



**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.

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

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

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**A Heritage of Caring  
A History of St. Joseph's Hospital  
School of Nursing 1906-1974**

by  
**Margaret M. McDonald CSJ**

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# A Heritage of Caring



**By Margaret M. McDonald C.S.J.**

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**a history of St. Joseph's school of nursing  
1906 - 1974**

A HERITAGE OF CARING  
A History of  
St. Joseph's Hospital School of Nursing  
Peterborough

1906 - 1974

by  
Margaret M. McDonald, C.S.J.



St. Joseph's Hospital School of Nursing  
Alumni Association  
Peterborough  
1981

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## A HERITAGE OF CARING

### Foreword

In A Heritage of Caring, Sister Margaret McDonald endeavours to portray the persons and events that created the particular spirit of St. Joseph's Hospital School of Nursing from 1906 to 1974.

For many years nursing and medicine were the only two professions identified with the care of the sick in the hospital; the student nurses, for the most part, provided the nursing care. Thus the early years of the school of Nursing were interwoven with the history of the hospital.

Both the hospital and its school of nursing were established in response to the health care needs of the city of Peterborough as an expression of the inspiration of the Sisters of St. Joseph -

"a movement toward profound love of God  
and  
love of neighbour without distinction".

Such has been its tradition. As a historical document, A Heritage of Caring is enlivened by a number of personal anecdotes.

May each reader enjoy anew those days and years which speak the history of our School of Nursing, whose aim has always been to ensure competence in nursing while maintaining deep respect for life at every stage and in every condition.

A Heritage of Caring is a tribute to many Sisters of St. Joseph and nurses whose loving care has sustained and protected the lives of others.

August, 1981

Sister M. Cecilia  
General Superior  
Sisters of St. Joseph, Peterborough

## Acknowledgements

Throughout this work, I have tried to keep as close as possible to facts and actual occurrences. Without the help and encouragement of the Sisters of St. Joseph of Peterborough and of St. Joseph's Hospital Nurses' Alumni, this story would not have been undertaken nor completed.

I wish to thank the officials of the College of Nurses of Ontario and of the Registered Nurses Association of Ontario for giving me access to official records and reports which were essential to validate this history. I was also provided with copies of documents which pertained to our school of nursing, a number of which are in our archival collection.

I acknowledge the contributions of pictures, articles, memorabilia and financial assistance given by many nurses. Special mention is due here to the Archives Committee (1974-1978), who gave so generously of their time and talents in setting up the School of Nursing Archives.

The anecdotes, for the most part, were provided by the respondents to the Committee's questionnaire. I apologize to those whose memoirs do not appear in the book, but space was a limiting factor.

I owe deep gratitude to Marjorie Wilson and MariJo Amer for their perceptive critique and enthusiastic support of my manuscript; they are truly gifted persons.

To Phyllis Shaughnessy for preliminary typing and to Dorothy Sharpe for the final type in which this work has been prepared, I am sincerely grateful.

S.M.  
August, 1981

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CHAPTER ONESt. Joseph's Hospital is Founded

Our Heritage of Caring has its roots in LePuy, France. Here the congregation of the Sisters of St. Joseph was founded in 1650 by J.P. Medaille, S.J., and was approved by the Bishop of LePuy, who conferred on its members the canonical title of Sisters St. Joseph, designed by God to be guardian and provider for the Holy Family, and endowed with virtues of wisdom, humility and outstanding faith in Divine Providence, was chosen as the patron and exemplar for the sisters to strive to emulate.

This new congregation, with the title of Sisters of St. Joseph, spread rapidly throughout France, but it was forced to disperse during the French Revolution. Many of the sisters were imprisoned and several gave their lives in defense of their faith and consecration. However, in 1808, Mother St. John Frontbonne, at the invitation of the Bishop of Lyons, re-established the sisters there to resume their mission of charity and mercy to the needy. Some members of this congregation of sisters came to North America in 1836 and established their first house in the diocese of St. Louis, Missouri, from which numerous other houses were founded in United States and Canada.

In 1890, at the request of R.A. O'Connor, Bishop of Peterborough, the Sisters of St. Joseph of Toronto, serving in his diocese, formed a new congregation, that of the Sisters of St. Joseph of Peterborough. This Congregation was formally established on August 15<sup>th</sup>, 1890, with its Motherhouse in Lindsay. Five years later this location was changed to Peterborough, and the present convent and motherhouse, which was given the name, Mount St. Joseph, was officially opened on January 1st, 1895. Over the years this congregation has served in many dioceses in Canada and in the prelacy of Itacoatiara, Brazil, gradually adjusting the apostolates to the needs and changing conditions of the times.

The Diocese of Peterborough was erected in 1882 and Bishop Jamot was appointed its first bishop. He lived only four years and was succeeded by Bishop Dowling.

In anticipating the growing needs of the diocese, a five acre lot on the outskirts of Peterborough was purchased by the Episcopal corporation in 1888 for the sum of \$6,000. This property had on it a house, another brick building and a stable, and was surrounded by a high board fence. The location was called St. Leonard's Grove. The house had first been built for Reverend J.W. Beck, an Anglican church minister who lived in it from 1865 to 1874. Within three years it had changed hands twice to become the residence of a lumberman, A.H. Campbell (1874-1877); later Doctor Horatio Burrett, a medical doctor lived here from 1878-1888.

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

One of the fund-raising events was a picnic described by Nora Devlin in her manuscript of this period.

"St. Leonard's Grove was indeed a large picnic grounds where all sorts of sports were run off... sometimes we had fireworks at night. There was also a platform for square-dancing and stepdancing...an orchestra and a master of ceremonies was engaged for the day. A wonderful dinner and supper was served by the ladies of the local and surrounding parishes. Each booth had its own stove on which to cook the vegetables and meats and keep the boilers hot for tea and coffee. There was also plenty of cold meats and salads and homemade pies, bread and butter. Ice cream, candies and strawberries were sold at separate stands.

