



The *Great* Canadian
Catholic Hospital History Project

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



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

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

**St. Joseph's General Hospital
Peterborough, Ontario
100 Years: A Commemorative Publication**

by

Margaret M. McDonald, CSJ

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SAINT JOSEPH'S GENERAL HOSPITAL
PETERBOROUGH



100 YEARS

A COMMEMORATIVE PUBLICATION

MARGARET M. McDONALD, C.S.J.

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FOREWORD

Each of us has a personal story to recount, a tale of two journeys, really, one the identifiable milestones and accomplishments of a life, and the other a mysterious inner road we walk from childhood to maturity. Institutions, too, show one face to the outside observer and another to those who have inhabited their inner corridors. Sister Margaret McDonald is uniquely placed to chronicle the inner and outer life of St. Joseph's General hospital. An historian herself, and the author of A Heritage of Caring, Sister McDonald served within the hospital for more than thirty years and has watched its development in recent decades from the vantage point of health care volunteer and counsellor in the wider community.

Decade by decade she takes the reader through the hospital's history, with stark statistics and warm, revealing anecdotes. As the 1890 building grows from its pristine splendour on an Ashburnham hill through its many winged and multi-service expansions we are made aware of the faith of all those involved, their struggles to endure and adapt and their courageous and joyful insistence on the mission of compassionate and competent care.

This is Centennial year for the hospital, a time when current health care realities stand in the reflected light of times past. This book is more than a nostalgic remembering, however, it is an ordering of the present and the future upon the building blocks of a hospital's tradition. It serves us well as an historic commemorative and we are greatly indebted to its author.

Veronica O'Reilly, C.S.J.
General Superior



PREFACE

As I undertake the awesome task of preparing some record of health care at St. Joseph's General Hospital for the past one hundred years, I am reminded of the Lord's answer. Habakkuk 2:2 & 3.

... "Write down the vision clearly upon the tablets
so that one can read it readily, for the vision
still has its time, presses on to fulfilment"
... and again, in the words of the prodigious writer,

St. Teresa of Avila (1515-1582),

... "Would that I had many hands with which to write so that
while putting down some of these things, I wouldn't forget
the others" ...

However, the task has been made easier because of the research I had already done for the history of St. Joseph's School of Nursing (1906-1974) in the Heritage of Caring published in 1981. This account included hospital settings and events only as far as Nursing was involved.

In this present treatise, I have endeavoured to fix location and date of beginnings of a number of services which have developed into departments with the passing of time and availability of scientific knowledge and expertise. To establish some sort of sequence, I have attempted to place highlights in ten-year periods.

I have included a few statistics which would be of interest to the then and now. Other information to reflect the growth in the nature and volume of services, has been noted.

Throughout the text, reference to a section of the hospital may be identified by letter or by year of formal opening, e.g.

Key: A - 1922 Wing
B - 1950 Wing
C - 1890 Wing
D - 1964 Wing

The author wishes to express a sincere gratitude to all who have assisted in any way in the production of this commemorative booklet.

M.

CONTENTS

Foreword

Preface

Introduction 1

Section I 1890 to 1900 2

Section II 1900 to 1940 9

Section III 1940 to 1990 27

Endpiece 107

References 108

Rededication 109

Addenda 111

INTRODUCTION

The development of health care in hospitals over one hundred years may best be viewed in relation to the changes in Canadian society over a similar period.

Social and economic progress, growth in government, rapid advances in scientific knowledge and communication have all had their effects. However, the explosion of knowledge in medical and applied sciences and technology had the most profound impact on the health care system.

A theoretical framework for the historical development of medical and hospital care in Canada has resulted from a research project done at Laval University, Quebec 1972. The report noted that historians and sociologists distinguished three main stages in the evolution of medical and hospital care, namely:

- I. from pre-historic times until the end of the nineteenth century,
- II. from the end of the nineteenth century into the 1940's,
- III. from the 1940's to the present.

In the first period, care of the sick was closely connected with religion. Churches and religious orders assumed these responsibilities. Medical science was rudimentary. Hospitals were places where the sick could be cared for under favorable physical and spiritual conditions. Hospital structures were organized to give primary importance to lodging and personal care. Medical treatment provided relief of pain.

The second period was marked by the introduction and spread of the systematic use of scientific methods in the treatment of illness. Hospitals tended to become a scientific medical milieu. The prevailing idea was technical efficiency, with limited attention to the patients' subjective reactions or their previous socio-cultural experiences.

The beginning of the third period coincided with the introduction of social sciences into the field of medicine. The concept of hospitals as treatment centres was gradually developing. Resources were being mobilized to define the psychological and social factors of illness within the therapeutic context, so that these might be altered to promote the process of cure. Gradually, the importance of human relations between medical staff, hospital personnel and the patients was also seen as a factor.

Section 1

Doctor Sawyer in his history of the Ontario Medical Association gives an overview of medical practice in the 1880's. The following is an excerpt.

"No telephones, no automobiles, few railroads, no medical insurance, ... small incomes.... For the majority of physicians, home was a place for delivery of babies, reduction and immobilizing of fractures, The sick were nursed by the mother, a close relative or a kindly neighbor. Physicians made housecalls by horse-drawn vehicles and the circuit could be forty or fifty miles There was very little known about germs, there were no sterile dressings, no rubber gloves The operating room where even heroic surgery would be performed was usually the kitchen in the home. Lighting was provided by a coal oil lamp. Chloroform was the only anaesthetic and carbolic spray the antiseptic"

....

The foregoing is a kaleidoscopic view of the nature of the health care system in Canada from the early seventeenth century to the present. It is intended to be an overview for the readers of this brief history of St. Joseph's Hospital, Peterborough over the past one hundred years.

This commemorative booklet is divided into three sections. These encompass the highlights of major events as well as factual data. In addition, it includes human interest stories contributed by persons who experienced them.



**"St. Leonard's Grove" Rogers St. to Armour Road-
Residence of H.C.Burritt, M.D. (1878-1888) property
purchased in 1888 for the site of St. Joseph's Hospital.**

1890 - 1900s

The population was increasing so rapidly in Ontario in the latter half of the nineteenth century that numerous hospitals were springing up, especially in industrial areas. Medical science was rudimentary and hospitals were regarded as places of last resort where the sick and injured could be looked after. However, there was a general resistance to these institutions due to fear of the unknown.

In 1882 the Roman Catholic diocese of Peterborough was formed and Bishop Jamot was appointed its first bishop. He lived only four years and he was succeeded by Bishop Dowling in 1886.

In anticipating the growing needs of his diocese, five acres of land in Ashburnham on the outskirts of Peterborough were purchased by the episcopal corporation in 1881 for the sum of \$6,000.

On this property there was a house, another brick building and a stable all surrounded by a high board fence. The location was known as St. Leonard's Grove. The house had been built for Reverend J.W. Beck, an Anglican Church minister who lived in it from 1865 to 1874. Within three years it had changed hands twice, the residence of a lumberman, A.H. Campbell 1874 to 1877; and Doctor Horatio Burritt, a medical doctor who lived there from 1878 to 1888.

At this time an unusual circumstance existed in Peterborough which required the urgent attention of Bishop Dowling. A benefactor had given property and endowment for the purpose of establishing a Protestant hospital from which Catholics were to be excluded. The bishop, thus concerned for the spiritual and temporal needs of the people of his diocese, set about to provide a facility for the sick, the aged and orphans. Sufficient funds were collected to undertake the building of a twenty-five bed hospital on the site of St. Leonard's Grove.

John Belcher, an architect was hired to plan the construction at an estimated cost of \$20,000. The building was to be called St. Joseph's Hospital. This name would be a reminder to those who would be caring for the sick that they serve with the same diligence, charity and cordiality which St. Joseph showed Mary and his foster-son Jesus Christ in their humble home in Nazareth.

The cornerstone was laid on October 24, 1888. The silver trowel used to put it in place may be seen in the hospital archives. It was donated by the wife of Doctor O'Sullivan who also added \$2,000. to her gift.

Of special significance was a gift of a metallic statue of St. Joseph to be erected in the gable centered above the front door. This was a highlight in east city until that part of the hospital was demolished in 1969.

In 1889 Bishop Dowling was transferred to the diocese of Hamilton and was replaced here by Bishop R.A. O'Connor. He saw the building completed on schedule at a total cost of \$32,000. of which \$18,000. had already been raised by parishioners.

In 1890 Bishop O'Connor requested that the Sisters of St. Joseph of Toronto who were already serving in his diocese form a new congregation to be known as the Sisters of St. Joseph of Peterborough. This congregation was formally established August 15, 1890.

Four Sisters occupied the completed building July 28, 1890, Sister Anselm, Superior, Sister Baptista, Sister Geraldine Chiddick, Sister Hilary Irwin. These Sisters had to obtain some essential supplies, equipment and furnishings for the new hospital. They had acquired some nursing skills under the direction of the physicians while caring for the sick and neglected in Toronto. They knew that whatever would be accomplished would not be by human effort alone. They were mindful of their founder's Wisdom Sayings in the seventeenth century "that they were not to be simply a task force but must combine their spiritual life with a zealous practical life." They outlined their horarium which they would try to observe together as far as possible.

The Sisters would begin their day with spiritual exercises prescribed by their religious rule. Each morning at five-thirty they would assemble in the little chapel located on the first floor to the left of the front entrance. By seven o'clock they would be on the wards ready to administer to the sick and needy. In the evening when the ward duties were finished for the day, the Sisters would do the additional cleaning and household duties. The bed linen, limited in supply, would be washed and dried around the kitchen stove so it could be used again the following day. Each would take her turn at night answering a patient's call-bell. Though the Sisters were lacking in scientific knowledge and skills, they possessed spiritual qualities of deep respect and love of neighbor, compassion and concern in their ministrations. These virtues animated by prayer, faith and trust in God supported the Sisters in their daily arduous labors. It also strengthened their convictions of the sanctity of life and of the ultimate meaning of suffering and death.

While the hospital was being constructed, the brick building and stable on the property were converted into temporary accommodation for the elderly and destitute from the Peterborough diocese being cared for at the House of Providence in Toronto. A total of forty persons was scheduled for transfer to Peterborough, October 1891.

The hospital was dedicated and officially opened by Bishop R.A. O'Connor on August 20, 1890.

The Peterborough Review on this date reported:

"The new St. Joseph's Hospital is completed. This beautiful building is located on the lovely grounds previously known as St. Leonard's Grove in Ashburnham. Crowds of people from the town and country filled verandas and corridors of the new building to help celebrate the event. The fire brigade provided music while visitors filed through the hospital. Speeches intended to be given on the Men's Ward had to be delivered on the south veranda. Even the weather was beautiful for the gala occasion . . ."

Among those attending the ceremony, the records noted the names of Bishop R.A. O'Connor, Mayor Stevenson, town councillors and twenty-three clergymen. Members of the medical staff were represented by Doctors Halliday, Goldsmith, Brennan, McGrath, Moher and Pigeon.

The bishop in his opening remarks stated that the philosophy of the hospital is based on the Judeo-Christian concept of the nature of the human person, his dignity and worth regardless of social or economic status, color or creed.

Noting the hospital's policy as expressed by the bishop, the mayor felt that it was bound to have the 'hearty approval' of everyone whatever their creed. He also assured the bishop of the town's cooperation in raising funds needed to wipe out the balance of the cost of construction.

On August 26, 1890, six days after the official opening David Quinn of Peterborough was admitted. He was the first patient listed on St. Joseph's Hospital register. The record shows a diagnosis of ophthalmia which in those days was a general term for eye infection. He was discharged unimproved 159 days later.

The diocesan record of 1903 shows that a legacy of \$826.00 in the name of David Quinn was received for St. Joseph's Hospital. Another entry noted that \$700.00 had been received from Reverend M. McCloskey.

By the end of the first year of operation, records show that fifty-four patients had been admitted among whom were four cases of typhoid fever, three of erysipelas, two of diphtheria and two of syphilis. There were also entries of cases of dysentery, intestinal torpor, phthisis, cystitis, pneumonia, eczema, ulcers, insanity, heart palpitation, narcotic poisoning and alcoholism.

The patients' register for 1891 shows there were ninety-eight patients admitted. Among these were thirteen cases of typhoid fever, three of diphtheria, and two each of measles, tuberculosis, erysipelas and trachoma. The surgical cases noted were chiefly fractures, herniae and other injuries not specified.

Two Sisters died from fever contracted while nursing hospital patients.

As the population of the town grew from 6000 in 1890 to its incorporation as a city in 1894, records show an annual increase in the number of patients treated.

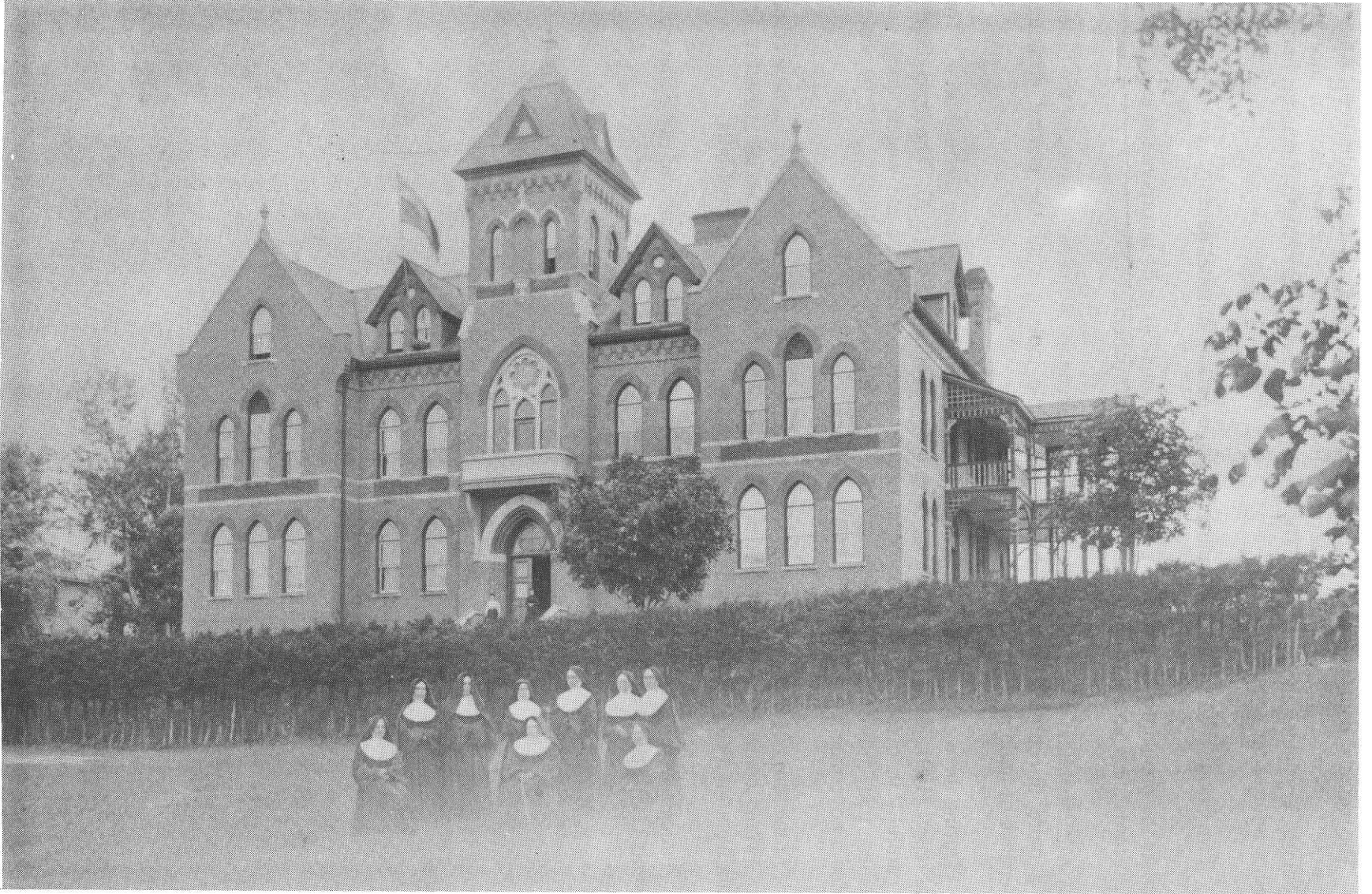
Administration of the hospital was not too demanding in the early days and the Sisters took a more direct part in caring for patients while looking after the general cleaning, maintenance of buildings, laundry and cooking.

During these early years, a large capital was not required to operate the institution. The annual report (1891-1892) shows the total expenses amounting to \$4,716.20. The expenditures were carefully itemized. The lion's share was for food, then salaries and wages, drugs and medicines, fuel, furnishings and bedding. Receipts for the year totalled \$3,802.92 which included a government grant of \$1,710.52.

At the turn of the century, the provincial government was reimbursing the hospital at the rate of twenty cents per patient per diem. An appeal was made for financial assistance for patients from the Peterborough county who were unable to pay their hospital bills.

Patients were charged six dollars (6.00) per week for private rooms and two dollars and fifty cents (2.50) per week for ward accommodation.

...



St. Joseph's Hospital - August 15, 1890

Section II

1900 - 1920s

Prior to the Sisters' coming to the Peterborough diocese in 1890, a number of the poor elderly, and destitute from the diocese were cared for by the Sisters of St. Joseph in Toronto. As soon as accommodation could be provided in the renovated building on the Ashburnham property, all were transferred here and the Sisters at the hospital provided them with food, clothing and shelter as well as hospital care.

During the early part of the year 1899, the Episcopal Corporation headed by Bishop R. A. O'Connor decided that better accommodation was urgently needed for the elderly and destitute. Architect J.E. Belcher was again hired to plan a building adjacent to the hospital.

The bishop launched an appeal for funds to all the parishes in his diocese. This new building named House of Providence was officially opened July 27, 1900. For a while, this structure relieved the crowded conditions for the sick.

The orphaned children were transferred from the House of Providence to St. Vincent's Orphanage on London Street when it was officially opened November 4, 1907.

About this time, electric lighting was installed in the hospital and other improvements in radiators, pipes and painting were also achieved at a cost of about \$3,000.

The bishop announced that the Sunday offerings would continue to be applied towards reducing still further the debt on St. Joseph's Hospital. By 1905 the debt was paid off.

1906 - TRAINING SCHOOL FOR NURSES IS OPENED

After 1880 several training schools for nurses were established by hospitals in Ontario with a view to improving the staffing. However it was difficult to attract students. The hours were long, wages were poor and working conditions demanded a strong physique and military-type discipline. Moreover, the superintendents were concerned that the students would receive good instruction and practice and also be able to cope with the hardships and demands of the times.

The majority of the early graduates of the schools were absorbed into private duty, first in homes and later in hospitals. A number of hospitals set up a registry of their own graduates whom they would assign to private duty but few were employed on the staff.

St. Joseph's Hospital, Peterborough was no exception to the prevailing need for more help to care for the increasing number of sick. Since help was also being sought to care for the sick in their homes, additional heads, hearts and hands had to be found.

St. Michael's Hospital, Toronto had already opened a Training School for Nurses in 1892. The Sisters there gave encouraging reports on the improvement in patient care in their hospital through having students who had been taught by the Sisters and who were dependable and interested in taking care of the sick.

After considerable reflection and discussion on the general concept of starting a Training School for Nurses, the Sisters, under the leadership of Sister St. Michael the Superior of the hospital, submitted the proposal to Mother Clotilde, Superior General of the Congregation, and to Bishop R.A. O'Connor. Both gave their approval to the undertaking. This was in January 1906. The medical staff supported the idea with enthusiasm and offered to give lectures and to instruct the students in the care of their patients.

Miss Verna Winterhalt, a graduate nurse from St. Michael's Hospital, Toronto was hired and she was appointed the first superintendent of nurses.

There was no provincial legislation at this time to govern the establishment of schools nor was there any official guide for conducting them. Each hospital set up its own standards.

The Sisters decided to adopt the same rules, subjects and methods of teaching as were being used in St. Michael's Training School and with which Miss Winterhalt was familiar.

Foremost in the Sisters' deliberations for such a new commitment were the desire and determination to ensure that their spirit of service would be communicated to the students:

"This spirit is inherent in the enduring value and worth of each human being from conception to natural death, and it is not lessened by one's age or one's physical or mental condition, race, color or creed"

By 1908, the hospital needed more accommodation for the sick and Architect Belcher was again hired to plan the first extension, a three-storey building on the north side of the original structure with an elevator shaft at the junction. The contract was awarded to James Bogue for \$9,375.00.

The first floor provided an operating room, anaesthetic and sterilizing rooms. The second floor was for patient accommodation which now included a few private rooms. The third floor gave additional sleeping areas for the Sisters and student nurses, as well as a laboratory, and an isolation ward which was later converted into space for X-Ray service.

The elevator, the first in the city, was installed by the Otis Fenson Company at a cost of \$1,390. It was operated manually and had a control switch in the basement behind the elevator shaft. When a patient needed to be transported, the power was turned on in the basement, and one person was then required to pull the cable in order to bring the cage to the desired floor.

Some years later the elevator was mechanized and it served a variety of purposes until that wing was demolished in 1969.

Additional property to the north and west of the hospital was purchased in 1910 from the estate of Mrs. Wall. A garden there supplied vegetables for the hospital for a number of years. This lot remained vacant for thirty-five years until the residence and school of nursing was built there.

During the 1908 construction period, a brick building was erected between the hospital and House of Providence, to provide a steam laundry facility which served both institutions for many years. The cost was \$3,403.

Records show that the first hospital birth took place on January 16th, 1909, when a baby girl was born to Mr. and Mrs. Cohen - she was named Beatrice. Because it was normal in those days, for babies to be born at home, few mothers were sent to hospital for delivery except when complications were suspected. As the hospital did not have a separate maternity unit for some years, the maternity cases were admitted to private rooms, delivered there, and the babies cared for in the same rooms.

Some diagnostic services were gradually being developed after Sister Ligouri took training in X-Ray technology at St. Michael's Hospital, Toronto, and Sister Angelica studied laboratory technique at St. Bernard's Hospital, Chicago.

In July 1913, an X-Ray machine was purchased, the cost of which was defrayed by the three city parishes. This equipment was installed on the third floor of the new addition, and the public was invited to see it being put into operation. However, the Utilities Commission had used a five, instead of a fifteen, kilowatt transformer. When the corridors were crowded with spectators waiting for the demonstration, the switch was turned on and the transformer was blown into literally a thousand pieces, some landing as far away as the Lift Locks. There was then considerable delay in initiating the X-Ray service as another transformer and repairs had to be brought from Toronto.

The clinical laboratory was opened in 1914 in a room on the third floor, and Sister Angelica was placed in charge - she being the first person in Peterborough qualified in laboratory technique.

What was entailed in nursing in the early twentieth century can probably best be understood by reading some incidents which the nurses themselves related.

E.C., who started her training in 1913, described some of her experiences this way:

When I was only three weeks in training, I was sent into the women's ward to sit with a lady who was dying. When I thought I saw her take her last breath, I knelt down and prayed and covered her face with a sheet and reported it to the head nurse who was in her third year of training. About an hour later, she sent for me and said that the patient I had been sitting with had asked for a glass of water . . .

And, again, I was sent to the men's ward, to a patient who was so obstreperous that boards were put on his bed to keep him from getting out. He thought I was his daughter, Bessie. When he wouldn't do anything for the other nurses, I was sent for and he would say "here comes Bessie - I'll do it for her - . . . "

Sister Angelica took us for class, twice a week, after the day's work was completed. There was no classroom, nor blackboard. Classes were held in the Sisters' community room, or on the top floor in the isolation ward, if there were no patients there . . . The day nurses would meet at 7:00 P.M. to give a report to the night nurses of what the doctors had said about their patients, then the night nurses would carry on for the next twelve hours . . .

The hospital was very poor. Sister St. Joseph who was in charge of the O.R. would often come down to the kitchen to get some utensil which could be used for an operation. . . There was no help for any housekeeping, the sisters and nurses did it all . . .

I recall looking after a very ill patient who had cancer of the mouth and Doctor G. took him to the O.R. and pulled all his teeth. When the patient regained consciousness, he threatened to sue the doctor, because his teeth were good . . .

After one month in training, I was allowed to give medicines. In my second year, a lady teacher came once a week to give classes and demonstrations on the preparation of food for the sick. The doctors were always kind and willing to help us. They gave many hours of lectures, but always after the students had completed twelve hours of duty on the wards . . .

R.F. Class of 1916:

. . . recalls some of her memoirs.

