The Great Canadian Catholic Hospital History Project

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

Projet de la Grande Histoire des hôpitaux catholiques au Canada

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

Peterborough and St. Joseph's Hospital
An Historical Appreciation
A System and a Soul

by
Alan Wilson

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SISTERS OF ST. JOSEPH
PETERBOROUGH

100 years

Peterborough and St. Joseph's Hospital

an historical appreciation

"a system and a soul"

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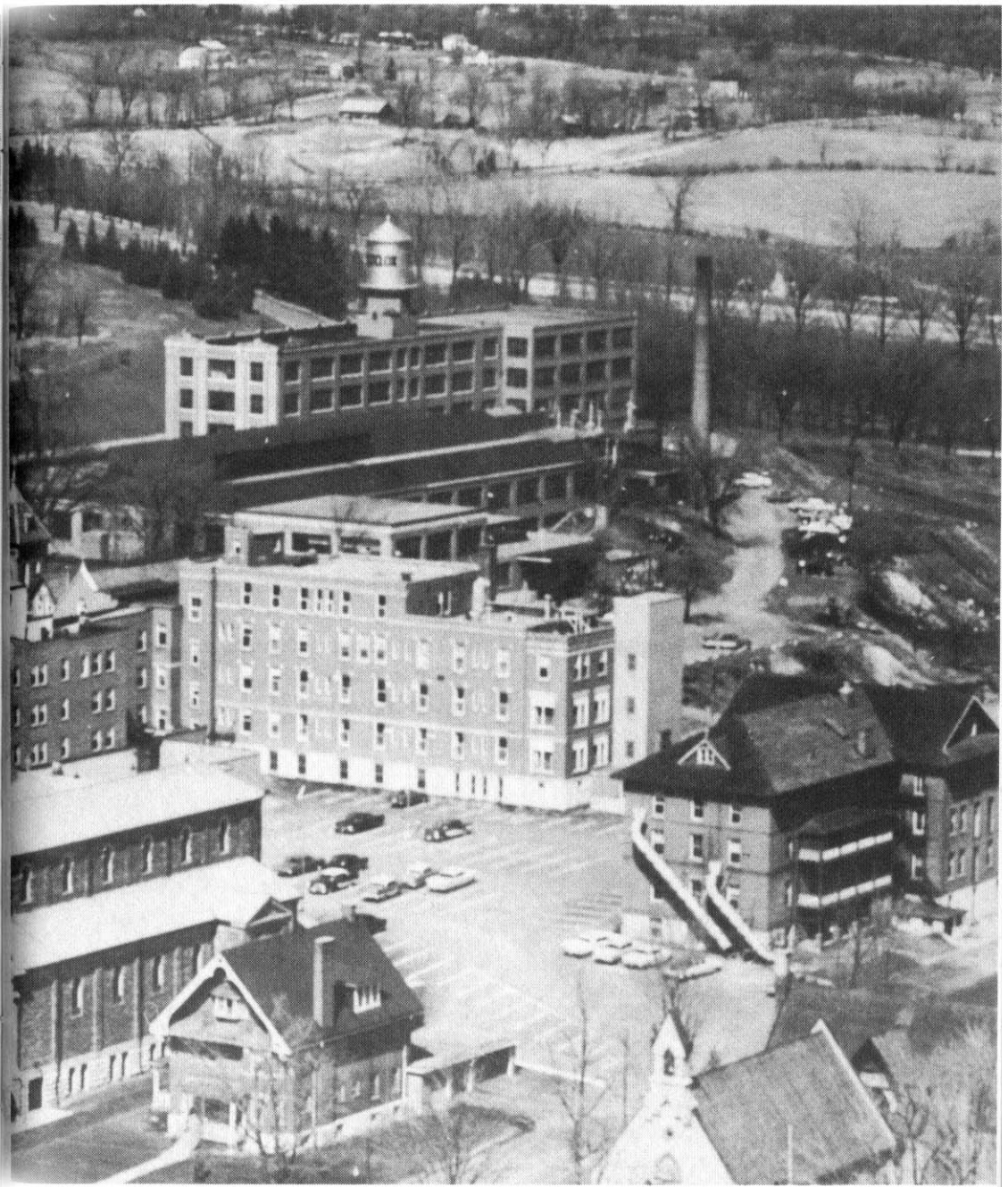
Peterborough
1990



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Introduction

St. Joseph's Hospital of Peterborough, Ontario has for a century played a significant contributory role in the social and spiritual life of its community. During that time it has had frequently to adjust to changes in stewardship, leadership and mission, but it has consistently reflected its commitment to serving as a healing and teaching institution for the community at large.

The Hospital's early responsibility to successive bishops of the Catholic Diocese of Peterborough was complemented and eventually in most respects succeeded by the faithful direction of its affairs under the Congregation of the Sisters of St. Joseph. In turn, the Sisters have themselves consistently sought the advice and counsel of increasingly laicized boards of concerned men and women, many of whom have brought special professional skills and insights to the board's activities and who were frequently not drawn from the Catholic faith. St. Joseph's has also persisted in realistically recognizing its complementary role to the city's other chief hospitals and, more recently, in working cooperatively with civil and bureaucratic authorities, as Ontario's health services have come under the co-ordinating direction of the provincial government. Cooperation with district medical boards has further

influenced the hospital's mission, while its own compassion has enlarged its field of operation to include distant communities lying to the north of Peterborough's normal metropolitan concerns. Finally, St. Joseph's mission has been extended to include new areas of public health service and education: it has come to emphasize areas of caring that reflect Canada's changing demographics and especially Peterborough's trend toward an unusually high proportion of older citizens.

All of these changes have challenged the Hospital's sponsors, supporters and workers to achieve a remarkable degree of flexibility and pragmatism within the rooted sense of the hospital's mission. They have also worked to produce a lively century of growth and development which this brief and unsolicited appreciation by a Protestant co-worker is intended only to sketch. It is important, however, on the occasion of St. Joseph's Hospital's 100th birthday in 1990 that the community of Peterborough be reminded of the challenges, the sense of mission, and the persistent support given to the Hospital by the Sisters of St. Joseph, and by all those who have laboured with them to further the foundation and the sense of caring which has distinguished the Hospital from the outset.

1. Beginnings

In the areas of public health and medical services throughout most of the 19th Century, Peterborough and the surrounding districts were effectively served by a number of capable doctors and surgeons. These men were sometimes examples of the civil migrations that were common at the time, or they were men arriving in retirement or on half-pay from the armed services. They included such notable local figures as Dr. Francis Connin, who had come out of retirement to serve as ship's surgeon on *Fortitude*, which brought the Robinson settlers from Cork in the spring of 1825; Dr. John Hutchison, who served faithfully and bravely after 1815 in Cavan and Peterborough until his death in the typhus outbreak of 1847; Dr. John Gilchrist, Dr. Roddy, physician to the Hall family, Dr. Robert Kincaid, surgeon, Coroner, and MPP for many years, and at the turn of the century, Dr. Amos McCrea, Drs. George Burnham Sr. and Samuel Payne, deans of the profession in the district, Dr. Newton Greer, Dr. James Halliday and Dr. J.J. Moher.

The community responded effectively to the need for continued, competent medical care, especially in the midst of the plagues that often attended the pathetic potato famine migrations from Ireland at mid-century. The classic example of this voluntarist approach to medical service, of course, arose when the town built by subscription the fine stone house on Brock Street, from which John Hutchison served both town and district during the tragically few years that remained to him after its completion in 1837.

Sustained institutional approaches to public health and to medical practice in Peterborough, however, were not much advanced until the century was nearly at an end. Clearly,neither local nor provincial authorities considered it the responsibility of governments to provide permanent facilities for health care. And, in general, for most of the century the citizens of Peterborough seemed satisfied with a largely private and individual approach to public health and to medical practice. Besides, the worst dangers seemed to have abated with the end of the late Irish migrations early in the 1850's.

Health care, however, is often an index of the social and economic condition of a community, and in this, Peterborough was no exception. In the plague years during the heavy Irish immigration of the 1840's it had been the provincial government which had maintained simple medical services in the city's immigration sheds at Hospital Point. The town council had seen no need to direct its limited revenues to a purpose

that was regarded as lying within another, and richer, jurisdiction. Similar considerations had led the council to leave to the province the costs of supplying the community with its court house and customs house. Fiscal conservatism was the hallmark of Peterborough's official history, and private enterprise and voluntarism were accepted as standards for many communal services. In this way, a waterworks, gasworks, transportation system and electric lighting system were all undertaken on a private enterprise basis. Peterborough was not destined to be a shining example of the gas and water socialism that arose even in many American cities of the late 19th Century. Moreover, the reciprocity of interests that bound the town's leading men into a commercial - and eventually an industrial - elite determined that this arrangement generally functioned fairly effectively in serving their joint interests and their ambitions both for themselves and for the town.

The emergence of modern hospitals and of public awareness of the need for more systematic health care, then, reflected the views of this guiding group. It was also typical of the community that private altruism determined the moment for initiating a new hospital and public health movement - and a significant part of its direction.

The first moves in institutionalizing and expanding Peterborough's health care system were geared to the engines of renewed commercial activity and of industrialism. During the last quarter of the 19th Century, it became increasingly difficult to maintain the earlier pattern of simple dependence upon the services of individual medical practitioners and upon voluntary subscription at times of crisis. Peterborough and district were undergoing rapid change in the nature and quality of communal life, and in its volume and pace. Public health care facilities would soon respond to new growth initiatives and patterns in the economic sphere.

Further, hospitalization and the practice of nursing in a wider world, subjected to new pressures, had been achieving new recognition and systematization. These originated in many areas: in part, in the Crimean examples of Nurse Nightingale and in her role in subsequent medical reforms; in the founding of the Red Cross movement, which added a further dynamic to the field of medicine; in the rise of cities in the U.S.A., foreshadowing a new awareness of the links between extravagant urban growth and problems of public education and health care. These were problems which would also soon concern Canadians in such

fast-changing cities as Toronto, Montreal and Winnipeg. Moreover, Peterborough had a place in the context of such change, for on a smaller scale it, too, was about to undergo a significant half-century of rapid growth and of significant industrialization. Such changes would evoke a new and more systematic approach to many urban problems: public lighting and electrification, transportation, building standards and methods, fire and police protection, and to public health, especially if the growth model were heavily industrial.

Industrialism on a large scale came to Peterborough in the last twenty-five years of the 19th Century and in the first two decades of the 20th. By 1908 Peterborough would lead Ontario's smaller cities in the value of its manufactured products, in the capital invested locally, and in the wages paid to the resultant industrial and service workforce. Moreover, from a population of just under 5,000 (including Ashburnham) in 1871, its numbers would jump to nearly 9,000 by 1893 (and nearly 16,000 in the township), quadrupling in the 50 years after 1871 to 21,000 by 1921. By the end of the first decade of the new century the labour force alone had jumped from under 2,000 in 1891 to 5,000. Moreover, the rural/urban balance within the county had shifted markedly from 80/20 in 1861 to 67/33 by 1891, with an even swifter swing ahead through the 90's.

The "Electric City" owed much in this pursuit of industrialism to its success in wooing the Edison General Electric Company from Sherbrooke, Quebec in 1892. Ten years later, General Electric's work force had tripled to 1,000, and by 1913 to more than 2,000. At an earlier craft level two principal canoe manufacturers, Canada (later, Peterborough) Canoe and Ontario Canoe added to the industrial momentum of the 1890's. As further examples, American Cereal (Quaker) arrived in 1900, tying its decision to re-locate to the completion of the local division of the Trent Canal system, a project under development since the 1880's; Colonial Weaving and Brinton & Prean Carpets soon joined the parade; DeLaval's dairy equipment plant of 1912 was followed by Ontario Marble's works a year later. Accompanying these and other examples of the period's industrial innovation, of course, there came about a huge increase in the building trades.

The city's entrepreneurial elite - men like George Cox, Joseph Flavelle, Richard Hall, James Stevenson, and the *Examiner*'s publisher,

James R. Stratton, had devised a sound development strategy during the late 80's and 90's. By the turn of the century they had established the foundation for the most stable and productive work force in Ontario. It was no coincidence that attention was soon given to the health needs of such a dynamic and growing industrial community

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Peterborough's modern medical history began in the mid-1880's when Mrs. Charlotte J. Nicholls, widow of Robert Nicholls, one of the town's leading businessmen, determined to donate from his estate two sums totalling $50,000 for the early conversion of a handsome house, Moira Hall, on Clonsilla Hill to the purposes of a general hospital and subsequently to the erection by 1889 on Argyle Street of the Nicholls Hospital. The new hospital would be governed by a carefully designed group of business and professional leaders as principal trustees. Among them were Richard Hall, son of Robert Nicholls' closest friend and associate, William Hall; Richard, together with Charles McGill, was designated a Life Trustee; the others were equally prominent: George A. Cox, Robert Davidson, Joseph Flavelle, William Manson, A.P. Poussette, John McClelland and James Stratton. What distinguished these men, apart from common business and professional interests, was their attachment to the town's leading Protestant denominations. A third characteristic of the group was their enthusiastic support of Peterborough's extraordinary "Town Trust".