After all the expenses were paid, the sum of \$1,000.00 was given to the bishop to help pay off the debt on St. Joseph's Hospital."

John Belcher, an architect, was hired to plan the



construction of a twenty-five bed hospital on the site of St. Leonard's Grove. The estimated cost was \$20,000.

The cornerstone was laid on October 24<sup>th</sup>, 1888. The silver trowel which was used to put it in place can still be seen in the St. Joseph's Hospital archives.

Bishop Dowling was transferred to the diocese of Hamilton in 1889 and was replaced here by Bishop R.A. O'Connor, who saw the building completed on schedule at a total cost of \$32,000, of which \$18,000 had already been raised by the parishioners. Of special significance was a metallic statue of St. Joseph which was erected in the gable and centred above the front door; it was a highlight in east city until that part of the hospital was demolished in 1969.

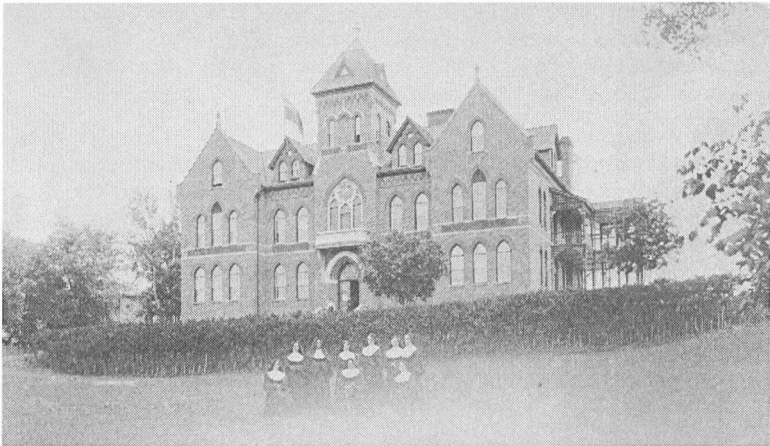
The Sisters of St. Joseph had been invited to operate the hospital, and they accepted the challenge and set about to obtain some essential supplies, equipment and furnishings.

Four sisters occupied the completed building on July 28<sup>th</sup>, 1890.

This first little community was composed of:

Sister Anselm, Superior	Sister Geraldine
Sister Baptisma	Sister Hilary.

The hospital was dedicated and officially opened by Bishop O'Connor on August 20<sup>th</sup>, 1890.



The Peterborough Review of this date reported...

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

Among those who attended the ceremony, the records noted the names of Bishop R.A. O'Connor, Mayor Stevenson, the town councillors, twentythree clergymen and the medical staff represented by Doctors Halliday, Goldsmith, Brennan, McGrath, Moher and Pigeon.

The Mayor, noting this hospital's philosophy and policy as expressed by the Bishop, felt that it was bound to have "the hearty approval of every man, woman and child no matter what their creed might be." He also assured the Bishop of the town's cooperation in raising funds with which to wipe out the unpaid balance of the cost of construction.

The diocesan record of 1890 shows that the debt on St. Joseph's Hospital was reduced to \$13,000.

While the hospital was being constructed, the brick buildings and stable on the property were converted into temporary accommodation for the elderly men and male orphans from the Peterborough diocese who were being cared for in Toronto. Accommodation for the women and girls was made on the top floor of the hospital.

On August 26<sup>th</sup>, 1890, six days after the official opening, David Quinn of Peterborough was admitted and became the first patient listed on St. Joseph's Hospital Register. The record shows that the diagnosis was ophthalmia, a general term in those days for eye infection. He was discharged 159 days later, unimproved. Contrasting this with the 1980's, his condition would probably be treated in the doctor's office with antibiotics and he would not require hospitalization.

Hospitals, in general, in those early years were regarded as places to be resorted to only in dire necessity. The family doctor attended the sick in their homes, and the nursing was done by the mother, a close relative, or a kindly neighbour. Few who came to the hospital could afford to pay for their care, and more often it was the poor and destitute who were brought there. E.O.B., Class of 1922, recalls as a 12 year old, that if an ambulance or other conveyance came to the country, we would exclaim:

"'God help us, someone must be dying' as it was so unusual for the sick to be brought to the hospital - as soon as I would enter the hospital to see my sick father, I could detect a peculiar odor. Years later when I began my training I recognized this characteristic odor was that of iodoform powder which was used as an antiseptic on open wounds."

By the end of the first year of operation of the hospital, records show that 54 patients had been admitted, among whom there were four cases of typhoid fever, three of erysipelas, two of diphtheria and two of syphilis. There were also entered cases of dysentery, intestinal torpor, phthisis, cystitis, pneumonia, exzema, ulcers, insanity, heart palpitation, narcotic poisoning and alcoholism.

The sisters began their day with spiritual exercises prescribed by their religious rule. At five-thirty they assembled in the little chapel located on the first floor to the left of the front entrance. They were on the wards by seven o'clock, and they ministered to the sick and needy until seven each evening.

Each day when the ward duties were finished, the sisters did the additional cleaning and household duties. Often the bed linen, always in limited supply, was washed and then dried around the kitchen stove so it could be used again the following day. Each sister took her turn in answering a patient's bell at night. Though lacking in scientific knowledge and skills, their spiritual qualities of deep respect and love of neighbour, animated by prayer, faith and trust in God, strengthened the sisters in facing the daily strenuous labours.

Administration of the hospital was not too demanding in those early days, as the sisters could take a more personal part in the care of the

patients, while looking after the general cleanliness, maintenance of the building, laundry and cooking. At this point, the staff consisted of Mother Vincent, and Sisters Aurelia, Hilary, Geraldine and Emerita.

The patient register for 1891 shows there were 98 patients admitted. Among those were 13 cases of typhoid fever, three of diphtheria and two each of measles, tuberculosis, erysipelas and trachoma. The surgical cases noted were chiefly fractures, herniae and other injuries not specified.