We had a probationary period of three months, then we received our bibs and caps and after two years, our black bands. We helped ourselves to learn by doing; baths, dusting and cleaning had to be finished by 10:00 A.M. to be ready for the doctors' visits . . .

We had to make our own surgical dressings and take them to be sterilized in the O.R.-no ward aides in those days. Again we might be called to help in the O.R. as there was no separate staff there. It was a real struggle for the poor sisters; they worked so hard, cleaning and waxing at night after a busy day...

For the graduate nurses, there was only private duty nursing. Once I was sent to Bethany on a maternity case . . . the doctor met me with horse and buggy . . . the baby had already been born and the mother was in convulsions. Each time the patient convulsed, her mother, who was there to help me, would faint . . . we packed the patient in oats which had been heated in the oven and this caused her to perspire. The other children were all sick and one was covered with a rash and her hair was falling out. There were no telephones, so when the doctor made his next visit, he decided it was a case of scarlet fever. He placarded the house for six weeks which meant we all had to remain there until the placard was officially removed . . .

E.O'B. Class of 1922:

. . . gave a vivid description of her experiences in her first year of training.

I recall Sister Angelica quoting her Superintendent, Miss Winterhalt "that a nurse should be able to bathe a patient in seven minutes and have the unit in order in twenty minutes." Sister would usually warn us well in advance of pending dangers, e.g., "keep a constant watch on the patient in the fourth bed, his clothes are hidden, but he threatened to leave in a quilt." Again, a favorite directive to the night nurse, "I think you are going to have an awful night. Keep your hypo loaded . . ."

The medical and surgical patients were all assigned to the same large wards; the surgical cases were kept on one side, and the nurse, nicknamed CLEAN, was in charge of them, while the DIRTY nurse looked after the medical cases. Patients with communicable and infectious diseases were isolated on the third floor, since there was as yet no isolation hospital in the city. Diphtheria was common, and such cases were segregated in a large room remembered by the nurses as the "diphtheria ward" or the "green room." A nurse specialised any patient there and was taught how to take precautions, preventing the spread of germs.

There were many cases of typhoid fever, and these patients required strenuous and prolonged care. If the temperature was over 101° F, they were given tepid sponge baths every four hours. Student nurses were assigned to attend to them; often the patients were delirious from the high temperatures and subsequent infection, requiring constant vigilance. They were fed a strict diet of clear fluids and orange juice blended with the white of an egg. Gaseous foods were carefully avoided to lessen the danger of hemorrhage; if this did occur, the patient was given a low rectal irrigation of starch solution which helped control the bleeding. Usually after three weeks on complete bed rest, and when the danger of complication had passed, the patient's legs were bandaged, from ankle to hip, and he was lifted out of bed, very gradually, and allowed to walk, in an effort to prevent phlebitis.

Nursing procedures were carefully detailed to prevent the spread of communicable diseases. The ban on eating on the wards or in patients' rooms, while on duty, was a firm regulation for many years. One must realize that there was no immunization available in the province - the Connaught Laboratory in Toronto was only beginning to manufacture vaccines and antitoxins.

Tuberculosis was also a constant menace. The use of X-Ray in diagnosis was gradually being introduced, and a form of skin-testing was done. It consisted of an ointment made up with old tuberculin and rubbed on the patient's chest. If the area reddened after 24-48 hours, tuberculosis was diagnosed. This test formed the basis for the mantoux test developed later. However, the importance of providing rest, fresh air and adequate diet in treating these patients was well understood and practiced. Great credit is due to the medical and nursing care given in the treatment of the disease as well as in the control of its spread.

Pneumonia was a very common complication of many illnesses before the advent of antibiotics. Sinapisms (mustard plasters) and cataplasms (linseed poultices) or antiphlogistine were standard treatments for chest pains and abdominal distention. If the temperature was high, the patient was wrapped in flannelette blankets wrung out of ice water, or he was sponged with alcohol every four hours. Pneumonia patients were never allowed out of bed or to help themselves until after the "crisis" had passed, which nearly always occurred about nine days after the onset of symptoms. This break in the high fever was taken as a good sign and the patient usually recovered. "That a good nurse, rather than the physician, contributed more to the care and recovery of a pneumonia patient," was a comment not infrequently made by the doctors themselves.

...

1916 - Quaker Oats Fire

Peterborough's largest and most disastrous fire was a memorable event in the history of St. Joseph's Hospital. Before the fire could be brought under control it had almost completely destroyed the structure built only a few years previously. The fire was considered to be caused by a spark from the ignition of a grain-rolling machine. This set the grain-dust on fire and resulted in the terrible explosion which followed.

Almost immediately the top three floors of Quaker Oats factory were engulfed in flames and the grain tanks began tumbling down. Within one-half hour almost all of the walls and floors had collapsed. The chemical tanks began exploding causing more fires. The fire burned uncontrollably for nearly four days. Men and equipment were dispatched from the Toronto fire brigade to assist the local department. Traffic had to be diverted to the Smith street bridge. It was not until two weeks later that the Hunter street bridge could be used on account of the danger of falling walls.

The fire smouldered away until March and by then had been the cause of at least twenty-two deaths, sixteen bodies having been buried in the ruins. In addition there were scores of injured, many of whom were left with permanent handicaps.

. . .

About ten o'clock in the wintry morning of December 11, 1916 a loud blast sent tremors throughout St. Joseph's Hospital. Almost immediately a nurse in the operating room noticed flames gushing out of the Quaker Oats factory which was only a few blocks away. She alerted Doctor F.P. McNulty who was doing an appendectomy at the time. As he was the attending physician for the Quaker Oats Company, he left the suturing for his assistant to complete and he rushed to the main floor to take charge. Everyone knew that casualties would soon be arriving.

Patients who could be safely looked after in their homes were discharged so as to free as many as possible of the hospital's thirty-five beds. Surgical bookings were cancelled and only the urgent medical cases were to be admitted until after the emergency period had passed. Maternity patients were to be delivered at home if at all possible.

Doctor McNulty placed the order for all the seriously burned and injured to be treated in the operating room. The operating room supervisor, Sister St. Joseph and as many of the nursing staff as possible, quickly assessed and assembled equipment, blankets, bed linen, dressings and other supplies available throughout the hospital. They began setting up dressing tables on the main floor, and in the corridors as well as in the operating room.

As dressings and bandages were in short supply, a number of Sisters from the House of Providence next door and from Mount St. Joseph, made quantities of large pads and sponges from bolts of gauze and had these ready for the sterilizer. Bed linen had to be torn to provide additional bandages. A quantity of fresh tannic acid solution was prepared in the dispensary. This solution, when sprayed on burned areas would help ease pain, promote healing and prevent secondary infections in many cases. Sterile vaseline was also made ready.

As soon as news of the disaster reached Toronto, St. Michael's Hospital responded by sending nurses and supplies.

As there was only one ambulance in the city, the casualties started arriving on improvised stretchers and then on sleighs or whatever conveyance could be had. Screams from pain and hysteria filled the air.

More chaos followed when the families of the men who had gone to work in the factory that morning began gathering at the hospital in search of their loved ones. Then more and more people arrived, anxious to help in any way possible.

A number of factory employees were immediately assigned as orderlies. Soon men were lying everywhere, groaning with pain and pleading for help, their clothing partially burned off. Others were ashen and unconscious, - and still more casualties continued to arrive.

By now, more doctors were on the scene and a screening process began to separate the dead from the dying, and the critical cases from the less severely injured. Large doses of Morphine were administered as quickly as possible and the most serious cases were taken to the operating room for immediate attention.

The seemingly less serious had to remain lying on blankets in the corridors and empty spaces until beds became available. Extra blankets, hot-water bottles and even heated flat-irons were placed around the casualties in an effort to combat shock. Inhalations of smelling salts and whiskey and brandy in milk or water to those who could swallow, provided some stimulation. Laudanum was also used to help relieve their agonizing pain. There were many who had fractures to cope with as well as their burns. Tannic acid sprays and vaseline dressings were used extensively.

The hospital register of December 11, 1916 listed those persons admitted that day with the diagnosis of burns. This record does not contain information on the numbers treated as out-patients or on those dead on arrival at St. Joseph's Hospital.

After a few days the odor of burnt tissue was becoming very pronounced. The pungent smell was suppressed to some extent by fumes from oil of eucalyptus which was burned in sauce pans in the corridors and wards. Even cord string left smouldering helped to clear the air for a while.

Because skin grafting was not available at that time, the burnt areas which healed were covered with extensive scars and contractures. Many burns became badly infected. These were usually treated with wet dressings soaked in saline solution. Eusol solution, a preparation from chloride of lime was also used for its cleansing effect and in some cases it promoted healing. Some faces were so badly burned that the eyelids could not close completely and often the lips remained distorted, resulting in permanent disfigurement.

This disaster tested the skill of doctors and nurses and the resources of the hospital. The challenge was met with self-sacrifice on the part of many people and the spirit of service and compassion was long remembered and often narrated.

...



Original 1890 Wing

The Spanish Influenza

(1918-1919)

The deadly Spanish Influenza which ravaged Europe after the first world war, and spread across North America, hit Peterborough in the fall of 1918.

The local Medical Society recorded a tribute to one of their members, Dr.C.H. Amys who was medical officer of health at the time:

"He was largely instrumental in rousing local authorities to the seriousness and imminent danger of an epidemic. The Peterborough outbreak was better handled than in a number of larger municipalities and with a remarkably lower death rate. He saw to the conversion of the old Oriental hotel building into an emergency hospital and made ready for patients within one week. He advocated the temporary closing of churches, theatres and other places where numbers of people would assemble."

The epidemic was so sudden and so intense that both city hospitals were quickly overcrowded. Those brought to hospital have been described as being "blue as blueberries" and were spitting blood. For some unknown reason, persons in the twenty to thirty age bracket seemed most susceptible to fatal complications, which in the majority of cases resulted in pneumonia. The victims were stricken suddenly with violent chills, terrible dizziness, high temperature and delirium.

The doctors were baffled since neither medicine nor other treatment seemed to be effective in relieving symptoms or controlling the spread of the disease. Quinine, Dover's Powders and steam inhalations to which menthol crystals were added, gave some relief as did brandy or whiskey in hot drinks. However, Temperance Laws which existed at the time made it difficult to obtain liquor. Injections of caffeine and adrenalin were given in some cases and records show that suction cups to draw off "bad blood" were also used. Numerous homemade remedies handed down from another generation were often resorted to, in an attempt to find an effective treatment.

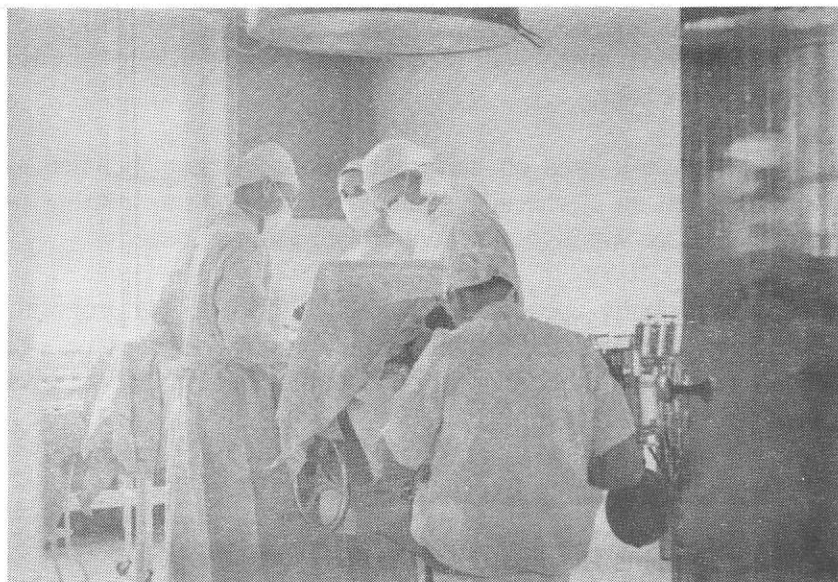
Doctors and nurses worked around the clock many days and nights and several succumbed to the disease themselves. As the 'flu' had not yet hit Mount St.Joseph or the House of Providence, the Sisters living in these residences were able to help at the hospital and also to visit the stricken in their homes. Sister St. Maurice recalled "the frightening sight she witnessed of the many funerals passing on Monaghan Road to the cemetery nearby."

By early December the 'flu' had struck at Mount St.Joseph and some thirty to forty Sisters contracted it. A number of deaths resulted and many who survived, later developed pulmonary tuberculosis, deafness, nephritis and heart damage.

The diocesan Archives noted appreciation of the work done by Doctor James V. Gallivan during the epidemic in his medical care and attention to the sick at Mount St. Joseph and at St. Vincent's Orphanage on London Street.

The hospital records show that sixty cases of 'flu and twenty-four cases of pneumonia had been admitted from mid-October 1918 to May 1919. By spring the causative organisms of Spanish Influenza seemed to have disappeared.

...



1920 - 1940

The existing hospital accommodation was again becoming inadequate to serve the growing needs of the Peterborough community.

Rt. Reverend M.J. O'Brien, diocesan Bishop (1913-1929) and his committee decided that a second extension was required to provide more accommodation for patients and improved services for the whole hospital.

Thus, in March 1921 Architect A.R. Holmes of Toronto was engaged to prepare plans for a four-storey structure on the south side of the existing building. It would provide seventy-five additional beds and would include a segregated obstetrical service and operating rooms. There would also be space provided for laboratory, X-Ray and pharmacy services, and an electrically operated passenger elevator serving all floors.

Tenders for the new building were opened in July 1921 and the contract was awarded to the Russell Construction Company of Toronto. Excavations began promptly and the cornerstone was laid on the fourth of September, 1921.

A three-day bazaar was held in the market square which netted \$8,000. towards the cost of the building. Also, Senator Frank O'Connor paid for the entire furnishings for the obstetrical floor. In addition the first floor was completely furnished from the estate of James and Hannah O'Brien. In appreciation of these gifts, wall plaques were erected where they remained until the areas were renovated years later.

Additional services were located on the ground floor. These included a special diet kitchen in which was installed an electrically operated waiter for transporting meal trays to patient areas. Also on this floor was live-in accommodation for an orderly.

The new wing was formally opened June 8, 1922. Prior to the program, the Bishop celebrated Mass in the hospital chapel and blessed the new rooms, asking God's blessing upon the patients and all who would serve the sick within its walls. The public was invited to 'open house' from 2:00 P.M. to 10:00 P.M.

Excerpt form Peterborough Evening Examiner, June 6, 1922

"New Wing of St. Joseph's Hospital, East City"

..."the site of the building is one of the most commanding elevations in Peterborough ... the hospital possesses its own dairy farm where thoroughbred holstein cattle supply milk for the establishment ... and its own chicken run, giving the freshest of fresh eggs ... The new addition is 153 feet long composed of pressed brick with Indiana limestone trim, and is of fire-proof construction. A roof garden on the storey together with two splendid sunrooms and three balconies add to the comfort of convalescent patients ... A powerful vacuum cleaner in the basement furnishes a means of cleaning every room ..."

This was also graduation day for the class of 1922. The ceremony took place in the mens' ward, the patients having been transferred to the new wing.

The jubilation of the new graduate nurses was somewhat muted, in sympathy with the guest speaker, Doctor Gallivan, whose wife had died only a few days previously, following a ceasarean section.

After work on the new wing was completed, the old structure was renovated, and then used for medical and infectious cases and a new children's ward. The third floor continued to provide sleeping accommodation for the sisters and pupil nurses for another twenty-five years.

The following statistical information has been excerpted from a hospital report in 1922.

Analysis of Hospital Services for December 1922

Number of patients admitted	55
Number of patients discharged	68
Number of births	6
Number of operations	22
Consultations	3

X-Ray Examinations

fluoroscopies	47
plates	46
gastro-intestinal	6
gall-bladders	2
fractures	10
chest	2
eye	1

Laboratory Tests

urinalysis	37
blood	7
coagulations	17
sputum	4
pathology	2

Medical Staff

President : Dr. McNulty
 Vice-President : Dr. Neal
 Secretary : Dr. Mann
 Doctors: McPherson, O'Brien, McNair, Carmichael,
 Baker, Gallivan, Loudon, Harvey, Hammond,
 Yelland, W.D. Scott, Sutton, McCullough,
 MacDougall, King, Buchanan, Morgan, Wood.

The next goal for administration was to meet requirements of Standards of Patient Care in Hospitals. The American College of Surgeons had blazed the trail in 1917 for the development of hospital standards, and their program was known as Hospital Standardization, a term which was later changed to Accreditation. The program included inspection and the granting of a certificate of approval to the hospitals which qualified.

To set the stage for the undertaking, the Bishop hosted a dinner for the medical staff, and he asked the president, Dr.F.P.McNulty, a prominent surgeon, to select two doctors for a committee to work towards achievement of that goal.

On August 5, 1922, an inspector from the American College of Surgeons visited the hospital. The following year a certificate of approval was received stating that the hospital had met the standards set out in the program and declared it a model.

Administration of the hospital was gradually becoming more difficult and broader information and support in its management was needed in order to continue to upgrade its standards. Thus, soon after the first Canadian Chapter of the American Catholic Hospital Association was founded in 1922 the hospital obtained membership in this national organization. Its main purpose was to provide a stronger link between member Catholic hospitals in order to maintain the Christian philosophy of patient care.

In 1928 the hospital received approval with an A rating from the American College of Physicians and Surgeons.

In 1929 the hospital joined the Ontario Hospital Association which had been founded in 1924. This was a voluntary association of provincial hospitals and related institutions working together to achieve the highest standard of patient care through education and research. A certificate of enrolment in 1929 is in the hospital archives.

Meanwhile across the province, nurses were becoming concerned over the lack of standards for nursing practice. A Nursing Committee had been formed in 1915 for the purpose of upgrading the nurses' training and of pressing for legislation but it was not passed until 1922. A questionnaire was then designed and sent to the ninety-two hospitals in the province operating training schools for nurses. A copy of the completed questionnaire submitted by St.Joseph's Hospital Training School, dated April 20, 1923 is filed in the School of Nursing Archives. The original is the first document in the school's permanent record at the College of Nurses of Ontario, an evidence of the School's approval as of that date. The approval continued uninterrupted throughout its history which culminated in July 1974 when it was officially closed. Records of all of its graduates were then transferred to Sir Sandford Fleming College Division of Nursing. The original bylaws c.1920 of St.Joseph's Hospital Nurses Alumni Association may be seen in the School of Nursing Archives.

When Regulations for administration of the 1922 Registration of Nurses Act were issued, a number of hospitals voiced strong opposition to the new requirements. The Minister of Health then ordered a National survey be made first.

A Study Committee was formed to proceed with the directive and Doctor G.S.Cameron, a prominent Peterborough surgeon was appointed its chairman. The survey was made by Doctor George Weir and the Weir Report was published in 1932. It highlighted the inadequacies and inconsistencies of the nurses' training across Canada.

The great depression of the '30's and the magnitude of the second world war were critical periods in the hospital. There was no provincial health plan for financing and other forms of insurance were practically non-existent. Legislation initiated in 1929 for the Old Age Pension provided only \$20.00 monthly to persons, seventy years and older. Hospital accounts were often paid in farm produce.

As the war raged on, there was an increasing shortage of help in the hospital. The war effort claimed more and more of the able-bodied. Medical supplies were scarce and methods of disinfection were limited and often ineffective. Unhygienic conditions both in the hospital and community created additional problems because of relaxed regulations for inspection and sanitation. Impetigo, scabies, pediculosis, ringworm, etc. rarely seen formerly had now to be dealt with frequently in conjunction with patients' critical illnesses. There was a rapid increase in the number of patients for admission, and little time or help to disinfect units after patient discharges. The number of local, dedicated volunteers who so willingly helped at whatever jobs they could do, were indispensable to the work load.

...

Doctor R.J. Young opened his medical practice in the city in 1933 and he relates his impressions and some of his experiences.

(The taped interview is in the School of Nursing Archives.)

" There were 28-30 family physicians in city practice and no specialists. Methods of treatment were antiquated and hospital equipment sparse. Anaesthetics were limited to chloroform and ether until gas machines came on the market. There was no medication to combat infections. No coagulants were yet available. Phlebitis a frequent complication ... home deliveries common practice ... we carried out our medical responsibilities as best we could in these times and circumstances. Hospital staff for the most part were the Sisters, student nurses, very few lay graduates and little domestic help ... great credit is due to the individuals who handled almost insurmountable tasks during these tough times.

...

Communicable diseases were being brought under control with the scientific discoveries in bacteriology as well as immunology and administration of vaccines and antitoxins. Sporadic cases of Diphtheria, Scarlet Fever and Polio occurred in the city... However there was a diphtheria epidemic in 1933 and the local isolation hospital was filled with patients ...

Fractures were treated with splints and taping and subsequently many patients died from pneumonia. Treatment for heart conditions was limited mostly to oxygen and morphine. Severe cases died from cardiac arrest. There was no city ambulance at this time ... There was no emergency room in the hospital for some years, accidents were mostly industrial and farm type ... few cars ... drugs were not available. ...

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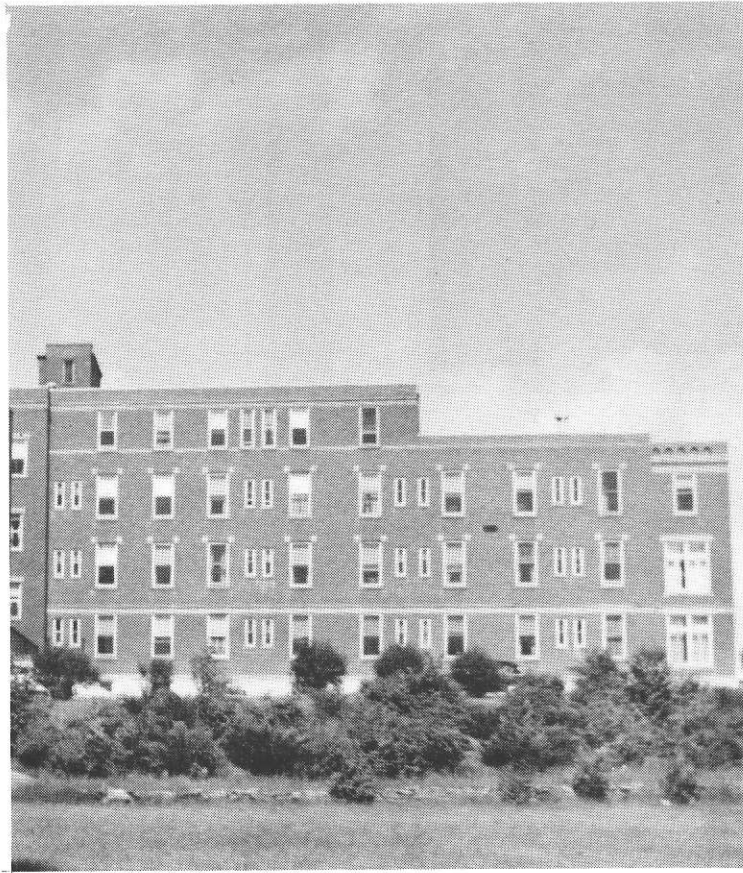
The Toronto Star (February 28, 1938) reported: Sulfanilamide first used in St. Joseph's Hospital to treat a case of streptococcal pneumonia. ...

"I (Dr. Young) recall this patient whom I treated with massive doses of sulfa intravenously and I employed special nurses around the clock. She was so critically ill ... and she recovered. Without the drug, I doubt if she would have survived."

There was gradual increase in the use of X-ray and laboratory technology for diagnostic purposes.

The discovery of insulin by Banting and Best in 1921 revolutionized the treatment of Diabetes. Also, in 1926 liver extract by injection became available making a dramatic improvement in the quality of life for patients with pernicious anemia.

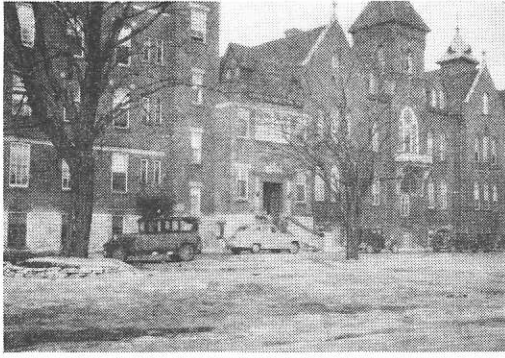
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St. Joseph's Hospital - 1922 Wing



**1890 and 1922 Wing Viewed from Armour Road
Ca 1965**



1922 Wing
L-R Main entrance; Information desk
Operating Room; Public Ward

Section III

1940s

Before launching into the third phase of our story, the reader may wish to reflect briefly on a picture of St. Joseph's Hospital fifty years ago. Regardless, it was the foundation for the rapid growth and development which has taken place during the second half of our century. More than anything else, it has been the result of unparalleled advances in medical science and technology over this period.