Among Canadian municipalities, Peterborough's Town Trust was a distinctive feature of its municipal fiscal position and procedures. It had been established by Council in 1861 to consolidate the town's public debt - the consequence of heavy spending during the past decade of early incorporation. It had also been authorized to manage town property and to serve as advisor and conduit in financing both public and private ventures. In the last case, for example, it had already provided substantial sums to the projected Port Hope, Lindsay and Beaverton railway, and it built Central School. More recently it has contributed $300,000 to building the Nicholls Hospital's successor, Civic Hospital, at the end of the Second World War, and $125,000 to building the new City Hall in the 1950's.

In the decades of the 1880's and 90's, however, the Town Trust's supporters (who bore a remarkable resemblance to the Nicholls Trust supporters) had a special purpose in mind for the ever-useful Town

Trust: it could be used as the foundation for their industrial development strategy. In this way inducements could be held out to major industries to relocate in Peterborough, chief among them Edison General Electric. Along with such special arrangements, however, the Town Trustees had advised Council that to prepare the proper seed-bed for such hothouse cultivation of industry, they should peg specific companies' assessments at a fixed rate for a term of years as a further inducement to locate in Peterborough. This strategy could well serve the industrial strategists, but it could also limit Council's current and potential revenues for many years - years in which the growth of such urban industrialism might be expected to require renewed and extended public services throughout the community.

Thus, both Trust and a cautious Council turned away from public ownership of utilities and services, such as gas, water, light and health care, to the twin principles of privately incorporated services and of private charity. Mrs. Nicholls' largesse served both town and elite in what had become indigenous and traditional ways to deliver public services to Peterborough.

Was it "the Peterborough community", however? For, a further feature of the Nicholls bequest was the restriction of the hospital's services to "the benefit of the Protestant population of ... Peterborough", with the further caveat "that management ... should be exclusively in the hands of members of the different Protestant denominations", with two representatives from each of St. Andrew's and St. Paul's, one from each of the two Methodist and the three Baptist congregations, and one from St. John's (Anglican), with other Protestant groups succeeding as they might appear in the town. In addition, the mayor, then James Stevenson, should be a trustee ex officio and without prejudice to any specific denomination's representation - unless he were a Catholic, in which case Council must appoint an eligible Protestant. Similar provisions were made for Protestant congregations and for the Reeve (unless Catholic) of the village of Ashburnham, should it be amalgamated into the town of Peterborough. Was this, then, as one critic later argued, the will of "a bigoted and not highly educated woman"?

While the Act recognizing the Nicholls Hospital Trust received Royal Assent in March, 1886, the Catholic Bishop, Thomas Joseph Dowling, had already purchased a site for a projected Catholic hospital in the previous year. Word of Mrs. Nicholls' intentions, however, must have been widely known in such a small town, and it can be assumed

that the Bishop was taking a necessary action that must lead to the duplication of some services. Moreover, because there was at hand no comparable patron for a Catholic hospital, the costs of private subscription for Catholics must have seemed formidable. To this can be added one other consideration: the erosion of the Protestant elite's earlier principle of separation of public and private money in large-scale services.

A final noteworthy feature of the Nicholls bequest was the ex officio recognition of mayor and reeve as Trustees, suggesting some acceptance by Mayor and Council of the terms of the Nicholls Trust agreement. This seems more likely when we recount a final understanding of the Trust: that, should the Trust endowment and other similar sources fail to cover the costs of the Hospital's annual management in any given year, that Council should be "required to levy a special rate ... upon such of the ratepayers as are not Roman Catholics..." to cover the deficit. No such action was actually required until the era of the Depression, but acceptance of the provision suggests that when this break in the voluntarists' code finally appeared, the community was more prepared to act on behalf of the Protestant group than to apply the altered principle evenhandedly to the community at large.

Further, it could be assumed, as example showed in many American industrial cities, that industrial urbanism amplified the need for both general health care and for emergency services - and that it was the work force, frequently heavily Irish, that most required them. Acceptance at the outset of the practice of denominational discrimination in the hospital system of Peterborough was unfortunate.

On the other hand it must be acknowledged that separate Catholic hospitals had a long history; that the costs of operation could be reduced with the aid of professional religious; that many Catholics believed that a hospital, like a school, was not simply a secular institution with no spiritual challenge or responsibility; and that Catholic hospitals were properly regarded as diocesan institutions, subject to the initiation and superintendence of the local bishop.

2. Toward a New Diocese

Peterborough's Catholic diocese was well served in the late 19th Century by three capable bishops who were determined to raise it up from mere mission status. The first, Bishop J.F. Jamot, succeeded in fully restoring and improving St. Peter's Cathedral. The second, Bishop Thomas Joseph Dowling, began the process leading to the founding of St. Joseph's Hospital, and would lay the cornerstone on 24 October 1888. Dowling would soon be succeeded by the forceful Bishop Richard Alphonsus O'Connor, who would bring new ambition to the diocese at large, and who, as a first priority, would carry the hospital venture to completion. An immediate concern, however, was to find an appropriate staff for this fledgling institution.

As with most Catholic hospitals then, it was assumed that St. Joseph's would be staffed by religious; it was not common, however, to appoint a resident chaplain, the patients' spiritual care being linked with the immediate parish, thus reinforcing the diocesan bond and fulfilling the requirements of Canon Law. The same code requires that, because the Church's mission is to teach, to sanctify and to serve, so must the allied health care institution follow in that spirit. Thus, what were needed were religious who understood the practical challenge of teaching by a caring example and who were prepared to be a working order outside conventual surroundings. Such a model lay in the apostolic congregation of the Sisters of St. Joseph, whose roots lay in France of the 17th and 18th Centuries but whose post-French Revolutionary energies had then been expanded to the New World.

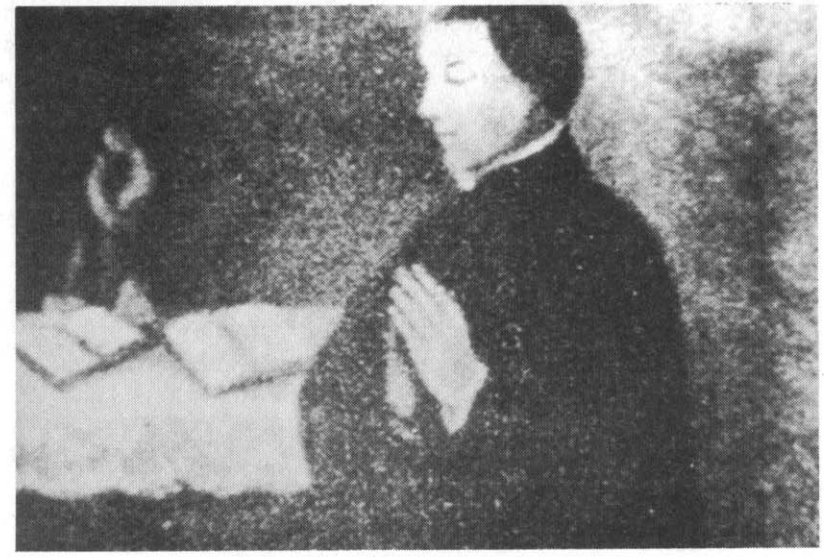
The Sisters of St. Joseph had come first to Missouri and later to New York, Philadelphia, and during the 1850's to Toronto. In Toronto the Congregation soon assumed responsibility for all parish schools in the city. During the next two decades the Sisters opened new communities across southern Ontario, reaching out subsequently to the Northwest at Port Arthur and Fort Williams as the CPR confirmed the expansion of the new Dominion during the 'eighties.

Nearer Peterborough, the Sisters' Cobourg foundation was soon to be linked with these two westerly communities in the immense ecclesiastical Province of Peterborough. A Motherhouse was established at Lindsay, but before long the new challenges presented by Peterborough's hospital foundation would make a break with Toronto and a new rooting in Peterborough virtually inevitable. Bishop Richard O'Connor, who had great plans for his diocese, had already discerned

Rt. Rev. Thomas Joseph Dowling, D.D.
1886 - 1889

the special qualities of this mission order, and negotiations were soon well advanced to hand over operational responsibility for the new hospital to the Sisters of St. Joseph.

One of the characteristics of the Sisters of St. Joseph was their dual role as a caring and learning order. As their founder, Rev. Jean-Pierre Medaille, S.J. had advised, they were to draw together "the duties of Martha and Mary, the exterior works of charity with the repose of contemplation." Until very recently the conventual life had encouraged only the concept of cloistered women at prayer. St. Francis de Sales' Congregation of the Visitation had offered a brief experiment in combining a mission of mercy with the life of contemplation. By Medaille's time, however, de Sales' "Visitandines" were again cloistered. Medaille and the Bishop of Le Puy, Henri de Maupas, determined to support a second group of women pioneers in forming an apostolic congregation. This mixture of practical aid to "our dear neighbour" and of continued self-improvement gave a particular strength and unity to the new order, one that would be amply demonstrated in the new Lindsay/Peterborough community of religious. For, when the new congregation came to define its "Constitutions and Rules," it took a significant step away from the traditional statement drawn up by its sponsoring congregation in Toronto.



Father Jean Pierre Médaille

In the Peterborough model, the congregation no longer recognized the earlier distinction between Choir and Lay Sisters. Choir Sisters were those who had already completed an education that could furnish them with the knowledge and skills to teach, to work at other sophisticated charitable skills beyond conventual surroundings, and to take a lead in performing the Office or in administering the affairs of the Congregation. Lay Sisters were those lacking such education and for whom there remained only the most prosaic and largely physical domestic duties within the convent. Such religious were not traditionally apt to find the opportunity to improve their position once the novitiate had been completed. In Peterborough this distinction between Sisters was no longer to be recognized: education and self-improvement were to be encouraged for all. Thus, the potential for harmony within the community and of greater usefulness of the Congregation both within the convent and beyond would be enhanced. Such a constitution augured well for the calibre of Sisters on whom Bishop O'Connor could depend for his hospital's successful launching.

Throughout Ontario this was a period charged for Catholics with serious implications arising out of the province's rapid social and economic change. Health care and education were particularly sensitive matters. Archbishop James Vincent Cleary of Kingston wrote urgently for support to his suffragan, Bishop Richard O'Connor in Peterborough, calling for a concerted effort "to bring (Premier) Mowat to his senses." Meanwhile, Richard O'Connor, who had succeeded Bishop Dowling in 1889, was labouring to develop a good working relationship with the Sisters of St. Joseph as negotiations proceeded for their participation in establishing the new hospital. This was proving especially difficult at Cobourg, however, where heavy demands for separate school teachers coincided with the bishops' renewed campaign to stir the Mowat government to support for the separate school system. Further, given the move to liberalize the terms of the Sisters' activities within the new Peterborough Congregation, traditional ecclesiastical pressure tactics appear to have been rejected.

The correspondence associated with staffing St. Joseph's is intriguingly linked with major questions of diocesan control and extended territory. The candour of the Sisters' Toronto-based Rev. Mother de Pazzi, suggests the astute political and business sense of these Sisters, especially when Bishop O'Connor determined to add three teaching Sisters to those proposed for nursing at Peterborough.

Rt. Rev. Richard Alphonsus O'Connor, D.D.
1889 - 1913

Mother de Pazzi
Superior General of the Sisters of St. Joseph, Toronto, Ont., 1890

Mother de Pazzi, aware that there were only twenty Sisters in the Diocese of Peterborough to serve such a vast ecclesiastical province, was further concerned that she had so few to spare from the Toronto community, including the teaching Sisters at Cobourg. Writing to Bishop O'Connor on 13 December 1889, she reported that through deaths and illness among the Sisters it was proving especially difficult to find a sufficient number of volunteers for the proposed new frontier operations working out of Lindsay to Peterborough and Port Arthur. Still, de Pazzi maintained that no Sisters currently working in the Peterborough Diocese should be compelled to abjure their association with Toronto. She was backed, too, with a resolution adopted by her Toronto Council on 8 May 1890, declaring that the despatch of three Sisters to Peterborough should be further conditional on the Bishop's agreeing "to give to the Sisters thus cut off from Toronto, a deed of the Convent in Lindsay, or of the house in Peterboro, and thus secure them a home."

Bishop O'Connor replied on 16 June, 1890 assuring her that he was "very anxious that the Community of St. Joseph be the principal one in this Diocese," and shrewdly ending by enquiring when she contemplated election of a Peterborough Superior. Writing on June 22, Mother de Pazzi reported that the resources of the congregation were being stretched to the limit, especially in the challenge of Port Arthur: "I don't know what to do with poor Port Arthur....I try to make myself think with the good Jesuits that it is a good sign to have difficulties in the beginning." Nonetheless Council had graciously agreed "to lend two or three for a year or until You procure some efficient members into Your new Community which with God's grace will be in the near future."

