated and recorded, including interviews with both patient and attending physician.

Of the 936 patients treated during the investigative program, a total of 535 drug reactions were recorded. While many reactions were only transient, others were more serious with prolonged side effects which often required an extension of the patient's in-hospital stay. The study provided information that each patient received an average of seven different medications during a hospital stay. The Clinical Pharmacist assisted by providing current information on the precautions, side effects and drug interactions that may occur with many of the drugs prescribed. In the report of the survey conducted by the Canadian Council on Hospital Accreditation in 1976, the Pharmacy Department received a very positive comment on its involvement in the Surveillance program. In addition the following comment was reported: "The Administration, Pharmacy and Therapeutic Committee and Pharmacy Staff are commended for the effective innovative pharmacy program." Again in 1979 the C.C.H.A. in their survey reported: "The Department is to be commended for the excellent Clinical Pharmacy Program carried out on the patient units."

A new program was introduced in the early seventies, Total Parenteral Nutrition (TPN), which was used for selective patients unable to tolerate food by mouth. The high cost of TPN required a review of each potential patient by a small Medical Committee before treatment could be initiated. The addition of additives on the physician's instructions was performed by pharmacists

under sterile conditions. By 1978, the program was introduced in the Neonatal Intensive Care Unit.

In 1983, the preparation of parenteral anti-neoplastic medications began in a small way and soon developed into a much larger service to meet the demand of an increasing number of patients attending the Oncology Out-Patient Clinic.

The Canadian Council on Hospital Accreditation report on Pharmacy Services, conducted in March 1984, prompted Administration and Pharmacy Departmental Management to critically review drug distribution and greater involvement in the preparation of certain sterile parenteral drugs. Although C.C.H.A. and in an earlier survey, recommended a reduction in the number of ward stock drugs being administered by the nursing staff in favour of individual patient prescriptions dispensed by pharmacists, inadequate staff and space, caused delays in introducing and implementing some of the recommendations immediately. However, in January 1985 the staff was increased from 16 to 22, with the addition of four pharmacist assistants and two registered pharmacists. At this time the drug distribution started to revert to the Individual Patient Prescription system instead of permitting nursing staff dispensing medications from ward stock supplies. Chemotherapy and TPN services were also expanded and updated in compliance with recommendations contained in the C.C.H.A. Survey.

Mr. S. D. Adams, Manager of the Pharmacy Department resigned, effective January 31, 1985, after 27 years of devoted and dedicated service to the Department and the Hospital. Mr. Christopher Judd was appointed to the Department in May, 1985, assuming the role of Manager at that time.

Total staffing in 1987 stood at 32 employees, including 15 Registered Pharmacists, and with additional space provided for expansion, considerable progress has been made in many areas of pharmacy

service over the past two years. Some of these achievements to date include preparation and implementation of a Hospital Formulary, re-introduction of the Pharmacy Newsletter, expanded drug information services, implementation and evaluation of a centralized intravenous admixture program where I.V. minibags and syringes are prepared by pharmacy staff, implementation of a Pharmacy computer, as well as other changes in organizational structure and service. Extended hours of service on night and weekends has provided greater availability of Pharmacy services to both patient and hospital personnel.

The Pharmacy Department's role has evolved well beyond the focus of drug distribution. New patient-oriented responsibilities accompany the more traditional activities of dispensing, manufacturing, pre-packaging, inventory control and purchasing. These new responsibilities include clinical services, drug information, education and teaching, research, out-patient activities and occupational health and safety. Central to these responsibilities is the ultimate goal of the safe and appropriate use of all drugs within the Health Centre.

A Physical Therapy Department was established in the hospital in 1928 with Dr. Paul J. Sweeney appointed Head of the Department. The Department made steady progress over the years and statistics for 1951 indicate that 3149 treatments were given to the in-patients and out-patients during that year.

Located off the basement corridor leading to the Nurses' Residence, it was perhaps one of the most inadequate departments in the entire hospital from the standpoint of space and patient convenience. There were six cubicles, four used as patient treatment areas, one as an office and exercise room and one as a coat and change room.

There was an acute shortage of Canadian trained physiotherapists at that time since a graduate course in Physical Therapy was offered in all of Canada only at the University of Toronto. The Department was managed by a succession of mainly British-trained physiotherapists until 1961, when Mrs. Agnes MacRae was appointed Manager with a staff of two part-time physiotherapists.

In 1964, with the relocation of the Emergency Department to the new Wellington Wing, the Physical Therapy was moved to this vacated space in the basement of the Administration Wing. This area

provided adequate space for treatment of in-patients and out-patients with good access for ambulatory, wheel chair or stretcher patients. A program in Physical Therapy was established at the University of Western Ontario that same year and students and interns received clinical instruction in the Department.

The physiotherapists rotated through many services including neurology, orthopaedics, out-patient, respiratory and in the Neonatal Intensive Care Unit. By 1972 the staff had increased to include eight physiotherapists, three aides, and a clerk receptionist. As need for service was identified such as the Haemophilia Program and the Chronic Obstructive Lung Disease Program, staff was added to the Department.

Specialization in all physiotherapy services increased; physiotherapists concentrated their efforts in the area of their expertise and all rotations were eliminated. Student teaching and patient care improved with the new system as well as did job satisfaction, and staff were encouraged to add to their specialty knowledge through continuing education programs.

One of Mrs. MacRae's prime interests over the years was the rehabilitation of amputees. With the medical assistance of Dr. Howard Cameron an on-going program for the treatment and care of these patients

## Physical Therapy



was developed. This program also involved members of the family who were instructed in their role of assisting in many adjustments required by the amputee. Mrs. MacRae also established a Back Care Program which benefited many out-patients, who through specific exercises often found relief from their back pain.

Neurology patients tire quickly and are easily distracted, especially in a very busy department, so a room was assigned in a quiet area completely divorced from the main treatment area where all aspects of their care dramatically improved. The Department also acquired the sunroom on the orthopaedic floor for in-patient treatment. This was of considerable benefit to the patients, their families, the physicians and physiotherapists, as direct observation, teaching and improved communication became possible. With in-patient services well defined, the main department became almost exclusively an out-patient treatment centre. The waiting room and offices were renovated to improve patient comfort and documentation, and the size of the gymnasium was enlarged.

The Department has been able to keep abreast of technological advances by pur-

chasing present state-of-the-art equipment through the capital budget as well as through some donations specifically designated for the Department.

Mrs. Agnes MacRae retired in April, 1982, and Mrs. Shirley Startup who had joined the staff in 1972 was appointed manager of the Department. Specialization in the various clinical services had increased the volume of work to the extent that by December 1982 the total complement of staff was 22, including 17 physiotherapists.

In June 1985 the St. Joseph's Health Centre evolved through the amalgamation of St. Joseph's Hospital, St. Mary's Hospital and Marian Villa, resulting in the formation of one Physiotherapy Department with Mrs. Startup appointed Manager. Present complement of staff for the Health Centre totals 35.

St. Mary's Hospital is presently in the final stages of a re-construction program and plans include a new Physiotherapy Department. All out-patient services will be located at the new site, with satellite departments for in-patient services at both hospitals. The new Department will be spacious, well equipped and staffed to provide the best in patient care.

During the mid 1960's a need developed for technical support of anaesthetic equipment and for the maintenance and distribution of oxygen supplies. To meet this need a formal training program was initiated at Fanshawe College in 1969 by Dr. Knoble, an anaesthetist, and several of his colleagues including Dr. P. R. Clancy of St. Joseph's. Initially, the field of Respiratory Technology was mainly maintenance-oriented. At St. Joseph's the first department consisted of two staff members under the direction of the Chief of Anaesthesia.

Over the past twenty years the complexity as well as the focus and the name of Respiratory Therapy have changed. It has shifted from a predominantly maintenance focus to a much more patient therapy-oriented base. At St. Joseph's thirty Respiratory Therapists are active twenty-four hours a day, seven days a week, in most areas of the hospital including the adult and neonatal intensive care unit, the operating and delivery rooms and all general care areas. Some of the major duties include

## **Respiratory Therapy**

care of patients requiring mechanical ventilation, participation on the cardiac arrest team, administering therapy to patients with breathing disorders such as asthma and monitoring blood oxygen levels.

The role of the Respiratory Therapist is still evolving as new technology becomes available. One area of expansion is the neonatal intensive care unit where premature infants as small as 500 grams (approximately 1 pound) are supported by sophisticated ventilators until their lungs mature. Still another expanding area is the care of patients in the home. Our Respiratory Therapy Department has become active in the community by monitoring patients who require oxygen and mechanical ventilation in their home. This not only allows patients to live a more satisfying life at home with their families, it also lowers health care costs.

Respiratory Therapy continues to receive medical support from Anaesthesia, although we are now a self-governing national association.