Much medical knowledge and experience was gained in the treatment of casualties during World War II. Antibiotics and chemotherapy, and increasing varieties of pharmaceutical substances were fast becoming available in Canada and with this, a new understanding of their uses and dangers from side effects.

The population of Peterborough was doubling. There was a marked increase in the number of medical practitioners and specialists setting up practice here. With the development of drugs effective against pneumonia and bacterial infections and the emergence of more and better diagnostic tools, there was a corresponding need for hospital care. The increase in services offered also helped to bring about a change in perception of the public's attitude towards hospitalization.

Four first full-time certified anaesthetists to set up practice in the city in the mid-forties taped some of their early hospital experiences.

"Ether and chloroform were the substances in use here for general anaesthetics. Pentothol Sodium was introduced but little was yet known of its hazards. ... There was no recovery room, no intensive care unit, no wall suction except in the operating rooms, oxygen was administered from tanks and there was little monitoring equipment.

Curare and cyclopropane then became available. New drugs along with a better understanding of the value of combinations contributed much to the safety and comfort for the patient. ... Many people had long refused surgery because of their fear of the anaesthetic ... Intravenous solutions had been mostly limited to glucose and saline and administered through rubber tubing which could withstand frequent sterilization no disposable syringes, needles, etc.

The surgery was described as either a minor or major procedure. The anaesthetist's fee was \$5.00 for minor and \$10.00 for major, regardless of the length of time of surgery or the critical state of patient's condition ... While using cyclopropane, a serious accident which could have resulted in tragedy, occurred, they recalled, when the tank blew up in the operating room. "Not infrequently would a nurse have to resuscitate a patient who was returned, unconscious to an eight-bed ward."

...

A central supply room was begun in the 1930's in room #36 on the second floor. However, supplies and equipment were very limited. Needles and syringes were sterilized by boiling; ready-made and sterile dressings were unheard of. The use of the autoclave and water sterilizer and any emergency equipment had to be negotiated within the demands of the operating room schedule.

A recovery room for anaesthetized patients was urgently needed. A room on the operating room floor in use for casts, was designated for a temporary post-anaesthetic room and it could accommodate three or four patients on stretchers. This area was set up with what monitoring equipment was available: suction machine, and oxygen in tanks, intravenous solutions and medications.

Newer drugs were becoming available, also disposable syringes, needles, intravenous equipment and the gas machine.

A registered nurse was assigned to the area until the patients' conditions were stabilized.

This limited accommodation for the vital service of a recovery room served a rapidly growing need until more and better space could be provided.

Nursing aides, orderlies, ward secretaries and housekeeping staff, all trained on the job were gradually being employed. Now a new demand was created for additional hospital workers with basic training, who could assist in the increasingly sophisticated medical and surgical treatment of illness.

More extensive and costly treatments were being introduced; higher standards of accommodation and better prepared staff were in demand, all of which contributed to higher operating costs for the hospital.

The hospital had been listed as a Charitable Institution in 1894 and was owned by the Episcopal Corporation of the Peterborough diocese. It was classified as a public general hospital of the province and qualified to receive provincial and municipal grants. It is true that government and municipalities gave subsidies but this formed only a small portion of the total revenue required.

The Sisters had recently been notified that the late Senator Frank O'Connor had bequeathed \$100,000. from his estate to be used for building purposes. It was on March 19, 1944 that Bishop J.R. MacDonald (1943-1945), transferred the Deed of Ownership of St. Joseph's Hospital to the Sisters of St. Joseph.

Existing hospital buildings across the province had to be expanded or replaced. The growing need for construction capital led to Ontario's introduction of Capital Grants for Hospitals in 1948. There was no hospital insurance coverage. The pre-paid hospital insurance plan was not introduced for another ten years.

A Community Nursing Registry for private duty nursing was opened in the city in October 1948. This system replaced that of each hospital trying to operate its own registry.

The Hospital Auxiliary held its inaugural meeting on January 26, 1946 at which Mrs. Frank Lynch was elected its first president. Its general aim was to assist the hospital through volunteer services. Its initial work consisted of sewing and mending hospital linens and making surgical dressings.

It was obvious that the time had come to expand and renovate. There was an urgent need for additional patient accommodation and more space for growth, and new departments and services. The hospital was fast becoming a larger, more complicated and technical operation.

The records show a continuous succession of additions, renovations, demolitions and relocations of departments and services, in an effort to keep pace at the local level with advances in medicine and to provide the people of the city and area with the best services possible within the constraints of budget and human resources and expertise.

Building and Renovation Program

Sister Priscilla, administrator (1947-1953) gave the necessary leadership for an extensive building program to get underway. It would consist of four units; Nurses' Residence and School of Nursing; a modern Power Plant and Laundry with a connecting tunnel, and the fourth phase, a new wing to the hospital which would provide seventy-five additional beds and expanded and new services.

Nurses Residence and School of Nursing

The eighty-four bed residence and school of nursing, a fire-proof building, was designed by Architect E.J. Turcotte of Montreal and the general contract was handled by the Piggott Construction Company of Hamilton.

May 3, 1946 Bishop G. Berry (1945-1953) turned the sod north of the hospital on the property which had been purchased about forty years earlier from the estate of Mrs. Wall.

The cornerstone of the structure was laid October 27, 1946 and the building was completed in the fall of 1947 at a cost of \$240,000. It provided bedroom accommodation for 64 students, auditorium, lounges and reception rooms. Twenty additional bedrooms would be finished at a later date.

The residence and school of nursing was formally opened on December 8, 1947. The ceremonies of the day began with the celebration of Mass by Bishop Berry in the beautiful auditorium with Sisters, nurses and friends present. The Sisters' choir from nearby Mount St. Joseph provided music and singing.

Bishop Berry in his address to the assembly paid tribute to those pioneer Sisters who fifty years earlier had established the first hospital on this hill. Their courage and patience in the face of great difficulty helped to make possible this beautiful school and residence.

Cardinal McGuigan of Toronto presided at the public gathering held at 4:00 p.m. The platform guests representing Church and Government officials addressed a capacity audience.

The Ladies Hospital Auxiliary hosted the reception and tea. Conducted tours followed.

Power Plant and Laundry

The new Power Plant with a heating system would serve the entire building complex and the new laundry facility erected on the south side. A tunnel connected with residence and hospital and all was completed and in operation for the opening. The cost was \$190,000.

...

Pediatrics

As soon as the residence and school of nursing were ready for use, some space became available in the C wing, main floor. The Children's Ward on Women's Medical was transferred to the classroom area.

Emergency

There was now a pressing need to find space for emergency service so the Sisters relinquished their community room which had an entrance from Armour Road. There was no sink or running water in the room. At first, it was serviced on a part-time basis and by the operating room staff.

The first nurse, (Irene Boucher) describes one of her memorable experiences. Two distraught mothers rushed in carrying two toddlers who had drunk "diaper wash". Emetics were promptly administered to both children lying on the same stretcher. Response was almost spontaneous. The mothers helped as they could while the nurse dashed across the hall many times to empty basins in the hopper. The family physician arrived on the scene to find the infants ready for discharge and the mothers more aware of what might happen on wash day.

...

A Nursing supervisor, (Sister Mary Agnes) relates the following memoir:
A man walked in the Armour Road entrance about 1 o'clock in the morning. His car had been side-swiped by a train at the crossing near Maria Street and he didn't appear to be in pain. On examination we found his arm hanging in his coat sleeve and almost completely severed. He was of course in a state of shock. He lost his arm but otherwise made a good recovery.

...

The governing and management board of Sisters then formed a Hospital Advisory Board for counsel on business matters. Initially, this board was comprised of men, representative of the community served by the hospital. They were appointed for three-year terms.

Some excerpts from minutes of meetings of the Advisory Board with the Sisters may be of interest to the reader.

1945 - A letter from Doctor Vivian, Minister of Health for Ontario, granting permission to build an addition to the hospital.

1946 - A delegation from the hospital board met with the County clerk to request a grant from the County toward the 1945 deficit.

1947 - A certified copy of By-Law Number 4568 passed by the City of Peterborough to authorize payment of Grants to the Sisters of St. Joseph of the Diocese of Peterborough.

1947 - The organization of the Advisory Board to include the following committees: Nominating, Finance and Property.

1947 - A letter from S.A. Holding, Ontario Department of Health promising that the local hospitals would do chest clinic work presently being done by a travelling clinic. The proposed payment to each hospital was \$2.50 per film. This would include film, negative preservative, developer and fixer, depreciation on equipment, tube and valve replacement and mailing to Toronto. The Board accepted this proposal.

...

X-Ray Department

(Sister Lucille Cavanagh recalls some early memories).

This service had begun in a room on the fourth floor of the 1890-C wing in 1913 and was moved to two rooms on the fourth floor of the 1922 A wing. It now was transferred to the main floor of C wing where it had some additional space: a radiography room, a dark room and office for the acting radiologist, and a room to begin a physiotherapy service.

In the mid-forties approval was received to open a School for students in X-Ray Technology. Sister Adeltrude was its first director.

The school was discontinued in 1985 when a Community College in Toronto took over the program. About eighty students had graduated from our school.

LAUNDRY AND LINEN SERVICE

(Hugo Van Hof)

A new laundry was built in 1947 to serve about 140 beds. The service was re-organized to function as a department.

The main equipment at that time consisted of two washers, two tumblers, two extractors, one four-roll ironer and two press units for uniforms. All equipment was made by the Canadian Laundry Machinery of Toronto.

From 1947 to 1963, the linen to be washed increased from 300,000 pounds to 700,000 pounds per year. This was due to the increasing volume of patient services, also staff uniforms, and student uniforms which included starched bibs and aprons as well. This required the purchase of an extra press unit in 1952.

With the opening of Marycrest Home for the Aged in 1959, a separate laundry unit was put in place. Previously, the House of Providence had used the hospital's laundry machinery.

When the D wing was put into service in 1963, the amount of linen to be washed increased to almost 1,500,000 pounds per year. To take care of this additional volume, a new 400 pound automatic washer-extractor and water-softener were installed in 1964, a new 100 pound tumbler was purchased in 1965 and a new automatic folder in 1966. Because of the modern equipment used, there was only a minimum increase of staff required. Also, the old method of mending surgical linen on sewing machines had to be discarded because of resulting pin holes and a patching machine was purchased in 1964.

In 1968 to economize on handling time, surgical bundles used in operating rooms, labor and delivery rooms, and central supply services were made up in the laundry. At this time also, linen quotas for patient and service areas were delivered by requisition.

All in all, it was a well run laundry and linen service, with modern equipment and efficiency producing clean white linen at one of the lowest costs per pound in Ontario.

The cost of laundry, which included uniforms, and surgical packaging was six cents per pound in 1971.

In 1970 the Peterborough Civic and Lindsay Ross Memorial hospitals were expanding and required new laundries. So the idea was born to build a new centralized laundry to serve the three hospitals and move into the future needs.

St. Joseph's Hospital hesitated because of its new equipment and money which had been invested in its laundry facility. However, with the pressure from the Ministry agreement was reached and the new central laundry, the Kawartha Linen Service, was opened in 1972.

Hugo Van Hof was its first general manager 1972 to 1986.

The space is now used by the Purchasing Department and stock room.

...



Central Supply Room

1950s

The fourth phase of the building program began with the turning of the sod October 4, 1948 for the 1950 wing. E.J. Turcotte of Montreal, the architect, and Piggott Construction Company of Hamilton continued the project.

Nostalgia was evident as the huge machinery was moved in and mowed down the beautiful trees in front of the hospital and along the driveway, making way for the seventy-five bed wing and expanded services. The cost was \$500,000.

The cornerstone was blessed and put in place by Bishop Gerald Berry, May 11, 1949. The completed building was officially opened May 3, 1950 by Honourable Leslie Frost.

In his remarks, the Premier congratulated the Sisters on their achievements, on this the sixtieth anniversary since the hospital's simple beginnings in 1890 with twenty-five beds.

"You have been faithful to a vision calculated to bring great good to the local community and to the Province."

He reminded the assembly that the Province had initiated a system of grants to hospitals for construction and maintenance. In addition, "this hospital would qualify for the special grants which were being made in 1950 to each hospital in the Province."

This fact was re-iterated by His Worship, Mayor Max J. Swanston, to overcome contention voiced by a delegation of local citizens who were objecting to financial assistance to St. Joseph's Hospital on the grounds that it was not a public general hospital. Subsequently, the 1950 municipal budget included a grant of \$10,650. to the hospital.

Following the ribbon-cutting ceremony, tours were conducted. Many of the guests joined in the celebration of the 1950 graduating exercises of the school of nursing being conducted that afternoon in the residence auditorium.

The new wing contained three floors for patients which increased the hospital's accommodation to 167 adult beds and 31 bassinets. Fluorescent lighting was installed in halls and service areas, and telephones in private and semi-private rooms.

The ground floor provided a new dietary food service and kitchen facility, space for administrative and business offices, switchboard, medical library and gift shoppe and a miniature chest X-Ray unit. The Provincial department of health had recently required all patients to have a chest X-Ray on admission to hospital.

The basement level provided space for a cafeteria and storage areas and machinery for the passenger elevator and dumb waiter.

...

In 1951 a renovation program was carried out, beginning on the fourth floor of the 1922 wing in order to extend the obstetrical service. This provided a new nursery, formula room and labor and delivery rooms.

Notable changes in obstetrical care were urgent. An epidemic of dysentery amongst the newborn had occurred in several hospitals throughout the Province. The Ontario Government was made aware that the care had to be updated and thus funds were provided to enable nurses to take a four-week extension course in Maternal and Infant care. Hospitals were also reimbursed for new equipment. By means of these grants the hospital acquired its first incubator, formula sterilizer and refrigerator and an oxygen analyzer.

Sister Loretta Fitzgerald, the obstetrical supervisor at the time, attended the course and she introduced new procedures and policies which were a breakthrough into the traditional methods.

Babies' formulae were now prepared in individual bottles for each feeding, sterilized in a formula sterilizer and then stored in a separate refrigerator. One nurse recalls an experience she had with the new method in the nursery. There were three sets of twins, all on three-hour feedings in addition to a record number of babies on four-hour feedings. (Breast feeding was not emphasized at the time).

The hospital began charging a daily fee of two dollars for the care of each baby, and discontinued a long-established practice of collecting a package of safety pins and baby powder.

The hospital record shows there were 1075 births in 1954.

The new centralized facility for meal trays and special diets was a sheer joy for nursing as it marked the demise of kitchens on each floor for serving food and washing dishes. Gone also were the linen napkins, tray covers and fancy dishes for patients' trays. These were replaced by paper goods and sturdy porcelain dishes which could withstand the dishwashing machine. Trays were now set up on a conveyor belt, the first of its kind in Peterborough and delivered on carts to the patient areas. Within two weeks meal trays and nourishment were being distributed from the central kitchen to all patients throughout the hospital. The menu system for patients was introduced in September 1952.

...

Dietary Transition

(The dietitian who supervised the implementing of this new service, recalls after forty years, some interesting details.)

From 1922-1950 food for patients and staff was prepared in the 1890 kitchen. Food for patients in private rooms or on special diets was prepared in a small kitchen in the basement and sent to the floors where nurses and aides served and delivered these. Each private room had a special set of dishes, (usually the gift of a grateful patient), linen tray covers embroidered or with hand-made lace borders. Service to the staff was in four separate dining areas.

On the ground floor of the 1950 wing, a modern Dietary Department was opened. Tray service on the assembly line system was begun in March 1950 on a thirty foot conveyor belt.

First Day of Operation

The first helper placed cutlery and patients' identification card on a paper tray cover. The second helper placed sugar, pepper and salt, serviette, cup and saucer. ... Here the woes began! - trying to find a matching plate and cereal bowl, as one served the cereal or main course - Panic! who could find matching dishes and serve the food before the next tray moved along the belt! The memory is of a 2-hour service, hungry patients and confused floor staff. By 3:30 p.m. the dishes had gone through the modern dishwasher, the trays were cleaned and ready for supper service.

By now, it was obvious that dishes with the same pattern must be released from storage. Surprises kept coming but the joys of having Food service centralized and a dish-washing machine in operation gave staffs of dietary and patient areas much cause to be grateful.

A year later the Cafeteria was opened on the ground floor to serve staff and visitors.

...

Plans for the replacement of the 1890 wing were being considered. However, demolition would cut off a number of services located here. Consultants' advice was sought and it was decided to delay the undertaking until after the "D" wing could be constructed. The proposed new building would connect with the 1950 wing.

The cafeteria facilities were finished and in operation January 1, 1952. During this year also the unfinished portion of the residence was completed and a passenger elevator installed. This work was done by the Eastwood Construction Company of Peterborough.

Re-location of departments and services continued as space became available. The hospital chapel was transferred temporarily to the residence lounge in August 1951. The radiology department now on the main floor of the 1922 wing, was extended into the space thus created.

The hospital chapel was restored to its present location from the Armour Road entrance after the demolition of the 1890 wing.

Space was now available in the basement area of the 1890 wing to centralize housekeeping services which up to this point were under the supervision of nursing. Sister Margaret Allen had completed a course in Hospital Housekeeping given at Michigan State University and in 1957 she was appointed the hospital's first executive housekeeper. She developed the department with her assistant, Marion O'Toole. Its main objective was to provide a clean, safe and efficient environment for patients, staff and visitors.

...

Progress was slow in planning renovations and the construction of another wing because of problems especially with financial management of these projects. Help was requested from the city and a grant of \$520,000 was given. However, in addition to the federal and provincial building grants, it was estimated that over one million dollars would still be required. The Hospital Auxiliary was already making substantial donations for special hospital equipment and services. A search was begun to obtain further support from clubs and organizations towards furnishings and equipment costs.

...

The By-Laws for the hospital's medical staff were in need of up-dating. This revision became necessary for the following reasons:

- the increased numbers of doctors including specialists,
- the development of departments with increasing number of committees and meetings,
- situations arising for which the existing By-laws did not apply,
- changes in the regulations of the Ontario Public Hospitals Act,
- recommendations of the Canadian Council on Hospital Accreditation,
- plans for the new wing which would increase bed capacity and need for additional services.

All of this required intense work on the part of committees. The format was based on the prototype of By-Laws sent out by the Department of Health for use in small and intermediate hospitals.

On March 22, 1956 the Constitutions, By-Laws and Rules of St. Joseph's General Hospital, Peterborough were approved by the Department of Health with an Order-in-Council.

On May 7, 1956, 'Full Accreditation' was again received by the hospital from the Canadian Council on Hospital Accreditation. This recognition of the hospital's high standard of service resulted from the survey conducted by Dr. K. Hollis for the Joint Commission for Accreditation in Chicago, who gave the appraisal and approval.

Our schools for X-Ray technology and Medical Laboratory Technology were also fully approved.

About this time also, Mr. Dearlove from the Department of Health, Toronto made an inspection. He recommended the installation of auxiliary power in the hospital, and grounding precautions in the operating room area. He also advised against the use of the 1890 wing for patients. Its use was discontinued in 1958.

...

1956 was also a memorable year for the school of nursing when it celebrated its golden anniversary on May 30th. Among those present were three of the seven members of the original class who began their training in 1906. They shared special memories with the 1956 class of twenty-four graduates. Laura O'Brien, class of 1917, nursing in Edmonton made the formal presentation of the Nurses' Alumni gift to the school, that of a beautiful grandfather clock.

...

Meanwhile another application was made for approval of additional active treatment beds. This request resulted in the approval by the Hospital Commission for 122 beds and the various services requested. It was also noted that an increase of financial assistance from the Federal and Provincial governments was being made available in January 1958.

At the 1958 annual meeting, Bishop B. Webster announced the appointment of a full-time chaplain, Reverend V. Gillogly to serve the spiritual needs of the hospital. At this meeting, also a film was shown on the new Ontario pre-paid health insurance plan, The Ontario Hospital Services Commission to become effective January 1, 1959.

Sister Loyola who was in charge of the hospital business office and accounting department at this time, recalls some of the immediate problems in trying to shift to the required new system.

"The staff had no experience and little direction in coping with the massive report forms and detailed paper work. A trial budget had already been submitted.

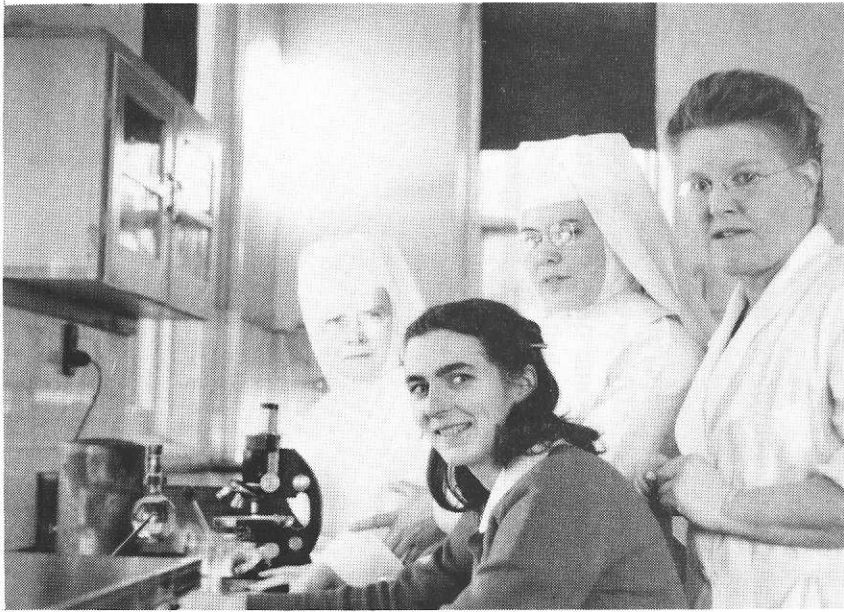
The clinical records for all patients who would be in hospital at midnight, were sent to the office. All of these had to be checked for charges being submitted. These would include all medications, dressings, surgical procedures, special treatments etc., and the financial statement to be closed as of December 31st, 1958. There was no reference as yet for reimbursement of unpaid accounts."

The impact of this rapid and far-reaching change would not be apparent for some time.

...



St. Joseph's Hospital - 1950 Wing



**L-R Clinical Laboratory; Blood Donor Clinic Staff;
Sisters on hospital lawn (1950's)**

1960s

Early in 1961, the Ontario Hospital Services Commission gave approval to proceed with the expansion plans which had been submitted the previous year. The architect, E.J. Turcotte of Montreal had prepared the drawings for a new wing, renovations to the 1922 and 1950 wings and the demolition of the 1890 building.

The contract was let to the lowest bidder, the Anglin-Norcross Construction Company, Toronto. The sod was turned April 5, 1961 and work commenced the following day on the 1964 wing.

The cornerstone was blessed and put in place by Bishop B.I. Webster on January 20, 1962. Attending this gathering was John J. McCabe who had also been present at the laying of the first cornerstone (in 1888) for St. Joseph's Hospital.

Meanwhile work was progressing in the boiler room. New boilers were installed for the use of oil instead of coal. An expansion to the kitchen was also made to provide new refrigeration, larger dishwashing and vegetable preparation areas and increased storage spaces.

It was noted that 95% of the men working on the construction were from Peterborough and surrounding areas.

By December, medical and surgical floors of the new wing were ready for use and the first patient was admitted January 1, 1963. By March all patient areas and services were in full operation and renovations on the A and B wings had commenced.

A nurse recalls an experience she enjoyed as a student involved in the transfer of patients from 3C.

"The team spirit was evident, staff of different departments sharing and mixing hopes, laughter and enthusiasm - no U-HAUL service could match our efficiency. It was likened to a move from some quaint little, rural home to the bright lights of the city ... Like all transitions from old to new, adjustments had to be made. The challenge resulted in improved services. In retrospect, I am grateful that I was part of the team experience ... better facilities, improved patient care and higher staff morale."

Another nurse recalls working on the night shift during transition,

"the fire alarm on the new wing rang fiercely and steadily, about 1.30 a.m. The city's fire trucks would arrive promptly and after the entire area was checked, it was then considered a false alarm. This incident was repeated on four consecutive nights after which the problem was resolved."

...

This year continued to be particularly difficult as work of the hospital had to be carried on while departments were being moved and re-organized.