In a follow-up letter to O'Connor on 27 August 1890, de Pazzi revealed further her keen concern, as well as her ability, to protect the interests of her Sisters:

> I must...most respectfully request that you add...a line expressing your intention of giving the Sisters of...Peterboro the deed or lease of the Lindsay Convent as well as of the Convent and Hospital in Port Arthur if it would not be too much trouble to write out a regular statement of our agreement which would be more business like.
>
> I feel confident My Lord that I need not assure You that it is not a want of confidence in Your word that urges me to ask You to do this - needless to say more, I shall only add that Your condescending compliance with my request I shall deem as a favor for which I shall be truly grateful.

Reverend Mother Austin Doran, 1890 - 1901

Throughout May and June efforts continued to persuade Sisters to forswear their diocesan attachment to Toronto and to accept the challenges of the vast Peterborough mission diocese. At the end of that time fourteen had done so, including the three at Cobourg, and with the election of Sister Austin Doran as Superior General on 15 August 1890 the Peterborough Diocese could boast four established foundations:

Cobourg, Lindsay, Port Arthur and Fort William. A fifth community was about to be convened at Peterborough, including several teaching sisters and the new hospital project, which would include living accommodation for an initial staff of four. These arrangements would not be altered until 1895 when the Diocesan Motherhouse was moved from Lindsay to its permanent site, "Inglewood," now Mount St. Joseph, at the head of McDonnel Street in Peterborough.

Meantime, late in the summer of 1890, the building of St. Joseph's Hospital was nearing completion on the grounds of another suburban estate site on an opposing hill across the river in Ashburnham. In addition to providing a superb aspect for two earlier mansions - including that of an earlier Anglican Rector of St. John's Church - St. Leonard's Grove was a familiar picnicing and recreational site for the town. It enjoyed a commanding view of the busy town, while the houses of some significant townspeople lay below it along the river's course. A later observer described it: "six acres, finely shaded and ornamented - a high, dry, airy, salubrious situation with the best of sanitary conditions."

This was the property which, at Bishop Dowling's initiative, had been purchased in 1885 as a site for the expansion of Catholic activities in an age of general town expansion, and particularly in view of the challenge thrown down by the Nicholls Hospital venture. After an initial period to solicit private Catholic subscriptions - and to engage the architect who had so successfully designed the recent enlargement of St. John's Anglican church, John Belcher - construction moved quickly up to the day of dedication, August 20, 1890. In this same week the Catholic clergy held a retreat under their energetic new Bishop; and the Sisters of St. Joseph first met to confirm their new diocesan organization. The summer of 1890, then, marked a period of great renewal and of rededication for the Catholic community of town and diocese under the leadership of Richard O'Connor.

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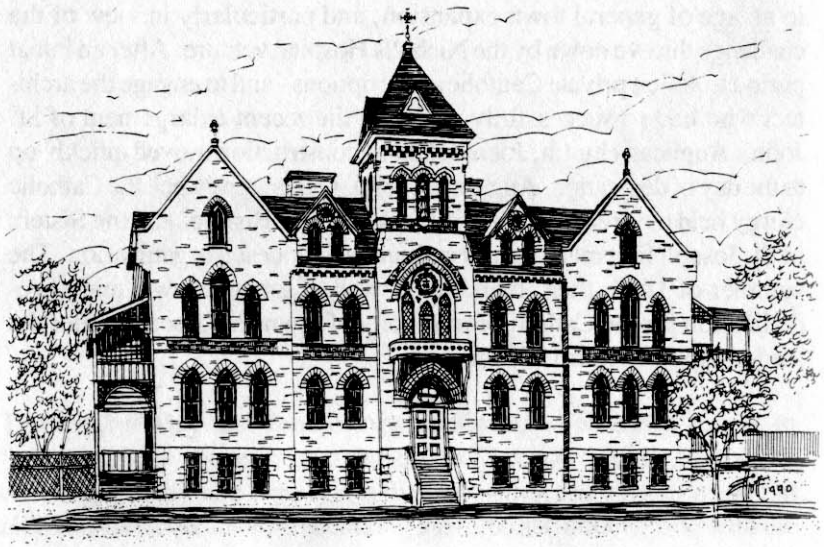
3. Commencing Operations, 1890-1919

The new hospital was a triumph of late Victorian design and execution. Gothic in style, its central tower, set between two large corner-gabled and chimneyed end wings and two lesser gables, was topped with a wide cross. It was also ornamented just below the roof-line and above a rose window with a shining statue of St. Joseph, large enough to be appreciated at a considerable distance. Built at a cost of $32,000 and in brick, its dimensions were 60 x 90 feet, standing three stories high, with a good basement and ceilings of 10 and 1/2 feet. With four general wards and twelve private rooms, it could provide over fifty beds in an emergency, but was designed for a normal maximum occupancy of 25 beds. Nursing staff and servants were to be accommodated in the ample upper floor. A dispensary, surgery and infectious diseases facility were complemented by a chapel set near the main entrance. Wide verandahs at the north and south ends and off both main floors provided an excellent view in an airy setting for ambulatory and moveable patients. In all, the building was recognized as one of the most modern and attractive of the small hospitals then being constructed in many small cities across southern Ontario.



St. Joseph's Hospital
1890

The dedication ceremonies provided the spectacle of twenty-three richly-gowned clergy, led by their proud new Bishop and accompanied by his predecessor, and followed by a bevy of self-conscious town councillors and civic officials in attendance under Mayor James Stevenson. The medical staff of six doctors added dignity to the occasion, while the fire brigade band, resplendent in new uniforms, enlivened the scene with colour and sound for the hundreds climbing the hill under bright parasols and sunny skies. All were filled with excitement and awe at the handsome building and the gay bunting that beckoned from above. Dozens strolled across the verandahs, exclaiming at the splendid views of the town, while others followed the corridors, inspecting the facilities and the sight of the neatly-made beds with their gleaming white sheets, so lately supplied from Mr. Rooney's shop in Yonge Street, Toronto. Town and country made up the overflow crowd, strong contingents from Douro and Ennismore, forcing the removal of the official ceremonies from the Men's Ward to the south verandah, where the crowds were now gathered on the lawns.

Bishop O'Connor's address of welcome and dedication was distinguished for its none-too-subtle reference to some of the circumstances that had given birth to the hospital:

> Its doors will be open to the sick of all denominations, to Jew and Gentile, Catholic and Protestant. Our Church teaches us to practice that charity of which He gives us an example... without distinction of nationality, belief or colour...ministers of every denomination will be free to visit those who ask their spiritual assistance...I may also inform you that this building has been erected by the charitable donations of the public, and will depend on the charity of the public for its maintenance. As all classes and conditions will be received into this Hospital, we will expect support from all classes.

If the message had not been made sufficiently clear, Father McEvay, aide to Bishop Dowling and himself future Bishop of Toronto, then observed, "It can no longer be said that one third of the population of Peterboro was excluded from the benefits of hospital treatment."

In response, Mayor Stevenson affirmed that all creeds must welcome the promise in the Bishop's affirmation of a liberal admissions policy, and that the town would cooperate in retiring the remaining debt ($14,000) from the costs of construction. Nothing was said, however, of a contingency grant or levy administered by the town council for

annual operating and maintenance overruns, such as had been provided for in the case of the Nicholls Hospital Trust. The earlier voluntarist principle would be perpetuated in the case of the new Catholic hospital, despite its own declared open-door policy on admissions.

Thus, in the most generous terms the new hospital truly opened its doors.

During the next two decades St.Joseph's was subjected to all of the growing pains usually accompanying the early development of such an institution. The original small contingent of four Sisters, directed by Mother Austin, a woman to match the indefatigable de Pazzi of Toronto, was strained by the burden of its responsibilities. The hospital Superior, Mother Anselm, was chronically delicate in constitution and Sister Geraldine a semi-invalid. The rigours of their regimen arose partly out of hard physical work and partly from the long hours required by the combination of their clinical duties and their devotional office. Rising at 5:30, they turned first to their spiritual responsibilities of prayer, meditation and Mass in the small chapel near the entry door. They entered the wards at 7:00 a.m. to begin a ministering day that would not terminate before 7:00 at night. After that, they had to attend to housekeeping, ranging from the day's laundry to general cleaning, cooking, and emergency responses to the patients' after-hours needs, and to routine administrative duties. Fortunately, the patient load in the first year was relatively light; the range and seriousness of the patients' afflictions, however, especially communicable diseases, was wide, thus adding to the Sisters' burden in seeking to ensure clean and healthy surroundings. In the second year, the number of patients was doubled, and then a further, perhaps unexpected burden was laid upon the little band of originals.

For some years it had been the practice of the Sisters of St. Joseph operating out of Toronto, to absorb into their Toronto ministry and facilities the Catholic poor of Peterborough, asking support only by an annual collection in Peterborough. In 1891, however, along with his other initiatives to confirm the autonomy and renewal of his diocese, the ambitious Bishop O'Connor informed the Toronto Sisters that thenceforth Peterborough would care for its own at home. They were further directed to return to Peterborough those whom they currently held in their care. The problem lay in the fact that their charges constituted such a mixed bag of the needy. Writing from Peterborough,

Mother Vincent, the second Superior at Peterborough, described the scene:

> Never will the writer forget the arrival of those forty of God's afflicted - the blind, the lame, the epileptic, and the half-witted. No one but the Sisters who laboured in the Hospital...can realize the difficulty of caring for the sick, the poor and the orphans under one roof in quarters unsuitable for their different charities.

Thus, the new Hospital and its tiny staff were required to accept an enormous added burden, opening up facilities on the top floor and in adjoining buildings still standing from the former private estate of St. Leonard's. This extension of their burden of care led to responsibilities and exertions never anticipated in the original "temporary" arrangement made between Mother de Pazzi and Bishop O'Connor.

This situation was to last for several years, during which the number of the Hospital's regular patients also rose sharply, leading to a crisis in services and space that prompted in 1900 the hospital's first expansion beyond the original facilities. The opening of a new House of Providence building on the hospital grounds, to accommodate the indigents newly thrust upon the Hospital, took place late in July of that year. It was described soon after by F.H. Dobbin as "the most modern and the most complete in town, and is unsurpassed in the province."

Although the building of the House of Providence brought relief, it could not eliminate the growing tide of demands made upon the Sisters and their establishment, as industry and its work force, together with continued general population increases, changed the face of Edwardian Peterborough. Ironically, too, the growing reputation of the Sisters as stewards of the Hospital and as exceptional care-givers only added to the strains put upon them. Consequently, as one answer to their labour problems, and consistent with their educational and apostolic mission, early in 1906 they sought the Bishop's approval to open a Training School for Nurses. With the promise of diocesan financial aid and assistance in teaching from the medical staff, the project was soon launched. The fledglings were to be given quarters in the Hospital's top floor, their classes being held in any available empty room. In default of a provincially assigned curriculum and of provincial academic standards, the Hospital used the model of St. Michael's Hospital, Toronto in devising its three-year programme. In keeping with the Sisters' sense of apostolic mission, however, it was stressed that all can-

didates must also have "a deep understanding and conviction, as Christians, about the sacredness of life and the ultimate meaning for suffering and death."

By 1909 seven successful candidates had been graduated, and it was recognized that, with the infusion of new and younger blood into the nursing staff, improvements in patient care alone warranted the new programme.

The temporary nature of the nurses' accommodation and the growing challenges to effective and up-to-date diagnosis and treatment, however, could not be ignored. With the Bishop's moral and financial support, in 1908 the first addition was made to the original Hospital building. The third storey of the new north wing provided added sleeping accommodation for staff and students, together with laboratory, diagnostic and isolation facilities; the second added to the patients' private and general accommodation; the first floor featured operating room, anaesthetic and sterilizing rooms.

The greatest innovation, however, was perhaps the weary nurses' favourite and the city's most intriguing: Peterborough's first elevator, electric lighting having already been introduced a few years earlier. Four years later, in 1913, through the support of the city's three Catholic parishes, another major purchase confirmed the Hospital's determination to match devotion and caring with professional excellence. When a Sister had been successfully trained at St. Michael's as operator, the Hospital installed a miraculous new diagnostic tool, the "X-Ray" machine. This device had proven especially helpful in the pursuit of industrial medicine, where accidents often gave rise to bone fractures and splintering that could readily escape traditional diagnostic techniques. As the large Catholic workforce of Peterborough grew, the utility of this acquisition would be regularly confirmed. Clearly, the "Electric City," still pursuing its industrial revolution, was not to be left behind in adopting new technologies in any field.