## Social Work

The first Social Worker at St. Joseph's Hospital, Miss Margaret Phipps, came in 1954 at the invitation of the new (at that time) Chief of Psychiatry, Dr. W. A. Tillmann, who had himself studied at Massachusetts General Hospital where Medical Social Service had been established first in North America. The philosophy of the Department of Psychiatry was clearly based on the belief in the value and uniqueness of the individual human being, a philosophy that has continued to be compatible with that of Social Work in this hospital, and with that of the hospital itself.

By 1956, Margaret Phipps, still working exclusively in Psychiatry, had been approached by Father Swithin Bowers of St. Patrick's School of Social Work, Ottawa (now part of Carleton University), to accept students in the Master's Degree program. Since 1956 there has been a steady flow of Social Work students from Carleton University, Wilfrid Laurier University, University of Toronto, King's College and Fanshawe College of London. Some of these students now occupy significant faculty positions themselves in Canada and the United States.

As part of her field work, the first Social Work student, Grace Ann Twohey, was asked to provide some form of social assessment for the Hospital's new pharma-

cist who was beset by numerous requests for free medications. In providing this small service Social Work became a little more visible on the medical side, and following her graduation, the first Social Work student became the first Social Worker in St. Joseph's Hospital. This was under a rather unusual arrangement whereby she was responsible to the Catholic Charities Organization of the Diocese for supervision and administration but not for pay. She was later joined by a second Social Worker, Louise (Sperry) DeShane; after three years they both left.

Medical Social Work remained dormant for three or four years, although from time to time urgent referrals were made to the Psychiatric Social Worker. In 1967 two part-time social workers shared responsibility for Medical Social Work: Rosemarie Jaco in the mornings and Louise Gordon in the afternoons. This was an early example of job-sharing.

By 1968 it became apparent to hospital administration that the services provided by the succession of part-time and temporary medical social workers required stabilization and organization. There was no doubt by now that the patients, the Medical Staff, and the Nursing Staff were very appreciative of the services that could be provided by a Social Work Department. However, there

was a need for continuity of staff and all the advantages that an organized department could provide by way of policies, programs, etc. Thus, in the summer of 1968, Margaret Phipps, the original Social Worker in the Psychiatric Unit, was invited to become Director of the Social Work Department.

The workers who had pioneered in Medical Social Work at St. Joseph's had responded to the needs of the general medical and surgical wards, but as the hospital itself began to develop more specialized areas, the Social Workers soon were in demand there too. One of the earliest of these was the Dialysis Unit, followed by the Family Medical Centre.

As it has developed, the Department followed a policy of staff integration, with most workers carrying mixed caseloads. In 1980 the social workers in Out-Patient Psychiatry and the Family Medical Centre became administratively responsible to those programs. For social workers responsible to the Social Work Department there is a system of liaison workers so that each unit has its own social workers for purposes of communication and attendance at various rounds.

In a continuing effort to be accountable to Administration, efforts to present statistical records have resulted in updated and refined methods of statistical reporting. This Department also pioneered in Ontario and in Canada in formulating a Quality Assurance Program, originally known within the Department as the Professional Services Review Organization (P.S.R.O.).

One of the earliest activities within the Department, aside from direct patient care, was the development of a Staff Education program which continues to this day. The Department has also been involved in many educational programs both within the hospital and in the community.

In 1981, the Social Work Department in conjunction with the Occupational Health Unit initiated Project Care, "Counselling Assistance Reaching Employees". It continues as a confidential voluntary counselling service for hospital employees and their families.

There has been active participation by staff members on innumerable committees. The Department has had its own committees, and the staff has been very active in the work of various Hospital Committees, such as the Admissions and Discharge Committee, the Child Abuse Committee, the Care Committee, and the Bioethics Committee. Workers have been represented on the Executive Committees of various community organizations, and have participated in the formation of other organizations. This Department has initiated joint action along with other Social Work Departments in attempting to work out problems of mutual concern. The various involvements of the staff members are too numerous to mention, but in every respect they are directed towards improving the care of the patients, staff and their families.

In January, 1981, upon the retirement of Margaret Phipps, Jan Devereux became Manager of the Department. Today at the St. Joseph's site there is a staff of nine full-time social workers and one part-time social worker along with one full-time and one part-time secretary, working together to provide social work service to all in-patients and selected groups of out-patients upon referral.

Amalgamation of Social Work across the sites of the whole Health Centre is presently underway and again Social Work at St. Joseph's is pioneering the merging of a number of distinct service areas with varied and unique mandates.

## Staff Education

Since 1985 when Jane Parkinson was hired as Manager of the newly formed Hospital Educational Services, there was the greatest expansion ever in the department in terms of educational resources, staffing, expansion of programs, and space allocation. With amalgamation came a further increase. At present, the department has eight full-time and one part-time clinical nursing instructors, two full-time and one part-time general instructors, and one secretary with plans to add one more.

Progress towards the present system saw several shifts in thinking, many changes in structure and reporting systems, and "indecision" about where the responsibility for education should be organizationally located. The evolution over the past 20 years shows a struggle to find the best way of providing education to the staff.

The Fall of 1967 saw the birth of the Education Department at St. Joseph's Hospital when Miss Theresa Hurley, Director of Nursing, instituted the "Nursing Inservice Department". Miss Erna Klassen was the first member, joined in 1968 by Mrs. Marga Pipast as Director. The Director met weekly with Miss Hurley to identify learning needs, and committees were formed to plan and present continuing education programs. Of interest to note, the resources available to the Department

at that time consisted of Room 3-627 with three desks in the small room at the back. Audiovisual equipment was requisitioned from the Audiovisual Department. The focus between 1968-1970 was central orientation and inservice programs for R.N.'s and R.N.A.'s. In the specialty areas, these functions were carried out at the unit level by the Assistant Head Nurses reporting to Nursing.

When Miss Terry O'Dacre joined the Inservice Department in 1970, orientation was expanded to include Orderlies and Ward Clerks. Management programs for Supervisors and Head Nurses were also initiated.

In 1972, Mrs. Pipast left education to become Assistant Director of Nursing. Two nurse clinicians also joined the Department of Nursing, Sister Angela Fleming in 1972, and Mrs. Sandra Truesdell in 1973. Though not part of education, they spear-headed several major projects that influenced the Inservice Department and became the major focus between 1972-1974. These included team nursing, nursing process and problem-oriented recording, standard care plans, physical assessment, and implementation of a nursing audit. Mrs. Shirley Bates joined the Inservice Department in 1972 for a nine-month stay. Her major contribution was developing a Team Nursing Manual.

In 1974, with the departure of Mrs. Erna Wiebe, Miss Terry O'Dacre encouraged Miss Hurley and Sister Katherine McKeough, then Assistant Executive Director, to develop a department of staff education to replace the Inservice Department. Mr. Chester Warzynski became its first Director. The Department expanded with two instructors, Terry O'Dacre and Mrs. Eunice Anderson, as well as a secretary, Mrs. Shirley Burgess. The department philosophy, goals, objectives, standards, roles and responsibilities were all developed that year, as well as the formation of an Advisory Committee on Staff Education.

Miss Terry O'Dacre left the Education Department in 1976 to become the first Clinical Instructor for Obstetrics, reporting to Sister Angela Marie, Nursing Supervisor.

The years 1976-1977 saw continued expansion of the department in terms of resources, programs offered, services provided, and physical facilities. The department grew to four instructors — Eunice Anderson, Mary Demaray, Lynn Chadwick, and Greg Evanik. A new Director, Mrs. Kathy Conway-Widdis started in 1977. Assistant Head Nurses in the specialty areas, although still under Nursing, were gradually becoming more involved in central educational programs. Programs expanded to address non-nursing as well as nursing needs.

Mary Demaray replaced Kathy Conway-Widdis as Director in 1978. The Audiovisual Department joined the Education Department and the Hospital saw the introduction of the Sterisystem Education Television.

By 1980, in an effort to consolidate personnel with educational responsibilities, the Assistant Head Nurses in the specialty areas became Clinical Instructors reporting to the Manager of Education. These instructors included Cathy Srokosz, NICU; Donna Gauntlett, Operating Room; Terry O'Dacre, Obstetrics and Gynaecology; and Denise Parent, ICU/CCU/ICCU/ER. As well, Mrs. Anna Wissing, Pulmonary Clinical Specialist, although reporting to Nursing, participated in the educational functions of the Depart-

ment. The general instructors were Eunice Anderson, Mary Baker, and Cheryl Wile.

Between 1980-1983, the Department continued to expand and involve itself in numerous projects and programs. Recognizing a Hospital-wide need for unit-specific orientation and inservice, two new clinical instructors, Carol Wong for surgery and Eunice Anderson for medicine, were added to the group. Mr. Jean Cormier and Mrs. Carol Fenton replaced Eunice Anderson and Cheryl Wile as general instructors.