As the population of Peterborough grew from 6,000 in 1890 to its incorporation as a city in 1894, the records show the annual increase in the number of patients treated.

During these early years, the hospital was conducted as an official work of charity of the diocese, and a large capital was not required to operate it. The hospital's annual report (October 1891 to October 1892) shows that the total expenses amounted to \$4,716.20. The expenditures were carefully itemized. The lion's share was for food - \$1,985.70; next were salaries and wages - \$500; drugs and medicines, including wines and liquors - \$379.25; fuel - \$490; furniture, furnishings and bedding - \$250. Receipts for that year totalled \$3,802.92, which included a government grant of \$1,710.52.

At the turn of the century, the provincial government was reimbursing the hospital at the rate of .20¢ per patient per day.

An appeal was made for financial assistance for patients from Peterborough county who were unable to pay their hospital bills. It stated:

To the Wardens and Members of Council of the County of Peterborough.

The petition of the Sisters of St. Joseph of the Town of Peterborough, humbly sheweth

That the Sisters are an association for the purpose of aiding, relieving and caring for the poor, the sick and other neceysitous persons of all denominations and nationalities -

That an hospital has been erected at the village of Ashburnham which is in charge of the said Sisters and a number of patients received were residents of the county, as the accompanying list shows, and very few were able to pay for their care, nursing and support -

That the said Sisters are dependent for the income required to maintain the said hospital, on the charity of the public and whatever appropriations may be voted by Provincial Government and Municipal Councils -

For the aforesaid reasons the said Sisters pray that your honourable council may be pleased to grant aid to the said hospital.

By 1899 the episcopal corporation, headed by Bishop O'Connor, undertook the erection of a new home for the poor and aged who were being cared for at the hospital. The House of Providence, as it was named, was officially opened July 23<sup>rd</sup>, 1900. This building relieved for awhile the crowded conditions for the sick. Additional improvements were made at the hospital about this time; notably the introduction of electric lighting at a cost of \$3,000.

CHAPTER TWOA School of Nursing is EstablishedPreamble

The first hospital in Canada was begun in Sillery, Quebec, in 1639. A group of sisters had come here from France in response to a desperate need for help to care for the sick natives and colonists. Medical aid was practically unknown, but the sisters, motivated by the ideals of charity and service, provided shelter, protection and simple care for the needy.

A few years later another group of sisters also desired to help their fellowmen in New France, and a young lady by the name of Jeanne Mance, hearing of their plans, offered her services; in addition, she obtained a gift of money from a wealthy lady living in Paris, with which to build a hospital. The sisters and Jeanne Mance, along with some forty others who wished to settle in this new land, left France in 1641 and arrived at Montreal. Under the leadership and skilful management of Jeanne, the Hotel Dieu Hospital was thus founded there in 1642 and it still stands as a memorial to this valiant woman.

The story of her unselfish devotion to the settlers, enduring the same dangers and hardships as they did in order to care for the sick and wounded, has won for her the distinction of being the first Canadian nurse, and throughout the years she has been an inspiration to many students of nursing.

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About two hundred years later, Florence Nightingale was receiving world-wide attention for her accomplishments in her ministrations to the sick and wounded during the Crimean War. With her true womanly qualities, she combined calmness of judgment with gentleness, efficiency and heroism, thus breaking the age-old prejudice against women in the army, and leading to a new and healthy attitude towards nursing and the acceptance of women in the care of the sick.

In recognition of her services to her country, England set up a special fund in her honour which she used to organize a school of nursing in 1860, which she named The Nightingale School. It was the first fully endowed school of nursing and it was economically independent of the hospital where the students received their clinical experiences. Defying social conventions she recruited only young, intelligent, refined and dedicated women for her school. To her goes the honor of having laid the cornerstone of modern professional nursing.

\*\*\*\*\*

Canada was now growing in stature, and thousands of settlers were flowing in from Europe, the United Kingdom and the United States. Numerous hospitals were springing up to care for the sick and injured, especially in the industrial areas. Of special significance to our story was what took place at St. Catharines, Ontario, where Doctor Theophilis Mack was endeavouring to build a medical practice among the labourers on the Welland Canal. He noted that many of his patients refused to be treated at the General and Marine Hospital where he worked, because they feared they would not come out alive. He realized that somehow he would have to overcome this misunderstanding before he could hope to treat his patients properly, and he concluded that what was needed fell in the realm of adequately trained nurses. He appealed for assistance to the Nightingale School in London, England, and he was successful in obtaining two nurses trained by Florence Nightingale to help set up a training school at his hospital. This was the first school of nursing in Canada and it was opened in 1874 and named The Mack Training School.

After 1880 several training schools for nurses were established by hospitals with a view to improving the staffing. However, hospitals had difficulty in attracting students. The hours were long, wages were poor, and working conditions demanded a strong physique and discipline of a military type. In addition, the superintendents were concerned that their students receive good instruction and practice, and that they be capable of coping with hardships and the demands of the time.

The students who were successful in meeting the requirements prescribed by those in charge of each hospital, were permitted to use the title "graduate nurses," while those who did not complete the course were designated "practical nurses." The majority of the early graduate nurses were absorbed into private duty, first in homes and later in hospitals. A number of hospitals set up a registry of their own graduates whom they would assign to private duty, but few were employed as hospital staff.

St. Joseph's Hospital Peterborough  
Training School for Nurses  
Opened 1906

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

St. Michael's Hospital, Toronto, had already opened a Training School for Nurses<sup>1</sup> in 1892. The sisters there gave encouraging reports on the improvement in patient care in the hospital through having students who had been taught by the sisters and who were dependable and interested in taking care of the sick.

After considerable reflection and discussion on the general concept of starting a Training School<sup>1</sup> for nurses in Peterborough, the sisters, under the leadership of Sister St. Michael, the superior at the hospital, submitted the proposal to Mother Clotilde, superior general of the Congregation and to Bishop O'Connor, and both gave their approval to proceed with the undertaking. This was in January 1906. The medical staff supported the idea with enthusiasm and offered to give lectures and to instruct students in the care of their patients.