An administrative change was made in the nursing department to separate the dual responsibilities of the director of nursing. Thus, in 1963 one director was appointed to provide staff for the nursing care of patients, and one to direct the school of nursing.

Of interest to note, was that the first Cancer Clinic in Peterborough was opened in 1961. Space for this service was made available on the ground floor of the nurses' residence. Doctors Beal and Ryder from the Princess Margaret Hospital, Toronto conducted clinics here twice monthly.

An Employee Health Service was initiated April 15, 1963.

The first union contract with the Canadian Union of Public Employees was signed, June 30, 1963.

The first full-scale exercise of the Emergency Measures Organization of Peterborough was carried out this year. A further safety feature introduced into the hospital was a stand-by generator. In the event of a power failure, this generator could be put into service and supply power throughout the entire hospital.

...

A new parking lot for medical staff and visitors was completed by September. It provided accommodation for 125 cars. In addition, agreement was reached with the pastor at the Immaculate Conception Church nearby, for the use of its parking areas when no parish services were being held. Parking space was extended again on the site after the demolition of the House of Providence Home for the Aged. This building had been erected on hospital property in 1900.

In the first published report of 1963 activities, the administrator noted that after five years of planning and two years of actual construction, the new wing was fully functional.

This wing provided 113 additional beds, new departments for X-Ray, Medical Laboratory, Emergency, Physiotherapy, Pharmacy, Central Supply, Medical library, administration, conference room, admitting and gift shoppe. The surgical suite on the fifth floor contained operating rooms, major and minor, cystoscopic rooms and a twelve-bed recovery room, the fourth floor was the maternity section.

The formal opening took place May 12, 1964, Doctor M.B. Dymond, Minister of Health officiated and addressed a large gathering of officials, staff and citizens. Conducted tours followed of the entire facility which included the renovated 1922 and 1950 wings as well as the 1964 wing.

After the 1890 wing was closed to patient care, the final bed complement stood at 224 adult and children beds and 39 bassinets.

Also reported at this time was the dramatic increase in the year's payroll; \$1,366,000 with 368 full time and 68 part-time staff. It was pointed out that the hospital plays a significant part in the economic well-being of Peterborough.

In September 1964 the program of the School of X-Ray Technology of both city hospitals was amalgamated.

...

It was now becoming evident that a special area was needed for intensive care of the critically and seriously ill patients.

By 1965 a four bed ward on 3B was made available. Special equipment was installed and the first Intensive Care Unit was made functional at a cost of \$6,000.

The revised Constitutions, By-Laws and Rules of St. Joseph's General Hospital were approved by Order in Council by His Honour, the Lieutenant-Governor of Ontario on January 28, 1965.

The administrator recorded special thanks to Dr. R.S. Chenoweth and his By-Law committee for the many hours required to complete this project. The Medical Staff's approval of the document was reported at the Board's meeting, April 6, 1965.

During October an accreditation survey was conducted and again we received recognition as a fully accredited hospital by the Canadian Council on Hospital Accreditation.

The administrator expressed special thanks to the Board members, Medical Staff, hospital personnel and all others who had contributed so much to our meriting this approval.

Regional planning was now receiving considerable attention in both Peterborough hospitals. Its purpose was to consolidate efforts and to effect more economic operations by avoiding, where possible, the duplication of services and expensive equipment.

...

75 Years of Service

On December 8, 1965, St. Joseph's Hospital celebrated its diamond jubilee of service to the sick and needy who came to its doors since its humble beginnings in 1890.

Of special significance on this occasion was the rededication of the hospital chapel which had been transferred to the Nurses' residence during the construction and re-construction period. The large room on the main floor of the C wing had been renovated and converted into a suitable location for the chapel.

The ceiling was lowered and fluorescent lighting installed. The floor was carpeted in blue and the window drapes and reredos were of beautiful gold fabric. A new altar was built by the maintenance staff and the Stations of the Cross were refurbished.

Mass of thanksgiving was offered by Bishop B.I. Webster assisted by Reverend John Vanston, Chaplain. The Sisters' choir from Mount St. Joseph assisted with the liturgy.

The Ladies' Auxiliary convened the public reception and tea to mark the occasion. The guests signed the register used at the 1890 official opening. Scrap books, albums, and press clippings on the early years were on display. The bone handled silver trowel used in laying the 1888 cornerstone was also in view.

A float prepared by the Hospital Auxiliary staff and on the theme of the Good Samaritan was entered in the city's Santa Claus parade of the year and was awarded the trophy. The staff also issued a special anniversary bulletin.

...

Early in 1966 special meetings of the Advisory and Governing Boards were held to consider a re-construction of these boards in order to facilitate conforming with the provisions of the Public Hospitals Act. It had also been suggested in the most recent Accreditation report "that the format and responsibilities of these boards be reviewed." In the draft for the composition of a new board, one quoteworthy item appeared;

"Perhaps some women could be appointed ... 'men' should be changed to read 'persons' in the Constitution" ...

At the annual meeting, the recommendations of the committee were accepted. The new board was named Board of Directors. Its composition would bring the community at large into much closer contact with the hospital. The Constitution and By-Laws outlined responsibilities and terms of office of the members.

The Board of Directors would be the policy-making body and the highest authority in the organization of the hospital. The board would be responsible to the General Council of the Sisters of St. Joseph, the owners of the hospital.

The first meeting of the newly formed Board of Directors took place April 20, 1966 with Mr. W.F. McMullen its first chairman.

The director of the school of nursing was then authorized to set up a separate board for the school. It would be responsible for the school's operation and the director would be accountable to this board and not to the hospital's board of directors.

In April a formal request was made to the College of Nurses of Ontario to change the traditional three year nursing program into one of two years in length with or without a third year of experience in hospital nursing service.

The approval was received June 29, 1966. Thus, the students enrolled in the school in September 1966 were admitted to the new program.

This program was designed to offer two years of nursing education free of obligation to provide nursing service. It would be followed by an internship year during which time the students would receive a salary established by the O.H.S.C. This third year was a requirement at the time because of the provincial government's fiscal policy involving all post-secondary education. The 1968 class was the last to graduate from the traditional three year program.

National Centennial 1967

To commemorate this significant national event, the staff decided on an illuminated fountain and set a goal of \$1,500 to help finance the project.

Each department raised money through raffles, bake sales, entertainments, contests, etc. and a total of \$2,500. was realized. The maintenance department constructed the illuminated fountain and centered it in a flower garden. The Auxiliary complemented the ornamental garden by providing additional funds for shrubbery in the front lawn.

The official ceremony of activating the fountain took place on National Hospital Day May 12th. The gift was formally accepted by the Board chairman on behalf of the hospital.

A Centennial Bulletin was compiled by the Admitting department of materials submitted by individual services. Excerpts from a few of these follow here.

"It is the feeling of being an essential part of the whole hospital team, we believe, is what contributes most towards personal satisfaction, quality care and a well run institution" ...

"In retrospect, the most significant change was the introduction of the Provincial Hospital Insurance Plan in January 1959. This piece of legislation covering 95% of our population did much to change the basic administration of all hospitals across Ontario" ...

"Our department besides dispensing medicines and drug information has duties involving business administration, purchasing, stock control and general distribution of information on new developments in medical treatment" ...

"From the rudimentary laboratory service initiated in 1913 in a corner room on the top floor of 1890 building a nine room unit has evolved. The work load shows a five-fold increase in the past ten year period" ...

"Our modern X-Ray department was opened in March 1963. With the specialists in vascular surgery setting up practice here, we have been involved in additional procedures for their specialty. Two Image Amplifiers recently acquired reduce radiation dosage of the patient and has provided added protection to radiologists during fluoroscopic examinations." ...

"The workload in the admitting department has been steadily increasing. Pre-admitting for elective bookings includes business transaction for advanced payment on preferred accommodation. O.H.S.C. forms and information for patients' records are supplied to all departments involved. A daily report of accidents is given to the press and radio. Business office, accounting and switchboard services make an essential contribution to an effective operation of the hospital" ...

"In the century since Confederation, nursing has moved from intuitive care and a simple trust in Mother Nature into a highly complex organization within a modern hospital. In the symbol of Expo '67 and its caption !Man and his World! we see nursing as one small motif making its contribution to the whole." ...

The school of nursing choir also participated in a number of the city's celebrations. Noteworthy was its presentation of an 'Old Fashioned Christmas' which was televised at Christmas 1967.

The Hospital Auxiliary sponsored an historical float which was entered into the city's Santa Claus parade.

The hospital also participated in the Ontario Hospital Services Commission Centennial Project. Its purpose was to assist hospitals in the West Indies which were in dire need of supplies and equipment. Our contributions were picked up by transport. The federal government supplied a Royal Canadian Ship to transport these items to the West Indies.

...

Another event of historical significance was the signing of the first collective agreement with the Nurses Association of St. Joseph's Hospital on May 12, 1967. This was the first union of nurses in Ontario and the Association was certified by the Ontario Labor Relations Board.

The hospital's first personnel director, Mr.J.D.Johnston was appointed on August 23, 1967. A department was then established under his direction.

A department of Social Service was also introduced in August in co-operation with the Family Counselling Service. The service began on a one-day per week basis and was under the direction of Mrs. Mary Parthun.

During the summer months, the fifth floor of the 1922 wing was renovated and converted into office space for nursing administration, Personnel, Employee Health, Social Service, Hospital Auxiliary and two much needed conference rooms.

The proposal for a Regional Laundry Service was further discussed at the November meeting of the Board of Directors. From a straight economic viewpoint it was noted,

- 1 that we have \$80,000 worth of new equipment which would have to be disposed of,
- 2 that our laundry's operating cost is well below the district average,
- 3 that we are able to maintain a high quality of linen for patients.

A new twenty-four hour patrol guard was inaugurated January 3, 1968. The duties of this security guard force included regular hospital rounds, checking on fire and safety hazards, controlling and supervising the hospital's parking lots and being on the look-out for unauthorized persons.

. . .

A new system for Admission and Discharge Hours was put into effect in both city hospitals, May 12, 1968. Under this method, patients for admission would present themselves by 3:30 p.m. while those having been discharged would leave by 11:00 a.m.

An In-Service Educational Program was also jointly established. It consisted of a series of lectures given by a number of the medical staff in specialties.

Six Peterborough doctors were awarded the first life membership in Peterborough County Medical Society. This was in special recognition of their contributions to medical care in this community. They were Doctors Dobson, Fitzpatrick, C.Scott, G.R.Scott, S.Walsh and H.Young. They were all held in high esteem at the hospital for their devoted service to patients. (see Peterborough Examiner May 30, 1968).

A Home Nursing Program was developed jointly in May 1968 and was put under the direction of the Victorian Order of Nurses. The Canadian Red Cross Society had already assumed responsibility of training personnel in the Homemaker Service.

It was anticipated that these services should also relieve to some degree the in-hospital beds.

A single ambulance service, financed by the O.H.S.C. was also initiated in Peterborough in the sixties.

. . .

Doctor J.C. Baldwin on Hospital Planning Council, O.H.S.C. had urged local hospitals to formally constitute a Community Planning Council and broaden it to the district level. He stated at this time that local projects would be considered only after the recommendation had been given by the Planning Council.

The Peterborough Hospitals' Council was officially constituted at a meeting of the executives of both hospitals held September 17, 1968. The Board of Directors gave its approval in principle to its establishment. This Council was a requirement of the O.H.S.C. It was designed to oversee the correlation of the respective services of both hospitals and guide their growth. It would later be given a regional role.

The Ontario Hospital Services Commission had approved in principle last year, our proposal for a new Intensive Care Unit and additional medical and surgical beds. However after two years planning and two sets of architect's drawings, approval to proceed was delayed because of lack of funds.

Fortunately by September 1969 financial restrictions imposed by the federal and provincial governments had been relaxed and approval was given to proceed with the project. The contract was signed October 23, 1969 and completion date established as of 1970.

A consultant on the Fire and Safety Inspection Branch, O.H.S.C. had also recommended the demolition of the 1890 building.

...



Nurses Residence Opened 1947

Demolition of the Original Hospital

As soon as approval was received from the O.H.S.C., plans proceeded to level the 1890 structure and the 1908 extension except for the section recently renovated for the hospital chapel and office space at the Armour Road entrance. Because of its age, this fine old building had become a housekeeping and maintenance problem and indeed a fire hazard. For many years it had been a landmark in that section of Peterborough known as Ashburnham.

The patients' area and the services in the "C" wing had already been transferred to the 1964 wing and the renovated 1922 and 1950 wings. A number of the Sisters who were occupying rooms on the fourth floor, gradually moved to the third floor of the nurses' residence. (It might be recalled by some readers that an Isolation Ward at one time had also been located on 4C and had been in use until the Queen Mary Isolation Hospital was built).

Demolition was scheduled for completion in July. A sale of some furnishings brought forth many dealers, antique seekers and memorabilia collectors.

One Sister recalls with nostalgia, her experience of living with thirty Sisters on 4C,

"the happy times we had together. The caring and sharing leaves only pleasant memories. Many of these Sisters have left us already to go to the Father."

Another Sister recalls moving into luxury living in the fire-proof building of the nurses' residence. Moreover,

"implementing some recommendations of Vatican II on Religious Life, such as changing our religious name to our baptismal and family name, and modernizing our traditional religious habit, was rather upsetting to our accustomed life stance."

The wreckers promised to take extreme care by the gradual removal of the upper structure of the building. However, a hidden coil on the third floor crashed through the floor, causing a large hole in the chapel ceiling. Moreover, it had rained for three days and despite plastic coverings, the carpet and some furnishings were ruined. Of course, all of this meant more renovations and the replacement of drapery and carpet in the chapel. The cost of demolition was \$10,500.

By mid-July 1969 the original St. Joseph's Hospital had disappeared into history.

By the end of the year, Sister Marie Paul, hospital administrator for the past eleven years, resigned due to illness. Sister was presented with the Award of Merit from the City of Peterborough for her outstanding contribution to its community.

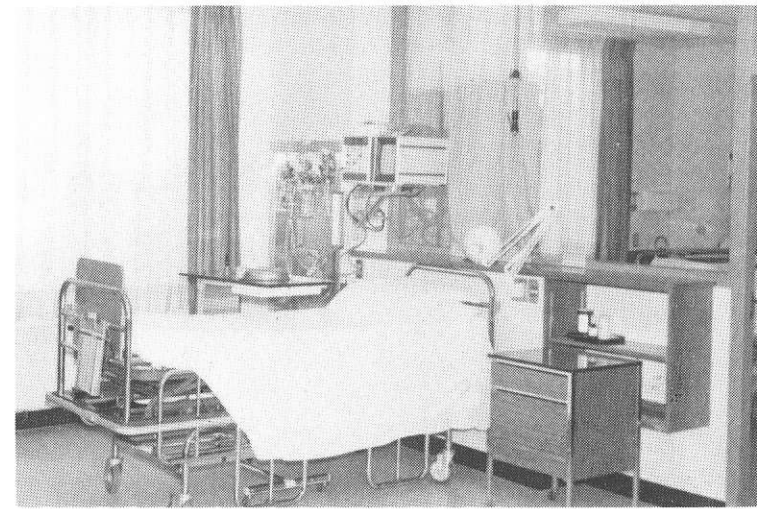
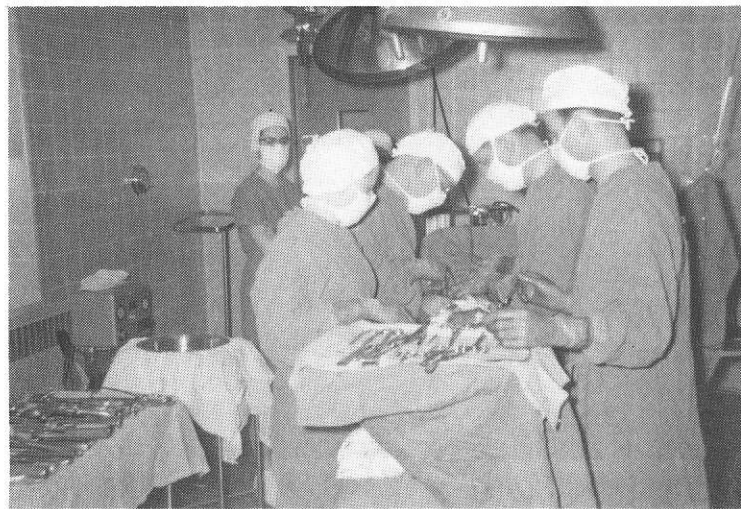
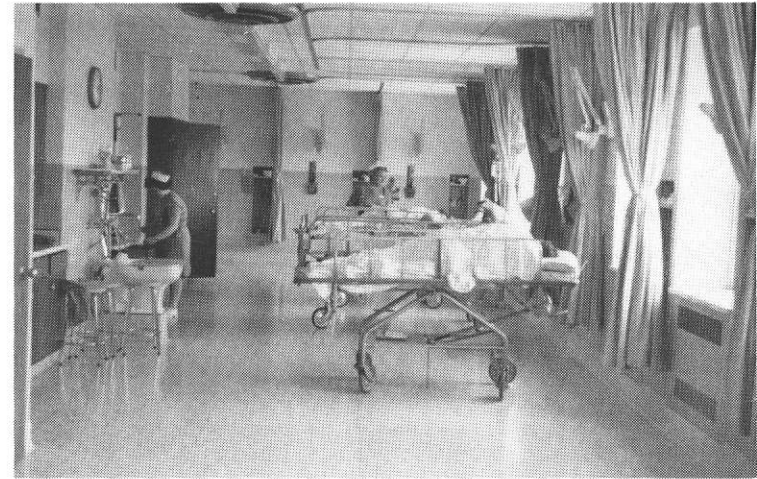
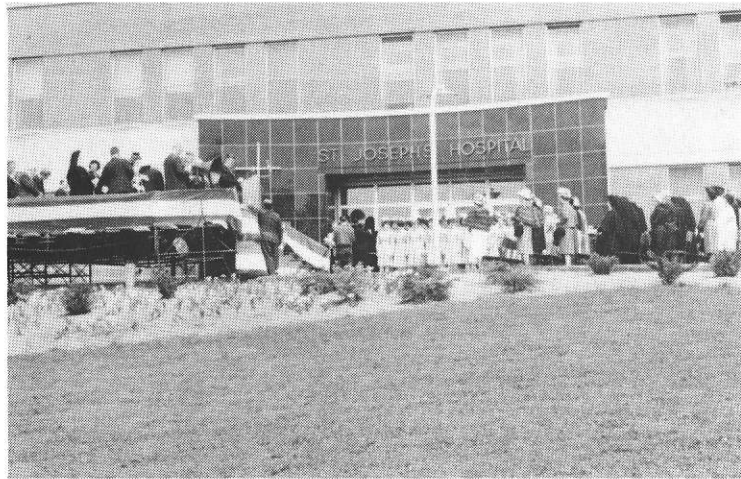
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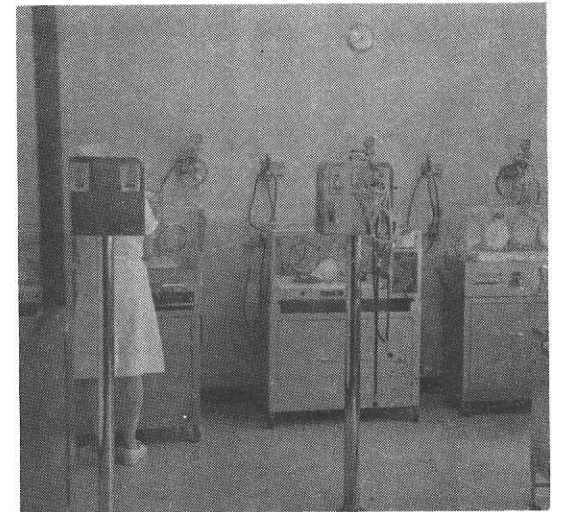
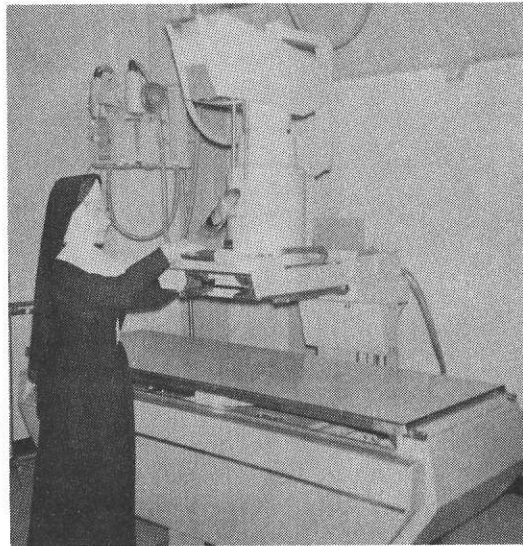
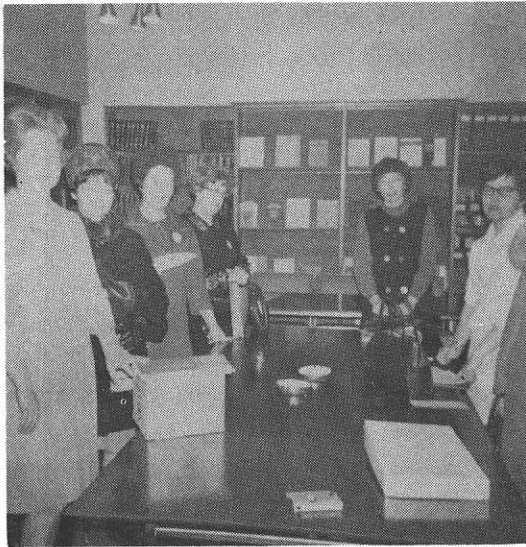
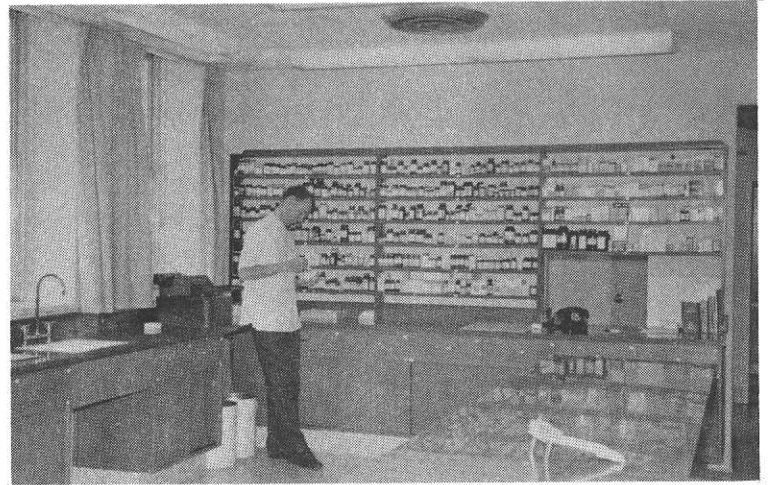
Board of Trustees - 1960's



St. Joseph's Hospital - 1964 Wing



1964 Wing
L-R Official opening; Recovery Room;
Operating Room; Intensive Care Unit



**L-R Staff-Medical Records; Pharmacy;
Hospital Auxiliary; Radiology; Nursery
1960's**

The Staff of
St. Joseph's General Hospital

cordially invite you
to be present at
the presentation of their

CENTENNIAL FOUNTAIN AND GARDEN

on

NATIONAL HOSPITAL DAY

Friday, May 12th, 1967

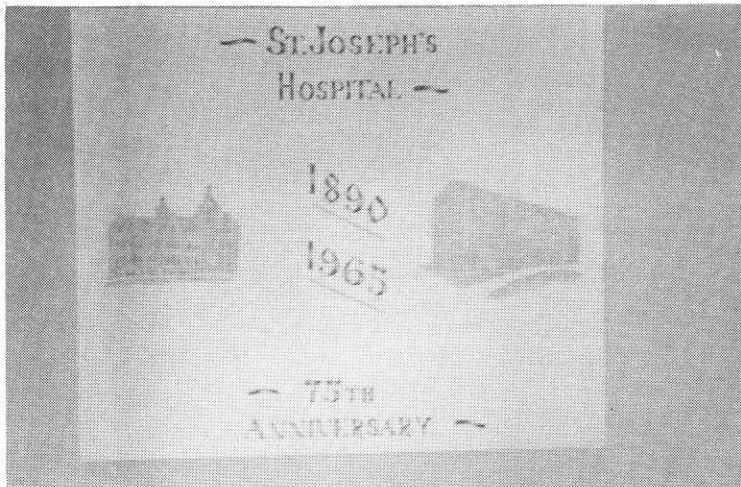
at 2:30 p.m.