At the end of 1983, major organizational re-structuring led to the dissolution of the Education Department with re-assignment of the clinical instructors to Nursing and the one general instructor and secretary to the Personnel Department. The clinical instructors met monthly as a Nursing Education Committee, first chaired by Mrs. Carolle Wood, Assistant Director of Nursing, and then by Mrs. Sandra Letton, Clinical Manager, Nursing. Educational programs continued with the initiation of Nursing Grand Rounds and revisions to the central orientation which was now delegated to the clinical instructors. In 1984, Karen Matthews-Reid replaced Donna Gauntlett in the Operating Room, Surgical Day Care Unit, and Recovery Room, and a second instructor for Critical Care, Mrs. Maureen Burtch, was hired.

By the Fall of 1984, a further re-organization of the Department of Nursing took place, and the Education Department was re-instituted. In 1985, the present structure, a much stronger and more supportive one, was established. The programs are too numerous to list but major focus areas are: orientation; management, supervisory, and charge nurses programs; skills training; consultation and Hospital committee participation.

Our Mission . . . is to provide cost-effective services and educational leadership in the continuing development of employees' skills, knowledge, and attitudes necessary for maintaining a high quality of health care at St. Joseph's Health Centre.

We value . . . the dignity of individuals

. . . partnership in learning . . . relevance in service . . . the process of empowering individuals with knowledge and skills.

Our heightened profile within the institution and the community attests to

the importance of education in the health care system. Working together, educators at St. Joseph's Health Centre strive to put into action the belief that "Education is the energy behind the vision".

## St. Joseph's Hospital Foundation

(St. Joseph's Health Centre Foundation 1986)

During the 1970's the Hospital Board Members became acutely aware that government health care funding would no longer keep pace with the growing financial needs of hospitals. As a direct result, the St. Joseph's Hospital Foundation was incorporated in 1977, with its own Board of Directors. Its mandate was to establish an endowment whose income would provide additional sources of revenue for the Hospital well into the future.

From humble beginnings with \$100,000 in donations to a capital base in 1987 of \$5 million, the Foundation has been able during these years to respond to grant requests from the Hospital totalling \$1.5 million. These grants support programs and projects that enhance the quality of patient care, medical education and research.

Throughout these ten years the Foundation has received many generous gifts. Colonel and Mrs. Tom Lawson, in particular, have been major benefactors through their establishment of the Helen and Frances Lawson Fund. The Lawson family's interest and support of diabetes research have nourished one of the major fields of investigation at the new Research Institute (recently named the Lawson Research Institute).

Foundation grants have benefitted

every department in the Health Centre. The highly specialized training of perinatal nurses in our world-class Neonatal Intensive Care Unit was supported by 15 Foundation scholarships. The widely respected Obstetrics and Gynaecology program has been heavily funded by the Foundation, as has the training of staff to establish a Palliative Care Unit. The tele-health system, connecting the Health Centre with University and Victoria Hospitals via closed-circuit T.V. for educational sharing of medical and nursing rounds, was made possible through Foundation support, and training courses have been set up for family practitioners.

In the beginning the late Sister Sheila Collins was responsible for the Foundation's office work-load. In 1979, Angela Aisa assumed those duties and continues to manage the office.

From 1981 until 1986 Mr. John Murray volunteered his financial expertise as Executive Director of the growing Foundation. During this five-year period the Foundation grew from \$0.5 million to \$2.8 million. Mr. Murray did invaluable groundwork developing financial and investment management, policies relating to grants, and committee terms of reference. The widely-based annual giving program is a credit to his foresight. Mr. John Murray was also





*Standing, left to right: Brayl Copp, Bob Latella, Dr. Peter Cordy, Dr. Lionel Reese, Bill Brady, Eddie Escaf, Gary Mitchell, Andy Spriet, Murray Brown, John Callaghan, Ken Lemon, Gord Hume, Don McDougall, George Bowie, Mitch Baran.  
Seated: Jack Adams (Chairman), Sister Jane Marie Stock, Sister Mary Doyle, Sister Katherine McKeough, Sam McLeod.  
Absent: Jim Gibson, Gord Patton, Ralph MacLean.*

*Archives, Mount St. Joseph, London*

*Campaigners for the 1985-86 Building Fund*



*faith and caring*

Departments and Services 1954-1988 St. Joseph's  
Hospital Foundation

*SJH Staff Photo*

responsible for the legal reorganization of the Foundation Board of Directors, which permitted more active participation of all members.

With the decision in 1984 to hold a Building Campaign for St. Joseph's and St. Mary's Hospitals and with a growing number of Foundation donors, the office operations were computerized. New staff was added to ensure efficient record-keeping and prompt personalized communication to all donors.

To reflect the amalgamation of the three institutions in the newly formed St. Joseph's Health Centre, the Foundation changed its name in 1986 to St. Joseph's Health Centre Foundation. Its financial

support now embraces the needs of not only St. Joseph's Hospital and the Lawson Research Institute but also St. Mary's Hospital and Marian Villa.

In January 1987, a new Executive Director, Angie Killoran Wood was appointed. A number of new projects have been launched to secure an ever-growing donor base and a significant base for the Lawson Research Institute.

As the second century of caring begins, the Foundation's challenge to meet the Health Centre's growing financial needs is formidable. The dedication of the Board members and the generosity of its numerous donors will ensure that the challenge will be met.

## Board of St. Joseph's Hospital

From its origins, the hospital, a non-incorporated institution, was governed by a board consisting of the elected councillors and the General Superior of the owner and operator, the Sisters of St. Joseph of the Diocese of London in Ontario. In 1967 the governance of general hospitals was directed by the Public Hospitals Act of Ontario to appoint three members of its Medical Staff to the Board. The Corporation's governing body then took the decision to appoint a Board for the purpose of managing the hospital and ensuring that the Public Hospitals Act and the regulations thereunder were observed.

This first Board consisted of the Bishop of London's Diocesan representative Monsignor J. A. Roney, seven Sisters, Mother M. Julia Moore, Mother M. St. Martin McGrenere, Sister Mary Angela Flaherty, Sister M. Imelda Mullin, Sister M. Eunice Hennessy, Sister Mary Doyle, Sister Jane Marie Stock, and R. M. Ivey, J. W. Adams, O. W. Durdin, Dr. W. R. Fraser, Dr. D. M. Mills, and Dr. F. J. Rounthwaite.

**Board Chairman:** Leading London citizens have served the Board and acted as chairmen. The first chairman, Mr. Richard M. Ivey, lawyer and philanthropist, served from 1969 to 1971. Mr. John W. Adams, then President of EMCO, succeeded Mr. Ivey and acted as chairman for nine years



Mr. Richard M. Ivey

Singer Photo

until 1980. The term of Board Chairman then was recognized as a three-year term. Dr. Samuel A. Martin, Professor, School of Business Administration, University of Western Ontario, was appointed Chairman in 1980 and served for three years. Succeeding Dr. Martin, and becoming the first



*Mr. John W. Adams* *SJH Staff Photo*



*Mr. Andrew Spriet* *SJH Staff Photo*



*Dr. Samuel A. Martin* *London Free Press Photo*



*Mr. Kenneth W. Lemon* *SJH Staff Photo*



*Recipients of the Honorary Distinction Awards  
1979: Mr. L. Mackie Smith, Mrs. Lorraine Shuttleworth, Mr. John W. Adams.*

*SJH Staff Photo*

Chairman of the newly constituted Board of St. Joseph's Health Centre was Mr. Andrew Spriet.

**Merger of Three Boards:** In September 1984, the Board of the Hospital merged

with the boards of its two sister institutions, St. Mary's Hospital and Marian Villa. Members of this new Board were the Bishop of London's Diocesan representative Monsignor J. A. Roney, seven Sisters, Sister

Katherine McKeough, Sister Marcelline Janisse, Sister Marilyn Rosehart, Sister Mary Vandersteen, Sister Jane Marie Stock, Sister Mary Doyle, and Sister Cecilia Dronzek, the president of the Auxiliary, Mrs. Betty Lou Haldane, Andrew Spriet, Kenneth W. Lemon, John W. Adams, Mitchell A. Baran, Bernard G. Borschke, Richard R. Brock, Alan Cohen, Alfred H. Cardell, Lloyd V. Fellner, Joan Francolini, John Harding, Samuel A. Martin, Donald McDougall, John F. McGarry, Kate O'Neil, John G. O'Neill, Robert Paterson, Robert W. Porter, R. Alex Stephen and Doctors John P. Sweeney, John F. Vallely, Albert A. Annen, Lloyd E. Brubacher, Arvind K. Jethwa, Andrew Kertesz, Ernest Lepine; Honorary Members—Wm. A. McKenzie and Walter J. Evans.

In June 1985 a new Board Constitution and By-Laws were adopted and the three amalgamated institutions became the St. Joseph's Health Centre of London. Mr. Kenneth W. Lemon succeeded Mr. Spriet as Chairman of the Board in June of 1986.