Miss Verna Winterhalt, a graduate nurse of St. Michael's Hospital, Toronto, a woman of sturdy build and a believer in discipline analogous with the military, was hired and appointed Superintendent of Nurses<sup>1</sup> with responsibility for setting up a school.





Miss V. Winterhalt

Superintendent of Nurses (1906-1910)

As she was familiar with the rules, subjects, and methods of teaching followed at St. Michael's Hospital, it was decided that these would be used as a guide. Also Miss Lillian Harkins, an 1879 graduate of St. Michael's Hospital, was the first lay nurse on our staff, and as a trustworthy person, could be depended on to give good training to the pupils<sup>1</sup> on the wards.

There was, of course, no provincial legislation to govern the establishing of a training school for nurses nor any official guide for conducting them. Each hospital, therefore, set up its own standards.

Foremost in the sisters deliberations for such a new commitment was the desire and determination to ensure that their spirit of service be communicated to the pupils. Statements on their beliefs about nursing have been transposed into a present day method of expression.

Nursing ministrations must give evidence of care and compassion for the sick, the helpless, the neglected, the poor, the dejected. The human values of kindness, respect, trust and faith in God and in Christ's love for mankind must be cultivated. All must have a deep understanding and conviction, as Christians, about the sacredness of life and the ultimate meaning for suffering and death.

Notice was circulated that the school was accepting pupils in September. It was decided that they could be housed on the third floor of the hospital and that any room, when unoccupied, would be used for their lectures and demonstrations.

It was believed from the outset that a uniform should be worn while caring for the sick. It was safer, cleaner and more economical, and could be a morale booster as well. The sisters were already wearing white aprons and white snugly-fitted sleeves over their black religious dress; so a uniform was designed for lay pupils. This was a blue and white striped, long-sleeved dress, ankle length with white starched collars and cuffs and a white apron. A white cotton bib, pinned at the shoulders and tucked in at the waist under the apron band was added when the probationary period was successfully completed. The pupils<sup>1</sup> were required to wear black stockings and high black shoes, which could be buckled or buttoned.

Historically, a nurse's cap carried special significance as did the crowns and wreaths donned by kings and queens from antiquity, to set them apart as persons of distinction. Consequently, a nurse's cap was to be a distinguishing feature of St. Joseph's School of Nursing<sup>1</sup>. It was made from fine white linen and trimmed with white lace. It was presented to the successful pupils after three or four months of training. In the third year a black band was added. This signified that the pupils were seniors and would be given additional responsibilities.

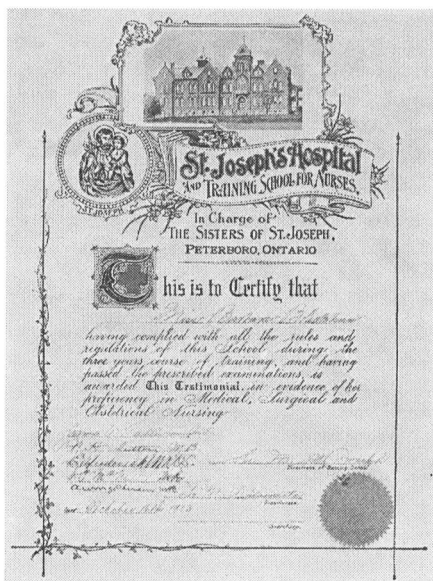
It was difficult to recruit young ladies of the desired type and quality, as parents were still reluctant to allow their daughters to enrol in a training in which hardships were many and attractions few, and it is not known how many pupils started their training in this first class. However, the Alumni Register of 1909 recorded that seven nurses had completed the requirements laid down by the school.

Sister St. Joseph became the second superintendent of nurses, upon the resignation of Miss Winterhalt in 1910.

A graduation ceremony took place on April 12<sup>th</sup>, 1909, and the diplomas and pins of St. Joseph's Hospital Training School for Nurses<sup>1</sup> were presented to the following nurses:

Sister Angelica (Crowley)	Sister Roberta (Markle)
Sister St. Joseph (Fitzpatrick)	Sister Antoinette (O'Sullivan)
Sister Bernadette (Galvin)	Miss Frances (O'Leary)
Sister Perpetua (Greenan)	

The diploma and pin of Frances O'Leary is displayed in the Archives.



<sup>1</sup> Some terminology which was used in the early days was gradually replaced.

Examples: pupil nurses - nursing students; probationer - preclinical student; superintendent of nurses - Director of Nursing, director of the school of nursing; Training School for Nurses - School of Nursing.

CHAPTER THREEMeeting the Increasing Needs in Patient Care

By 1908 the hospital was becoming inadequate to accommodate the numbers of patients seeking care within its walls, and an elevator was also badly needed. As soon as Bishop O'Connor could give his approval for the new building and assurance of financial support from the episcopal corporation, Architect John E. Belcher was again hired to plan the construction.

The extension was built on the north side of the original structure with an elevator shaft at the junction. The addition consisted of three storeys. The first floor provided an operating room, an anaesthetic room and a sterilizing room; the second floor was for patient accommodation, which now included a few private rooms. The third floor provided additional sleeping areas for the sisters and student nurses, as well as a laboratory and an isolation ward which was later used for an X-Ray room.

The elevator, which was the first in the city, was installed as soon as the building was completed. It was manually operated and had a control switch in the basement, behind the shaft. When a patient had to be transported, the power was turned on in the basement, and it required one person to pull the cables in order to bring the elevator cage to the desired floor. Some years later it was mechanized, and it served a variety of purposes until that wing was demolished in 1969.

About this time, additional property to the north and west of the hospital was purchased from the estate of Mrs. Wall, and it was on this site nearly forty years later that the residence and school of nursing was built.