1967 Centennial Quilt Project (\$550.00)



**Centennial Project - Hospital Staff
May 12, 1967**



**75th Anniversary Celebration (1965)
Hospital Chapel:Auxiliary Float-"The Good Samaritan"**

1970s

Mr. Leo B. Doiron was chosen and appointed the administrator of St. Joseph's General Hospital in January. In the hospital's eighty-year history, Mr. Doiron became the first lay person to assume this responsibility.

...

Rationalization of Services (Peterborough Hospitals)

In February 1970 Agnew-Peckham Hospital Consultants were asked to study the future roles of the Peterborough hospitals and district. The study was authorized by the Peterborough Hospital Council.

The report was accepted and approved by the Ontario Hospital Services Commission to proceed with the development of a Master plan and rationalization of services.

Emerging from discussions of consultant reports of studies carried out 1970-1974, the boards of both Peterborough hospitals settled on an acceptable plan for the division of services to be made available at each hospital. This arrangement was ratified by the Peterborough and District Hospital Planning Council which was the local voluntary health planning agency in place at this time.

The following is a summary of the general allocation of services.

- Obstetrics: would be centralized at Peterborough Civic Hospital and the vacated facilities at St. Joseph's General Hospital would be used for a centralized Orthopaedic Surgery Unit.
- Paediatrics: would be centralized at P.C.H. Ten beds would be retained at S.J.G.H. for children's elective surgery.
- Psychiatry: would remain centralized at P.C.H.
- General Medicine and General Surgery: would be carried out at both hospitals.
- Orthopaedic Surgery: would be centralized at S.J.G.H.
- Ophthalmology: would continue to be a centralized surgical service at S.J.G.H.

- Dental Surgery: would continue to be a centralized surgical service at S.J.G.H.
- Ambulatory surgery, Radiology and Laboratory services: would continue to be carried on at both hospitals
- Nuclear Medicine: would be established as one department with a common staff and operating units at both hospitals.
- Emergency service: both general hospitals should continue to have emergency departments since both supply basic services. Expanded facilities should take place at P.C.H. where the larger volume of emergency visits is received.
- Rehabilitation: A new service needed in the region would be established at S.J.G.H. The in-patient facilities would include a unit of 32 beds. Necessary out-patient facilities for an integrated program would also be part of this new service.
- Chronic care: was not established by the Ministry of Health at this time.
- Ambulance Service: would remain centralized at P.C.H.
- Laundry Service: both hospitals were already charter members of a centralized hospital laundry.

While some of the rationalization plans caused little concern in their implementation, the transfer of major services presented long delays and difficulties.

- Orthopaedics: While this service was designated for S.J.G.H. the action was slow in following the transfer of obstetrics to P.C.H. This delay was due in part to decisions on the cost of renovations undertaken at P.C.H. and the imposition of capital project constraints by the Ministry of Health.
- Paediatrics: This service was not centralized for some time because of the need to free up sufficient space at P.C.H. and for the judicious placement of a small surgical unit at S.J.H. which would depend on other physical changes.

Rehabilitation: There has been a long delay in implementing this service because the request for a capital project addition to S.J.G.H. has not received Ministry of Health approval.

...

A new Intensive Care Unit and a new Urology Unit were officially opened August 25, 1970 by Hon. T.L. Wells, Minister of Health. These new facilities were provided by the addition to the 1950 wing.

Intensive Care Unit (1970)

The area provides a self-contained I.C.U. of seven beds. Two of these beds are completely enclosed for cardiac care and the space can also be used for precautionary isolation measures. The remaining beds are separated by glass partitions and all can be easily observed from the central nursing station. The unit is equipped with a central monitoring system for constant observation of the patients' vital signs. A physician, speaking at the board of directors meeting states "tremendous facilities are provided in the new I.C.U. ... The equipment is the most up to date in the province of Ontario."

The head nurse at the time relates an early history of the Intensive Care Service.

"There was a rapid increase in the number of high risk patients being treated in Peterborough because of the additional medical specialists setting up their practice here."

"For a few years special nurses were being provided for the seriously ill patients but essential equipment was not centralized and this created additional problems."

"In the mid-sixties, a four-bed ward had been converted into a temporary intensive care facility. Through the use of stretcher-beds, this space could accommodate four critically ill patients. Throat and Thoracic suction and piped-in oxygen were installed. Respirators, and resuscitation cart with cardiac monitor and defibrillator were the initial sophisticated pieces of equipment centralized here. An alarm system which registered at the nurses' station provided emergency help."

"However, in a short time because of the increasing numbers of critically ill patients, an adjacent two-bed patient room was pressed into use for intensive care."

"The head nurse recalls it was at this time that a special I.C.U. committee was formed to discuss problems and to plan a new I.C.U. This unit was opened in 1970."

"At first the nursing staff had no additional preparation. We then initiated an in-service program. The first Education Day was offered, Dr.D.May, internist, presenting a series of lectures. Then Dr.W.Thompson, internist, trained staff in recognizing life-threatening situations and teaching the technique of cardiac defibrillation, staff competency was recognized by certificate. Dr. Ross McLean, Cardiologist continued the education program and gradually it became a joint effort of I.C.U. staff of both Peterborough hospitals." ...

"In time, Courses in Adult I.C.U. nursing were offered at the Ryerson Community College, Toronto. A number of staff availed themselves of this specialty."

...

Urology Unit (1970)

This facility was made possible by the addition of the ten new medical and surgical beds for active treatment. Patients with urological problems could be assigned to this area where specially trained staff and necessary equipment could be centralized.

...

Towards the end of the year a special six-bed unit was opened for day care of surgical patients.

...

Change in Nursing Education

Official notice was received in October 1970 that the internship year for nursing students would no longer be required.

With the school's two year course for diploma nursing in place and approved by the College of Nurses, it had seemed reasonable to assume that given time, the course would be standardized. It was becoming obvious that the government's ultimate goal was to place Diploma nursing within the newly established Community Colleges.

With the sudden elimination of the internship year the school's administration was well aware of its responsibility to students and to nursing, and also of the additional staffing problems it created for nursing service. One case in point, the employing of the two-year registered nurse would require increased orientation scheduling and the need for in-service education programming for which no provincial funding was provided. However, a difficult transition gradually took place.

January 12, 1973 the Ministry of Health and Ministry of Colleges and Universities, in a surprise announcement, set September 1, 1973 as the date for the transfer of all diploma nursing programs into the Colleges of Applied Arts and Technology.

Thus St. Joseph's Hospital School of Nursing which opened in 1906 issued its last diploma in 1974. The Alumni Register contains the names of 890 graduates of the school.

An Archives Committee composed of members of the Alumni researched documents and prepared artifacts and memorabilia of historical and significant interest.

These now constitute,

The School of Nursing Archives,

**St. Joseph's General Hospital,
(North Wing)**

Officially opened: May 12, 1978.

...



CLASS OF 1974

- Top Row: L to R** - J. Davidson, M. Wood, S. Tosh, P. Spinks, S. Walton, S. Bell
Third Row: L to R - M. Lahey, A. Meraw, N. Agnew, M. Robson, H. Brewster, S. Murray, M. Morton, M.A. Allen
Second Row: L to R - E. Cavanaugh, B. Stackhouse, A. Herr, L. Sullivan, W.F. Flagler, S. Troy, S. Dawe, J. Foley, M. Sullivan
Front Row: L to R - L. Strack, R. Schauf, J. Fairfield, M. O'Reilly, S. Whitney, J. Schulist, M. Malloy, C. Gallivan, M. Hunt, F. Marten

(Last Graduation from St. Joseph's School of Nursing)

In 1970; the hospital converted to the Metric System of recording measurements in all patient areas,

- the first Food Service Manager was employed,
- during the summer, the hospital operated an out-patient Dental Clinic for needy children,
- agreement was signed with the Kawartha Hospital Linen Services which centralized the laundry facilities of the Peterborough and Lindsay hospitals. Mr.Hugo Van Hof, who was laundry manager at St.Joseph's Hospital was appointed the general manager of the newly established Service which was officially opened in November 1972.

...

Final approval was given by the Ontario Hospital Services Commission for the establishment of a Nuclear Medicine Department at S.J.G.H. It was located in the basement level of the 1964 wing. The first patient was received December 22, 1971.

The Radioactive Isotope service was established in both city hospitals with equipment in each location which would complement, not duplicate, the other.

...

The title, Board of Trustees, St.Joseph's General Hospital was adopted in lieu of Board of Directors which title had been in use for a few years.

...

The hospital Auditors, in presenting the annual financial report, added these comments for clarification.

"The hospital is a non-profit organization providing a public service and looks to the following sources for recovery of costs;

- Federal government for services to veterans,
- Workmen's Compensation Board for industrial accidents,
- Other provinces for services to indigents,
- The patient, who is not insured under the provincial plan,
- The Ontario Hospital Services Commission.

"Full recovery of its costs from the foregoing services does not follow as some of the costs are not recognized by government for its purposes in re-imbursing the hospital e.g. depreciation of its buildings, interest on borrowing, out-patient bad debt losses, etc.

To offset and absorb some of these costs, the hospital is permitted to retain one-half of the amount received for private and semi-private accommodation."

The School of Medical Laboratory Technology which opened in 1956 was closed in 1972. Forty-nine technologists had graduated from its program.

For a few years the program was completed in an eighteen-month period. In 1963 lectures were shared with the Civic Hospital's school, and students received their practical experience in the respective hospitals, the course covering a twenty-four month period. Examinations for registration were conducted at the Toronto Institute of Medical Technology.

...

Early in 1972, the Ontario Hospital Services Commission (O.H.S.C.) notified the hospital of new directives;

- the O.H.S.C. was being transferred to the Ministry of Health,
- a new formula was being used for determining the number of allowable active treatment beds. This change resulted in a 20% reduction for the Peterborough hospitals,
- that St. Joseph's General Hospital obstetrical service was to be transferred to Peterborough Civic Hospital, March 1973.

...

The first medical director, Dr. R.S. Chenoweth was appointed in February 1972. His role was to coordinate medical staff activities and to act as liaison between doctors and administration.

A Discharge Planning Officer was hired to assist staff and doctors in planning for the care of the patients and their discharge from hospital.

A Health Record Analyst was appointed to assist in the evaluation of medical and nursing care and in bed utilization.

A Public Health nurse was also available in the hospital through the County-City Health Unit.

These new services provided an extension of our community health program. Through their coordinated efforts, more patients were being discharged to chronic care facilities and the average length of stay in hospital was decreasing.

The first casualty officer was employed to provide twenty-four hour emergency coverage on week-ends in July and August.

The first administrative resident, Mr. W.J. Innes, joined the staff June 1, 1973.

The Ministry of Health imposed another reduction in the 1973 budget. All levels of government are placing extraordinary pressures on the health care system in order to contain costs.

Process of Amalgamation of Obstetrical Service

Notice was received that the date, April 1, 1973, for transfer of obstetrics had to be extended to November, due to the delay in completion of renovations at P.C.H.

This revised date caused considerable difficulty at S.J.G.H. The Ministry had already deducted from its budget our funding for obstetrical service as of April 1st.

Nursing service was also seriously affected as the staffing pattern had already been geared towards the original date. Replacement of staff scheduled to transfer were already hired. Those who did not choose to transfer, or to be assigned to adult nursing, were uncertain of their employment and the advance notices of termination dates were confusing. The quality of service was placed in jeopardy, all of which created low staff morale.

The Peterborough and District Hospital Planning Council requested S.J.G.H. to carry on the service temporarily, the P.D.H.P.C. committing itself to do all it could to obtain new funds to offset costs thus incurred.

The hospitals' boards, administration, Medicine, and Nursing approved an interim plan by which obstetrics would be centralized at P.C.H. during July and August 1973, then it would be moved temporarily to S.J.G.H. for the remainder of the year before it would be transferred permanently to P.C.H. as of January 1, 1974.

With two further extensions of dates, the actual transfer took place, smoothly and efficiently, May 4, 1974.

The assistant director of nursing service who was assigned to organize and facilitate the actual transferring of mothers and babes describes her involvement in the process.

"A great deal of advance planning was required. I was concerned about the transportation of the newborn, across the city during business hours, so we booked the Ambulance Service to begin at 5:00 a.m.

"The previous evening I met Doctor Strath, Paediatrician who noticed my distress over the possibility of something going wrong with our precious babes during the transfer and this responsibility having to be assumed by nursing"....

"Arriving in the nursery about 4.45 a.m. to set the move in motion, I met Dr.Strath. My first reaction - do we have a critically ill infant, etc."....

Dr.Strath replied. "I will go in the ambulance back and forth until all the babies are safely in P.C.H. nursery."

"What a dedicated physician and special person."



**Last baby born at S.J.G.H. May 4, 1974
L-R Mrs. Linda Holek and baby Jenna Lyn
Leo Doiron, Joan Jones, Sister Margaret McDonald**

"By 8:00 a.m. the obstetric department was barren and desolate. Indeed it was a sad day. While the majority of the staff transferred to P.C.H. those remaining, together grieved many losses - our co-workers, mothers and babes, and the joys of obstetrical nursing."



Epilogue

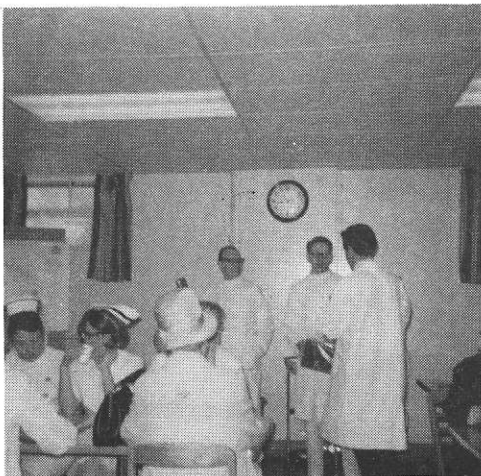
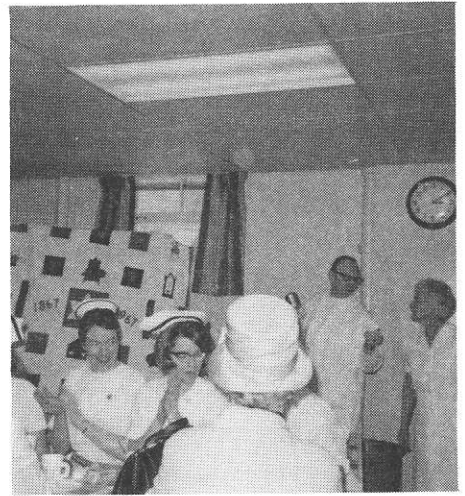
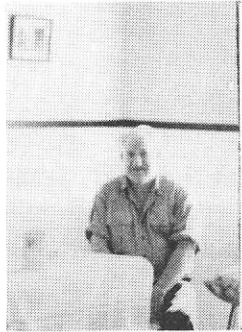
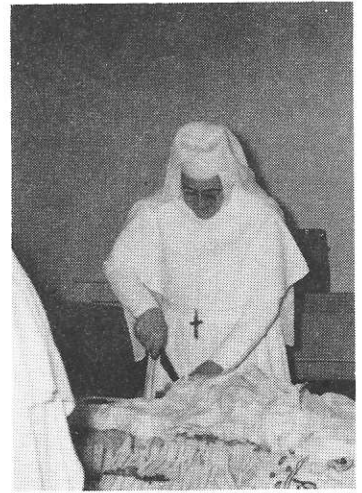
The first baby was born at S.J.G.H. January 16, 1909

The last baby was born at S.J.G.H. May 3, 1973.

the beginning and the end of an era of maternal and newborn care,

in

St. Joseph's General Hospital, Peterborough.



Staff Parties

The Orthopaedic service was re-located June 1, 1974 in space formerly used for Obstetrics.

The department of Rehabilitation and Physical Medicine was established.

A Pain Clinic was initiated to find relief for patients with intractable pain.

Office space was provided on the main floor of the 1922 wing for:

- The Canadian Arthritis and Rheumatism Society,
- A new service for the Hearing Handicapped in cooperation with the city's Board,
- A volunteer Foot Clinic for Senior Citizens sponsored by The Peterborough Senior Citizens Council.

...

Some long-range plans for changes in the use of the residence and school of nursing were gradually implemented.

Agreement had been reached with the Sisters of St. Joseph to permit the building to be used for hospital purposes, recognizing that the specific ownership of this property and building was separate and apart from their ownership of the hospital proper.

- The building was now designated the North Wing,
- Two bedroom floors were reserved for student accommodation,
- The classrooms on the main floor were renovated and leased to the City's Social and Family Service for day care services. It was named The Ashburnham Day Care Centre and it was officially opened September 10, 1975,
- Renovations to the ground floor provided four office suites for the Ashburnham Medical Services,
- Office space for the Pine Ridge Lung Association was also arranged.

It was noted in the 1975 annual report that general hospitals continue to grapple with financial restraints and with the increasing need for more chronic care beds.

Medical and surgical beds reflected a 95% occupancy for the year.

All radioactive isotope bone-scanning procedures have been centralized in this hospital.

...

The hospital established its priorities for the District Health Council, the first being the establishment of the Rehabilitation Program which is timely both for the hospital and the community of Peterborough. However, the Ministry notified that no capital funds will be available until the 1979-80 fiscal year.

The Ministry of Health approved the Hospital By-Laws as enacted by the Board of Trustees of the hospital.

The Peterborough Hospitals' Fund was established in February 1976.

City Bus service bringing passengers to the Rogers Street entrance of the hospital was established in November, 1976.

...

The department of Rehabilitation and Physical Medicine received a research grant to conduct a Disability Study or Survey of disabilities that exist in the population this hospital serves.

A Back Care Program has been initiated through this department to provide education to patients who have back ailments or injuries.

The March of Dimes funded an Orthotic-Prosthetic workshop which was set up on the main floor of the 1922 wing. A well-qualified orthotist-prosthetist has located his practice in Peterborough and with the help of local organizations the hospital provided space to set up a complete workshop so he can work in the hospital.

The Rainbow Club for development of a Disability Resource Centre has office space in the 1922 wing. The Centre opened early in 1977.

...

The local peripheral Cancer Clinic operated by the Princess Margaret Hospital was re-located here May 11, 1977, in space provided on the 4th floor of the 1922 wing. It has been transferred to P.C.H. during our construction period.

Doctor Beale who had conducted these clinics in Peterborough since 1961 expressed in a letter their appreciation for the excellent facilities provided for the Ontario Cancer Institute.

...

Our policies and procedures for the control of narcotic and controlled drugs were reviewed by the Narcotics Inspection of the Bureau of Dangerous Drugs and the report read, "Everything was in excellent shape."

...

It was noted that the hospital's estimated funding requirements for the year 1978 would be exceeding the Ministry's commitment to the hospital by \$201,000.

Though not desirable, it was found necessary to close 43 surgical beds during July and August as a temporary measure to control costs.

The population served by the hospital during the year was estimated at 108,300. The general pattern showed one-half of our patients reside inside the city, 22% in the county, 25% in neighboring counties and the remainder outside these parameters and outside the province. Medical and Surgical beds showed 95% occupancy; the daily average of patient stay was 8.8 days.

The cost of construction of the Rehabilitation program was estimated at \$6,686,000 of which the Province's share would be \$4,443,700, the remainder of which would be a local responsibility.

...

Canada Works Grant funded the Disability Resource Centre for another year.

Young Canada Works Program provided funds for salary, wages and other expenses for the microfilming of medical records. This funding gave employment to five university students for a ten-week period.

Pre-vocational Assessment program was started. It was designed to assist in rehabilitating disabled persons for their entry into the workforce.

An orthopaedic clinic was initiated.

A Shortness of Breath Clinic was begun in cooperation with the Lung Association.

...

The Fisher-Gauge firm approved the use of their parking lot to establish an emergency landing site for the helicopter ambulance centered in Toronto.

...

The Sisters of St. Joseph's Hospital Award was established to be presented to a student graduating from Sir Sandford Fleming College.

The Archives of the School of Nursing was officially opened on National Hospital Day, May 12th. The Medical Staff donated a tape recorder and a supply of tapes to the Archives. A collection of taped interviews with members of the Medical and Hospital staffs are on file.

The Secretary of State requested names of persons who have made outstanding contributions to Institutions in the public and private sectors to be recipients of Silver Medals. These had been struck to mark the 25th anniversary of Her Majesty's ascension to the throne.

L.B. Doiron, Doctor R.S. Chenoweth and Margaret Tunney were the three names chosen by a Select Committee to receive the Queen's Jubilee Medal 1977. The informal presentation took place on October 25, 1977.

The Ministry of Health notified hospitals that the number of active treatment beds is based on 3.5 beds per 1000 population and indicated that Peterborough had a surplus of 42 active beds.

...

Statistical information was released to the Ministry, the District Health Council and local Media on the number of patients in our Emergency Department waiting for admission to active treatment beds; the number of patients waiting transfer to nursing home beds, and the need of additional beds in the area.

A representative from the Ministry investigated patients' complaints and the situation of the crowded conditions experienced by patients waiting in the department. Following the visit, the hospital was advised that the Ministry decided to increase the number of nursing home beds.

Continuing fiscal restraints forced, for the second year, the closing of 43 surgical beds for July and August.

For the first time, the hospital had to request funding assistance from the City and County Councils for the purchase of essential capital equipment. The requests were approved by both Councils.

A Cost Effectiveness Program was implemented which resulted in direct savings of about \$46,000.

...

Renovations were carried out in the Emergency Department. The new arrangements eliminated the need to have bed patients in the corridors.

The official opening of the renovated facility took place October 10, 1979.

A 24-hour Emergency coverage was implemented through Family Physicians maintaining a full roster of 'on-call' volunteer doctors.

Other minor physical changes occurred during this time. Pharmacy was moved to basement level and a clergy room was made available off the lobby at Armour Road entrance.

A tunnel connection was made to Marycrest Home for the Aged.

The United Handicapped Groups of Ontario opened a new office in the 1922 wing.

...

The Ontario Hospital Association honored the hospital with the presentation of a Plaque in recognition of its fifty years of membership in the Association.

Nuclear Medicine was surveyed by the Canadian Medical Association Committee on Technologists' Training and was given approval.

Radiation levels in the Radiology Department were measured and found to be within acceptable limits.

The Cancer Clinic in the hospital is the largest of the five peripheral clinics in Ontario and handles 28% of the total visits to all clinics.

The Disaster Plan Call-Back System showed 72% of the staff called would have been available for duty if necessary. These results were considered excellent when compared with the provincial average.

The hospital has continued to receive, uninterruptedly, full Accreditation from the Canadian Council on Hospital Accreditation, though the surveys are becoming more exacting and expensive.

...

A special tribute was paid to the hospital's management personnel for having won the Ministry of Health Incentive Award for realizing cost savings following the introduction of the global budget system.

1980's

Health Minister Elinor Caplan, speaking at the annual convention of the Ontario Hospital Association, calls the 1980s "a decade of discovery" that brought needed changes in health care policies.

"There has been a realization that one in ten acute care beds, and one in four chronic care beds are occupied by people who could be better served elsewhere ... the goal is to provide services that require a hospital setting while building up community-based services"

(Hospital News, December '89)

After eleven years of discussion between the two city hospitals and since 1975 jointly with the District Health Council, a cooperative redevelopment on a rationalization plan for Peterborough was approved by the Ministry.

A report of a study by the District Health Council on "Chronic Care and Alternatives" indicated that 10% of active treatment beds are occupied by patients who require nursing home facilities.

A Disability survey shows that in the Five County region, 10% of residents suffer some form of disability.

...

Our statistics showed a dramatic increase in the length of stay in hospital and indicated a larger number of older patients waiting placement in long-term facilities.

The percentage occupancy for Medical and Surgical beds remains at 95.4%, this being 10% higher than ideal for the general hospital's active treatment beds.

The statistical report for November '81 noted 102.8% occupancy for Medical and Surgical units.

The financial picture improved with \$549,000 from the Ministry to cover most of our budget shortfall.

In 1981 the Ministry advised hospitals across the province that the number of active treatment and chronic care beds was being increased. This will include the 33 rehabilitation beds in this hospital to come into operation in the '83 - '84 fiscal year.

...

No. 116

Ontario Hospital Association

"Miseris Succurrere Discimus"

This is to Certify that The St. Joseph's Hospital, Peterborough
is an Active Institutional Member of this Association, having been enrolled in **1929**,
thereby directly helping forward the cause for which we work.

"SERVICE TO THE SICK AND SUFFERING"
"PROMOTION OF HEALTH EDUCATION"



J. M. Ruffley
Hon. Secretary-Treasurer
M. Cameron
President
Date *12th May 1930*



Presentation of O.H.A. Plaque, October 23, 1979
by C.E. Boyd, Past President O.H.A.
To J.G. McCarney, SJGH, Board Chairman
to commemorate 50 years' membership with the O.H.A.