In 1979, the Board decided to recognize certain individuals who had contributed significantly and consistently to the mission of the Hospital. This recognition took the form of an Honorary Distinction Award. Three people received awards on November 9th of that year: Mrs. Lorraine Shuttleworth, President of the Richard and Jean Ivey Fund; L. Mackie Smith, biochemist, a recent retiree with 33 distinguished years of service in the Hospital's Clinical Laboratory; and John W. Adams, a member of both the Advisory Board and the Hospital Board since their inception, who in addition served as Chairman of the latter from 1971 - 1979.

In January 1988, the Board presented Honorary Distinction Awards once more, this time to five deserving individuals:

Colonel Tom Lawson, Hospital benefactor for many years; Dr. David Meltzer, member of the Medical Staff since October 1, 1955, and Director of the Haematology and Blood Bank Division from July 1955 to July 1981; Dr. Douglas Mills, Chief of Pathology, July 1965 to July 1986; John W. Murray, former and first Executive Director of the St. Joseph's Health Centre Foundation, who served five years in a voluntary capacity from 1981 to 1986; and Sister Jane Marie, Treasurer General of the Sisters of St. Joseph, and former long-term employee, who served from 1955 to 1979.



1988: Front: Colonel Tom Lawson, Sister Jane Marie Stock.

Rear: Dr. Douglas M. Mills, Mr. John W. Murray.

Inset: Dr. David B. Meltzer.

*SJH Staff Photo*

*chapter twelve*

## Women of Vision in an Era of Great Growth 1954 - 1988

**Sister M. Fabian Slattery**

Gertrude Slattery was the daughter of Mr. and Mrs. Patrick Slattery of Brantford, Ontario. After graduating from St. Joseph's School of Nursing in 1917, she entered the Novitiate of the Sisters of St. Joseph and received the name Sister M. Fabian Slattery. She made her Final Profession August 15, 1925.

Most of her religious life was devoted to the care of the sick and suffering in the hospitals conducted by her Community. From 1944-1950 she served as Superior of St. Joseph's Hospital, Chatham, and from 1951-1955 as Superintendent and Superior of St. Joseph's Hospital, London, Ontario. Among the larger projects completed under her direction were the construction of the Marian Wing and Administrative (Grosvenor) Wing, the extension of maternity and nursery facilities, and the relocation of the Emergency Department. Perhaps most important was the role she played as a member of The Joint Relations Committee in establishing St. Joseph's Hospital as a teaching hospital operating in connection with the University of Western Ontario.

Sister M. Fabian Slattery died on October 9, 1955.

Mr. J. O. Hughes, Chairman of the Joint Relations Committee, observed that Sr. Fabian's death was a distinct loss to the Hospital and the Community as well. He



*Sister Fabian Slattery.*

*Archives, Mount St. Joseph, London*

asserted that "her breadth of vision and understanding made her a tower of strength in implementing the agreement between the University and the Hospital. She understood the problem, helped lay the foundation, and then carried the agreement into effect by making St. Joseph's Hospital a teaching institution of exceptionally high standards."



Mr. O. W. Durdin, Q.C., solicitor for the Hospital, said that Sr. Fabian was one of those amazing people who combined administrative ability with the kind, gentle qualities of a good nurse and made it her business to know every patient in the hospital and to see how they were progressing during their illness.

### **Sister Imelda Mullin**

Mary Mullin, daughter of Mr. and Mrs. Thomas Mullin, was born in Chepstow, Ontario. She received the Habit of the Sisters of St. Joseph of the Diocese of London on August 16, 1933, in the Chapel of the Sacred Heart Convent and made her Final Profession in the same Chapel on August 25, 1938.



*Sister Imelda Mullin.*

*Archives, Mount St. Joseph, London*

Sister Imelda was first assigned the position of Bursar at St. Joseph's Hospital, London, in 1935, and shortly thereafter the position of Accountant was added to her duties which she held until 1955. Following the death of Sister Fabian Slattery in 1955, Sister Imelda was appointed Administrator and Superior; this position she retained until 1961. She then assumed

the arduous task of directing the new building program, the Wellington Wing, completed in 1964, which was the largest and most costly addition to date.

Sister Imelda was noted for her organizational abilities, good management, sound judgement and promptness in culminating decisions. In addition, she was a woman of humility, had great concern for the poor and unfortunate, and an outstanding sense of justice. Her ability at making decisions was unique, in that her answer was - YES - NO - or I WILL CALL YOU - and also making an appointment at a mutually acceptable time. One such occasion was related by Dr. Jack Walters when he told of meeting with Sister Imelda and explaining to her the meaning of Cytology and the need to set up a Department including a trained technologist. The next morning, Dr. Walters was startled when Sr. Imelda, accompanied by a carpenter, appeared enquiring about a suitable location and informing him that Sister St. William Ford was willing to accept the position of technologist on completion of the course.

During an interview Sister Imelda had with Mr. R. A. Stephen in the fall of 1956 regarding plans for the new Pharmacy, he informed Sister that he was not of the Catholic Faith. Mr. Stephen received a very quick reply informing him that she did not hire people for their faith but for their ability relevant to their profession and informing him that Dr. F. W. Luney, Head of the Laboratory, was of the Protestant Faith and Dr. David Meltzer a recent member of the staff was of the Jewish Faith.

Sister Imelda Mullin was held in high regard by members of the Hospital and Medical Staff. On January 24, 1984, she died after a lengthy illness.

### **Sister Mary Elizabeth Campbell**

Mary Elizabeth, born in Tilbury, Ontario, was the daughter of Mr. and Mrs. Vital Campbell.

Mary Elizabeth Campbell was a graduate of St. Joseph's School of Nursing,



*Sister Mary Elizabeth Campbell.*

*Archives, Mount St. Joseph, London*

London, in 1942. After obtaining her R.N. degree, she attended the University of Western Ontario and received her Bachelor of Science Degree in Public Health Nursing. She joined the Department of Public Health in Windsor and practised as a Public Health Nurse for eight years.

On August 25, 1951 she was formally received into the Congregation of the Sisters of St. Joseph of the Diocese of London and given the name Sister Mary Elizabeth Campbell.

Her first assignment after the period of Canonical Studies was to St. Joseph's Hospital, London, as medical-surgical supervisor, which position she held for six years. She then attended University of Western Ontario and was the first to receive the Master of Science Degree in Nursing (M.Sc.N.) granted by the University in 1961. Sister Mary Elizabeth was very active as an Alumni Member of the University Senate. Sealed in the "Posterity Box" in the corner-

stone of Alumni Hall in 1966, in addition to the many other items of interest to be preserved, is a parchment scroll bearing her name. Through a Correspondence Course she received her Certificate in Hospital Organization and Management from the Canadian Hospital Association.

From 1961 to 1969 she was Administrator and Superior of St. Joseph's Hospital, London and from June 1969 to August 1970, Administrator at St. Joseph's Hospital, Sarnia, from which she retired because of ill health.

Sister Mary Elizabeth, ably assisted by Sister Imelda, was actively involved as Hospital Administrator in the planning of the Wellington Street Wing opened in 1964. Of great assistance and importance to future direction of the Hospital was the formation of the Board of St. Joseph's Hospital, organized in 1968 (not to be confused with the Advisory Board established in 1951). Other important developments were: the number of Geographic Full-Time Appointments increased from 4 in 1966 to in excess of 20 by 1968; the establishment of a new Dental Department; centralized Purchasing Department and many other changes necessitated by the increased bed capacity of the Hospital in the 1964 addition.

During her term of office, Sr. Mary Elizabeth, endowed with great competence, warm compassion and good-humoured dignity, directed the Hospital toward the long-established goals of improved service and a genuine dedication to caring.

Sr. Mary Elizabeth Campbell after a relatively short illness died on March 26, 1971, at St. Joseph's Hospital. She was in her 20th year of religious life. In memory of her contribution to health care work a "Sister Mary Elizabeth Campbell Fund" was established and an Annual Scholarship initiated, to be awarded to a Sister of St. Joseph to pursue post-graduate studies in the Health Care System.

### **Sister Mary Desmond Murphy**

Mary Elizabeth Murphy was born in

La Salette, Ontario and educated by the Sisters of St. Joseph at Our Lady of La Salette School, La Salette, Ontario. Mary then attended St. Joseph's College School, Toronto, and St. Joseph's School of Nursing, London, Ontario.

Subsequently Mary joined the Congregation of the Sisters of St. Joseph and was given the name Sister Mary Desmond. Upon completion of a Master's Degree in Hospital Administration, Sister returned to London in 1966 and was appointed to the position of Assistant Administrator.

Duties of the Assistant at that time included responsibility for Nursing Service, Medical Education, Plant Maintenance and Buildings, to name a few. As a delegate of Sister Mary Elizabeth Campbell, Administrator, Sister Mary Desmond was involved with the development of the Family Medical Centre, the original Perinatal Unit and N.I.C.U., as well as planning accommodations for the first Geographic Full-Time physicians at the Hospital.



Sister Mary Doyle.