Meantime the vitality of the former mission diocese under Bishop O'Connor continued to find new channels for its collective energy. Catholic organization and resource were everywhere giving expression to a new maturity and sense of purpose. New and improved facilities for elementary and secondary education, centering on St. Peter's High School, were a priority with O'Connor. The importance of public health

education and of improved facilities to encourage it, however, was not ignored.

Accordingly, with the Sisters' healing and teaching example before them, the town's leading Catholic laymen joined the mission movement to the poor and working classes that had become a feature of Protestant and Catholic churches alike during these years. Public health was becoming a central issue in the new industrial atmosphere of Peterborough. A revitalized Peterborough Medical Society agitated regularly for an isolation hospital, and for the need to ensure general health in the rapidly growing community. In this atmosphere the new Catholic leaders could not ignore the fact that the liquor issue would dominate the 1906 mayoral election and that familiar references to Catholic working class drinking habits did not set a good image before the public.

Throughout the decade, then, several Catholic leaders undertook the re-direction of a new middle class Catholic social and cultural society, the Catholic Literary Association. This group had addressed itself originally to matters of literacy at working class levels and to literary appreciation at more sophisticated levels. In 1901-02, however, they became associated with a leading urban-industrial association in the United States, the Catholic Total Abstinence Union of America, which represented the growing spirit of progressive reform in America in this period. So successful was the new Peterborough chapter that in its first year it won the Union's banner for the continent's largest growth in membership in a year.

Like St. Joseph's, and drawing on its inspiration and aid, the new St. Peter's Total Abstinence Society added energy and focus to the town's new public health movement. The Society would take a lead in encouraging amateur athletics in schools and among the working class; by 1910 it had already outgrown its early headquarters. The Society then acquired the old St. Alphonsus Lyceum, which was remodelled into "the best quarters of the kind on the continent," becoming known now as "The T.A.S. Rooms." In 1910 they would expand operations by acquiring 32 acres beside the Otonabee River at a point some miles downstream from Peterborough. There they would construct an athletic field, a large clubhouse, and family camping and recreational facilities to relieve the pressures of urban life in the new industrial town. Progressive reform was coming to a Catholic population that was learning to take a very broad view of public health.

The T.A.S. made other important contributions: a huge stained

glass window for Mount St. Joseph; similar facilities for the town's Catholic churches; aid to the Sisters at the House of Providence and in various city charities. Under lay direction it was taking its place among Peterborough's significant Catholic agencies of social improvement in these pre-war years, leading one independent observer, F.H. Dobbin, to support their claim that,

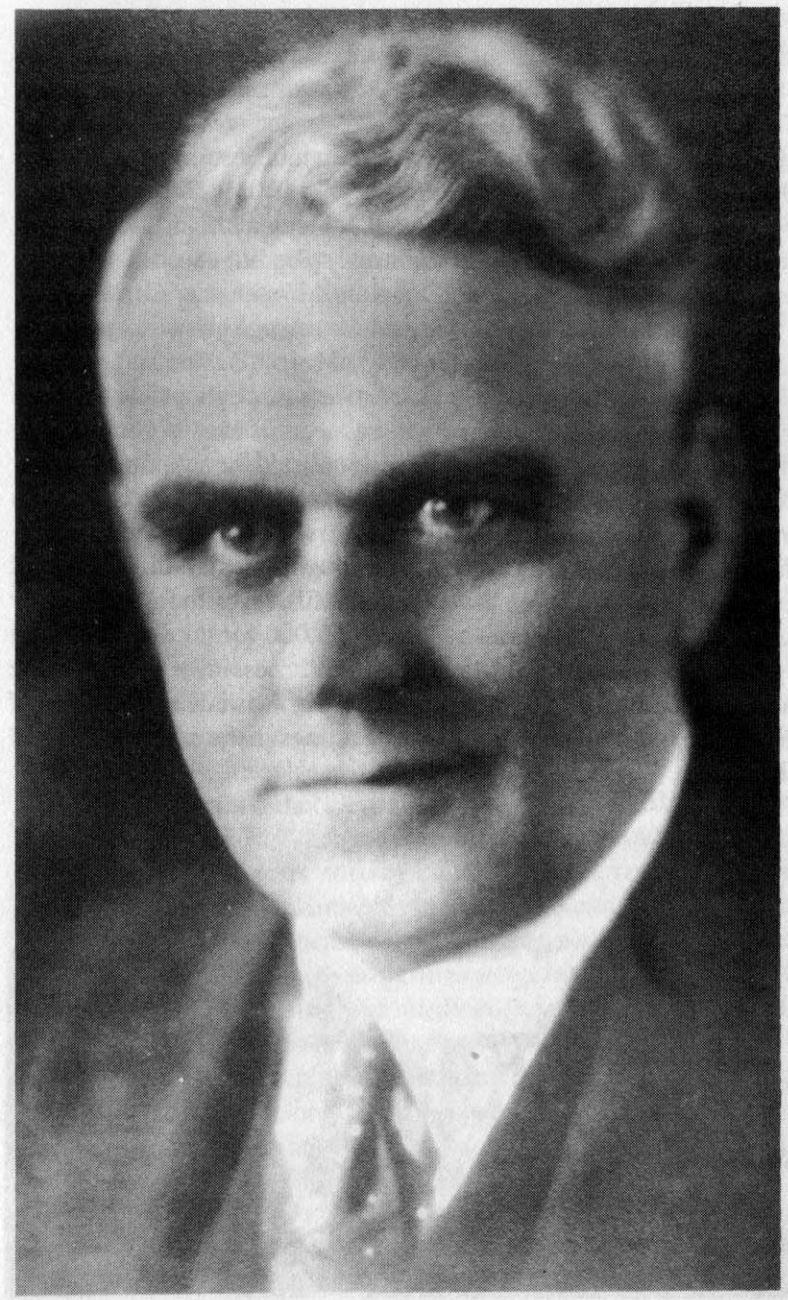
> ...money that had been formerly wasted through the liquor traffic is now directed through better channels...as evidence the large increase in the assessment of Catholic property, showing that many are acquiring real estate and becoming more comfortable, also the splendid Catholic schools....

This typical progressive judgement was matched with the observation that Peterborough had become "the most temperate city of its size (under licence) in the Province."

By the decade of the First World War, the Bishop, the religious and the laity had developed among themselves a consensus on issues of public health. It was no coincidence, then, that with the coming of the war and when an officer of the T.A.S., J.J. Duffus, became mayor in 1916, there began a ten-year period when matters of public health were brought regularly to public attention.

Peterborough at first bore the strains of under-employment as the dislocations of war production took an initial toll. Public works were introduced to bring relief. By the middle years of the war, however, Peterborough was taking its place in the development of war industries, with their usual attendants, over-crowding and disease. Consequently, when J.J. Duffus became mayor, with his long association with the public health and civic improvement concerns of the T.A.S., attention in civic politics shifted to concerns over public health. Duffus would himself regularly address these issues at late-afternoon meetings before crowds of young men and reporters in the T.A.S. rooms, seeking to raise general awareness and to create an informed body of supporters.

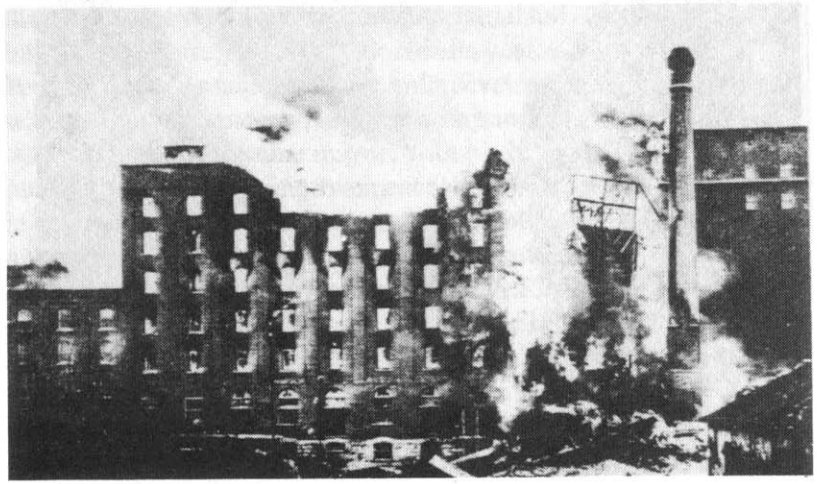
Chief among the problems was the question of sewage treatment, for in a single year there had occurred 21 deaths from tuberculosis and others arose from such illnesses as diphtheria, scarlet fever and typhoid. It was becoming clear that the town must take more effective steps to ensure its public health.



Senator J.J. Duffus
1876 - 1957

This lesson was reinforced during these years by two tragic incidents: a major collapse at the J.C. Turnbull department store in 1913, at a cost of six lives; and an immense explosion and fire on December 11, 1916 at the Quaker factory. The Quaker tragedy resulted in the burying of 16 workmen, six further deaths from injuries, injury to another 180, and property damage exceeding $2,000,000. St. Joseph's would, of course, play a major role in the Quaker incident, being located near the scene. The hospital's contribution and splendid record of service is well told in Sister Margaret McDonald's *A Heritage of Caring*.

Disaster programmes thus joined the sewage crisis in the town's concern for its welfare. Accordingly, Mayor Duffus staged three "Duffus Suppers" to consult with elements throughout the town on systematizing public health and other aspects of Peterborough's new operation and growth. In this venture he enlisted the support of earlier mayors and of many leading men, like J.H. Burnham, M.P., Thomas Bradburn, J.J. Turner, B.D. Hall and others. Their efforts led to a new planning initiative, the Greater Peterborough Association. One of that body's first acts was to celebrate Canada's fiftieth birthday at Morrow Park on July 3, 1917 by raising nearly $3,000 for the Public Health Association. Meanwhile, Mayor Duffus successfully prompted the Board of Health to press for improvements in the sanitary condition of natural ice, which came largely from cuttings in the centrally located Little Lake.



The Quaker Oats Company Fire
December 11, 1916

Mayor Duffus' initiatives in raising public awareness of the importance of public health measures were not forgotten in the euphoria that attended the end of the war and the return of the veterans. From the Fall of 1920 until the following autumn St. Joseph's joined the city's other medical institutions, including the Medical Association, in pressing successfully for the establishment of a Peterborough branch of the Ontario Public Health Laboratories. The hospital also warmly supported the local Council of Women in calling for local child welfare initiatives, including the opening of clinics for young mothers.

Mayor Duffus' legacy persisted through the efforts of one of his strongest supporters, the industrialist and mayor of 1924-25, J.J. Turner, who served also as Chairman of the Board of Health, President of the Health Association, and as an early advocate of bringing the Victorian Order of Nurses to Peterborough. In such ways was the momentum of the Duffus public health era carried into the post-war years.

The greatest health crisis of this period, however, was part of a larger history. This was, of course, the fearful influenza epidemic that swept North America in the last year of the First World War, culminating in the dreaded Spanish 'Flu in the Fall of 1918. That emergency called on all of the newly developed resources of the town and, more particularly, once again offered proof of the civic value and dedication of St. Joseph's and its stewards.

The facilities and energies of the town were stretched to their limits in this dreadful crisis. When the two chief hospitals could do no more, the Board of Health responded by establishing an emergency hospital in the Oriental Hotel on Hunter Street. Nonetheless, 31 lives were lost and many suffered complications in pulmonary, audio and organ-related damage that would haunt them permanently. In the midst of the worst crisis period, with the regular medical, nursing and support staff exhausted, Sisters from the Mount itself and from the House of Providence (not, as later recorded by the *Examiner*'s chief newsman, the Sisters of Service, who only arrived some years later in Peterborough) stepped into the breach at St. Joseph's. As ever, none were turned away because their credentials were not Catholic. St. Joseph's served in this emergency as a general and civic hospital in the fullest sense.