Records show that the first hospital birth took place on January 16<sup>th</sup>, 1909, when a baby girl was born to Mr. and Mrs. Cohen - she was named Beatrice. Because it was normal in those days, for babies to be born at home, few mothers were sent to hospital for delivery except when complications were suspected. As the hospital did not have a

separate maternity unit for some years, the maternity cases were admitted to private rooms, delivered there, and the babies cared for in the same rooms.

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

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

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

What was entailed in nursing in the early twentieth century can probably best be understood by reading some incidents which the nurses themselves related. E.C., who started her training in 1913, described some of her experiences this way:

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

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

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

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

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

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

R.F. Class of 1916:

...recalls some of her memoirs.

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

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

For the graduate nurses, there was only private duty nursing. Once I was sent to Bethany on a maternity case...the doctor met me with horse and buggy...the baby had already been born and the mother was in convulsions. Each time the patient convulsed, her mother, who was there to help me, would faint...we packed the patient in oats which had been heated in the oven and this caused her to perspire. The other children were all sick and

one was covered with a rash and her hair was falling out. There were no telephones, so when the doctor made his next visit, he decided it was a case of scarlet fever. He placarded the house for six weeks which meant we all had to remain there until the placard was officially removed...

E.O'B. Class of 1922:

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

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

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

was lifted out of bed, very gradually, and allowed to walk, in an effort to prevent phlebitis.

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

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

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



CHAPTER FOURCoping With Disaster

By 1916 the staff was proficient in what was becoming fairly routine nursing, and there was no immediate concern over the possibility of its interruption, when suddenly about ten o'clock on the wintry morning of December 11<sup>th</sup>, a loud blast sent tremors throughout the hospital. Almost immediately a nurse in the operating room noticed flames gushing out of the Quaker Oats factory which was only a few blocks away. She alerted Dr. F.P. McNulty who was doing an appendectomy at the time. As he was the attending physician for the Quaker Oats Company, he left the suturing for his assistant to complete, and rushed to the main floor to take charge. Everyone knew that the casualties would soon be arriving.

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

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

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

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

As there was only one ambulance in the city, the casualties started arriving on improvised stretchers and then on sleighs or whatever conveyance could be had. Screams from pain and hysteria filled the air. More chaos followed when the families of the men who had gone to work in the factory that morning, began gathering at the hospital in search of their loved ones. Then more and more of the city folk, anxious to help in any way possible, arrived. A number of factory employees were immediately assigned as orderlies. Soon men were lying everywhere, groaning with pain and pleading for help, their clothing partially burned off, others ashen and unconscious; still more casualties continued to arrive.

By now more doctors were on the scene, and a screening process began to separate the dead from the dying, and the critical cases from the less severely injured. Large doses of morphine were administered as quickly as possible, and the most serious cases were taken to the operating room for immediate care. The seemingly less serious had to remain lying on blankets in the rooms and corridors until beds became available. Extra blankets, hot-water bottles and even heated flat-irons were placed around the casualties in an effort to combat shock. Inhalations of smelling salts, and whiskey or brandy in milk or water to those who could swallow, provided some stimulation. Laudanum was also used to help relieve the agonizing pain. There were many who had fractures to cope with as well as their burns. Tannic acid sprays and vaseline dressings were used extensively.

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

After a few days, the odor of burnt tissue was becoming very pronounced. The pungent smell was suppressed to some extent by fumes from oil of eucalyptus, which was burned in sauce pans in the corridors and

wards. Even cord string left smouldering helped to clear the air for a while.

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

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

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

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

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

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Another catastrophe hit Peterborough in 1918 when an epidemic of flu reached here in October, continuing almost unabated until May 1919. While the country was still jubilant over the signing of an armistice which marked the end of the First World War, news was received that the Spanish Influenza then raging in Europe, was spreading across North America. It appeared at every point where soldiers were returning from overseas, and it has been regarded as one of the worst medical disasters of the century.

The late G.W. Craw in his book, The Peterborough Story: Our Mayors 1850-1951, gives some of the city's highlights of the epidemic.

The influenza epidemic in the fall of 1918 claimed 31 lives in the city. Factories were crippled, schools, churches and places of amusement closed, and the Board of Health set up an emergency Hospital in the Oriental Hotel on Hunter Street. Nurses worked until they were exhausted and finally their duties were taken over by the Sisters of Service<sup>2</sup>....

Throughout the city, typical signs read, "walk in, all in bed." People were huddled together in their homes hoping thereby to keep out the plague. The epidemic was so sudden and so intense that both city hospitals were quickly overcrowded. Those brought to the hospital have been described as being "blue as blueberries" and were spitting blood. For some unknown reason, persons in the 20 to 30 year age bracket seemed most susceptible to fatal complications, which in the majority of cases was pneumonia. The victims were stricken suddenly with violent chills, terrible dizziness, high temperature and delirium.

The doctors were baffled, since neither medicine nor other treatment seemed to be effective in relieving symptoms or controlling the spread of the disease. Quinine, Dover's Powders, and steam inhalations to which menthol crystals were added, gave some relief, as did brandy

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<sup>2</sup> The Sisters of Service, a religious congregation was not established until 1926; the Sisters of St. Joseph were the only religious congregation in Peterough, at this time in the history of the city.

or whisky in hot drinks. However, the Temperance Laws which existed at that time made it difficult to obtain liquor. Injections of caffeine and adrenalin were given to critical cases, and suction cups to draw off "bad blood" were also used. Numerous homemade remedies handed down from another generation were often resorted to, in an attempt to find an effective treatment.

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

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

The hospital records show that sixty cases of 'flu and twenty-four of pneumonia had been admitted from mid-October 1918 to May 1919.

By spring the causative organisms of Spanish Influenza had disappeared.

CHAPTER FIVENursing Instruction and Practice (Circa 1920)

When the 1914-1918 War was ended with the signing of an armistice, a number of new doctors returning from service overseas set up their practice in Peterborough.

The Connaught Laboratories, Toronto, (which originated in the Antitoxin Laboratory established in 1914) were by 1918 supplying a range of sera and vaccines not previously made in Canada, and after the 1921 discovery of Insulin, the Connaught Lab commenced production of this product.