*SJH Staff Photo*

Along with Sister Mary Elizabeth and Sister Eunice Hennessy, Health Coordinator for the Congregation, the position of Medical Director, forerunner of Assistant Executive Director, Medical Services, was developed and approved by the General Council. Sister Mary Desmond's painful initiation to capital budget came early in 1967 when she totalled the list of departmental requests to the sum of \$1,400,000, realizing that the Hospital had approximately \$200,000 for that purpose.

In 1969, Sister Mary Desmond succeeded Sister Mary Elizabeth as Administrator and in the fall of the same year resigned her position and left the Order. After holding positions in Nursing Administration in Toronto, Edmonton and Vancouver, Mary Murphy returned to St. Joseph's Hospital, London, in 1983 as Assistant Executive Director, Patient Services.

### **Sister Mary Doyle**

Mary Doyle was born in Detroit, Michigan, the daughter of Mr. and Mrs. Martin Doyle.

Mary graduated from St. Joseph's School of Nursing, London, in 1948. She was formally received into the Congregation of the Sisters of St. Joseph, Diocese of London on January 3, 1954 and received the name Sister Elizabeth Grace, but when General Chapter decided in 1971 that Baptismal names might be used, she reverted to her name, Sister Mary Doyle.

Wishing to further her nursing education, Sister attended Assumption University (now University of Windsor), and in 1958 received her Bachelor of Science in Nursing Education (B.Sc.N.). From 1958 to 1962 she was an Instructor at St. Joseph's School of Nursing, and from 1962 to 1965 was Director of Nursing Service, St. Joseph's Hospital, London.

Sr. Mary was appointed Administrator of St. Joseph's Hospital, Chatham, in 1965 and retained the position until 1969 at which time she returned to St. Joseph's Hospital, London in the same capacity. In

1984 with the amalgamation of St. Joseph's Hospital, St. Mary's Hospital and Marian Villa into the St. Joseph's Health Centre of London, Sr. Mary Doyle was appointed Executive Director of the Centre.

Her leadership and expertise in the Health Care System has been recognized by numerous organizations. Some are:

- 1970-71 Chairman, District No. 1, Ontario Hospital Association
- 1974-80 Board of Directors, Birthright, London, Ontario
- 1979 Chairman, Steering Committee, London Palliative Care Committee
- 1983-85 President, Ontario Council of Administrators of Teaching Hospitals

The concept of Total Health Care led Sr. Mary to initiate a Care Committee of the Board with responsibility for reviewing, encouraging and implementing suggestions that would assure the utmost consideration for each patient.

To ensure sound advice and consequently decisions in accordance with Church principles and Moral law, Sister Mary in 1972 inaugurated the Board's Medico-Moral Committee (now the Bioethics Committee) to advise on medical treatment where complex medico-moral issues exist.

Some of the more important achievements to the present under her responsible stewardship are: the 1981 Grosvenor Street Extension; the 1983 opening of the Research Institute; the 1985 opening of the Family Medical Centre on Platt's Lane; and one of the greatest accomplishments, the formation of the St. Joseph's Health Centre in 1984. The merging of St. Joseph's Active Treatment Hospital, St. Mary's Chronic and Rehabilitation Hospital and Marian Villa, home for the aged, under one Board of Management and one Administrative Staff, is a situation unique in the Health Care Field in Canada.

A newly formulated Mission Statement of St. Joseph's Health Centre has been the subject of a full year of study, analysis and internalization. Sister Mary endeavours to

have each St. Joseph's collaborator a dynamo in the healing ministry of Christ, the Divine Healer. She maintains that, in our highly technological age, the Gospel Message is the same as it was for the three Sisters who founded St. Joseph's Hospital a Century ago.

Sister Mary Doyle, a soft-spoken woman, blessed with great dignity, compassion, true Faith and Caring, has guided St. Joseph's Hospital and, more recently, St. Joseph's Health Centre, with an unprecedented vision, through almost two decades of our century-old institution.

### **The Succeeding Management Structure**

Until 1969 the Executive Committee was composed of Sisters representing the major divisions of the hospital, including administration, finance, patient services and medical services. The Medical Advisory Committee acted as a recommending body to the Executive Committee, who in turn forwarded any major recommendations to the Sisters' General Council for consideration and final approval.

The final meeting of the Executive Committee was held on December 11, 1968 with the following members present:

- Sister Mary Elizabeth Campbell, Chairman and Administrator
- Sister Eunice Hennessy
- Sister Jane Marie Stock
- Sister Imelda Mullin
- Sister Mary Desmond Murphy

On January 9, 1969 the Executive Committee, which had been the Management Committee of the Hospital since inception, was renamed the Administration Committee, and has continued to function under this title. Several changes occurred in 1969 during which time three different Sisters acted in the capacity of Administrator. In July, Sister Mary Elizabeth Campbell was transferred to St. Joseph's Hospital, Sarnia, as Administrator. Sister Mary Desmond Murphy was then appointed to succeed her but in October 1969 she resigned as Administrator and also from the Order. Sister Elizabeth Grace (later

renamed Sister Mary Doyle) was then appointed to the position of Administrator. Changing the name of the Management Committee did not alter its function or structure.

By 1969, Medical Services had increased in complexity. There were over 600 patient beds, 25 full-time and 13 part-time geographic physicians, and a large Medical Staff. The Board and the General Council decided to procure the services of a Medical Director. Dr. James Murray was appointed to the position on April 1, 1970. His expertise and administrative knowledge relevant to the medical were most helpful. After a two-year period he resigned on May 5, 1972.

The position of Medical Director remained vacant until May, 1972 at which

time Mr. R. A. Stephen was appointed to the position with the title of Director of Medical and Special Services. The Administration Committee at this time was composed of the following members:

Sister Mary Doyle, Executive Director  
 Sister Jane Marie Stock, Assistant Executive Director, Financial Services  
 Sister Eunice Hennessy, Assistant Executive Director, Patient Services  
 R. A. Stephen, Director of Medical and Special Services

At the untimely death of Sister Eunice in 1973, her position was filled with the appointment of Sister Katherine McKeough. This administrative team worked together through a difficult period accompanied by stringent fiscal constraints, bed reductions and lengthy waiting lists for admission to



*An Administrative Committee meeting, 1972.*

*Left to right: Sisters Katherine McKeough, Jane Marie Stock, Mary Doyle and Mr. Alex Stephen.*

Hospital. The co-operation and loyalty of the physicians, nurses, departments, services and allied staff were most supportive and appreciated during this transition period from a largely service-oriented Hospital to a major acute care teaching Hospital.

Major changes in the Administration Staff did not occur until June, 1979 when

Sister Katherine McKeough was elected General Superior, and in July 1979 when Sister Jane Marie Stock was appointed General Treasurer of the Congregation. Mr. R. A. Stephen was appointed first Assistant Executive Director in June 1979 where he served until his retirement in January 1980.



*Sister Katherine McKeough. SJH Staff Photo*



*Sister Jane Marie Stock. SJH Staff Photo*

### **Subsequent Appointments**

Mr. Wm. McLeod, A.E.D.\*  
Financial Services  
1 April 1979 - Sept 1985

Mr. Chetram Singh  
Associate E.D.  
September 1981 -

Mr. Adrian van den Kerkhof, A.E.D.  
Planning & Facilities  
6 September 1983 -

Miss Mary Murphy, A.E.D.  
Patient Services  
1 December 1983 -

Mr. Brian Belanger, A.E.D.  
Finance and General Services  
15 February 1984 -

Mr. Larry Walls, A.E.D.  
Human Resources  
24 June 1985 -

Mr. Frank Lussing, A.E.D.  
Medical Services  
5 August 1986 -

\*Assistant Executive Director



*chapter thirteen*

# Accomplishing the Mission 1888 - 1988

When Dr. W. T. O'Reilly, in charge of Public Charities, urged Mother Ignatia Campbell to open a hospital, the proposal was warmly supported by London physicians who assured Mother Ignatia that the "diligence" of the Sisters would successfully meet financial problems. The steady progress and development of the hospital was testimony to courage and trust and to the loyal and generous support of the City of London.

The original staff of the three founders, Sisters Aloysia Nigh, Martha Toohey and Herman Murphy, was increased yearly as both the Congregation and the hospital expanded. The three in 1888 became nine in 1893, sixteen in 1917 and eventually numbered in the thirties by the mid 1950's. When the number of Sisters in the Congregation decreased after the 1960's, so did the numbers of Sisters on the hospital staff.