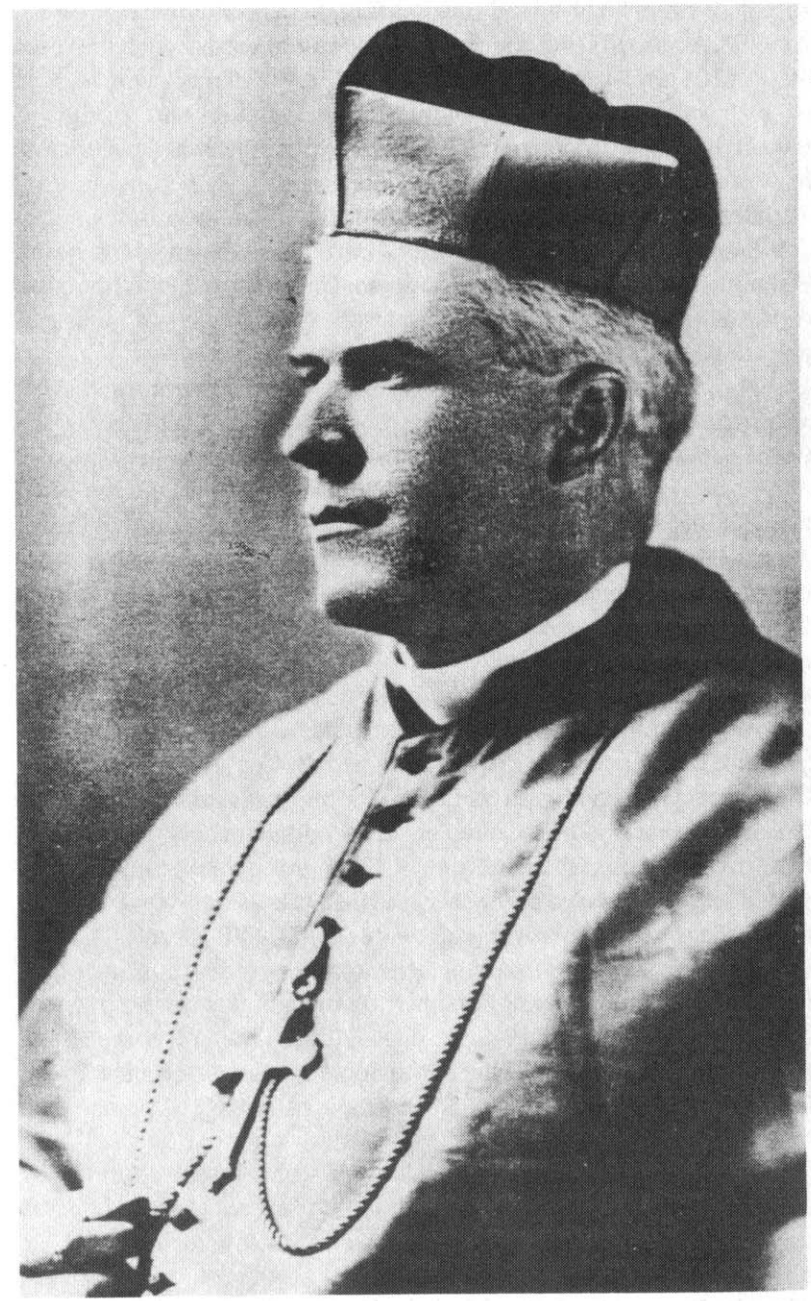
4. Years of Growth and Frustration, 1920-44

At the beginning of the 1920's, reminiscent of its simple beginnings, St. Joseph's still operated its own dairy farm of choice Holsteins, together with a chicken run. As with many hospitals after the First World War, however, a major enlargement of the hospital's facilities in 1922 would mark the twenties as a decade of expansion and modernization. Times were changing quickly, and new medical techniques developed during the war, further increases in population, and a new concern for child welfare were behind the decision to add new facilities and accommodation.

On Thursday, June 22, 1922, the Bishop opened the long awaited new wing. The building was of fire-proof materials, a four-storey wing just south of the main building. It featured 60 new beds, sunrooms, balconies, an operating theatre, enlarged X-ray facilities, extended laboratories, and a new obstetrical department. Bishop Michael J. O'Brien, a native son of Peterborough, longtime incumbent of Sacred Heart Parish, and Bishop O'Connor's successor since 1913, had already proved as ready as Richard O'Connor to recognize St. Joseph's important role in the city's health care system. A Bishop's Dinner and inspection of the new wing were accordingly held for the medical profession of the entire community.

Meanwhile, to cap this second major expansion, a Bishop's committee successfully pursued full "Standardization," or accreditation, for St. Joseph's from the American College of Surgeons. It was the first of many such affirmations from Canadian and American medical authorities of the hospital's long record of professional excellence to match its reputation for caring. To reinforce the practice that such caring should be in the Catholic tradition, however, St. Joseph's was among the earliest hospitals to join the newly formed Canadian branch of the American Catholic Hospitals Association in 1922. In the same spirit of professional co-operation the Hospital joined the voluntary Ontario Hospital Association soon after its inception in the same decade. Thus, the twenties would prove to be years of adjustment to significant professional and community challenges.

The following fifteen years, until the cessation of the worst effects of the great depression and of the Second World War, were for St.



Rt. Rev. Michael Joseph O'Brien, D.D.
1913 - 1929

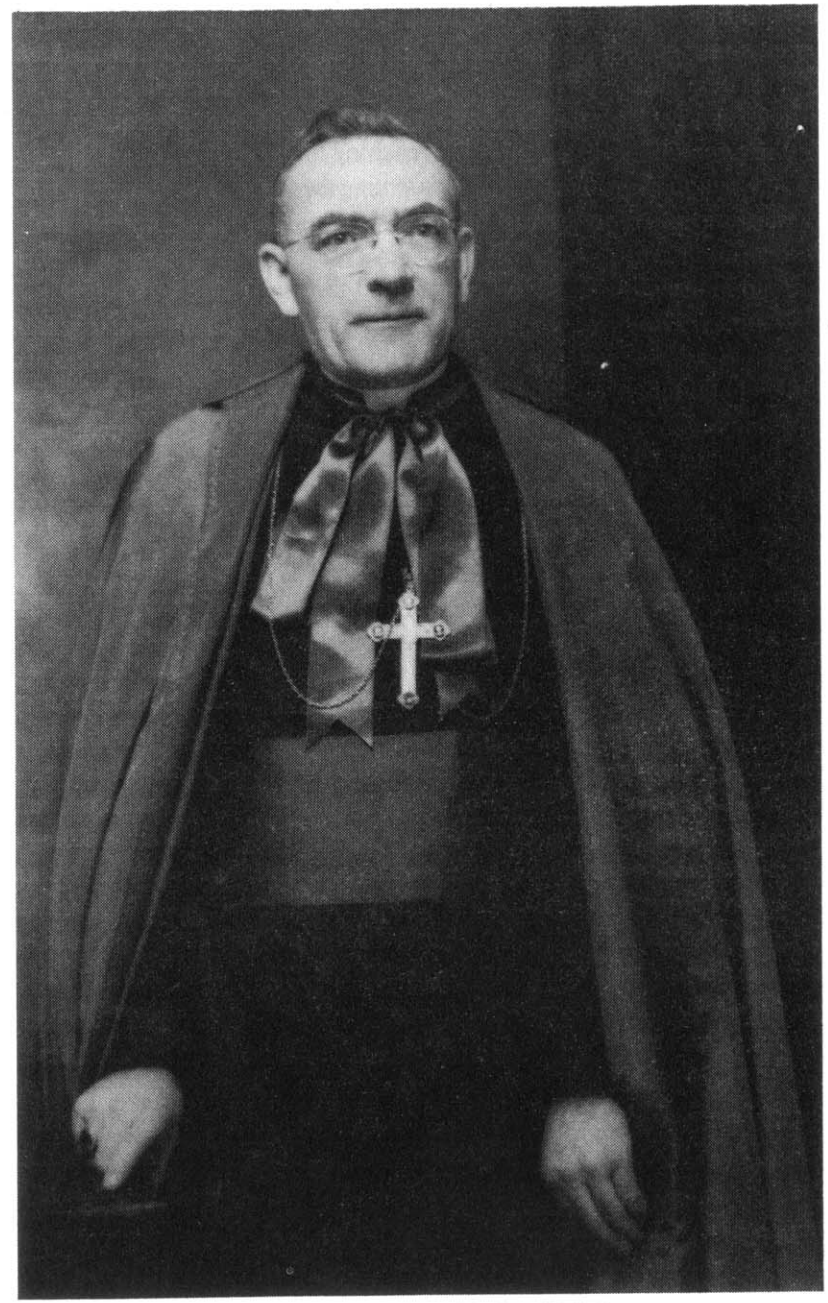
Joseph's years of faithful toil and of difficulty in responding to the grim conditions that befell the larger community. For Peterborough the years after 1930 - until war production provided new stimulus - were marred by a sharp reduction in the increase of population and a stagnant industrial climate. Moreover, the earlier pace of industrial development had not slowed simply because of the depression: it was becoming clear, as industry gathered along the lake-front, that Peterborough was becoming regarded elsewhere as only a part, albeit the gateway, of the Haliburton recreational and tourist region. Uncertainty clouded the city's future as realization grew that perhaps the golden years of industrial growth were over.

Nonetheless, or perhaps in consequence of the economic hardships and uncertainty of the depression period, and then of the urgent pace of the war years, the numbers of those needing health care were not diminished. Even before the commencement of the war, the city's two hospitals had been pressed to capacity, Nicholls Hospital having to turn people away by 1943. By that time, moreover, the growth of large areas of wartime housing throughout the city signalled new challenges. Even the building of a small military hospital on Monaghan Road could not meet the city's wartime needs.

For the Sisters of St. Joseph, these were years of unusual demand and yet of hard-won growth - growth that also reflected the mission orientation of the Diocese's energetic fifth bishop, Most Rev. Denis O'Connor. O'Connor was recognized for his expansionary zeal as the "Bishop of missions"; his example and encouragement to the Sisters in their own missions tested their loyalty as it taxed their resources.

While they devoted much energy to distant missions, however, they also faced some serious problems nearer home at St. Joseph's. Unfortunately, their perceptions of the urgency of overcrowding and of the need to expand St. Joseph's nursing training facilities were not shared by the forceful bishop. In 1942, despite a $100,000 bequest to the Sisters for building purposes from the Laura Secord magnate, Senator Frank O'Connor, Bishop O'Connor denied their proposals to pursue new building.

While the Peterborough-based Sisters of St. Joseph continued to minister under increasingly difficult circumstances at their diocesan centre in schools, orphanages and Hospital, their extended mission had not been diminished. Even after the two northwestern dioceses of Thunder Bay and Sault Ste. Marie had been carved out of the original Peterborough diocese, Peterborough still extended beyond Haliburton,



Most Rev. John Roderick MacDonald, D.D.
1943 - 1945

Victoria and Muskoka - even to the shores of Lake Nipissing. No Catholic diocese and few religious orders were as truly and broadly Ontarian in the territorial and cultural sense as were Peterborough and the Sisters of St. Joseph. The extent and cost of the Sisters' missions within Southern Ontario alone and reaching into Northern Ontario, was an awesome responsibility, complementing the roles of Church and State in countless ways.

At Parry Sound, for example, they continued to develop a second major hospital project; at the Lakehead they were still an important presence in teaching and social services; but now beyond Ontario and across the Canadian West their missions had spread in teaching and in health care. At Estevan, in Saskatchewan, their hospital activity was not slowed by the great depression, despite the fact that several sisters were forced to accept the $1 a day welfare that government could afford the desperate in that troubled province.

Nearer home and by war's end, the Sisters faced two immediate concerns arising out of both the success of St. Joseph's Nursing School and out of critical wartime shortages of nurses and domestic staff. The responses to these problems would usher in a new era of confidence, expansion and public support, but they would also foreshadow years of public concern.

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5. Ownership and the Post-War World

It was fortunate for St. Joseph's that the anxieties of these late war years would be shared, however briefly, with one of the most energetic and liberal Church leaders in Canada of that day. With the death of Bishop Denis O'Connor, there arrived at Peterborough as sixth bishop, a man of generous and positive social conscience, John Roderick MacDonald, Rector of the Cathedral Church of St. Ninian and Diocesan Chancellor in the university town of Antigonish, Nova Scotia.

John Roderick was a Caper, born on the same rugged west coast of Cape Breton Island as his associates, Father J.J. "Jimmy" Tomkins and his equally dynamic cousin, Father Moses Coady. With MacDonald, then, there came to Peterborough the spirit of these pioneers of the "Antigonish Movement," the great co-operative movement born in the depressed areas of eastern Nova Scotia and nurtured by the drive and compassion of St. Francis Xavier University. MacDonald had himself played an active part in defining the early direction of the movement, and of its active arm, St. F.X.'s famed Extension Department. For him, as for Coady and Tomkins, consumer and producer co-ops and the credit union were laboratories of faith in the ability of ordinary men and women to conduct their own economic affairs within the context of an acknowledged moral philosophy. Women had always played an important role in the Maritime groups, especially in P.E.I. with its "egg circles," and MacDonald shared with Coady a great respect for women and their often overlooked organizational skills.

Moreover, MacDonald was singularly fitted to appreciate the heritage of courage and caring that was the record of the Sisters of St. Joseph in their education and health missions, especially in the conduct of their hospital system centered at Ashburnham. Were the Sisters' widespread projects not a parallel to the St. F.X. Extension Department? Further, the new bishop's co-op experience had taught him the need for better public health measures and facilities, for more and better trained nurses, and for the application of both to heavily rural regions, such as eastern Nova Scotia and his new diocese. MacDonald had served for ten years as President of Antigonish's St. Martha's Hospital, the regional hospital for much of eastern Nova Scotia. He had served another two years as President of the Nova Scotia Hospital Association. He had been chairman of the committee that had facilitated group hospitalization throughout the Maritime Provinces. He was an outstanding administrator and a sensitive human being.