As more scientific methods of treatment were being introduced into medical practice, so the nurses' training was becoming more systematized and enriched. While much had been learned by trial and error since the early years of the school's existence, a good deal was creative and intuitive.

During the first few months of their training, the pupil nurses<sup>3</sup>, called probationers at this stage, were taught and practised bed-making, bed-baths and caring for the patients' units. Cleanliness, good housekeeping and economy were well integrated into the nursing procedures as the nurses were also responsible for the care of the wards, bathrooms and service rooms, there being no domestic helpers.

The pupil nurses learned to prepare nourishment, to serve meals and arrange attractive trays, to take temperature, pulse and respiration, to make and apply poultices and ointments, and to give some medicines. There were demonstrations of surgical dressings and ways of making patients comfortable. To accomplish the skilful arrangement of pillows for support and comfort was ranked as one basis for developing an art of nursing. The charting of pertinent information was also stressed, and the recording of it in legible printing was often nightmarish for the non-artistic. After passing examinations with good standing, the nurses received their much coveted "caps" usually after a three month probationary period. They were then considered ready for a night-duty

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<sup>3</sup> See Chapter Two for information covering this phrase, "pupil nurses."

assignment which could last for three months. When this term was completed, they would be allowed a couple of days free, except to attend classes or lectures if scheduled on these days.

Pupil nurses were also rotated to different wards in order to enlarge and vary their experience throughout the three years of training. The operating room training was always considered to be the most demanding from the point of view of the efficiency and physical stamina that were required. Here they learned the preparation and sterilization of solutions and dressings, the handling of sterile goods and the care of equipment. They learned to assist the surgeon, and shared in the responsibility for sponge and instrument count. The surgeons usually brought their own instruments, which had to be sterilized for the operation. This was done by boiling them over gas, since the autoclave with steam under pressure, was not yet available. Ether and chloroform were the only general anaesthetics in use, and these were also given in the home where surgery might be performed on the kitchen table.

A number of doctors gave lectures, usually at about 4:00 p.m. or in the evening. The subjects they taught were Anatomy and Physiology, Hygiene and Sanitation, Contagious Diseases, Materia Medica, General Medicine and General Surgery. The superintendent of nurses and floor supervisors gave the nursing classes. The number of subjects and the number of hours in the courses were gradually increased.

New drugs were slowly becoming available. One of our early graduates recalls that as a pupil nurse she assisted a local doctor who was treating cases of syphilis with the arsenical preparation salvarsan, labelled "606" - a reminder that the previous 605 preparations had failed to be effective. Patients under this treatment came to the hospital laboratory to receive their weekly intravenous injections. Patients with gonorrhoeal infections received irrigations of potassium permanganate solution. These provided some early nursing experiences in out-patient services.

Pupils in their senior year received a few lectures in ward management. They were also assigned to private duty for very ill patients and infectious cases both in the hospital and in the homes. They were

always warned to avoid making unnecessary work for other members of the family, and to assist cheerfully in matters not strictly within their line of duty.

When the three years of training were completed, the nurses wrote final examinations, which the doctors set and marked. Those who were successful were eligible to join the ranks of graduate nurses.

The following are excerpts from a list of Rules and Regulations of the Training School, circa 1920.

Those desirous of taking the course of Training will be received on three months' trial. During this time the applicant will be examined in the elements of an English education. At the expiration of this time she should have made up her mind whether or not she wishes to continue the course and those in charge will have decided as to her fitness for the work and if accepted she shall agree to remain three years and to conform to the rules and regulations of the hospital.

Implicit submission and obedience to those in authority as well as strict conformity to the Rules and Regulations will be exacted.

The nurses will serve three years and at the expiration of this time, provided they pass a satisfactory examination prescribed by the Superintendent and have shown themselves worthy in other respects, will receive a Diploma.

Nurses, in the discharge of their duties, must observe the strictest secrecy and avoid all tale-bearing or gossip; they must bear constantly in mind the importance of their calling and must show, at all times the self-denial, forbearance, gentleness and good temper, so essential in those attending the sick and also their character as a Christian Nurse.

The hours of duty for day nurses - 7:00 a.m. to 7:00 p.m. The hours of duty for night nurses - 7:00 p.m. to 7:00 a.m. The nurse must be punctual both in going on and going off duty. During the hours of duty no nurse is to leave without permission from the nurse in charge. Nurses are not to visit from ward to ward nor to be in any ward except when on duty.

The nurse in charge is to see that the beds are properly cared for and that all ward cupboards are cleaned every week.



The nurse in charge must be close at hand during the visits of the physicians and render any assistance to give any information in her power.

Temperature, pulse and respiration of each patient is to be noted as soon as possible after being admitted.

When patients are admitted, the nurse in charge is to attend to counting and noting on a list, the clothes and effects, signing her name to it and taking all valuables to the Mother Superior.

Clothing infected with vermin must, without delay, be given to the proper person for fumigation.

Probationers are to perform any duty assigned them by the nurse in charge. Failure to do so must be promptly reported.

Nurses must be in their rooms at 9:00 p.m. unless they have permission to be out later.

Nurses on night duty are not to be out of their rooms after 9:30 a.m. They must be in bed six hours.

Food, of any description must not be taken into the bedroom except in cases of sickness.

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The patient census was noticeably on the increase, both because of growing population in the city and country, and the increasing confidence in hospital care. The existing hospital accommodation was now becoming inadequate to serve the needs of the community.

Bishop M.J. O'Brien (1913-1929), aware of the situation, gave his approval for the building of an addition to the hospital, which would provide more patient accommodation and improved service areas, both of which were required to keep pace with trends and needs of the times.

This was also good news for the training school, though it was still so closely interwoven with the hospital that both were considered to be symbiotic. Nevertheless the pupil nurses looked forward to having more patients to nurse, with the resulting increase in nursing experiences and greater opportunities as graduate nurses.