An account of the building program and extension of the hospital proper over the years shows the Sisters' quarters being moved from one area to another. Gradually some of the Sisters moved out of hospital residence to neighbouring houses. This left space for developing departments and, at the same time, allowed these Sisters to avoid a total hospital environment and what had become a twenty-four hour on-call situation. Finally, in November 1984 the

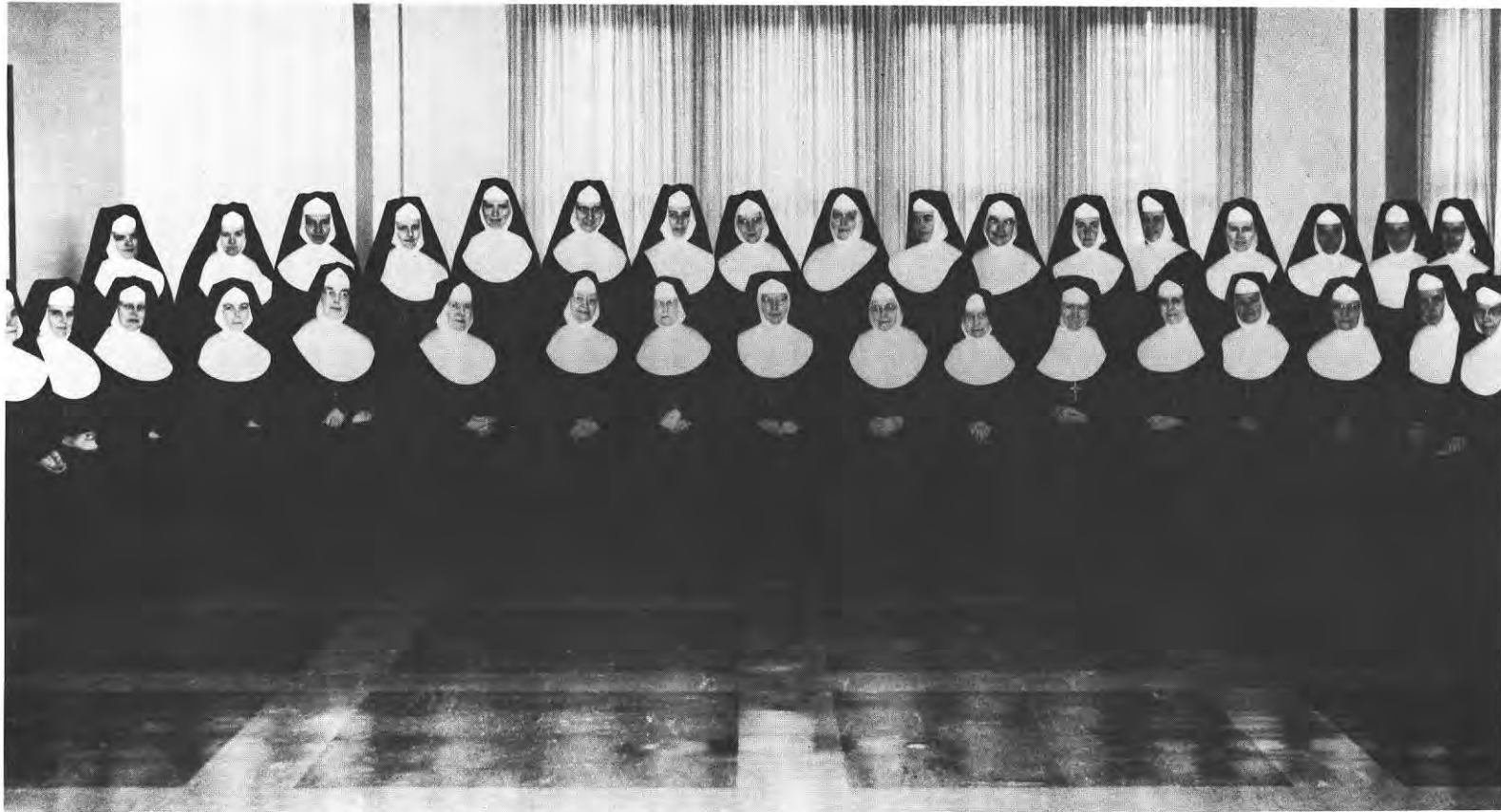
nine Sisters still in hospital residence, yielded to the pressure of the demands by some departments for more space and moved out to near-by residences. This seemed the end of an era.

On the Congregation lists of appointments the names of a number of Sisters appear year after year. With their colleagues in the medical field they stamped St. Joseph's Hospital with that integrity and warm caring that became its characteristic. Some of those names, but not nearly all, which are now part of the hospital's history are: Sister Austin Gurvine, Sister St. Joseph Brown, Sister Mary Kelly, Sister Theodore Hannon, Sister Bernardine Boyle, Sister Bernice Etue, Sister Veronica Brophy, Sister Mercedes Boles, Sister St. Stephen Dentinger, Sister Leanora Doyle, Sister Consolata Coveny, Sister Ruth Fleckser, Sister St. Elizabeth Wilkinson, Sister Ligouri O'Dwyer, Sister Rosemary McMahan, Sister Petronilla Bauer, Sister Mary Joseph Kilgallin, Sister St. Anthony Baker, Sister Alphonsus Mary Walsh, Sister Agnes Marie Clements, Sister St. Paul Dietrich, Sister Mary Loyola Drouillard, Sister Paula Cassin.

Some of these Sister Nurses are remembered for the strict discipline in their charge areas. Many of the graduates of the Training School at St. Joseph's can recall what at times was a somewhat heavy-



*These sisters were part of the staff at the Hospital in 1959.*



*Rear: Sisters Dorothea (Eileen) Drouillard, St. Vincent de Paul Cronin, Mary Elizabeth Campbell, Angela Marie Gilhuly, Rosalia Lane, Mary Anne, St. William Ford, Jane Marie Stock, Carmela Reedy, Rose Ellen Donnelly, Matilda Coyne, St. Edward Grace, Antoinette Lassaline, Mary Jane Doyle, Mary Caspar, St. Michael (Mary) Tobin, Mary Loyola Drouillard.*

*Front: Sisters Leonarda (Angela) Kelly, Mary Kenneth Kitchen, Marion Flaherty, Innocentia O'Meara, Veronica Brophy, Bernardine Boyle, Patricia Coughlin, Mercedes Boles, Imelda Mullin, Ruth Fleckser, Alexius Brennan, Sister Felicita Barry, Agnes Marie Clements, Mary Phyllis Renaud, St. Paul Dietrich, Angela Felix (Katherine) McKeough, Kevin Moran.*

*\*Bracketed Name: the name by which Sister is known as present.  
e.g. Sister Dorothea (Eileen) Drouillard now Sister Eileen Drouillard.*

*Archives, Mount St. Joseph, London*

handed discipline in School regulations and in areas of training. But where such is recalled it is often accompanied by, "The patient always came first".

In all its development, St. Joseph's Hospital has had the enthusiastic and loyal support of the medical profession. It is not surprising that a constant awareness and appreciation of this reflected the attitude of a society that placed doctors on pedestals as a race apart. The doctor's word was law, his presence commanding a respect very slightly lower than, if not equal to, that given to a Bishop or to Royalty. When he appeared in a patient area, everyone stood in silent attention. He was not allowed to be fallible.

From its first days and for many years until extensive development and the gradual change to specialization and to advances in technology, all phases of the hospital work administration, admissions, supervision and the management of all departments, were the responsibility of the Sisters. When the Nursing School was established, the Sisters, except for the Supervisors of the Operating and Delivery Rooms, were aided by nursing students only, as graduates did only private nursing. One Sister was the Night Supervisor appointed for a year and having the entire hospital in her charge. Her hours were from 8 p.m. to 8 a.m. Even when the beds numbered only 250, periodic rounds coupled with responsibility for telephone calls, made the duty a heavy one.

The dedication of the original foundation was accepted as the heritage and principle of the Nursing Ministry, a ministry that called for stalwarts. The Sisters' day began at 5:20 a.m. for a twelve-hour day of a seven-day week. One week a year was spent away from hospital duty for a yearly spiritual retreat.

The Sisters at first wore the full-length black serge habit and veil. The Operating and Delivery Room Supervisors wore a white gown and veil over the black, winter and summer without benefit of an air-conditioned building. After Vatican II the

Sister Nurses adopted a white habit, and this was replaced in the 1970's by a nurse's uniform.

Until the introduction of O.H.S.C. in 1959, the Sisters worked without salary. They were not entered in the retirement pension fund until the mid 1970's when the pension benefit was made available to those Sister Nurses under forty-five years of age.

Until 1969 the Sister appointed Superior (first called "Mother") of the Sisters' hospital Community was named Superintendent of the hospital and responsible for its administration. The record of 1945 shows that the Superior-Superintendent was given an Assistant Superintendent in Sister Jane Frances O'Rourke who, at the same time, was the Supervisor of 3rd West nursing area. In 1969 the two offices were separated with Sister Katherine McKeough as Superior of the hospital Community and Sister Mary Doyle the Administrator, later called Executive Director. In 1987 the Sisters in St. Joseph's, with the exception of the Executive Director, the Director of Volunteer Services and Sisters at two information desks, are seen mostly in Pastoral Care and in volunteer services.

Any account such as has been given must be placed in proper balance by recollecting the times, societal and economic, of which it treats. There was, in those years, little concern in all areas of society with length of the work-day or work-week. The emphasis was on what had to be done, and, until it was accomplished, the hours it required were not questioned.