It was appropriate, then, that on March 25, 1944, soon after his elevation, John Roderick MacDonald wrote to the Mother-General of the Sisters of St. Joseph in Peterborough an expression of his confidence in the Sisters,

> ...in recognition of the faithful, generous and efficient service given by the Community, not only in St. Joseph's Hospital, but in the Diocese as a whole over the past fifty-four years.

The Bishop continued,

> I have decided to transfer the ownership of St. Joseph's Hospital, Peterborough, from the Episcopal Corporation to the Corporation of the Sisters of St. Joseph....In addition to the Hospital building, the transfer includes the funds now to the credit of the hospital account; the two brick houses on Armour Road; and the vacant lot on Hunter Street, adjacent to the Hospital. At your convenience, you may have your solicitor prepare the deed....
>
> The work of planning a new nurses' residence and the making of other improvements and adjustments in the Hospital and the Training School, will require careful consideration. I wish to assure you of my willingness always to co-operate in the furtherance of your good work.

In the history of feminism in Ontario, and of the new-found courage and new directions of the St. Joseph's Congregation thereafter, Bishop John Roderick MacDonald should have an honoured place. Such was his confidence in the Sisters that within a month he was urging a cautious Hospital Advisory Board to commence construction without waiting for war's end.

In the Spring of 1945 Bishop MacDonald would be suddenly, and for many disappointingly, translated back to his original diocese to assist his aging, ailing mentor and bishop, and with the guarantee that he would succeed him. His influence as a health care facilitator in Ontario persisted, however, for his encouragement of the expansion of St. Joseph's Hospital won the immediate support of his successor, Bishop J.G. Berry. On May 3, 1946 Bishop Berry turned the sod and on December 8, 1947 Cardinal McGuigan opened the impressive new residence of the School of Nursing.

In a larger sphere, MacDonald had also helped significantly to awaken his fellow bishops in Ontario to new dimensions of hospital care

in an age of proposed federal and provincial health care programmes. It was MacDonald who wrote the report of the Bishops of Ontario on questions affecting Catholic interests and values in prospect of new Federal health insurance legislation. In the years that lay ahead, these and many related matters of financing and jurisdiction would regularly confront St. Joseph's Hospital and its new owners, the Sisters of St. Joseph.

The caution met by Bishop MacDonald from the Hospital Advisory Board in 1944 was not without foundation. The issue was not simply one of building a new nurses' residence: St. Joseph's was facing the more general problem of financing a denominationally-owned health facility at a time when war-born construction costs had soared and when medical progress had made costly 'miracle' drugs and new operating techniques a virtual necessity. Soaring material and professional costs and the implications of the welfare or service state, centering on the CCF-dominated 1945 general election, presaged a vastly changed post-war health care situation across Canada. In Peterborough, local interests had also to be considered if the re-constitution of the community's health care services were to be smoothly and successfully achieved.

In the short run, the following two decades to the mid-sixties would bring further growth for St. Joseph's, as for many other Ontario hospitals. A fourth major expansion was launched when Bishop Berry again turned the sod and on May 3, 1950, the new Premier, Hon. Leslie M. Frost formally opened a 75-bed facility known as "B" wing. Many departments would be expanded and modernized in the coming years; new ones, like Pediatrics, Nuclear Medicine, an Intensive Care Unit and a School of Medical Laboratory Technology would be introduced; support services would be extended, such as a new power plant with an emergency generator, Central Supply, Pharmacy, cafeteria, more parking space, and, a mixed blessing, a patients' bell call system.

The most recent and largest major expansion was formally opened by the Minister of Health, Dr. Matthew B. Dymond, on May 12, 1964. This "D" wing had a bed capacity of 113, which, together with extensive alterations to "A" wing including a childrens' ward, would bring the Hospital's capacity to 268. It would also provide a highly centralized suite of diagnostic, treatment, and administrative facilities.

Nor were outside health missions neglected: in 1965 five nursing Sisters, four of them graduates of St. Joseph's and two of those still on

the staff, left for Brazil to begin a course of orientation and Portugese language preparation, before establishing a jungle base hospital to complement the work of the Scarborough Fathers, at Itacoatiara, eighteen hours by motorboat up the Amazon.

These were also years when the Sisters' attention to their own education and professional training received a high priority. Pedagogical, nursing, social care and university academic degrees were being sought by increasing numbers of the Congregation. Early in the sixties the community established a "Juniorate" programme to prepare young novices through studies in theology, philosophy, psychology and related disciplines to enter into a new apostolate. As the Sisters' work in health, social and teaching care was being steadily developed and extended during these years - operating in urban industrial situations and in remote native settings from the Labrador to B.C., and now into South America - it became evident that new directions and dimensions of mission could be explored for the whole order.

Decentralization of conventual life into smaller and more distant groups could suggest the re-examination of traditional vocational patterns for individual Sisters and the opening up of new modes of mission for the Congregation at large. Adherence to conventional, large-scale, institutional approaches to health service, such as operating a general hospital, might now be less socially useful. It might also be less spiritually fulfilling in an age of secularized, intensely technical, professionalized and state-supported medicine. Such factors might force a re-examination of roles and mission in health care and social service. The Sisters' tradition of responsibility and support for St. Joseph's Hospital must have been a major consideration in their own process of review - and in their prayers for guidance.

Meantime, St. Joseph's Hospital was itself being subjected to new pressures arising out of changes in public and governmental attitudes to health care, and out of fresh approaches to surgical and clinical medicine. Together, these often resulted in massive new demands upon hospitals such as St. Joseph's - demands for radical change in internal governance, for medical specialization and modernization, and for bureaucratic proliferation. All of these were, of course, attended by increased costs.

Governance and financing have been the common themes of hospital history from the end of the war to the present day, and St. Joseph's experience has been no exception. The composition and function of the Hospital's Advisory Board has reflected the hospital's changing needs and nature as lay people played an increasing role in its activities. (Until 1965, when it became the Board of Trustees, the Advisory Board was subject to the Sisters' own Governing Board.) The Advisory Board's Honorary Chairman was the Bishop, who frequently sent his Vicar-General as his representative, if he was not also a member; another member of clergy was frequently appointed; the Sisters were commonly represented by the Hospital Superior, two other Superiors from the Congregation, and a Sister; three laymen completed the normal complement of nine. In 1939, however, the Advisory Board was enlarged from 9 to 12 members by doubling the numbers of prominent Catholic laymen to 6; by 1944 laymen accounted for 7; the following year, 9; and in 1947, 14 of a Board of 21, including a representative of the new Ladies Auxiliary.

This significant laicizing and enlargement of the Advisory Board (with an extraordinary increase in its consultative role) was matched by an increase in the number of regular meetings per year from three to ten. By the late forties, a chairman and secretary (always laymen) were no longer commonly designated *pro tem* to serve at each meeting, but were elected annually and served to maintain a sense of continuity and initiative in important policy matters. Portfolio committees of House, Finance, Property and even Public Relations would emerge by the early sixties.

Furthermore the demographics of the Board would shift sharply in this same period. Women who were neither Sisters nor ex officio representatives of the Auxiliary appeared; physicians on the medical staff and, later, nursing department heads, were added; with the founding of Trent University, professors with specific skills were appointed, including the chair of the Board of the School of Nursing; significantly, in the sixties two strongly contributory male members of the Jewish business community foreshadowed the eighties when a Jewish business woman would chair the full Board. Her successor would be the Anglican Rector of St. John's Church. Truly, God worked his wonders in mysterious ways.

Apart from the Sisters' imaginative and resourceful ways of attracting support, however, what circumstances help to explain these radical changes in the hospital's representation and governance in such a short time?

One dimension had already appeared in 1944 when the Mayor,

James Hamilton, had appointed a special City Council committee of aldermen and others to examine the merits of building a new general or civic hospital to meet the city's perennial health care crisis. Such a move had been broached several times before, but whatever St. Joseph's objections, resistance among the ranks of the Nicholls Hospital Board and among ratepayers who would be called upon to finance such a venture had always been sufficient to stop the project. Mayor Hamilton, however, had recently been acclaimed for the eighth time, and his support of the civic hospital project might be enough to win the day. The special committee recommended another appeal to the rate-payers, this time for a $600,000 debenture and for authority to direct $400,000 from the City Trust's surplus. It was plain that the Nicholls Hospital Trust would also be folded into this financial plan, and that the reluctant Trustees would not this time be able to resist. The townsmen concurring, a private member's bill in the Provincial Legislature in 1945 established a Civic Hospital on the terms set out above. Consequently, St. Joseph's new owners, hoping at the same time to obtain municipal aid in building their new Nurse's Residence, needed all the help they could muster to ensure that their interests and long tradition were adequately safeguarded.

On October 6, 1944 in a letter to Mayor Hamilton the Board expressed its pleasure that the city would "deal fairly with St.Joseph's Hospital." The Board pointed out that after 54 years of open-door service with no municipal support, it should expect such treatment. It also assured Council, however, that it considered the issue of a civic hospital as a matter for the taxpayers alone to decide. If Council would authorize a fair bed-capacity formula between the two hospitals for determining municipal grants to both, and would incorporate these in the by-law authorizing the new hospital, then St. Joseph's would enter into two commitments: it would build a $250,000 addition with 55 beds, thus achieving a proportional saving for both Civic Hospital and the taxpayer; and it would welcome on its Board "a representative appointed by the City Council." In all of these representations and commitments, Bishop Berry was a firm supporter, advocating the earliest possible commencement of the new addition.

At a subsequent meeting with city officials, however, the Board's representatives learned that such an arrangement could not receive sufficient support as a part of a hospital enabling by-law. In response, the Board withdrew that condition, asking instead that a 25-year annual municipal grant be assured in return for the Hospital's expansion of

facilities and representation. In the following year the Hospital would approach the city for a grant towards its 1945 deficit. Two years later, the City Clerk, writing on December 3, 1947 expressed his pleasure at being able to assure the Hospital of a municipal grant-in-aid sufficient to pay the interest on the now $355,000 addition proposed by St. Joseph's. At a meeting two days later, however, the greatly enlarged Board was advised by its experienced laymen that the city's proposed by-law was not likely to be found "legally sound."

What do such bewildering manoeuvres tell us? The move to a larger Board and to greater lay and non-Catholic membership was necessary in order that such complex and direct political negotiations with government could be more readily conducted. The same consideration had lain behind the Board's appointments of the first lay Comptroller in 1962 and the first lay Administrator in 1970. As the board observed, "The appointment reflects the changing role of general hospitals in becoming more fully integrated with the total health care needs of the particular community they serve". Such hospitals, the Board urged, needed "a broader representation" outside the institution itself. As provincial and local health care developments proceeded through the following decades, the Board would be tested regularly to amend and update the hospital's traditions, governance and sense of mission.

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6. Governance, Finance and Community in Changing Times

Further changes in internal governance and in outside relationships would mark the decades of the sixties and seventies. Flexibility in organization, worldly political realism, and more professionally trained bureaucrats would be necessary, especially after 1959 when the Ontario Hospital Care Insurance Plan came into existence. Negotiations with Peterborough's City Council would soon seem simple beside the bureaucratic jungles of OHIP, the federal and provincial ministries of Health, the District Health Councils, and regional hospital committees. After 1967, when St.Joseph's had become the first hospital in Ontario to contract successfully a collective agreement with its newly unionized nursing staff, the political and administrative challenge of running, or even just of advising, hospitals would become even more complex. It was, indeed, a vastly changed and still changing health care world.

Perhaps, then, it is not surprising that members of the public would become confused as to just who owned and ran the Province's hospitals. The issue arose for St. Joseph's during the seventies, in a period when the Ontario government was first awakening to the awesome costs arising from its own massive hospital building and expansion programmes of the fifties, from the introduction of OHIP, and from the new national "Medicare" programme introduced in 1968.

Even in the decade of the fifties the province's general hospital system alone had doubled. By the first fiscal year of the seventies, Ontario was spending $350 million annually on health care, the third largest expenditure item after education and highways. By mid-decade, the cost of health programmes had become the largest item in Ontario's budget at more than $2.5 billion. Like the colleges and universities, the hospitals would now find themselves under increasingly close scrutiny - even by the individual taxpayer, who often considered himself the owner of these heavily subsidized health care foundations.

The issue that gave rise to criticism of St. Joseph's in some quarters centered upon St. Joseph's decision to establish a "Medico-Moral Committee." The Board authorized the Committee to "decide on the performance of medical and surgical sterilizations, interruptions of pregnancy, discontinuance of life support systems, such as resuscitation, refusal of treatment, such as blood transfusions on religious grounds, time of clinical death and the removal of organs for transplants."