In March 1921, Mr. Holmes, an architect, was hired to prepare plans for a four-storey structure on the south side of the existing hospital. It provided sixty additional beds, including a segregated obstetrical

service and operating rooms; there would also be laboratory, x-ray, pharmacy and service rooms, and an electrically operated passenger elevator, which would serve all floors,

Excavations began in June, and the cornerstone was laid on October 21<sup>st</sup>, 1921. The local parishes assisted financially through a week-long bazaar which netted \$8,000 towards the cost of the building. Also, Senator Frank O'Connor paid the price of the entire furnishings for the obstetrics' floor.

Additional services were located on the floor below the ground level - including a diet kitchen for special diets, and an electrically operated waiter for transporting meals to patient areas. Also, on this floor, there was live-in accommodation for an orderly.<sup>4</sup>

After a week's celebration, the new wing was formally opened on June 8<sup>th</sup>, 1922.

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

The graduates of the Class of 1922 were:

Sister St. Mark (Crough)	Miss Margaret (O'Brien)
Sister Eileen (Callaghan)	Sister Mary Esther (O'Donnell)
Sister Cecilia (Fitzpatrick)	Miss Margaret (Sullivan)
St. Maurice (O'Brien)	Sister

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

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<sup>4</sup> Fred, the orderly, who had the longest service record, deserves special reference here. Though he usually seemed to be available in these quarters when not on the mens' ward during the day and the evening, many graduates may still recall their strategies in trying to negotiate with him for orderly services during the night. Upon his retirement, years later, Fred was asked how long he had worked at the hospital and he replied, "About thirty years but with my overtime you could add another ten..."

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

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

Analysis of Hospital Services for December 1922'

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

X-Ray Examinations

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

Laboratory Tests

urinalysis	37
blood	7
coagulations	17
sputum	4
pathology	2

Medical Staff

President: Dr. McNulty

Vice-President: Dr. Neal

Secretary: Dr. Mann

Doctors: McPherson, O'Brien, McNair,  
Carmichael, Baker, Gallivan, Loudon, Harvey,  
Hammond, Yelland, W.D. Scott, Sutton,  
McCullough, MacDougall, King, Buchanan,  
Morgan, Wood.

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

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

On August 5<sup>th</sup>, 1922, an inspector from the American College of Surgeons visited the hospital. Shortly afterwards a certificate of approval was received stating that the hospital had met the standards set out in their program and declared it a model.

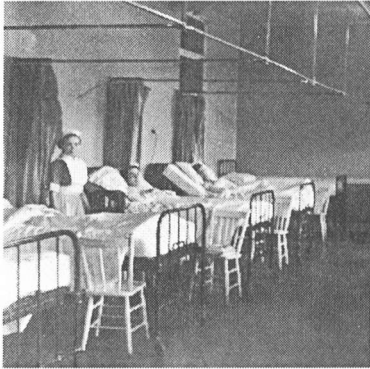
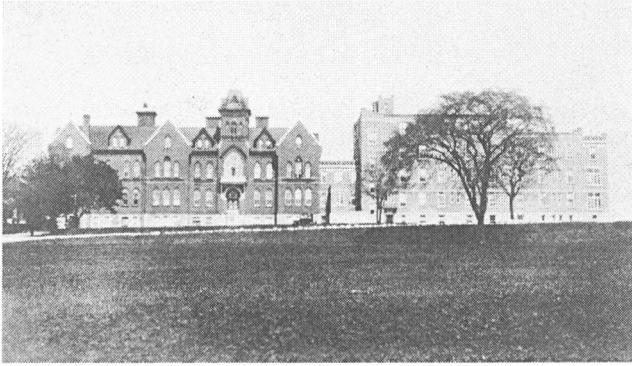
Administration of the hospital was gradually extending and becoming more difficult, and broader information and support in its management was needed, in order to continue to upgrade its standards. Thus, soon after the first Canadian Chapter of the American Catholic Hospital Association was founded in 1922, the hospital obtained membership in this national organization. Its main purpose was to provide a stronger link between member Catholic hospitals in order to maintain the Christian philosophy of hospital care. In 1928, the hospital received approval with an A-rating from the American College of Physicians and Surgeons. Then, in 1929, St. Joseph's Hospital joined the Ontario Hospital Association which had been founded in 1924. This was a voluntary association of provincial hospitals and related institutions, working together to achieve the highest-standard of patient care through education and research.



Class of 1923



McManus Triplets - 1923



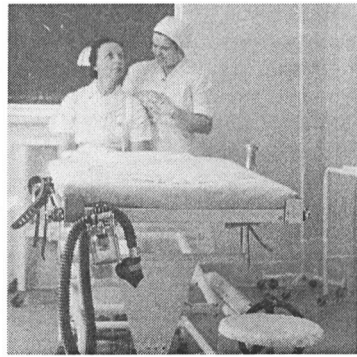
S.W.20 E. Cavanagh '49



O.R. J. Johnson '48



Nursery Sister Loretto '43



Obstetrics T. Hollingsworth '42  
(Delivery Room) A. Bradamore '49

CHAPTER SIXMeeting Initial Nursing Standards

As medical science developed, attention was also focussed on the social and economic aspects of sickness and health. When the status of women improved, so did opportunities for their education. Now, nurses across the province were realizing, with a growing sense of social responsibility, that some standards for nursing practice had to be set in order to protect the patients, the nurses themselves and the public in general.

Florence Nightingale had stressed that the primary function of nursing was to assist the physician. However, some nurses were now seeing that nursing required intelligence, knowledge and social vision, as well as a high degree of practical skills. Forthwith, they began planning how they might bring about some changes to improve the existing system of nurses' training.

By 1915 a Nursing Committee was formed from the then existing Graduate Nurses' Association of Ontario. This committee was to work for the upgrading of the nurses' training, but it was also to continue pressing for legislation to have all qualified nurses in the province registered. The first bill had been read in the legislature in 1906, but it had met with such violent opposition that it had to be withdrawn at that time.