The Peterborough Hospitals' Lottery was established and sponsored by seven service clubs in the area. The funds generated from this source would be available to both hospitals on an equal share basis.

The first draw took place February 26, 1981.

...

Mr. John Auklund, Ontario Division of the Red Cross Society requested that this hospital assume administrative responsibilities of the Minden and Haliburton hospitals.

...

The ultrasound service commenced operating here April 9, 1981. This major diagnostic tool adds another dimension to radiology and nuclear medicine, and provides major equipment and facilities for patients in this area.

The new system was introduced for a 24-hour medical coverage in the Emergency Department. The first Casualty Officer commenced duties July 1, 1981.

A favorable report was received on the first inspection under the new Occupational Health and Safety Legislation. Committee members were commended on their ability to work together and achieve success in the program.

A Commonwealth Study Tour representing nine different Commonwealth Countries visited the hospital. Several staff members made presentations on the theme, "People in an Industrial society."

...

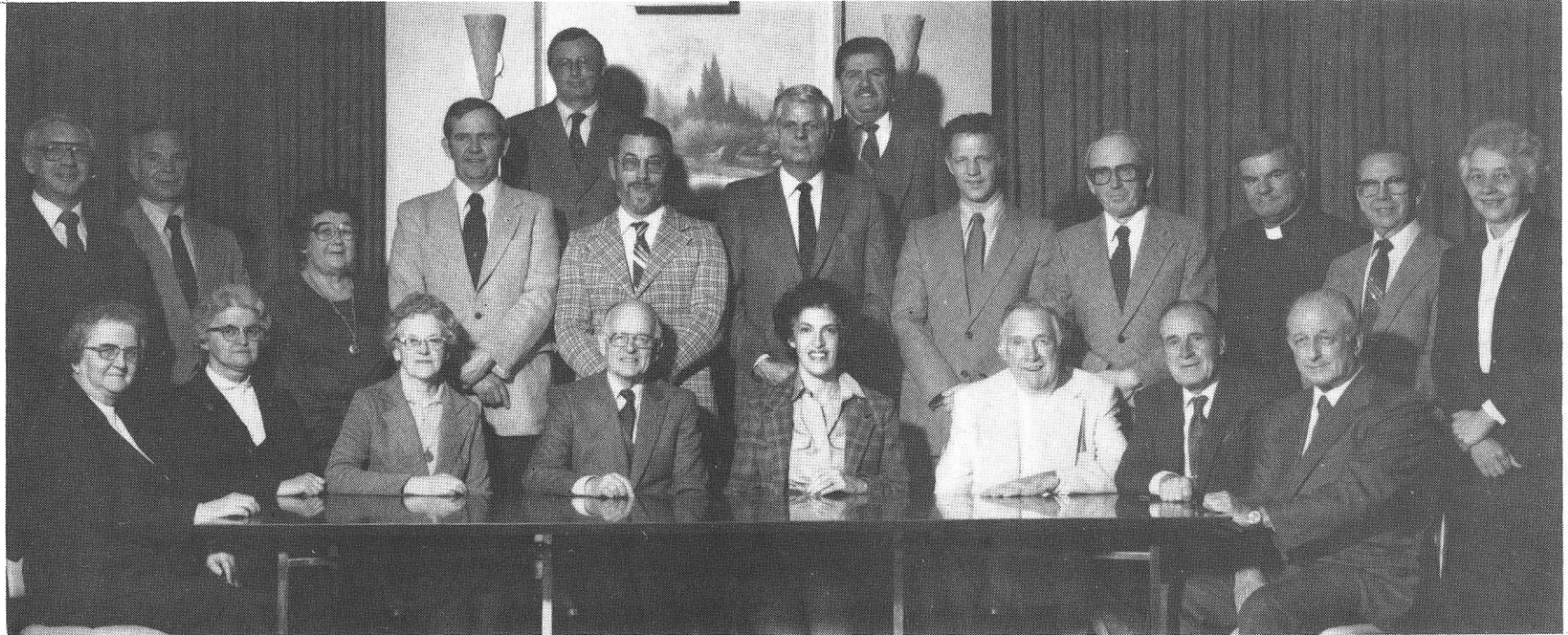
At the 1982 annual meeting, the chairperson in commending the Public Relations Committee on its work of updating the Mission Statement, reiterated,

"The hospital's basic philosophy of belief in each person's human dignity, worth and destiny, regardless of race, religion, age, mental or physical state," ... remains the imperative in care and compassion. ...

Though specific services available may change from time to time, depending on local needs and resources, Ministry guidelines, legislation and technological developments. ...

St. Joseph's General Hospital will continue to be a dynamic agent of service in the health care of the community."

...



BOARD OF TRUSTEES — 1981

Top row, left to right:

Sister Loyola, Treasurer; Sister Angela Guiry, Secretary; Sister Margaret McDonald; F.J. Petrie, Chairman; Mrs. Carole Pulver; H.R. Hammell; W.H. Mortlock; Dr. J.R. Epping

Centre row, left to right:

L.B. Doiron, Executive Director; W.A. Clarke; Miss Veronica O'Leary; Wm. Wellman; Dr. R.A. Durnin, Chief of Staff; R.P. Armstrong; Dr. R.L. Clarke; J.G. McCarney; Reverend W.E. Moore; W.F. Fisher, Sister Alma Lavell

Rear row, left to right:

J.K. Grant, Vice Chairman; G.R. O'Connor

Absent when photo taken:

Bishop Doyle, Sister Cecilia, Mrs. Dianna McCormick, J.H. Harris, F. Heffernan



**Dutkevich Memorial Trust Fund
Cheque (\$104,000) presented October 26, 1982
L-R John Crook, Ilse Stangl, Frank Petrie**



**Signing for S.J.G.H. to assume responsibility
for the Red Cross Hospitals in Minden and Haliburton
February 1, 1984
L-R (seated) Carole Pulver; Sr. Jean Rooney, Sr. Veronica O'Reilly
(Standing) Kevin Cummings; Leo Doiron**

The annual report also noted there was a number of financial contributions made to the hospital over the year.

The Dutkevich Memorial Trust Fund, a sum in excess of \$100,000. was established as an endowment, the income from which will be used for the education and development of hospital staff.

Other significant donations were received from Kawartha Pine Ridge Lung Association, Fisher Gauge Limited, The Canadian Legion and a number of memorial gifts all of which are deeply appreciated.

Sincere thanks was also expressed for the moral support and financial assistance received from many clubs and organizations as well as from individuals; appreciation to the Medical staff who freely gave many hours of service without remuneration in the work of hospital committees; and to the Auxiliary not only for its financial support but for its invaluable contribution of service through its volunteer program.

Factors contributing to the hospital's financial difficulties which related directly to the services required, were also outlined in the annual report:

- the high occupancy rate which was over 100% in several months,
- the increasing age of the population served meant more patients had multiple health needs while hospitalized,
- more patients were acutely ill (documented by our patient classification system),
- high cost services provided in the areas of orthopaedics and eye surgery in particular where extensive prostheses and implants are used in most cases,
- higher drug costs.

Because of the bed shortage, 51% of elective bookings were delayed longer than eight weeks.

...

A public meeting was organized by Ashburnham Ratepayers Association to explore implications of the Rationalization Plan and the Facilitator's report on the services available in this hospital. The audience made it clear that it wants St. Joseph's General Hospital to remain an acute care hospital with emergency services.

A hospital-wide Quality Assurance Program was launched.

...

A Palliative Care Program was begun in March 1983, under the direction of the Pastoral Care Department. Thirty volunteers completed a 22-hour program.

The new Rogers Street parking lot was opened June 3, 1983 bringing to the hospital a total of 355 paid parking spaces.

C/T Scanner

A joint committee of Peterborough Civic and St. Joseph's Hospitals determined the need for a computerized axial tomography scanner for the Peterborough area. The C/T Scanner is a valuable diagnostic aid. It was approved by the Ministry in 1983 but it advised this unit would not be eligible for provincial funding.

It was agreed that this specialized unit would be placed at P.C.H. and operated as a joint venture, the cost-sharing would be proportional to usage by each hospital.

A CAT Scan campaign was launched locally April 28, 1984 and the necessary funds were raised. Over \$2,000,000 in donations and pledges were received. This fund-raising effort involved 113 volunteers and 2675 hours of work.

The facility was fully operational in 1985 and was officially opened January 13, 1986.

In October 1987 a Cat Scan Console was installed at St. Joseph's General Hospital in the Radiology Department the cost of which was covered by the Cat Scan Fund.

...

Revised By-Laws of the Medical Staff were approved by the Ministry in April 1983. The Medical staff complement showed a total of 250 members which included 36 dental staff.

The first combined meeting was held between the Board of Trustees and the Medical Advisory Committee (M.A.C.) to facilitate communications and to outline the roles of each group in hospital activities.

The Board of Trustees has the ultimate responsibility for governing the hospital and its quality of care given. The Board depends on the Medical Advisory Committee to keep it informed on medical issues.

The Medical Advisory Committee reports and makes recommendations to the Board of Trustees on matters concerning the practice of medicine in the hospital in relation to professionally recognized standards of Hospital medical care,

- provides supervision over the practice of medicine in the hospital,
- participates in the development of the hospital's overall objectives and planning ...
- advises and cooperates with the Board and the Chief Executive officer in all matters pertaining to the professional, clinical and technical services,

...

Merger of the Red Cross Hospitals at Minden and Haliburton

The Sisters of St. Joseph of Peterborough, at the request of the Red Cross Society accepted the transfer of ownership and administration of the two Red Cross "outpost" hospitals at Minden and Haliburton.

The Board of Trustees of St. Joseph's General Hospital approved the agreement between the Corporation of the Sisters of St. Joseph and the Red Cross Society. An appropriate financial settlement was concluded and a satisfactory funding arrangement was made with the Ministry of Health.

At 1400 hours on February 1, 1984, St. Joseph's General Hospital assumed full responsibility for operating these outpost hospitals.

"We welcome these institutions into our sphere of service and pledge to continue their fine tradition of health activities in these communities".

By the 21st day of February 1984 all relevant legal documents had been signed and executed.

Formal ceremonies were held in August to recognize the turn-over of these two northern hospitals from the Red Cross to St. Joseph's General Hospital. These hospitals provide emergency services and in-patient and out-patient care. They serve an increasing permanent population, many of whom are seniors. There is an annual summer influx of up to 100,000 vacationers.

It was also noted that after a full year of operating, the administrative activities for all three institutions were fully integrated and received full accreditation from the Canadian Council on Hospital Accreditation.

Some comments from the Minden and Haliburton hospitals' administration on the change of management and ownership follow:

"The staff viewed the change-over as one of necessity, and which would have greater potential for personal and corporate growth and satisfaction" ...

"Feelings of fear and insecurity existing during the transition period and for some time later seemed to be the normal reaction to any major change to which one has to adjust"
...

"The local hospital communities seem to share a sense of loss of identity but remain faithful and generous in their support."

... the hospitals play major roles in the community image."

A letter dated August 15, 1986 from the Minister of Health authorized establishment of 18 chronic care beds adjacent to the present hospital in Haliburton.

The Architect visited the Haliburton site to discuss a functional program. A plan was submitted to the Ministry and approval was received to go ahead with sketch drawings. These were forwarded to the Ministry for approval.

A Fund Campaign for Haliburton's share of funding raised over \$240,000 and was later extended to \$400,000 to cover additional renovations needed.

Many innovative fund-raising activities were initiated and impressive community support was mobilized for the project.

However, the Ministry called a halt because of the cost of beds. Negotiations are continuing to seek some way of serving more adequately the people of Haliburton.

The hospital in Minden had a committee study the feasibility of augmentation of health services there but no funds were available from the Ministry for a study at that time. Efforts are still being made in this direction.

...

Paediatric Transfer to Peterborough Civic Hospital

The last day of operation of the Paediatric Unit at St. Joseph's General Hospital was Friday, March 30, 1984.

Ten paediatric beds from the former complement of 25 are retained for general surgery use and are relocated on the 4th floor of the "B" wing.

The head nurse of the Paediatric department for a number of years describes some concerns of the nursing staff over the transfer.

"Although we were aware for some time of the impending move, the official notice of the actual date was the shock. All of us had to grapple with personal decisions," e.g. "Should we apply for positions at P.C.H. or remain here at S.J.H.? "If all of us chose to remain here, would there be positions available to all? "Would our seniority benefits, holidays, sick time etc. be lost if we transfer?"

Though we were assured we would not lose our accumulated benefits, uncertainties still remained.

When the final transfer was completed, three full-time R.N's transferred to P.C.H."

"For those of us who remained at S.J.H. our orientation to Orthopaedic Nursing began immediately. While the staff adjusted well to adult nursing, it took some time for us to feel comfortable in the new environment. As there were two rooms for Paediatric surgery and out-patients, we still had some children to cuddle and this helped to fill the 'emptiness' we all experienced in the loss of our little patients."

...

While the Paediatric unit was being freed up, plans were made, to convert the space to a Day Hospital, to enlarge two operating rooms for orthopaedic procedures and to prepare the addition of the Rehabilitation wing.

The assessment of the region's health care needs also showed that new programs would be required to accommodate the emerging needs of an aging population.

The Ministry advised the hospital to proceed with preparations for a Day Hospital, but that the government funding for it would not be available sooner than the 1986-87 fiscal year. The letter added, 'that the hospital would have to fund the project itself and it would be reimbursed for the two-thirds cost sometime in the future'.

The Rehabilitation wing would be a new addition to the hospital. It would consist of three levels, situated to the north of the "D" wing and would provide all related out-patients rehabilitation activities. There would be thirty-three rehabilitation beds for in-patients.

The required information was forwarded to the Ministry who advised to proceed to the next step with the rehabilitation project and submit a functional program.

...

REHABILITATION PROGRAM

The need for improved Rehabilitation Services in the Peterborough region was recognized in the early 1970's. Draft plans to address this need were being developed as early as 1975. However, it was not until 1980 that the community, in consultation with the Haliburton, Kawartha and Pine Ridge District Health Council, developed a detailed plan for the rationalization of major hospital services in Peterborough, including rehabilitation.

In a February 12, 1981 announcement the Ministry of Health noted that St. Joseph's General Hospital had the approval to proceed with the development of a rehabilitation program.

The gradual reorganizing of services between the two hospitals took time during the mid 80's ending with the development of the new emergency services at Peterborough Civic in 1988-89.

The next step was to move forward on the final phase of the previously approved redevelopment plans for hospital services in Peterborough by establishing a comprehensive community based Regional Rehabilitation Centre.

The process has been slower than anticipated mainly due to the major changes in health care and a significant reorganization of the Ministry of Health in Ontario.

In the meantime, the hospital administration has made every effort to proceed forward with plans and programs within the current budget which would eventually form the foundation of a new Rehabilitation Wing.

It is still the objective to provide a Centre of Excellence for Rehabilitation Services in Peterborough and surrounding areas.

Historical Sketch of Services

Physiotherapy Department

The department was officially opened in June, 1963 in the "D" wing. In August, 1968 the service was expanded to provide out-patient care and week-end coverage.

In June, 1974 a chest rehabilitation program was initiated jointly with the respiratory therapy department.

A Back Education program was started in 1976 and in 1977 an Amputee Clinic was established for the assessment and maintenance of patients with amputations.

In June, 1987 an expanded out-patient physiotherapy service was opened in quarters leased at the Time Square development. This was a joint program of both city hospitals and the additional funds required flow through the hospital's budget. This off-site development has made it possible to reduce the waiting list to a minimum.

All in-patient and out-patient work is recorded and supervised at the hospital location. Out-patient referrals have increased by 90% at the satellite unit.

In September, 1989 the physiotherapy department at Time Square was selected for the Workers' Compensation Board Community Clinic.

...

Respiratory Therapy

In the late 1960's Alfred Born was appointed for oxygen therapy providing cylinder gases and equipment to nursing units. In November, 1972 the department of inhalation therapy was started and an out-patient respiratory rehabilitation program was developed with physiotherapy in February, 1976. By March the first ultrasonic nebulizers were used.

In September, 1976 the department was moved to the 1950 wing in space formerly occupied by the newborn nursery. Gradually additional equipment was purchased and installed.

In 1979 a Director of Respiratory Technology was hired.

In 1984 a Smoking Policy committee was formed and in 1989 the hospital became a smoke-free environment.

Audiology Department

In 1978 the department received funding for equipment from the Canadian Hearing Society and from a number of service clubs most notably the local Lions Club.

The first full-time supervisor of audiology was employed in December, 1979.

Dr. John Fagan, E.N.T. specialist, assumed the duties of director and kept the department abreast of the needs of the medical community. This resulted in a solid referral base for many physicians in outlying areas as well as in Peterborough.

In 1980 the Lions Clubs provided a further \$7,000 piece of equipment. This device is used for the analysis of hearing aids and to help assess the amplification needs of hearing-impaired patients seen in the department.

In 1982 an additional diagnostic unit was obtained and it is used to assess audiological and otoneurological functions in persons with hearing impairment including very young children. Much of our equipment has broadened the scope of diagnostic capability and type of testing that formerly had to be referred to Toronto and other distant centres.

Neuromuscular Laboratory

In September, 1986, the Neuromuscular Laboratory began operating as a separate diagnostic entity under the direction of Dr. John Lan.

The diagnostic tests include assessment of peripheral nerves and neural function. The tests help to diagnose nerve root difficulties such as herniated disks, compressed nerve roots and neurological lesions.

As increasingly specialized equipment becomes available and obtained, Dr. Lan can perform more sophisticated investigative procedures.

The neuromuscular laboratory has in a few short years developed into a comprehensive facility for the diagnosis of muscular disease and other neurological lesions.

Chiropody Services

In October 1987 a chiropody clinic was set up. A full-time chiropodist was employed for in-patient and out-patient treatments and orthotic appliances.

The Senior Citizens Foot Clinic initiated in 1979 by the Peterborough Senior Citizens Council and staffed by volunteer nurses continues this service for seniors.

...

A Pain Clinic was opened on 4A in April 1987.

...

In response to a patient's suggestion, automatic doors were installed at the hospital's main entrance, to the benefit of patients and their families.

...

Ashburnham Medical Services obtained office space in Time Square.

...

THE DAY HOSPITAL

In 1985 the Ministry approved the plans to convert the former paediatric unit into a Day Hospital. However, approval to proceed with the project was contingent upon the hospital providing the two-thirds funding until the Ministry could reimburse the money from capital grants.

The Sisters of St. Joseph decided to front the money because of the need in Peterborough for this service and also to free up that part of the hospital where these patients were being now treated.

The Peterborough City and County contributed their one-third shares, and the Beavermead Construction Limited was awarded the contract.

"In one stroke two needs are being filled, Seniors get the medical care they require and the community gets back some acute treatment beds it needs."

(Peterborough Examiner, February 27, 1985)

The Day Hospital was officially opened January 13, 1986. The Examiner noting the event,

"St. Joseph's Hospital: new era -

The one striking contrast about the newly opened day hospital is that it doesn't look like a hospital The blue-gray walls and pale-pink doors ... homey atmosphere sharply contrasting with the traditional ivory."

The Canadian Order of Foresters donated money to furnish the recreation room for the use of those attending the Day Hospital.

This new facility situated on the fourth floor of the 1922 wing offers an interdisciplinary, therapeutic program approved by the Ministry and in keeping with its mandate to provide community-based ambulatory care settings.

It is designed to provide out-patient services for older patients and it aims to promote earlier discharge dates and to delay or avoid re-admissions for patients with a continuing debilitating illness by treating them in the day hospital. It provides rehabilitation measures to victims of heart attacks, strokes, post-operative therapy and other rehabilitation services.

The program has now entered its fifth year of operation and continues to build its resources. Swimming sessions are held for day hospital patients in the pool at Mount St. Joseph.



**Mayor Sylvia Sutherland - Ribbon Cutting
Day Hospital, January 13, 1986**



**Day Hospital Patients using Pool at Mount St. Joseph
(April '90)**

With a case load of 15 patients per week the director explains 'that the job is to promote health and independence through any means we can' - through the use of therapy, counselling and assisting people to learn about their illness; to provide them and their families with skills and support allowing them to adapt to their illnesses while remaining at home.

A verbal and written assessment is carried out and a progress report issued regularly to the patient's physician. As long as the patient is showing signs of improvement the therapy program is continued.

...

This hospital participated in celebrations of 17 years of "Meals on Wheels" service in Peterborough. It had provided 60 hot meals on Tuesdays and Thursdays and 30 on Wednesdays each week since the service was inaugurated. The hospital is reimbursed for food and labour costs.

...

Members of the Boards of both hospitals prepared four television programs which were broadcast on the local T.V. station. The series dealt with: i) Volunteers, ii) Emergency Services, iii) High Technology and iv) Palliative Care.

...

The first joint Newsletter Hospitals Together was issued and dealt with the six hospitals' activities which were of public interest.

...

An Emergency Trauma Kit is available in the Emergency Departments of the Peterborough Hospitals for any doctor who is travelling to the scene of an accident.

...

The Pharmacy department has been computerized. This set-up monitors the patient's drug profile and eventually their drug incompatibilities. This system is a recommendation made by the Canadian Council on Hospital Accreditation.

...

ST. JOSEPH'S GENERAL HOSPITAL OF PETERBOROUGH FOUNDATION

The St. Joseph's General Hospital of Peterborough Foundation was established in 1985 as a service organization to support the work of St. Joseph's General Hospital, Peterborough, Minden and Haliburton.

In reporting on the annual meeting, the Examiner noted that the chairperson, Carole Pulver was completing the nine year maximum term of office as specified in the By-Laws and "in expressing a wish that her name would always be associated with the hospital she presented a cheque of \$2,000. establishing the Carole A. Pulver Endowment Fund, to launch the St. Joseph's General Hospital of Peterborough Foundation."

...

(From Carole A. Pulver - November, 1989)

The Foundation was incorporated and received its Charter, June 22, 1985.

In these times of tight budget restrictions, health care institutions depend on voluntary fund-raising service organizations to augment the regular hospital budget.

All money donated to the Foundation is ultimately applied to one of three areas of need: Construction and renovations, equipment purchases or education.

To achieve its goals, the Foundation's Board of eight Directors performs a three-fold task of raising, investing and distributing funds to assist the hospitals in maintaining current levels of service and initiate new programs which meet present and future needs of the communities the Foundation serves.

Several exciting fund-raising events have raised the profile of the Foundation: a Gala Dinner Dance held annually for the past three years, a community-wide all day Golf Tournament and a number of other activities such as Barbecues and Bike-a-Thons.

A Patient-Solicitation Program was initiated with exceptional results to date. Memorial donations and contributions honouring loved ones on special occasions enhance the Foundation's ability to help the hospitals plan for their future.

In anticipation of the Provincial Ministry of Health approval to build and equip a Regional Rehabilitation Centre at St. Joseph's General Hospital, a campaign committee, established at the request of the Hospitals' Board, has met regularly for the past twelve months. Its accomplishments include an in-depth volunteer organization, campaign theme and logo, and specific fund-raising goals and strategies.

Bequest and endowment funds are encouraged as a means of ensuring that individuals and groups with a special interest in the Hospitals can make a lasting contribution to their programs.

As St. Joseph's General Hospital approaches a century of service, the Foundation's priority will be to ensure that it continues to flourish as a dynamic agent of service meeting the health care needs of the community.

...

Statistical report on bed utilization was noted at the beginning and the end of 1985:

- ... "cancellation of elective surgery on some consecutive days because there were no available beds" ...
- ... "17 patients were waiting in the Emergency department for admission but could not be placed in the inpatient wards. At the same time there were 25 patients occupying acute beds, who had been discharged but who could not be placed in alternative accommodation because of the lack of these facilities. These patients received a total of 1972 additional days of acute care after they were eligible for discharge" ...
- ... "36 chronic care patients were waiting for transfer to other facilities representing 40% of acute medical care beds available to patients in need of hospital care. This together with 21 patients in emergency rooms represents an intolerable situation for patients and hospital staff.

The report of a study by The Task Force on Bed Needs from the District Health Council which was released about this time, recommended the need for 200 additional nursing home beds for Peterborough and 18 chronic beds in Haliburton County.

Dr. Murray Elston from the Ministry visited the hospital and toured the Emergency department. On this particular day there were 13 patients being cared for in the halls and holding unit.