This list was not a "Catholic" one. It concerned issues that arise in modern medical practice in any jurisdiction and at both ends of life - the commencement and the leaving. Despite the legitimacy and wide range of these concerns, however, to those so disposed, the issue was a single one: abortion. That this must be so, they argued, was confirmed by the nature of the committee set up to administer the Medico-Moral Committee: 2 Hospital doctors, 2 clergy (one non-Catholic), 1 Sister of St.Joseph, and the Bishop.

The Peterborough *Examiner* took the question to the man-on-the-street, that bane of those who hope for the success of the democratic system. Some suggestions arising from these street enquiries were thoughtful and contributory: more non-Catholics could be added to the committee; a joint committee could be established for the city's two hospitals. To others, however, the issue rested in proprietorship: St. Joseph's was "a public hospital," yet the Sisters were "using religion to further their own ends"; the hospitals should have a uniform policy because, "They are supported by the same public funds. The money comes from everybody, not on the basis of religion. I think the hospitals should be under one jurisdiction."

It was true that three-quarters of the operating budgets of most provincial hospitals now came in the form of public sector subsidies. What was not acknowledged in these criticisms were the vastly larger sums of private and endowed funds, and of dedication over many years, on which these government operating grants were dependent. Had the province to make *capital* grants for those facilities already in place (beyond its generous grants of the fifties which had added or improved existing foundations), these irate taxpayers might have had a stronger case.

Moreover, the Board's Minutes are studded with acknowledgements of the Sisters' extraordinary special grants. These were made from the Sisters' own budget and beyond the regular endowed capital on which they had progressively built the hospital. Such grants were given when some new service, equipment or expansion programme was found beyond the hospital's existing budgetary capabilities. Examples abound in the late seventies and early eighties:

> $27,000 for additional parking space (23 Nov.'79); a $400,000 interest-free loan to cover growing indebtedness (22 May'81), the Board urging that it accept only at interest; $10,500 to replace the incinerator stack (18 Dec.'81); $171,846 to buy a

Gamma Camera for Nuclear Medicine (18 Feb.'83); $3,000 to establish a business records and archival management survey (20 May '83).

At this time, too, a loyal Auxiliary had pledged to replace the Hospital's anaesthesia machines, forwarding in the first half of 1981, $47,000 toward that goal.

It was ironic that the charge used in the Medico-Moral dispute, that St. Joseph's was a "public hospital," was just the point that had long been denied by those seeking to block its receiving municipal support. When Leslie Frost had opened the new "B" wing in May 1950 he had justifiably pointed to the province's support as an example of its three-year old policy of assisting in the extension and maintenance of Ontario's hospitals. Consequently, in view of its record of having brought "great good to the local community and to the province," St. Joseph's, he had assured those present, had been included in the construction grants programme for 1950. Confronted by this generous provincial endorsement of the hospital's public role, the Mayor had used Frost's recognition of St. Joseph's status as a public citizen to overcome local municipal opposition. In 1950 the city had granted $10,650 to the hospital as a recognition of its important public role.

The issue, however, ought not to have been characterized as one of proprietorship. Whatever its record for civic responsibility, St. Joseph's was a privately (or corporately) owned hospital. As such, it had the right - as it felt the obligation to its own moral professions - to determine and to govern its own affairs. Nor were the issues falling to the proposed Medico-Moral Committee in any way limited to the abortion question. Many of them were everywhere recognized by the medical profession as sources of great professional concern for which conventional medical training was not necessarily the best preparation to provide answers. Doctors or patients might not then agree with the Hospital in some of its positions, but they could be grateful that these difficult issues would be faced squarely and honestly. If they or their patients disagreed with the committee's decision, the city's hospital system could provide a choice. The confusion between stewardship and ownership on the part of uninformed members of the public did not further the dialogue, and was a sad symptom of these perplexing times.

If the government's huge spending on health care was giving rise to wholesale concern and confusion, however, hospitals like St. Joseph's faced their own retail consternation. The Finance Committee was confronted with the alarming implications of unionization after a 45% increase in the first two years of the 80's. The insistence of nurses, through their union, on parity with other provincial hospitals, however, had not alone escalated labour costs. The fact was that in April 1972 the Minister of Health had warned of major policy changes in nursing education across the province, and in January 1973 hospitals like St. Joseph's learned that they had eight months to effect the transfer of all diploma nursing programmes to their regional Colleges of Applied Arts and Technology. Aside from concerns over the difficulties of transition, many hospitals were thus faced with severe labour problems.

At St. Joseph's the practicum of ward training and care had been an integral part of nursing preparation, as with many traditional apprenticeships; it had also meant the addition of many welcome hands in the daily routines of a busy general hospital. Despite government assurances that the positions of current nursing school staff would not be undermined by the transfer, the fact was that the hospital at large must anticipate hiring more professional and unionized staff at competitive wage scales.

The Finance Committee's records show, too, a huge escalation of drug and equipment costs, rising through the seventies and soaring in the eighties, which raised further alarm:

Hospital must nearly double its line of credit with banks, subject to Sisters' guarantee (April '80); medical staff included in cost assessment activities (Sept.'80); Sub-committee on Cost-Effectiveness reports maintenance costs tripled (Nov.'80); cost of medical and surgical supplies up 42.3% in past year (Nov.'81); drugs and medicines in nursing wards up 64% over last year (June '81); suppliers' prices up 86% for protheses in 8-month period, 10% for pacemakers, 32% for surgical instruments, 79% for sutures (Dec.'81); Province's hospitals facing $28 million deficit (March'82); suppliers' prices exceeding Ministry's guidelines (March'83); further 21.2% increase in drug costs (Sept.'83); further deficit since Sept.'82 (Oct. '83).

The Committee's Minutes are a dreary litany of concern over the problems facing general hospitals throughout Ontario.

What was to be done? For many in the Peterborough area the answer lay in amalgamation of the two hospitals, for Civic Hospital, too, could not escape the same relentless logic in increasing costs of goods and services. For St. Joseph's and its owners the prospects were unpromising: St. Joseph's had roughly half the bed capacity of Civic and a history of *seeming* to play the minority role. (For County residents, however, St. Joseph's was often more familiar, more having attended St. Joseph's, for example, in 1949 than Civic. See Mins. of Bd., SJH, 1950)

Nearly a century of dedication and building, to say nothing of Catholic philosophy, stood against St. Joseph's absorption into the larger institution. Despite the recruitment of many of the area's most distinguished, representative and, often, non-Catholic men and women to the Board, St. Joseph's had never succeeded in matching the success of the Nicholls and Civic Hospitals in gaining large-scale municipal financial support. Despite the appreciation of a wide spectrum of individuals - Catholic and otherwise - in the community, people who had benefitted from the hospital's caring tradition and from its de facto civic role, officially St. Joseph's was still looked upon - as in the Nineteenth century - as Catholic and properly voluntarist.

Were there not, then, acceptable and useful alternatives to outright amalgamation? A "facilitator" was called in by the Ministry of Health in 1982 to explore the possibilities of "rationalization" or "role differentiation," the new buzz words of health care and educational experts. In the end those phrases sounded in the report like way-stations on the road to amalgamation, or even absorption. St. Joseph's was to move virtually out of critical care as a general hospital, and to assume instead some combination of geriatric, rehabilitative and palliative *clinical* practice.

Yet there was a co-ordinate, not subordinate role for St. Joseph's - and steps already taken signalled how that revised status might be achieved with dignity, with responsibility to the larger community, and with a sense of historical continuity.

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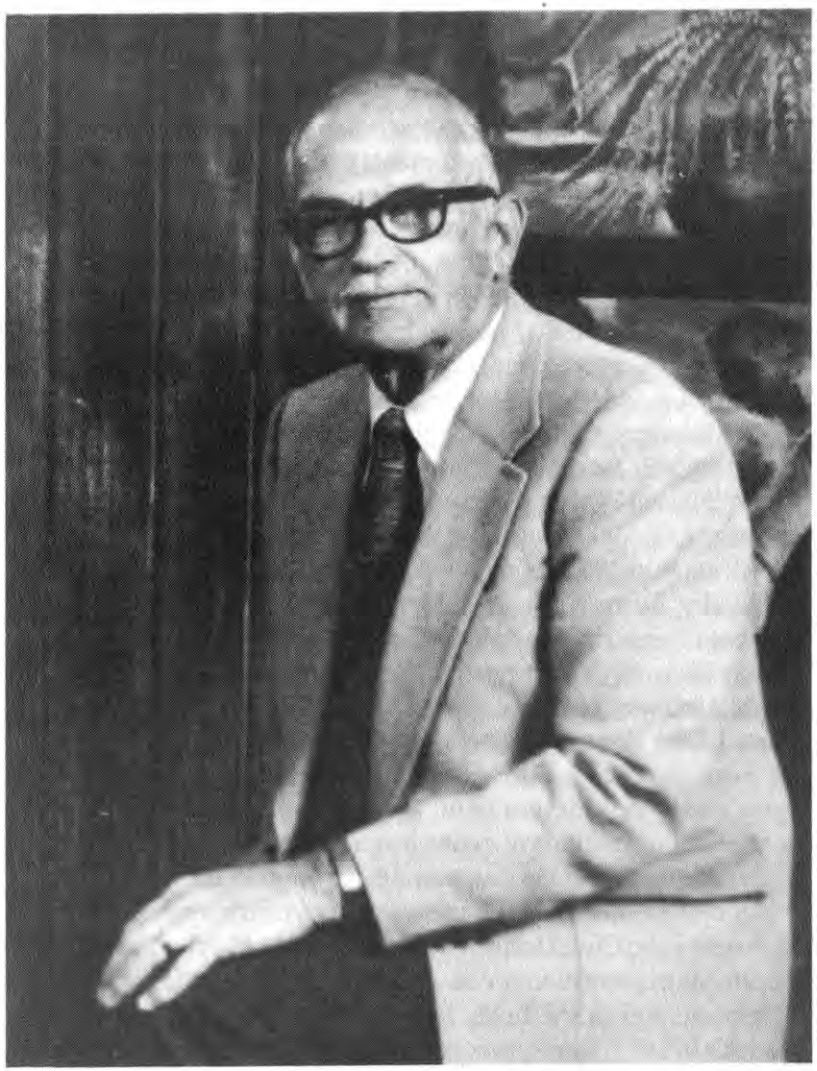
7. Recent Challenges and Prognoses

As the 1960's and 70's advanced, St. Joseph's Hospital took important steps to increase efficiency in the face of heavy demands upon its staff, upon its healing facilities, and upon its accommodation. Increased emphasis upon departmentalization was matched by efforts to ensure co-ordination of services. A first Medical Director, Dr. R.S. Chenoweth, was appointed in 1972 to serve as liaison among departments and between the Board and medical staff; a Casualty Officer was named in 1973 to co-ordinate heavy weekend emergency loads and to work co-operatively in emergency services with Civic Hospital. By the mid-eighties, occupancy was averaging 103%, although government grants remained virtually constant. Consequently, a Discharge Planning Officer and a Health Record Analyst were appointed to survey patterns in treatment and recovery in view of the increasing trend toward over-capacity. Even the Board's procedures, in reviewing committee reports at its monthly meetings, were altered to encourage a deeper understanding and more searching examination of all functions of the hospital by the Board and by its individual members (1987).

By that time, too, certain emphases in diagnosis and treatment were appearing at St.Joseph's. The hospital had opened Peterborough's first cancer clinic in 1961 on the ground floor of the nurse's residence; after an interruption for renovation, the clinic was re-opened permanently in "B" wing in 1977, with key staffing by specialist medical teams supplied by Toronto's Princess Margaret Hospital. In 1964 the dietary staff began supplying meals for the Meals-on-Wheels service on a twice-weekly basis. In the same period the building of the Marycrest Home for the Aged was completed by the Sisters of St. Joseph's on the hospital's grounds; the cooperation between the new facility and St. Joseph's served the hospital as a learning vehicle in its increasing mission to the aging and to the chronically ill. In all of these cases, moreover, the hospital's long tradition of caring was a vital part of its motivation and of its contribution to the success of these programmes.

Simultaneously, several measures of role differentiation between St. Joseph's and Civic Hospital were introduced which further suggested a promising orientation for St. Joseph's. Partly in recognition of the Sisters' support in the field, Nuclear Medicine was centered at St. Joseph's in 1971; three years later, Orthopaedic Surgery was also assigned to the hospital; in 1977, a Prosthetic-Orthotic Workshop was appropriately located there; in the following year, a Back Care Programme

was begun; in 1979, an Audiology service was introduced. Although not restricted to the elderly - Prosthetics, for example, was important in industrial medicine - these were services that suggested a useful emphasis upon the needs of an aging population, and of those needing the kind of compassionate, dedicated care for which St. Joseph's had long been distinguished.