For the Sisters of St. Joseph, there was a heritage of dedicated service with caring and compassion at every level which has given St. Joseph's the character that permeates it today.

"A Catholic contribution  
- to a reverence for and protection of the human person at all stages of life  
- a priority of people over things, of ethos over technology  
- of the spiritual over the material."

Sister Katherine McKeough, 1987



*These Sisters were associated with the Hospital in 1977.*

*Left to Right: Sisters Mary Carmel White, pastoral care; Mary Regier, reception; Mary Loyola Drouillard, pastoral care; Patricia St. Louise, nurse in psychiatry; Laurina Delaney, volunteer; Mary Doyle, administrator; Norita Keenan, reception; Eileen Foran, pastoral care; Marguerite Trudell, secretary in pastoral care. Inset: Sister Sheila Collins (01•27•1987 R.I.P.)*

*SJH Staff Photo*

**Philosophy**

- St. Joseph's Health Centre of London is a Roman Catholic institution. We respect the sacredness and dignity of life from conception to death.
- We pursue excellent and compassionate care.
- We commit ourselves to education and research.
- We foster a work environment that values the contribution of each person.

**ROMAN CATHOLIC INSTITUTION**

SJHC conforms to the traditions and teaching of the Roman Catholic Church in regard to health care.

**DIGNITY OF LIFE**

We believe that each person is made in the image and likeness of God and from that comes our respect and care for the whole person.

**COMPASSION**

To be totally present with a person who is experiencing pain, fear, anger, grief, joy, etc. Empathy rather than pity or sympathy.

**Role and Structure**

St. Joseph's Health Centre is a 960-bed community-oriented, teaching institution. We are affiliated with the University of Western Ontario, owned by the Congregation of the Sisters of St. Joseph of the

**Mission Statement 1987**

Diocese of London and governed by a Board which is appointed annually.

The Health Centre is made up of St. Joseph's Hospital for acute care; St. Mary's Hospital for chronic and rehabilitative care; Marian Villa for extended and residential care; St. Joseph's Family Medical Centre; St. Joseph's Detoxification Centre and The Lawson Research Institute.

We provide the unique combination of a full range of basic and specialized acute care and diagnostic services with comprehensive chronic, extended and residential care. Through St. Joseph's Detoxification Centre we provide short-term rehabilitation and counselling.

We are committed to excellence in all clinical and diagnostic services across the Health Centre. Our major programs are perinatology and gerontology. Regional programs in perinatology, hemophilia, diabetes and amputee rehabilitation serve communities throughout Southwestern Ontario.

We strongly support the community-based care family physicians provide and are committed to developing ambulatory care, health promotion and geriatric community outreach programs.

As one of Ontario's leading teaching centres, St. Joseph's forms an important link in an extensive network dedicated to

meeting the health care needs of London and Southwestern Ontario. Excellence in health care is the goal of our collaborative planning.

Over one-quarter of our medical staff of nearly 600 holds active teaching appointments. Through our affiliation with the University, Fanshawe College and other academic institutions, the Centre participates extensively in the education of health care personnel. The Family Medical Centre provides comprehensive primary health care services in a teaching setting. As well, the Centre offers a wide range of educational programs to employees and patients.

Research is an integral part of the Centre's activities and is supported by space, technical, administrative and other resources. Our research activities complement the services of the Centre.

Close to 3,000 employees, a Foundation, two auxiliaries and numerous volunteers support service, education and research activities.

We balance our new, proven technology with a strong commitment to the healing dimension of individualized and compassionate care.

### **Goals**

Our goals are to:

- ensure the effective implementation of our Mission

- pursue innovation and excellence in the care of patients and residents and in all other aspects of our service
- foster staff and community awareness of the ethical dimensions of health care decision-making
- ensure excellence in all of our educational programs
- promote research that enhances the major clinical thrusts of the Health Centre
- strengthen our role as a major academic health centre
- encourage the education of our community-based family physicians and their participation in the activities of the Health Centre
- provide a workplace that values its workers and helps them to reach their potential
- collaborate with other institutions and agencies to provide appropriate, timely and cost-effective programs to meet the health needs of our community
- develop and maintain regional services throughout Southwestern Ontario
- promote educational programs for our patients and residents, their families and the community
- provide and maintain a physical environment in keeping with our changing needs

## Superiors and Administrators St. Joseph's Hospital

### **Administrator & Superior**

1888 - 1890  
Mother Aloysia Nigh  
1890 - 1892 (August)  
Sister Gertrude Coughlin  
Sister Agnes McGrath  
Sister Mary Immaculate O'Leary  
1892 - 1895 (August)  
Mother Aloysia Nigh  
1895 - 1898  
Sister Augustine Boyle  
1898 - 1899  
Sister Clare Mughan  
1899 - 1911  
Mother Aloysia Nigh  
1911 - 1917  
Mother Mechtilde McCarthy  
1917 - 1923  
Mother St. Roch Costello  
1923 - 1927  
Mother Zita Forster  
1927 - 1933  
Sister Pascal Kenny  
1933 - 1939  
Sister Patricia Coughlin  
1939 - 1942  
Sister Theodore Hannon  
1942 - 1947  
Sister St. Elizabeth Wilkinson  
1947 - 1950  
Mother Philomena Hussey

(January 6) 1951 - 1955  
Sister Fabian Slattery  
1955 - 1961  
Sister Imelda Mullin  
1961 - 1969  
Sister Mary Elizabeth Campbell  
July - October 1969  
Sister Mary Desmond Murphy

### **Administrator**

1969 to present  
Sister Mary Doyle

### **Superiors**

1969 - 1973 (January)  
Sister Katherine McKeough  
1973 - 1975 (November 1)  
Sister Marilyn Rosehart  
1975 - 1976 (June 30)  
Sister Jane Marie Stock  
1976 - 1979  
Sister Julia Moore  
1979 - 1984  
Sister Angela Marie Gilhuly

November 1984  
Sister's Quarters were no longer on hospital property.



chapter fourteen

# Epilogue

"Time present and time past  
 Are both perhaps in time future  
 And time before contained in time past"  
 T. S. Eliot

The above quote by T. S. Eliot expresses a profound and dynamic reality - the interconnection of past, present, future, -a continuity.

In the foregoing chapters we see the evolution of a great health care institution which is now St. Joseph's Health Centre of London. This story can be seen as a journey - a pilgrimage, cutting through new territory not totally uncharted, yet constantly evolving. From its founding and into its present development the question occurs - where is the continuity, the interconnection of past, present and future?

So frequently now future development in health care is the subject of many books, conferences and long-term planning.

Trevor Hancock, M.D., in CHAC Review of Autumn 1986<sup>1</sup>, discusses the impact of John Naisbitt's<sup>2</sup> broad societal trends that are affecting and will continue to affect health care. He speaks of

- the shift from an industrial society to an information society in the health care system
- telematics, the systematic combination of computers with the new communica-

tions technologies will alter the way in which medicine is practised

- high tech/high touch where technology and humanistic approaches are combined to great effect
- the shift from short-term to long-term thinking
- the demographic shift to an aging population and the need to plan for the impact of such a change
- the shift from centralization to de-centralization in delivery and decision-making in health care
- the shift from institutional help (with all its connotations of professionalization and the fostering of dependency) to self-help
- the shift from hierarchical arrangements to net-working which goes along with the trend to de-centralize
- the shift to "alternative" healing modalities which are gaining more acceptance. One development is that of psychoneuroimmunology - a branch of science exploring the potential power of the mind to affect health and healing of the immune system.

New advances and discoveries will continue to be made at an accelerating speed. As the foregoing pages have indicated, St. Joseph's Health Centre too has a long list of developments which will continue to grow.

But what of Eliot's "a time before



contained in time past" at St. Joseph's Health Centre - what of the continuity - the one constant which makes the difference at St. Joseph's Health Centre?

Health in the biblical sense means wholeness - not only physical but also spiritual and psychological wholeness; not only individual but also social and institutional wholeness. A human being is made in the image of God and is multi-dimensional, with spiritual power as the integrating and directing force. In human history we have as model, Jesus, who was the divine healer and came into the world to restore health. He healed people's physical and psychological ills; he healed them at the depth of their being. He came into the world to make us fully human, to help us realize our human dignity as creatures made in the image of God. He came to bring fullness of life, by giving us the power of His Spirit dwelling within each of us.

Health care moving into the future must consider the full vision of human function and personality. Understanding the human person as an individual, yet as a member of society, who has many distinct powers that are interactive and capable of integration, is the key to quality health care in the Catholic tradition.

Having identified the variables of future health care and the vision for quality health care, there is an important and central indicator for growth, vitality and *raison d'être* of St. Joseph's Health Centre of London. That central indicator is the call of and acceptance of laity who minister there "to heal as Jesus healed."

Some profess to live Gospel values explicitly through faith and practice; others live these values implicitly by affirming and promoting true human values in keeping with the Centre's philosophy and mission statement.