The intensive care unit showed an occupancy of 103.2% for the month of January and the occupancy rate for medical/surgical and orthopaedic units was 99.3%. Over the past two years utilization of emergency for intensive care patients escalated more than 300% (1987 Annual Report).

AMBULATORY DAY SURGERY PROGRAM

In September 1986 the Ministry gave its approval to expand the hospital's Day Surgery program and approved funds to expand the Unit which included renovations to the northwest area of 4D (1964 wing). A further one-time grant for equipment was also provided.

After the renovations were completed and operational in 1987 over 50% of all surgery in the hospital was done in this area.

To facilitate a smoother flow of patients undergoing ambulatory surgery, a pre-operative package was introduced. This plan enabled investigation of patients' general condition by having blood testing, X-ray, electrocardiogram, etc. done prior to admission.

...

The Pastoral Care department requested and received approval of a trial period for a brief evening prayer over the P.A. system. During this period many favourable comments were received so approval was then given by the Board of Trustees to continue this practice.

...

A new telephone system was installed in March 1986.

...

A new 'state of the art' fluoroscopic x-ray facility was opened.

The Nuclear Medicine department was incorporated into the Diagnostic Imaging Department which included Radiology function, Ultrasound and C/T Scan services.

The Hospital Auxiliary fulfilled its pledge of \$80,000 for the purchase of the Mammography Machine in the Diagnostic Imaging Department.

In support of the major renovations in the Emergency Department, the Auxiliary pledged \$80,000 towards its cost.

...

The Ministry provided a grant to each of the hospitals in Haliburton and Minden for a Patient Information System for emergency care.

...

OPHTHALMOLOGY

The Chief of Staff, in the 1984 annual report, noted the Ophthalmology Department's program for out-patient cataract surgery.

"The success of this service is a tribute to the skill of the surgeons performing these procedures and to the efficiency of their screening program in selecting patients who can benefit most from these techniques. St. Joseph's General Hospital is a pioneer in this field and is one of the few hospitals in Ontario currently offering this service on an out-patient basis."

...

In order to continue to provide quality eye care in Peterborough the purchase of a laser unit was essential. (A laser is an instrument that concentrates light for a specific purpose.) Since this service started in 1985 the laser unit has been used to treat hundreds of patients with eye disease.

The Peterborough Hospitals Lottery provided the \$93,000 funds required for this laser equipment which is located in 1922 wing.

A short T.V. article featuring an ophthalmologist performing a cataract operation was prepared by CHEX and was shown on their regular newscast.

Three physicians from Kingston and a nurse from their Home Care program visited the hospital to observe its day surgery program for cataract patients.

In 1987 cataract surgery by Phacoemulsification (ultrasound) technique was introduced here. Resident physicians from Toronto and ophthalmologists from Ottawa, London and Quebec have visited the hospital to observe this latest technique.

...

The Peterborough hospitals co-sponsored a testimonial dinner for members of the Peterborough Hospitals Lottery Committee and presented them with plaques, expressing appreciation for assisting in the hospitals' purchasing of equipment.

...

The C.N.I.B. acknowledged appreciation to the nursing staff involved in the retrieval and donation of eyes to the Eye Bank of Canada. "All the eyes have been used for corneal transplants."

...

Computer-update

Four current areas of activity are in place; i) implementation of financing systems within the business office and personnel department, ii) Microcomputer acquisition, iii) Joint hospitals' patient care information system, iv) Radiology department computer system.

...

Organ Transplantation Program

The Peterborough Hospitals' Organ Retrieval Committee was established in 1987.

The Multiple Organ Retrieval and Exchange (M.O.R.E.) Program is a provincially funded organization for organ donation in Ontario.

The objectives of the M.O.R.E. program are to,

- increase the number of organs available for transplantation.
- facilitate organ donations in non-transplant centres,
- ensure the most effective use of available organs.

In order to heighten public awareness and support in Peterborough and district for the need of organ donations for transplants, a formal opening was held January 18, 1988 at the M.O.R.E. office located at St. Joseph's General Hospital, Armour Road entrance.

A number of media interviews and speaker engagements were arranged and information pamphlets and donor cards were placed in strategic locations around the city.

...

The Public Relations and Health Promotion Committee composed of members from both city hospitals and the Peterborough County-City Health Unit undertook a program of community education about AIDS.

...

A painting by an Italian artist and entitled Tarantella was donated by Dr.L.Flak in memory of her husband Dr.E.A.Flak.

...

CORNERSTONE LAID OCTOBER 24, 1888

This historic event of one hundred years ago was re-enacted October 24, 1988 in a symbolic ceremony which took place on the front lawn of the hospital.

To enhance the occasion Helen Willcox and Gord Gibb, dressed in period costumes were chauffeured to the front door in a horse-drawn carriage, representing the first family to seek help in St. Joseph's Hospital.

Monsignor C.H.O'Donoghue in full ceremonial attire proclaimed from the microphone the exact words used by Bishop Thomas Dowling, the second bishop of the Peterborough diocese.

"This institution will provide care and treatment for the sick and suffering ... its doors will be open to all religious faiths"....

A number of Sisters, local dignitaries, hospital staff and members of the public were in attendance. Sister Inez, our oldest member, accepted the original ceremonial trowel passed on by Reverend T.Foley the hospital chaplain.

"This trowel is a symbol of the binding covenant of love that the Sisters of St. Joseph of Peterborough had fused together, that all may experience the healing love of Christ's compassion. May Almighty God continue to bless the good work begun in the community one hundred years ago"....

Actually Gord Gibb had been a patient here two years ago following a serious car accident. He related in an interesting manner his personal experience of being nursed back to health through today's Rehabilitation Program.

...

Commissioning of the Board of Trustees (1989)

Each year at the annual meeting the general superior of the Sisters of St. Joseph of Peterborough, in a somewhat formal statement, expresses gratitude to the Board of Trustees for their hard work, personal integrity and faithfulness to this institution.

"We appreciate the fact that, as Board Members, you know and support the hospital's philosophy, its mission statement, by-laws and legal obligations (canonical and civic) that are entailed, the financial exigencies and the general pastoral purpose for which it exists."

"In keeping with a growing recognition in both civic and religious communities of the significance of the trustee/owner relationship, and as the official representative of the owners of St. Joseph's General Hospital,

I delegate to you as Board members the responsibilities of governing the affairs and directing the operations of the hospital."

...

In Memoriam

Sister Cecilia, a board member at the time of her death, died April 6, 1989. She was an extraordinary woman in her devotion to the Congregation and its works. She will be remembered for her administrative skills, as a natural-born leader, a woman of deep spirituality and religious faith who lived these out in her everyday life.

Sister Cecilia was former general superior and Council member of the Sisters of St. Joseph and past president of the Canadian Federation of the Sisters of St. Joseph .

...

Quality Assurance Program

This on-going program has been developed to comply with Standards for Accreditation of Canadian Health Care Facilities, and St. Joseph's General Hospital Mission Statement. It establishes hospital-wide goals and assesses procedures in place to assure that these goals are being achieved.

"This quality requires a commitment and a frame of mind of all personnel so that those we serve believe we have given our best performance. This is our task in the years ahead."

...

St. Joseph's General Hospitals, Peterborough, Haliburton and Minden were again granted a three year accreditation (the maximum allowed) by the Canadian Council on Health Facilities Accreditation.

...

Operational Review

A comprehensive operational review, sponsored by the Ministry of Health, was carried out by consultants on twenty-three hospitals in the province. Its purpose was to identify causes for chronic deficit situations.

Early conclusions they reached were that this hospital was providing more services than it was given funds to cover, 'overutilized and underfunded'. Their recommendations resulted in diminution of activity in the hospital and a million dollar cut in its budget.

In order to produce a balanced budget the following changes were implemented:

- i) admitted patients were not kept in the corridors of the Emergency Department waiting for hospital beds,
- ii) an increased number of operations were performed on a day-surgery basis,
- iii) the bed occupancy of the hospital was reduced from 99.3% to approximately 85%. Because of this, patients waiting elective admission for medical and surgical treatment were often delayed admission to hospital,
- iv) service was cancelled in one operating room resulting in further delay in scheduling surgery.

...

NURSING IN THE '80'S

(Two graduates, '60 class and the '69 class, who have been in nursing practice on a number of the hospital's active treatment units, share their reflections on changes they have experienced over the past ten years).

Nursing has gone through a rapid transition period since 1980. Nurses graduating in the '80's are better prepared both in theory and practice. Formerly, nurses were trained to perform certain procedures in certain ways for specific reasons. Today nurses as professionals have more input into their practice.

In earlier years nurses were 'duty' bound and nursing was more 'task'-oriented. Many new advances in modern technology have greatly increased the need for more on-going education and expertise in patient care and treatment. Nursing has become less a servant-role and more a supportive role for patients, - a teacher of preventive medicine and health.

Nurses have acquired advanced skills once reserved for medical practice, e.g. cardio-pulmonary resuscitation at advanced levels and defibrillation in case of cardiac arrest. Intravenous drug administration by specially qualified nurses has become widespread nursing practice.

There is more emphasis now on advanced education. Many courses are mandatory requiring regular re-certification. Nurses are encouraged to obtain university degrees.

Nurses experience a great change in the hospital's role in health care. It has become business oriented, government dominated and funded. While its primary role is in the care of the sick and needy, it is now specialized in definite services, e.g. orthopaedics, rehabilitation, ophthalmology, etc. Nurses also become specialists in their chosen areas of practice.

In earlier times patients were not told much about their illness and their loved ones were advised in whispers when the prognosis was grave. To-day the patient, as a responsible person, is advised of the condition and the decisions regarding the care that is one's own to make.

Critically ill patients who earlier would be placed in an intensive care unit, are now being cared for on the ward, the unit is generally reserved for those requiring the use of monitoring equipment or specialized treatments.

Now, there is a joint team approach between doctors and nurses, and a mutual respect and response to opinions regarding the patient's needs. Each year the amount of paperwork seems to be increasing. Newer methods of charting are being tried to find more efficient, faster and more accurate methods of recording data.

Geriatric nursing has become a challenge in the '80's as more of our aging population are requiring care in nursing homes and chronic wings of hospitals. In earlier years, the elderly were cared for in the family home. Now, mothers and fathers are both working and modern homes are not easily adapted to services needed. However, there seems to be a growing trend towards home care as adequate services become available.

Since nurses have become unionized they have become more militant. Across Canada, we see nursing, a predominantly female profession, striking for rights which male-dominated jobs have enjoyed for years.

Many nurses are now seeking employment in the community in preference to institutions. The years of nursing education and the organizational skills acquired in the hospital setting have been found advantageous by nurses, now employed in schools, in clinics and in "Home Care Programs", etc.

The 1980's have seen nurse shortages due in part to dissatisfaction with their employment, becoming tired of working shifts and weekends and having limited time with their families.

The future may be more home-nursing and midwifery as hospital costs rise and government restricts care in hospitals and limits what can be done. However, the nursing profession is still honoured and honourable and is sought after by caring persons in our society.

...

Mr. Frank Lussing was appointed Executive Director August 1, 1989 replacing former director, Mr. Leo Dorion and interim director, Mr. Gerry Rowe.

...

Five managers of departments were given new responsibilities as assistant executive directors;

- Therapeutic and Diagnostic Services (Assistant Executive Director)
- Director of Patient Services (Director of Nursing)
- Human Resource Services (Director of Personnel)
- Financial and Information Services (Director of Finance)
- Physical Plant Services (Director of Maintenance).

...

The hospital community of care-givers began in 1890 with six Sisters and today, one hundred years later, there are 744 full-time and part-time staff and 240 volunteers with a growing need for more.

Critical areas such as intensive care and emergency departments are always in demand for nurses. Departments have been added, subtracted and expanded shaping the hospital into the specialized institution it represents today.

Rated as having the second highest case complexity of any community hospital in the province (including teaching hospitals) St. Joseph's is proud of its successful and well equipped Ophthalmology and Orthopaedic services.

Housing one of the largest community hospital-based Orthopaedic departments, this service completed nearly 1,000 inpatient bone operations including 350 major joint procedures in the past year. More than 600 implants or fracture corrections were also performed.

The most significant changes have developed in the area of Diagnostic Imagery (formerly Radiology), in the effective ability to visualize what is wrong inside the body.

...

Administrative By-Laws were reviewed and passed by the Board of Trustees to reflect new legislation for nurses and other staff members to serve on hospital committees.

...

The centennial project of renovating and refurbishing the hospital chapel has been completed. This venture has been made possible through a number of donations towards this purpose.

The chapel was rededicated on March 19 in memory of Sister Cecilia.

CENTENNIAL YEAR FINANCIAL CONSIDERATIONS

(Director of Finance)

The Centennial Year tends, inevitably, to focus our attention upon the history and traditions of Saint Joseph's General Hospital. A century of service certainly represents a significant milestone in the life of any organization. When the organization happens to be a hospital, the milestone becomes particularly noteworthy since the Centennial provides an opportunity to celebrate 100 years of caring. Over the past century our families -- parents and grandparents, uncles and aunts, sisters and brothers, sons and daughters, have relied upon Saint Joseph's Hospital to meet their health care needs. Thanks to a dedicated staff and the generosity of the Sisters of St. Joseph, the hospital has been there to meet those needs. With the continued support of the people of Peterborough and surrounding area, Saint Joseph's General Hospital will continue to meet those needs for many years to come.

Reviewing the accounts of years gone by, it is interesting to note that the hospital's cost of operation for the year ended October 1892, totalled \$4,716.20. This cost of operation can be contrasted with the budget for the year ending March 31, 1990 which totals \$31,831,500.00. Even though the hospital has expanded significantly since 1892, these figures certainly provide a graphic illustration of the spiralling cost of health care.

The sources of hospital revenue have not really changed over the past 100 years although the proportion of overall revenue provided by each source has been altered dramatically. For example, in 1892, government grants accounted for just under 45% of total hospital revenue. As a result of the introduction of various government sponsored health insurance plans, government grants account for almost 85.7% of total hospital revenue in 1990.

The proportion of total hospital resources spent in each expense category has also changed quite a bit over the years. In 1892, food costs represented the hospital's single largest expense item, accounting for 42.1% of total expenses. In 1990, however, food costs constitute only 1.7% of total expenses. Conversely, salaries and wages which represented only 11.9% of total hospital cost in 1892, now represent 73.9% of total expenses. Other changes include: fuel costs, which have been reduced from 10.4% of expenses in 1892 to 0.4% today; and drugs and medicines expense, which made up 8.0% of expenses in 1892, and which today represents just 3.4% of the budget. Maintenance costs which made up 3.2% of expenses in 1892, now account for 2.5% of the budget, and medical and surgical supplies have grown from 2.9% in 1892 to 5.9% today.

Despite these changing proportions, one thing has, unfortunately, remained relatively constant throughout the past 100 years. Financial records indicate that the hospital incurred a deficit of \$913.48 for the year ended October 1892. Over the past 100 years, it seems the wolf has never been far from the hospital's door, and the struggle to meet the good neighbour's health care needs has continued, despite ever present financial constraints.

As Saint Joseph's General Hospital enters its second century of service to the community, there are those who ask how the hospital can carry on in the face of ongoing funding limitations. In searching for the answer, one need look no further than the rich history and traditions established during the first 100 years of hospital operations.

...

APPRECIATION EVENT
MOUNT ST. JOSEPH

(Excerpts from the address to the Board of Trustees given by Sister Veronica O'Reilly, C.S.J., General Superior, December 13, 1989).

My personal welcome to each of you and to state publicly our gratitude and appreciation for all that you do for St. Joseph's Hospital.

As Board members, you undertake on our behalf the increasingly large tasks of direction-setting, policy-forming and general decision-making.

As Foundation people, you are involved in the business of assuring financial resources for present and future enterprises related to our institution.

The physicians present, represent our dedicated medical staff who are so central to patient diagnosis and treatment.

The senior staff administer the day to day operations and represent to-night all those care-givers who make St. Joseph's Hospital a good place to work and in which to be cared for.

Together as owners, volunteers, Board and Foundation, medical and administrative staff, we constitute a major unit of health care-givers in this community. And an occasion such as this is a celebration of all the good that unit does throughout the year. It acknowledges, as well, the difficult things we have worked through together.

So many of the world's religions place a feast of light in the calendar this time of year. Not only do the long nights and short, dark days of the winter solstice make us long for light but the tragic events that seem inevitably to mar this season, make us feel keenly the need for hope. As the shadows of the decade, indeed the century, lengthen there is much darkness around us - and there are some signs of wonderful light.

World wide hunger, extreme poverty and the cruelties and oppression that characterize and cause it, diseases that we have not yet learned to prevent or cure, the tragedies of addiction, personal alienation, meaninglessness and madness that seem common to our more affluent societies. This world of darkness, as Shakespeare might say, we acknowledge ours.

Ours, too, is the light. And this time of year, as Christians especially, we recall in a special way that the light of the world has come to brighten our darkness, to be our hope.

We see the light around us in the emerging freedoms of eastern Europe, in the increasing consciousness that the '90's must be a decade of caring for each other and our planet, in the very evident recognition in surprising places that as humans we hunger for, we need and we have a right to a spiritual vision - to something more than science, money or power can afford us. Hope and light are present too, in the decency and honesty of ordinary people, in the lives of those individuals and communities who are prepared to stand for what is just, compassionate and non-violent, who work to bring about such a world and who stand ready to die to witness to its truth.

To us as a Congregation, you are light and hope. You are generous in giving personal time, gifts and energy. You are willing to struggle in the complexities of a health care system which tries hard, and occasionally fails, to be compassionate, competent and just. It is in you and through you and people like you that hope is in the world, that light shines in the darkness. The poet, Gerald Manley Hopkins said this so much more eloquently when he wrote:

For Christ plays in ten thousand places,
Lovely in limbs, and lovely in eyes not His.

On behalf of the Sisters, I thank you and I wish each of you a very happy Christmas. May it be a time of joy and safety among family and friends, a time of peace in your hearts. And in the New Year of 1990 may you continue to be light among us.

...

ENDPIECE

Our Catholic Health Care Institutions, in most ways the same as all other such institutions, nonetheless exist for a special reason. They have come into being and struggle to continue because of a conviction and a tradition that they are participating in the healing ministry of Jesus Christ and making the compassionate love of God visible in the world. That is a tall order because we are all weak and sinful people as well as good and dedicated people.

Our strength lies in two things: we believe we can make God's love visible to those around us because we know that God lives in us through our baptism and gives us the strength we need; this hospital is a community of persons who work together to make the healing ministry happen, and community makes us strong.

Health care is now moving into the twenty-first century with increasing sophistication in methods of control of disease, promotion of health and extension and enhancement of human life.

In closing, I wish to express on behalf of the Sisters of St. Joseph, our profound gratefulness to the care-givers and receivers of St. Joseph's General Hospital over the past 100 years.

Intellect, will, feelings, mind and body, past and future come together. Human needs of presence, sincerity, understanding, reassurance, compassion, trust and faith in God kindle the spirit within each person. Through the decades of the past century, the special spirit of St. Joseph's Hospital has been kept alive. It will continue to be the wonderful place it is because of you and because of the mission it strives to fulfil.

M.

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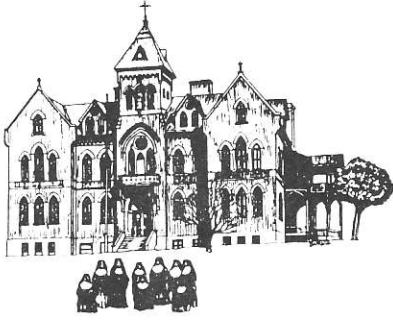
Archives - Mount St. Joseph, Peterborough.

Archives - St. Joseph's General Hospital, Peterborough.

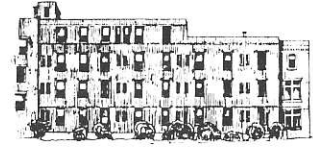
Peterborough Examiner.

Various interviews.

RE-DEDICATION
ST. JOSEPH'S
GENERAL HOSPITAL



1890



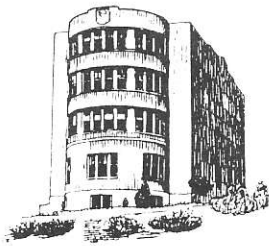
1922

We bow in profound gratitude
for the countless ministrations
to the sick and needy
within your walls
during the past

ONE HUNDRED YEARS

always protective of

HUMAN LIFE WITHOUT COMPROMISE



1950



1964

As a tree lives from its roots
you have been rooted in love.
Love means sacrifice.
Without love you cannot survive.

As you continue your Mission,



Haliburton
1984



Minden
1984

"LET ALL FIND COMPASSION IN YOU"
(St. John of the Cross, 1542-1591)



**Hospital Chapel Rededication
March 19, 1990**

ADDENDA

A	Hospital Auxiliary
B	Clinical Laboratory
C	Medical Records
D	Social Services
E	Pastoral Services
F	Official Listings
G	Centennial Events

HOSPITAL AUXILIARY

(Doreen Lee)

With the active support and encouragement of the Sisters of St. Joseph several dedicated women met to form an Auxiliary group for the hospital. The inaugural meeting was held in the auditorium at Mount St. Joseph on January 26th, 1946. Mrs. F.J. (Catherine) Lynch was elected its first president. Committees were formed, convenors appointed and so began the history of an Auxiliary which has contributed so much to St. Joseph's Hospital.

From the very beginning service was the keyword. Membership in the Auxiliary was actively recruited both in the city and in the rural areas and fund raising projects were undertaken and the various committees were hard at work. At the end of its first year the Auxiliary was heavily involved in providing financial support for the new Nurses' Residence as well as taking charge of the graduation exercises and dance. The Sewing Committee was busy turning out hundreds of items and each city parish took turns visiting the sick. Funds were also being raised to provide needed equipment for the hospital. It was indeed an eventful, fruitful year.

In 1947 the Auxiliary became a member of the Hospitals' Auxiliaries Association of Ontario and participated in regional conferences. This was also the year that the annual "Violet Tag Day" began - for many years this was the major fund raiser. The constitution of the Auxiliary was also finalized.

By 1949 the Auxiliary looked ahead with confidence and pledged to extend its work.

As the hospital expanded so did the scope of volunteer activities. New services were added as needed. In 1961 a fledgling Teen Volunteer program was introduced. But with the advent of more sophisticated medical technology and equipment, needs slowly changed and so, necessarily, volunteer activities were tailored to fit these needs. As well, volunteers were changing - they sought opportunities to participate in services which were more directly patient related. By the early seventies their activities were so varied that the Auxiliary appointed one of its members to co-ordinate and direct all the volunteer services.

In consultation with Administration and staff several new services evolved. These included a greatly expanded Teen Volunteer program, an Admitting service and a Porter service. Volunteers staffed the Information Desk, worked in Emergency, Central Supply and on Nursing units. It was at this time that men were actively recruited and are now contributing in all of the services.

The hospital and the Auxiliary owes a deep debt of gratitude to those dedicated hard working women who established the caring guidelines that still prevail in the Auxiliary today.

As the hospital celebrates its centennial the Auxiliary remains an integral part of its history of caring. Approximately 250 volunteers give over 28,000 hours of service each year and engage in fund raising activities which have provided so much in the way of needed equipment. All this has been made possible by the hard work and dedication of each and every volunteer.

In this, the centennial year, the Auxiliary looks forward to continue working with the Sisters, the Board of Trustees, Administration and staff in meeting the needs of our community in the years ahead.

...

THE CLINICAL LABORATORY

(Chief Technologists)

In the Clinical Laboratory of a hospital, the principles of Chemistry, Physics and Biology are applied to the examination of body fluids and tissues, which determine whether or not they contain the materials found in those of healthy persons.

Physicians use this information to arrive at a diagnosis and to prescribe for and manage the treatment of their patients. It is therefore necessary that a laboratory service is contemporary, dependable and under medical supervision.

The Pathologist, a physician specializing in pathology provides the medical supervision.

The Pathologist directs the choice and performance of laboratory investigations, interprets the results of laboratory testing and is available to the attending physician for consultation.

Assisting the Pathologist by performing laboratory techniques are the Medical Laboratory Technologists. The Pathologist is responsible for the undergraduate and post-graduate education of Medical Laboratory Technologists. The first school was opened in 1956 and Sister St.Martin was its first director.

The Canadian Society of Medical Technologists (C.S.M.T.) is both the Standards Body and the Registry Body for Medical Laboratory Technologists. Within the Canadian Medical Association is the approving committee for training programs in Medical Technology. This is The Conjoint Committee on the Accreditation of Education Programs in Medical Laboratory Technology.