Doctor R.S. Chenoweth
June 20, 1906 - January 3, 1990

In the process of re-defining areas of specialization, of course, reciprocity between the two hospitals was essential and, for each, certain losses were inevitable. It was with much regret, for example, after having renovated their facilities relatively recently, that St. Joseph's accepted the removal of Obstetrics to Civic in 1973 and of Paediatrics not long after. Steps like the closing of the hospital's laundry facility and the establishment of the area hospitals' Kawartha Hospital Linen Services, and shutting down the Medical Technology programme, both in 1972, had seemed sensible withdrawals. Losing Obstetrics, however, seemed a heavy price to pay for one's convictions.

Peterborough's community services were bolstered by strong contributions from St. Joseph's when joint action led to the introduction of a profitable Peterborough Hospital Lottery in the 'seventies. Similar co-operation led to joint fund-raising and the acquisition for Peterborough of that valuable and extraordinarily expensive instrument of modern medical technology, a CATSCAN, located at Civic but also accessible to St. Joseph's.

Meantime, as Ontario's hospitals responded to the government's nudging in the late 'seventies and 'eighties, St. Joseph's took new initiatives in approaching Civic Hospital on the feasibility of joint appointment of medical staffs (1975), a joint approach to media relations (1975), a similar approach to ambulance services (1975), a joint in-hospital policy and community-directed programme on smoking practices (1986), and a similarly broad public educational approach to organ retrieval and transplants (1986).

If the hand of co-operation was being extended within the immediate Peterborough community, however, St. Joseph's had also not lost its sense of a broader mission. Accordingly, when a steering committee representing the communities of Minden and Haliburton approached St. Joseph's in the early eighties, it received a sympathetic response. For some time, the Red Cross Society had operated medical stations in this rural and recreational area of Ontario; now, the Society faced new priorities elsewhere and could not cope with heavily increasing demands upon the two medical stations - arising partly out of a huge increase in the number of cottagers and the extension of the cottage season. Consequently, the Society announced its wish to relinquish this responsibility as soon as possible.

With a combined annual budget of over $1 million, the two

Highlands hospitals represented a big undertaking for St. Joseph's. Existing department heads would have to assume responsibility for parallel services in the north. The concerns of the Board would be extended even further. Yet there seemed to be no insuperable barrier, as subsequent strong co-operation and support have proved. The Ministry differed over the estimates of annual operating costs, but was willing to assume any deficit for fourteen months, until a permanent and mutually acceptable budget could be prepared. By 1985, arrangements were complete, and St. Joseph's was already assisting the local fund-raisers in a financial campaign and in the preparation of architectural drawings for a major expansion of both new charges. Meanwhile, the Board and many committees were preparing plans for on-site visits and for regular intelligence and consultation on the running of the Minden and Haliburton facilities. The mission purpose, in which St. Joseph's itself had been conceived, was still flourishing, even in an overwhelmingly lay and heavily non-Catholic Board. The Board had clearly absorbed and now reflected the spirit of the hospital and of its founders.

One of the answers to today's problem of hospital over-crowding and of long waiting lists in the Canadian welfare state rests in substantially increasing the number of nursing homes and chronic-care facilities. In that way, hospitals like St. Joseph's could be relieved from the necessity of losing acute care beds to those who are unable to find recovery and rehabilitative accommodation elsewhere. The solution lies partly in the market and partly in government incentives to spur the growth of such institutions. Unfortunately, the decision does not rest with the hospitals, who perceive the urgency of this more pluralistic approach and are being increasingly subjected to the pressures of a difficult situation.

Another set of alternatives to this problem has lain in a greater emphasis upon outpatient procedures and on home health care wherever possible. The logic of many of the steps taken toward redistribution of treatment and of care at St. Joseph's has suggested a valuable role in developing these alternatives. By the late seventies, the hospital's thinking was increasingly directed toward ideas of rehabilitative medicine. To establish an Adult Rehabilitation Centre became a matter of first priority after 1977, when the Board agreed to adopt a new Master Plan for the hospital.

Through the eighties, however, the increase in the number of chronic cases - and the extension of the period of their accommodation at St. Joseph's - raised vexing problems for the hospital. Simply to go on absorbing the extended recovery periods into the normal formulae for efficient bed use and discharge would further distort the "normal" record - and would give to outside critics, and to the Ministry, the impression of inefficiencies in the management of the hospital.

On the other hand, working with other health agencies, with physicians, and with a better informed public could reduce hospitalization. This could be accomplished by encouraging individuals to adopt better health practices and by ensuring more office or out-patient procedures. Such measures seemed to offer practical and desirable means of relieving the institutional log-jam. The revised mission statement of the hospital during this period reflected these changing perceptions of the wholeness of the health care approach. Preventive steps, such as the reduction of smoking, could work toward both individual and social goals - and must eventually relieve the hospital system further. The end of health care, then, should not simply be to provide acute care, surgical care, or chronic care: it should also work to reduce the need for these services in the first place.

In the United States in recent years the development of so-called Health Maintenance Organizations (HMOs) has focused attention upon preventive medicine and upon more cost-efficient ways to maintain good health. These have included better public health education; recreational programmes oriented around sound health principles; out-patient and day clinics; nursing-home care; chemical-dependency treatment; and, whenever possible, home care. Such approaches become particularly important when one is dealing with an aging population.

One of the characteristics of serving the Peterborough community in the eighties was the increasing presence of seniors in the spectrum of the city's population. Many of these retired people had only recently moved into the community. The attraction of lower-cost real estate, the association of Metro cottagers with the pleasures of the Kawarthas, the advantages of smaller scale, and the need to escape Metro's high costs and deteriorating environment were all factors working to draw pensioners, even pre-retirees, to the Peterborough area. By the end of the decade, whereas in other comparable communities of Canada the ratio of those over sixty-five was 1 in 10.5, in Peterborough it had already reached 1 in 6.

For institutions like St. Joseph's, the lesson was plain: the problems

of hospital over-crowding and of extended care must get worse, and measures must be taken to meet the crisis. The aged, who often require longer to recuperate, must not make the hospital a hostage before the Ministry's conventional discharge criteria for cost-efficiency. St. Joseph's could hardly hope to pursue fully successfully its new mission to the aged and the chronically ill without three considerations: first, that the Ministry's formulae for efficiency be adjusted; second, that the hospital's importance to the fastest-growing sector in the city's population be widely recognized; and third, that alternative approaches to health care be simultaneously developed.

Despite repeated appeals to the Ministry of Health for support in re-directing its priorities to the community's changing demographics and to its increasing needs, the hospital's proposal for a full-scale Rehabilitative Centre met prolonged delays. By the mid-eighties the hospital determined to undertake at least one unit of the larger concept: to build a Day Hospital as quickly as possible. Such a facility, by concentrating minor surgical and clinical attention in a single work day, would also serve to reduce the pressure on acute care beds. Although both city and county had agreed to share in one-third of the estimated cost, and the Ministry had indicated its readiness to bear the other two-thirds, the delay in making and fulfilling the Ministry's commitment was proving a major stumbling block in providing an urgently needed community facility. It was at this moment that the Sisters of St. Joseph once more proved their commitment to the community at large. By advancing the sum of $285,000 to cover furnishings and equipment for the new facility at St. Joseph's, they ensured its location in the hospital that had laid such emphasis upon rehabilitation, and they prompted the public authorities to action. In 1986, St. Joseph's opened the doors of its new Day Hospital service.

The commitment to such new facilities would be especially helpful to aging patients, and it was matched by personnel changes that related to the new strategy. In the Fall of 1985, for example, Father Scott Menzies was appointed Hospital Chaplain: Father Menzies was a professionally trained expert in hospital pastoral care, with a strong interest in palliative care. His dictum that, "Hospitals are the meeting place of humanity" was a clear reminder of the consistently nurtured caring tradition among Sisters and nursing staff at St. Joseph's. Even the Congregation's General Superior, Sister Cecilia, who was a strong advocate of the new strategy, undertook a study leave to gain professional insights in the field of geriatrics. Hospital and Order were focusing upon areas

of specialization that could complement and extend the professionalism of a respected general hospital and of a religious congregation noted for its social concerns.

Sister Cecilia, Superior General
1975 - 1983

The mission of St. Joseph's has continued to evolve, adjusted regularly to the concerns of the larger Peterborough community through the generous perceptions of a socially-oriented religious order.

From its earliest purpose of helping in the maturing process of an important mission diocese, St. Joseph's first expanded its mission to provide health care that was then denied to the largest Christian denomination in the community. Even with such provocation, however, it did not respond in kind, but opened its doors to all. During the same period and beyond, the hospital was well situated and ready to serve the needs of a rapidly expanding industrial work force, whether Catholic or not. That broad civic mission reached a dramatic and confirming climax at the time of the Quaker disaster and the great 'flu epidemic.

During and following the First World War, the hospital's importance in Catholic circles can be linked to a significant epoch in the development of the city's health care system, regardless of religious affiliation - confirming once again St. Joseph's sense of full civic responsibility, and its contribution to the widest sense of community.

By the early 1980's, although Peterborough was still a relatively successful middle-tier manufacturing centre, the city was losing two manufacturing jobs for every one it was attracting. By contrast, it was gaining a population of older citizens whose addition to the cultural base of the city would be significant - but whose contribution to the propertied tax base was problematical, and whose call upon the public services of the community was already strong and increasing. As this new trend developed, the Sisters of St. Joseph, at first through the vehicle of St. Joseph's Hospital, turned their attention to a new mission purpose for their nearly century-old institution. The hospital was regularly and generously assisted by the Sisters' increased support of those facilities at St. Joseph's that could best serve Peterborough's new demographic reality. Through such measures - and with the complementary strengths of others in ventures such as Fairhaven, Kinsmen Court and Marycrest - attempts were mounting to meet the changing pattern and needs of the entire community.

Even within Mount St. Joseph, the Motherhouse of the Sisters themselves, generous fulltime accommodation at less than cost was afforded to one of the major seniors' organizations in the city. Further, in the grounds surrounding the Mount, vegetable garden space was made available to these and other seniors both for recreational and domestic purposes.

It was plain that the Sisters of St. Joseph did not consider that a hospital, no matter what its splendid record, was the only route to social betterment. The Congregation's commitment to formal education was still strong; its missionary objectives were still high on its list of priorities; but perhaps there were even more diverse and contributory ways to live the mission of social purpose for which the Order had been founded.

Meanwhile, at St. Joseph's the message of the Sisters was well entrenched in the spirit of this century-old institution. Nurses everywhere, of course, can take pride in upholding a "caring tradition." As one non-Catholic lay nurse at St.Joseph's, observed, however, "Each of us cares, of course, or we wouldn't have entered nursing. But here there is a system and a soul to it - and it seems to be built into the bricks of the place."

The advocates of "absorption" of St. Joseph's into a single municipal hospital should pause in the face of the traditions of St. Joseph's. Even the *Examiner* at its most critical observed, "One other alternative would be for the Sisters of St. Joseph to fold their hospital tents and quietly fade away, and that is unthinkable."

Health and religion are closely related in the Judaeo-Christian culture, and Christ's healing ministry indicates that this apostolate is central to the Christian's concern. Health care has been, and can continue to be, a collaborative effort between faiths and society. It has flourished in the hands of faiths as diverse and as socially responsible as the Salvation Army, the Unitarian Church, the Seventh Day Adventists, and religious congregations such as the Sisters of St. Joseph. In an age of increasingly secular health care, new forms of collaboration can develop between faith groups and government, whether federal, provincial or municipal. To achieve "efficiency," we ought not simply to jettison decades of dedication, experience, and unselfish enterprise.

Faith and modern medical efficiency are not opposed. In July 1988, St. Joseph's received its most recent accreditation rating from the Canadian Council on Health Facilities. Once again it received top marks, and with them, helpful suggestions aimed at making "a good hospital...an even better hospital."

As the centennial was approaching, the current General Superior of the Sisters of St. Joseph, Sister Veronica O'Reilly, observed:

> The Sisters are more than ever convinced that the healing ministry is central to Christian life and mission. And we expect

Sister Veronica O'Reilly, General Superior
1983 -

that, for the foreseeable future, this ministry will be expressed through institutions such as ours and also through less formal structures. With God's help we will be there as best we can to sponsor this ministry in whatever forms best respond to the needs of Peterborough community.

Whoever owns St. Joseph's, whether the Diocese re-absorbs it or it passes into lay Catholic hands, whether the city assumes it as an integral part of its total health care establishment, or whether the Sisters continue their own stewardship, the hospital has won a deserved place of honour in Peterborough and its surroundings over the past century. St. Joseph's ought not to be down-graded to a supplementary clinic located in East City and serving only geriatric, chronic and rehabilitative needs. It has earned the right to continue to be recognized as a general hospital of substance and reputation in Ashburnham and Peterborough and beyond - a hospital for which the specialties of geriatrics, chronic-care and rehabilitation are natural expressions of its caring tradition.

North West Cove
Nova Scotia
31 December 1989

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Peterborough and St. Joseph's Hospital

an historical appreciation

"a system and a soul"

Alan Wilson

SISTERS OF ST. JOSEPH
PETERBOROUGH

100 years