The Sisters of St. Joseph are keenly aware of the many physicians, staff and volunteers whose dedicated and generous giving of themselves forged the existence of St. Joseph's Hospital over the last one hundred years. To them, it is only fitting

that the Sisters attribute the title of true "co-laborers" in healing.

In the future the Sisters of St. Joseph who founded and presently sponsor St. Joseph's Health Centre (never without the collaboration of dedicated laity), may well see the day when this sponsorship will pass on to laity missioned by the Church. This kind of transition will require the faith and courage that characterized the people involved in health care in the past. Though the effort to bring Christ-centred health care to people and the effort to maintain Christian and Catholic values in medicine will not be easy, yet there are reasons for believing that dedicated laity will be the leaders and healers in the future. The faith, trust and caring which characterized those who governed, managed, directed and served in the past and present, is the great continuity leading St. Joseph's Health Centre into the future.

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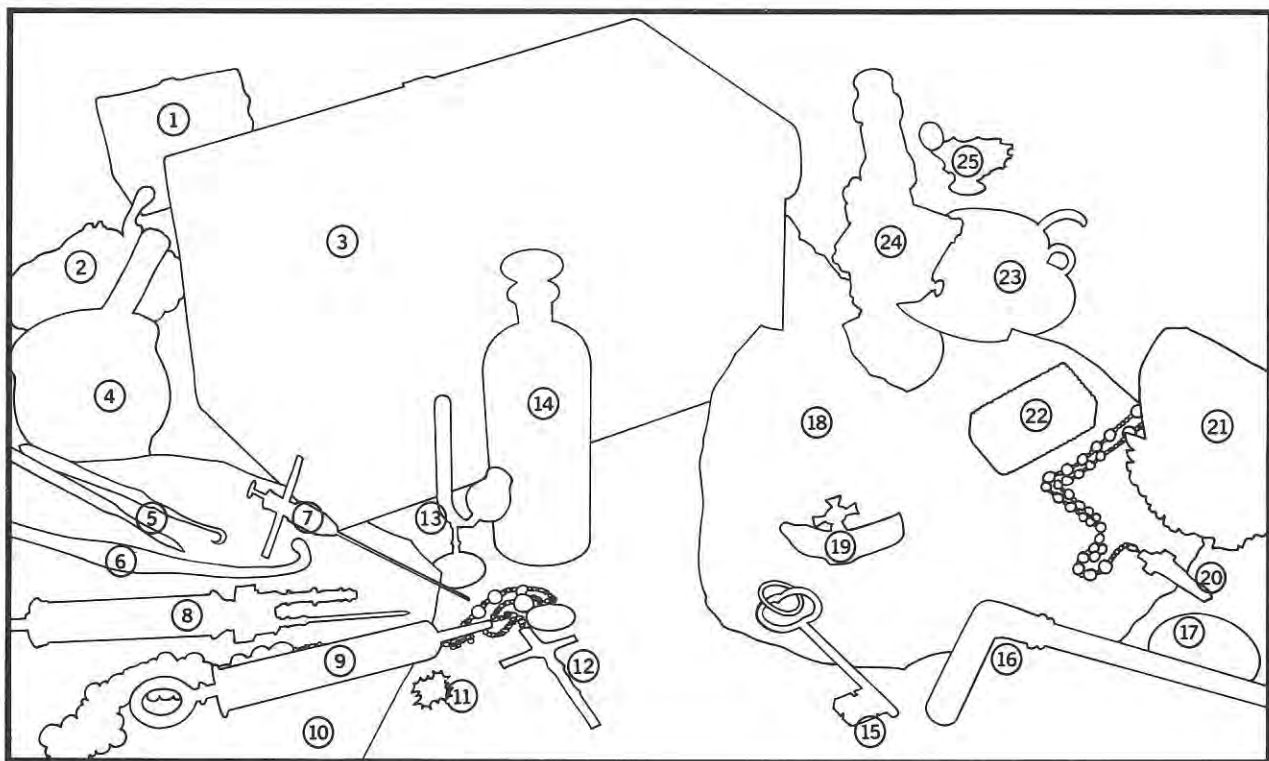
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**Legend of Dust Jacket Artifacts** Items are numbered from the upper left corner (back cover).

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| <p>① Metal case with supplies to stain bacteriological smears c1900.</p> <p>② Candle holder used by Reverend Mother Ignatia Campbell at Mount Hope, beginning 1869.</p> <p>③ Doctor's instrument bag pre 1940.</p> <p>④ Wooden mortar and pestle pre 1900.</p> <p>⑤ Handle with removeable hook, and handle with removeable blade (scalpel) from a set of early instruments.</p> <p>⑥ Breech hook c1900.</p> <p>⑦ Trephine needle with stylet.</p> <p>⑧ Double action metal syringe used when vacuum pump was not available.</p> <p>⑨ An irrigation syringe with string-wound plunger and guide.</p> <p>⑩ Operating room 'greens' cloth.</p> <p>⑪ St. Joseph's School of Nursing graduation medal (1916-1931 style).</p> <p>⑫ Rosary worn by Reverend Mother Ignatia Campbell during her religious life (1856-1929).</p> <p>⑬ "Urine meter" for gasometric determination of glucose or urea pre 1890.</p> <p>⑭ An early glass stoppered medicine storage bottle with gold-leaf lettering and trim.</p> | <p>⑮ Key to Mount Hope Motherhouse and Orphanage (pp. 3, 4).</p> <p>⑯ Gentleman's gold-handled cane c1910.</p> <p>⑰ Dome-shaped glass container with hole on underside to position a leech when sucking blood.</p> <p>⑱ Student nurses' blue and white striped uniform.</p> <p>⑲ Red Cross Medal awarded to Major Barry Anne Bowles, N/S, R.C.A.M.C. (Sister St. Philip Neri Bowles).</p> <p>⑳ Rosary carried by Reverend Mother Ignatia Campbell.</p> <p>㉑ Nurses' cap c1901 - 1914.</p> <p>㉒ Clapper used in Chapel in order that all student nurses would rise, genuflect and leave together.</p> <p>㉓ Chinaware, hand painted with CSJ or SJ, used at the Hospital for special occasions, such as doctors' dinners etc.</p> <p>㉔ Microscope, Nacet et Fils, Paris, 1860.</p> <p>㉕ Shell for Holy Water used for baptizing critically ill infants (in the early years).</p> |
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Items from: Archives, Mount St. Joseph, London;  
Dr. M. J. Inwood; L. M. Smith; R. A. Stephen.



While the motto for the Sisters of St. Joseph, CONGREGAVIT NOS IN UNUM CHRISTI AMOR, (The Love of Christ Has Gathered Us Into One) was chosen in 1890 and a Crest designed and adopted in the same year, it was not until 1926 that the Crest, as shown below was designed for the Congregation of the Sisters of St. Joseph of Canada. It was used by the Congregation from 1926 until 1966 when Conrad Swan, Esquire, was requested by the Federation of the Sisters of St. Joseph of Canada, to design a Coat of Arms for them.

The forerunner of the Coat of Arms on the back panel was the above-mentioned Crest. The central motif of the two lilies, each with three blooms, and the JMJ represent the Trinity and the Holy Family under whose patronage the Congregation was placed from earliest times.

The heart, on the upper left, represents in symbol, the love of God and the love of neighbor. Thus, it depicts the Congregations' works of charity, especially of caring for the poor and the sick. The book, on the upper right, signifies learning and thus is a symbol of their apostolate of teaching.

The Cross and Crown, surmounting the Crest, is a symbol of both the Suffering Christ and the Resurrected Christ, from Whom comes that love that "Has Gathered Us Into One."



The Coat of Arms pictured below was designed for the Federation of the Sisters of St. Joseph of Canada by York Herald of Arms, London, England, in 1966. The Sisters of St. Joseph of London are a Member Congregation of the Federation. The Motto, first adopted in 1890, remains the same even until today.

"The Love of Christ Has Gathered Us Into One."

The Coat of Arms symbolizes Federal unity and Congregational diversity.

A central motif, the same for all six Congregations, signifies:

1. the dedication to St. Joseph (the Lily of St. Joseph)
2. principal works of the Congregation:
  - Christian Education (gold cross)
  - the Apostolate of the Sick (red cross)

The tongues of fire surrounding each cross signify that these works require the inspiration of the Holy Spirit which is the fire of charity.

The colours red and gold are used throughout. Red, one of the two colours of the Canadian flag, emphasizes the national character of the Federation. Gold, one of the papal colours, is a reminder that this group of Congregations is in communion with the Holy See.

#### London

"Upon visiting the house of this Congregation I was struck by the splendid tower which forms such a noble feature of the building and, indeed, a dominating landmark for the surrounding countryside. Also, one of the titles of Our Lady is 'Tower of Ivory' and as the London Congregation is one of Sisters in Religion, it seemed most appropriate that heraldic towers on the border should be the mark of distinction for this Congregation."

Conrad Swan, Esquire  
York Herald of Arms  
London, England





Q.A.M.M.A.