The Clinical Laboratory in St.Joseph's General Hospital, Peterborough, Ontario, was established in 1913 at the request of the Medical Staff. Sister M. Angelica, R.T. (Canada), the only technologist on staff at the time, was prepared for this assignment by a course in Medical Laboratory Technology in Chicago, Illinois. When the Canadian Society of Laboratory Technologists, formed in 1936, received its charter in 1937, Sister Angelica was among its first members.

As the laboratory grew, it moved from a corner in the attic of the 1890 building, to a room near the operating room in the 1922 Wing. Then in 1947 it moved to the classrooms vacated by the School of Nursing which was transferred to the new residence and school of nursing building. In 1963 the final move was made to the laboratory's present location in the D wing.

From 1928 to 1983 the Directors of the Laboratory were:

Doctor C.B. Waite	-	1928 - 1956
Doctor E. Dutkevich	-	1956 - 1973
Doctor W.A. Dawkins	-	1973 - 1983

In 1983 a system of "rotating pathologists" was set up under Doctor J.H. Whiteside to serve as Directors for both St. Joseph's General Hospital and Peterborough Civic Hospital, and as Consultants for Campbellford Memorial, Cobourg and District, Port Hope and District Hospitals.,

From the rudimentary service which could be offered in 1913 the laboratory has evolved into a comparably adequate service, housed in ten rooms, complete with a wash-up and sterilizing room, ECG and classroom, Out-Patient area, offices and record area, storage area, and laboratories equipped for:

- Virology (discontinued in 1977)
- Microbiology and serology
- Media preparation
- Haematology
- Immunohaematology (Blood Banking)
- Biochemistry and Urinalysis
- Histology.

The last thirty to forty years has seen the phenomenal growth in scientific knowledge applied to medical technology. This has resulted in a rapid advancement in the quality, accuracy and quantity of techniques (tests) available to doctors as they wrestle with human disease. The laboratory at St. Joseph's General Hospital had kept pace with such advances, as the new techniques and instruments became available, but suddenly the pace had to quicken and the scope had to broaden. The impact of certain events in the laboratory sped the process.

By 1954 (approximately) the Canadian Red Cross had begun to assume responsibility for collecting and processing blood for transfusions, and had set up Blood Bank Depots in major cities across Canada, but had not yet undertaken to supply blood for the hinterland.

In 1956 with the help of Local Red Cross members, led by Mrs. Charles Rae, blood donor clinics were held bi-monthly in the laboratories of both city hospitals. This ensured supplies for Peterborough's needs. It eliminated supervising a donor list and having to stop to collect blood at busy times. Real relief came when the Toronto Depot began to hold its own blood donor clinics in Peterborough. Now both hospitals were assured of weekly shipments of processed blood units. If emergencies occurred at a time when public transportation between Peterborough and Toronto was unavailable, the Provincial Police stepped into the breach and brought us the blood - in fair weather or foul.

When in 1956, Doctor Eudoxia Dutkevich became the first full time Director of the Laboratory in St. Joseph's General Hospital, the laboratory experienced its first direct personal medical supervision. And when, in this same year, the first two students were enrolled in the newly established School of Medical Laboratory Technology, the Laboratory was assured of a supply of trained personnel, since many of the graduates of the school remained on staff either temporarily or permanently.

In 1958, an automatic tissue processor and a second binocular microscope speeded up production, while the increased number of better quality blood grouping sera, as well as improved methods of blood matching, eliminated much of the risk in transfusing blood.

The greatest impact on the service came in 1963 when the laboratory was moved into the newly built "D" Wing. At last it had the furnishings and the space for the equipment needed to keep pace with the demands for those improved and special tests which were now available. Testing for electrolytes was introduced immediately. Soon the separation by electrophoresis of proteins and lipoproteins in blood serum followed. And so it went - providing physicians with added clues as they sought to track down the cause of human illness.

By 1968 instruments for semi-automatic and automatic laboratory testing were becoming more reliable and were introduced into the laboratory each year. The resulting improved quality, accuracy and speed in reporting findings in hematology, biochemistry, electrocardiography (EKG's), tissue analysis, and even in Blood Banking, has been gratifying. The introduction of vacutainers to collect blood specimens also saved time and money.

Custom-made Ladies' Hat

In 1964 a number of hospital departments undertook money-raising projects to help defray the debt on the new wing. Our project was a prize of a \$25.00 Custom-made hat according to the preference of the woman.

Paul Bunn whose hobby was making Ladies' Hats, arranged a hat display, with style change weekly. The ticket sale netted \$720.00 and the prize winner was Mrs. (Doctor) Atkinson, Norwood.

...

MEDICAL RECORDS DEPARTMENT

(Directors-Medical Records)

Within the last hundred years many changes have taken place in the Medical Records Department. These changes include an increase in the size of the department, the number of personnel, the amount and quality of the work done and the method in which it is done with the use of modern and sophisticated equipment.

In 1938 the first Registered Record Librarian (now known as Health Record Administrator) was hired and a system for coding and cross-indexing diseases and operations was set up. A patient's index and physician index was also set up. There were approximately 80 beds at this time.

In 1952 a School for Training Medical Record Librarians was opened under the direction of Sister Celine. It was a 12 month course and there were four students. The school was closed the following year.

In 1956 all the medical records up to the end of 1950 were microfilmed and stored on reels in the M.R.D. Since then microfilming is done on a regular basis and a new microfilm reader-printer was purchased in 1989.

The medical record department was located in two different locations near the Armour Road entrance. In 1963 the department was moved to the present location in the D Wing. At the same time the storage area was located in the basement of the D Wing and equipped with movable shelving.

In 1951 a dictating machine was installed and a medical secretary was hired. There have been many changes and expansions to facilitate dictating for members of the medical staff. In 1987 a new central dictating system was installed in order to cope with the large volume of dictation which consists of histories, consultations, progress notes, operative procedures, etc.

In 1965 the H.M.R.I. (Hospital Medical Record Institute) was introduced and all the medical statistics were received on computer printouts. St. Joseph's was one of the first hospitals to participate. In 1983 the computer system for HMRI abstracting was purchased from the Network Data Systems. This produced considerable cost savings.

In 1973 the position of a Health Record Analyst was created for the Medical Audit Programme. The office was located opposite the chapel. In 1980 the Director of the Medical Record Department became responsible for this programme, and in 1985 she became responsible for the Hospital Wide Quality Assurance Programme.

In 1982 the Joint Forms Committee with Peterborough Civic Hospital was formed. In 1985 the Medical Records Committee started to meet jointly with the committee of the Civic Hospital.

In 1986 the Director of Medical Records was given responsibility for Health Record functions at the hospitals in Haliburton and Minden. In 1988 a computer system for HMRI/CPI/Emergency Registration was installed at both facilities.

In 1983 a colour-coded terminal digit system was begun. In 1987 the first computer for word processing was obtained. In 1988 a computer was acquired to produce in-house statistical reports and new plans got underway to develop a joint computer system with the Peterborough Civic Hospital.

In 1989 the Management Regulation in the Public Hospitals Act was revised with considerable impact on Retention of Records.

The volume of work in the Medical Record Department continues to increase, and at the present time the staff complement is 10.5 Full Time Employees.

...

SOCIAL SERVICES DEPARTMENT

(Director - Social Services)

The Social Service Department of the hospital was established May 17, 1968 and its first director was Mary Parthun. It was the first social service offered in a general hospital in the Peterborough area. Consultant service was provided by Family Counselling.

With this new service its scope widened greatly to include general planning for the social well-being of patients. There was also the responsibility to interpret the social needs of patients to official agencies and to the public at large. A brief was also submitted to City Council urging broad planning for the basic needs of the aged and the poor of the area, urging more direction of voluntary funds to meet these needs.

Because of the deleterious effects of long hospitalization on the personal and social life of the patient, there is now a strong interest in discharge-planning for patients. Follow-up is also regarded as an important part of social work.

In keeping with its philosophy, the responsibility of the department is extended to the community at large and for participation in worthwhile community projects.

In the team-approach, members from each discipline bring their point of view to the total situation. Here Social Services underline the social needs and relationships of individual and inter-relationships of community services.

The activities of today's department include patient services, community action, student and staff education.

Recently a brochure was developed and given to families of patients being transferred to Toronto. At the request of Minden and Haliburton hospitals, a somewhat similar brochure has been designed for patients being transferred to Peterborough.

...

PASTORAL SERVICES

(Director of Pastoral Care)

"To visit the sick after the example of Christ Himself" is indeed a scriptural exhortation and is in the recorded history of Christianity.

A natural work in a hospital, the Sisters assumed its responsibility when they accepted the invitation of Right Reverend R.A. O'Connor, D.D., to take over the operation of St. Joseph's Hospital, Peterborough.

For the next forty years medical science was rudimentary and the total care of the hospital patient, body, mind and spirit, was relatively stable. The number of patients was small and the turn-over limited so there were ample opportunities for the Sister Supervisors to establish helpful patient-relationships.

Clergymen of patients' religious faiths visited on a casual basis and parish priests administered the sacraments. Sisters and clergy were on call seven days a week and would be available to be with the very ill and dying.

As medical science and technology advanced, the causes of disease became the challenge. But the successful war on a number of diseases seemed to drive a wedge between medicine and religion. There was increasing emphasis on the cause of suffering with less concern for the sufferer.

As social sciences were being introduced into the field of medicine, the importance of psychological and social factors affecting illness was becoming recognized with a better understanding of the role of human and interpersonal relationships.

The first full-time hospital chaplain was Reverend V. Gillogly, who was appointed by Bishop B.I. Webster in 1958. The challenge was to try to discover his role in this medical enterprise in a setting which defined sickness in strictly physical terms. His function became an accommodating one and seemed to evolve as comforting, supportive and encouraging in addition to his sacramental ministry.

In the 60's and 70's with conflicts of medicine and religion the medical world began to re-think its concepts of health and medical practice. The medical professionals recognized the complex interaction between the biological, social, mental and spiritual forces within the person as well as the interplay of heredity, environment, life style, diet, exercise, values, faith meaning and commitments.

As health care perspectives broadened, the importance and need of pastoral services became better understood. In due time the Canadian Council on Health Care Facilities in their standards for Accreditation recommended that every hospital have a Pastoral Care Department.

A volunteer program in Palliative Care within the Pastoral Care Department was established in 1982 by Reverend C.Rushman, S.J. Director. The first co-ordinator of Palliative Care was Mrs. Lyla Ranney.

The first budget for the Pastoral Care Department was presented in 1987. Today, Pastoral Education programs are available in a variety of settings and are recommended for all who wish to work in Pastoral Ministry. It is a shared ministry. To be pastoral means to engage in the prophetic role of theological reflection and compassion.

The staff in Pastoral Care strive to acquire a listening heart, a contemplative stance, taking into oneself the joy and pain and concern of the 'other'.

As we move rapidly towards a new century, already there are signs of vital sparks in the evolution of the spirit. The individual seems to sense the need to find 'quality time', time devoted to enhancing human relationships, and restructuring personal goals and values and seeking answers to the basic questions about life, which every thoughtful human being must ask for an entire lifetime.

...

Hospital Chapel

After extensive renovations and refurbishing, the chapel was officially re-opened March 19, 1990. At the request of the Sisters of St. Joseph it was re-dedicated in memory of Sister Cecilia Maloney, C.S.J. who served as General Superior of the Congregation from 1976-1983.

In addition to daily liturgy which is open to the larger community the chapel is used for prayer services, e.g. students in C.P.E. Course (Clinical Pastoral Education) and monthly memorial services, etc.

It is also available to patients, staff and visitors who desire an atmosphere of quiet and peace for reflection.

...

**Blessing and Rededication
of
St.Joseph's Hospital Chapel
March 19, 1990**

(Homily by Bishop James Doyle, D.D.)

The Blessing of a hospital chapel is an important moment in the history of a Health Care Facility. It underlines for us at St.Joseph's what is the heart and core of our philosophy of care, our mission.

Two persons emphasize what I want to say to you.

We bless this chapel on the Feast Day of St.Joseph who is the patron of our hospital and the patron and model of the Sisters who have ministered here for 100 years.

St.Joseph was the foster father of Jesus. He raised Him and cared for Him and His Mother Mary. In scripture He is described "as the just man" - the only person so described in the Bible. "Just" means "giving to all their proper due". What a beautiful model for a hospital and a community! To give to everyone who comes here the care they need, the concern that they need, the compassion and warmth that their humanity deserves. That is what the holy man whose name we bear calls us to in our hospital's ministry.

The second person is a contemporary - this chapel is being designated to-day as The Sister Cecilia Memorial Chapel. She was a wonderful woman that most of us knew, admired and loved. She was a Sister of St.Joseph who strove to live the motto of her community "The Love of Christ has brought us together". This she brought to all she did - and how monumental was her contribution not only for her community but the church and our society. That very special dimension, to see in all others the Christ to be loved and served is the special quality her life teaches us to-day as we remember her work and person - to give to all who come to this facility the love that we would give to Christ; the love that Christ would give to them if He laboured here.

May this chapel remind us constantly of these values that should distinguish this hospital and make it distinctive - a deep awareness of the rich humanity of every person - and the love of Christ that we can bestow on them giving to each richly what they justly deserve as human persons loved by God.

May this Chapel be the dynamo of such care and love.

Amen.

CHAIRPERSONS, BOARD OF TRUSTEES

(Title changes of the Governing Board)

Management Board	1890 - 1940
Advisory Board	1940 - 1966
Board of Directors	1966 - 1972
Board of Trustees	1972 -
Sisters of St. Joseph	1890 - 1939
Mr. James Lynch	1939 - 1940
Mr. J. R. Corkery	1940 - 1960
Mr. E. W. Curtin	1960 - 1964
Mr. W. F. McMullen	1964 - 1966
Mr. N. J. Crook	1966 - 1969
Mr. E. W. Curtin	1969 - 1975
Mr. C. M. Krug	1975 - 1976
Mr. Sam Murphy	1976 - 1978
Mr. John McCarney	1978 - 1980
Mr. Frank Petrie	1980 - 1982
Mrs. Carole Pulver	1982 - 1984
Canon Bill Moore	1984 - 1987
Mrs. Helen Willcox	1987 - 1990

HOSPITAL ADMINISTRATORS 1890 - 1990

1. Sister Anslem 1890-1891
2. Sister Vincent 1891-1895
3. Sister Clotilde 1895-1901
4. Sister St.Michael 1901-1911
5. Sister Antoinette 1911-1917
6. Sister St.Michael 1917-1923
7. Sister St.Bernard 1923-1929
8. Sister St.Joseph 1929-1935
9. Sister Antoinette 1935-1940
10. Sister Mary Esther 1940-1946
11. Sister Priscilla 1946-1953
12. Sister Josepha 1953-1959
13. Sister Marie Paul 1959-1970
14. Mr.Leo Doiron 1970-1989
15. Mr.Gerry Rowe 1989 (Interim)
16. Mr.Frank Lussing 1989-

MEDICAL DIRECTORS

Dr.R.S.Chenoweth	March 1972 - April 1974
Dr.J.R.Epping	April 1974 - February 1985
Dr. P. Richardson	March, April, May 1985
Dr.J.R.Epping	June to December 1985
Dr.M.Trossman	1986 -

CHIEFS OF STAFF

Dr.L. Zacks	1962
Dr.W.W.Belch (Medical Staff Representative)	1962
Dr.H.E.Gastle	1963
Dr.W.W.Belch	1964
Dr.O.B.Richardson	1965
Dr.A.M.Turner	1966
Dr.T.J.Sheppard	1967-1968
Dr.R.S.Chenoweth	1969-1970
Dr.J.R.Epping	1971-1974
Dr.I.O.Drysdale	1974-1976

PRESIDENTS -,MEDICAL STAFF

Dr.N.A.Scott	1960
Dr.Allan Kelly	1961
Dr.W.W.Belch	1962/1963
Dr.O.B.Richardson	1964
Dr.A.M.Turner	1965
Dr.T.J.Sheppard	1966
Dr.A.H.Levy	1967
Dr.S.L.Speller	1968
Dr.H.J.McCartney	1969
Dr.D.C.May	1970/72
Dr.F.C.Meade	1973/74
Dr.A.M.Davidson	1975/76-April 1977
Dr.G.W.Powell	May - December 1977
Dr.D.W.Aitken	1978
Dr.R.L.Clark	1979/1980
Dr.S.R.Martin	1981/82/83/84
Dr.R.I.Sutherland	1985/86
Dr.R.G.Morrison	1987/88/89/90

* * * * *

Doctors whose names are on early records of the Governing Board

Dr. F.P. McNulty	-	1939 - 1959
Dr. M. Moher	-	1957 - 1964
Dr. H.E. Gastle	-	1962 - 1963
Dr. O.B. Richardson	-	1963
Dr. A.M. Turner	-	1964
Dr. T.J. Sheppard	-	1966
Dr. A.H. Levy	-	1966
Dr. P. Bodrug	-	1966

PHYSICIANS' SERVICE AWARDS

(HOSPITAL COMMITTEE WORK)

Dr.J.J. Neville	Dr.A.E.W. Morton	Dr.C. MacIsaac
Dr.K. Milne	Dr.D.W. Aitken	Dr.E. Dutkevich
Dr.J.R. Epping	Dr.R.S. Chenoweth	Dr.W.C. Wedlock
Dr.D.B. Kelly	Dr.J.R. Morgan	Dr.H.M. Yule
Dr.I.R. McLean	Dr.A.H. Levy	Dr.P.J. Doyle
Dr.H.J. McCartney	Dr.A.M. Davidson	Dr.W.J. Gamble
Dr.D.R. Clark	Dr.W.W. Belch	Dr.R.L. Clark
Dr.G.M. Deyo	Dr.I.O. Drysdale	Dr.J.H. Fraser
Dr.B.D. Feaver	Dr.W.S. Gow	Dr.A. Kelly
Dr.S.R. Martin	Dr.D.C. May	Dr.F.C. Meade
Dr.D.L. Norrie	Dr.N.A. Scott	Dr.T.J. Sheppard
Dr.R.I.L. Sutherland	Dr.A.M. Turner	Dr.G.W. Powell
Dr.C.J. Must	Dr.S.B. Moore	Dr.G.A. Lewis
Dr.W.R. McLean	Dr.R.M. MacMillan	Dr.P.A. Clark
Dr.C.E. Cragg	Dr.E.L. Magee	Dr.W.A. Dawkins
Dr.J.W. Martyn	Dr.F.J. Strath	Dr. R.R. Mann
Dr.R.L. Smith	Dr.C. Varty	Dr.J.W. Mewett
Dr.J.E. Callaghan	Dr.J.D. McCallum	Dr.R.G. Morrison
Dr.M. Trossman	Dr.E.J. Hambley	Dr.B.W. Johnston
Dr.G.D. Keats	Dr.R.A. Durnin	Dr.I.C. Fung
Dr.A.A. Minor	Dr. D.J.Harterre	Dr.D.A. Boyle
Dr.M.B. Trusler	Dr. W.L. Rogers	Dr.K. Sewchand
Dr.R.A. Beamer	Dr. E. Ho	Dr.H.J. Stelzer
Dr.J.E. Gray	Dr. R.H. Friesen	Dr.J.H.M. Lan
Dr.V. Arcieri	Dr. W.Beer	Dr.C.L. Boyd
Dr.D.S. Campbell	Dr.R.G. Caskey	Dr.R.M. Elliott
Dr.J.A. Meade	Dr.J.D. Goodge	Dr.D.W. Smith
Dr. J. Fagan		

HOSPITAL AUXILIARY PRESIDENTS

1.	Mrs.F.J.Lynch	1946-1948
2.	Mrs.J.V.Gallivan	1948-1951
3.	Mrs.P.J.Anglesey	1951-1952
4.	Mrs.B.Monaghan	1952-1954
5.	Mrs.J.L.Paquette	1954-1956
6.	Mrs.B.Monaghan	1956-1959
7.	Miss L.Sullivan	1959-1961
8.	Miss L.Flynn	1961-1962
9.	Mrs.J.Fitzpatrick	1962-1964
10.	Mrs.Cyril Landry	1964-1965
11.	Mrs.B.Monaghan	1965-1966
12.	Miss T.Lucas	1966-1967
13.	Mrs.S.Geale	1967-1968
14.	Mrs.K.McMullen	1968-1970
15.	Mrs.B.Haley	1970-1972
16.	Mrs.D.Lee	1972-1974
17.	Mrs.M.Ramey	1974-1976
18.	Mrs.B.Haley	1976-1978
19.	Mrs.M.Thatcher	1978-1980
20.	Mrs.C.Clarke	1980-1982
21.	Mrs.D.MacCormick	1982-1984
22.	Mrs.E.White	1984-1986
23.	Mrs.M.Ramey	1986-1987
24.	Mrs.P.Houlihan	1987-1989
25.	Mrs.F.McGill	1989-

CENTENNIAL YEAR PROGRAM

(Monthly events planned by the Hospital's Centennial Committee)

- | | | |
|-------------------|---|---|
| January 2 | - | Centennial Year Luncheon.
Centennial Crest and slogan unveiled
and ceremonial cutting of birthday cake. |
| February 10 | - | Skating party for staff and their children. |
| March 30 | - | Centennial Spring Dance. |
| April 21/22 | - | Nurses' Alumni Homecoming. |
| May 27 | - | Family Health Fair and Open House. |
| June 24 | - | Teddy Bear Fair organized by the
Hospital Auxiliary. |
| July | - | Staff Family Picnic. |
| August 15 | - | Birthday Garden Party. |
| August 12-18 | - | St. Joseph's General Hospital,
Peterborough Week. |
| August 26-Sept.30 | - | Peterborough Museum Centennial
Exhibition and special events,
i.e. Public speakers on history of
Medicine and Health Care. |
| October | - | Fall Ball. |
| November | - | To be scheduled. |
| December | - | Centennial Christmas Party. |



Re-enactment - Arrival of First Patient, 1890



**Iced Model of the Hospital
L-R, Mayor Sutherland, Helen Willcox, Sister Veronica, Frank Lussing
January 2, 1990**

PETERBOROUGH EXAMINER

Established 1847

Century to Celebrate
St. Joseph's Hospital
Peterborough Examiner, January 2, 1990

BRUCE L. RUDD, Publisher and General Manager

E. N. ARNOLD, Managing Editor

BEVERLEY THOMPSON, Editorial Page Editor

FRED EISMONT, Advertising Manager

RICHARD RUSSELL, Circulation Manager

TUESDAY, JANUARY 2, 1990

Century to celebrate

St. Joseph's Hospital

St. Joseph's General Hospital marks its 100th birthday this year, a century of unstinting and essential service to the people of the Peterborough area.

In fact, the history of Peterborough is closely entwined with the history of the Sisters of St. Joseph, the hospital's founders who also mark their centennial in the city this year.

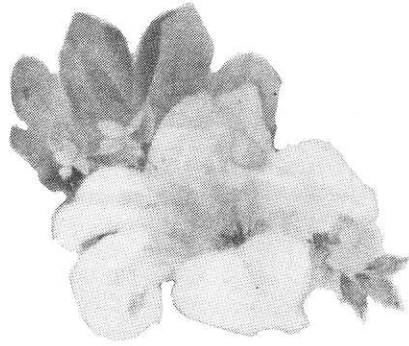
The cornerstone for the original hospital building was laid in October, 1888, with the official opening held Aug. 20, 1890. The first 25-bed hospital was located on Rogers Street, site of the present building. That section was demolished in 1969.

St. Joe's, as it is affectionately known, has expanded over the years to eight times its original capacity. It has also changed, as hospital services were integrated with those offered across town at Peterborough Civic Hospital. So great was the need that a mere 20 years passed before new beds and an elevator were added. A second addition opened in 1922, a third in 1950 and the most extensive addition, D Wing, added 113 beds and several new departments in 1964.

Since then, the hospital has instituted services like a nuclear medicine department, amputee clinic, computerized pharmacy, day hospital, chiropody program, cancer clinic affiliated with Princess Margaret Hospital in Toronto and an off-site physiotherapy department. St. Joseph's and the hospitals in Minden and Haliburton that it took over in 1983 received their latest three-year professional accreditation in 1988.

The practice of medicine has changed markedly during St. Joseph's Hospital's first century. Where most of the burden once fell on doctors and nurses, today's patients see a wide range of professional and support staff members and undergo procedures and treatments medical and nursing practitioners could not even imagine in 1890.

One principle has always sustained both the Sisters of St. Joseph and the hospitals they are responsible for: service to this community regardless of race, color or creed. It is the firmest of foundations as the hospital enters its second century and the people of Peterborough wish it a heartfelt Happy Birthday.



A CENTURY OF SERVICE



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