The Committee decided to encourage the Nurses' Alumni Associations across the province to become involved in this new undertaking, thereby hoping to facilitate changes and to make them more acceptable. They asked that the various members provide facts on the nature and extent of the training they had received in their own schools. Following this survey, the committee sent to each superintendent of nurses, a report of the findings and a list of recommendations for a proposed syllabus. The suggestions included that a probationary period should be at least three months in length, two weeks of which would be given before the pupils were assigned to any nursing responsibility. It also proposed a maximum of sixty-three hours per week for pupil nurses, and a requirement that the superintendent of nurses be a graduate nurse.

It was also largely through the efforts of this committee working with the government, that legislation was passed in November 1922 for the bill known as the Registration of Nurses Act. Rules and Regulations for the administration of the Act were then prescribed and issued. Provisions were made for the registration, without examination, for all nurses who had graduated from approved schools before the regulations came into force. However, after the bill was passed, a number of hospitals opposed the regulations; so the Minister of Health therefore decided not to implement the Act until a survey was made of all the training schools in the province. A questionnaire was then designed and sent to each of the ninety-two hospitals operating Schools of Nursing. The responses received helped to form a basis for the first minimum curriculum for approved schools.

A copy of the completed questionnaire which was submitted by St. Joseph's Hospital Training School, dated April 20<sup>th</sup>, 1923, is filed with its Historical Papers. The original is the first document in the permanent file at the College of Nurses of Ontario and is evidence of the school's approval.

Next, the inspector, appointed to fill the office of Inspector of Training Schools, which was created in 1923, visited each school to determine the eligibility of its graduates to become registered under the new Act. The first inspection visit to St. Joseph's Hospital School of Nursing took place March 25<sup>th</sup>, 1926 - a copy of which is filed with the Historical Papers.

The first provincial examinations for nurse registration were conducted in May 1926. The six written papers were: Anatomy and Physiology; Preventive Medicine and Hygiene; Medical Nursing; General, Orthopaedic and Surgical Nursing; Obstetrical Nursing; Children's Nursing. In addition, there was a practical examination on Nursing Technique. Graduates were now required to take these examinations in order to qualify as registered nurses.

The Registered Nurses Association of Ontario which was incorporated in 1925, was also addressing itself to other problems within the profession.

This is indicated in some historical flashbacks of its first annual meeting held in 1926, which appeared in the RNAO NEWS, September/October 1974.

(the report of the Private Duty Section)...

"that this Section go on record as disapproving of the 18-20 hours duty now being carried on in some hospitals, and that the hours for special nurses be confined as nearly as possible to eleven hours."

Carried.

(the report of the Nursing Education Section)...

"that a special effort be made this year to organize a course for nurse instructors in the University of Toronto."

Carried.

"that this Section go on record as disapproving of the use of student nurses as district nurses where supervision by a graduate nurse is not given."

Carried.

"Be it resolved that the RNAO express their disapproval of the practice of allowing student nurses to act as Assistant Surgeons in hospitals where qualified practitioners are available for this service...."

Carried.

Leaders in the medical and nursing professions throughout Canada were now becoming alarmed over the inadequacies of the nurses' training, and they were determined to do something about it. In 1927 this thinking led to the formation of a joint study committee. It consisted of three members from each of the two national associations, The Canadian Medical Association and the Canadian Nurses Association. Dr. G.S. Cameron, a prominent Peterborough surgeon, was appointed chairman of the committee.

The committee decided to spearhead a national investigation of existing conditions in all the training schools in Canada, and they selected Professor George M. Weir of the University of British Columbia to undertake the survey. It was begun in November 1929 and completed in July 1931, and the report was published in 1932. The following excerpts have been copied from the report of this national survey to provide a general picture of conditions in hospitals' Training Schools for Nurses at this time in their history.



Size of hospital and student body (page 279).  
There were seventy-seven hospitals in Canada with bed capacities of 55-99 beds and an average of 21.5% student body....

National average for size of hospital and nursing staff (page 144).

Number of beds - 95: daily average of patients	67
Number of graduate nurses employed	8
Number of supervisors employed	3
Number of students in training school	33
Number of nurse instructors in training school	2

National average of students' weekly schedule (page 157).

Time on ward duty (including house-maid's work)	62 hrs
Time given to study	8 hrs
Time given to lectures and classes	8 hrs
Total - -	<u>78 hrs</u>

Living accommodation (page 298).

...for students across Canada was inadequate in 50% of institutions visited; e.g., top storeys of hospitals inadequate in heat, light and ventilation....

Curriculum (page 156-163).

The trained full-time instructor is a comparative innovation in Canada. No instructor in 50% of the Training Schools had taken post graduate courses in either administration or teaching....

There was no standard or minimum curriculum set by any province....

The economic depression throughout Canada during the 1930's caused great financial hardships for hospitals and nurses, evidences of which also appear in the survey.

About 50% of the beds in the public wards of hospitals with 100 beds or over were occupied by indigent patients.... (page 487)

Since the majority of graduate nurses continued to be employed in private duty, their economic plight can be seen.... The median fee for 12 hours service throughout Canada was \$5.60 in addition to her lodging and maintenance.... (page 399)

In Canada, there was generally a surplus of all nurses whom hospitals could afford to hire; the only shortage was in the trained, full-time instructor.... (page 420-421)

Much of the foregoing chapter may seem to have highlighted the struggles to upgrade nursing on the provincial and national scene with

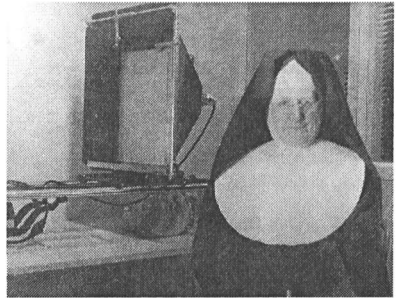
little mention of local matters. These facts have been presented to provide better understanding and appreciation of some of the problems which St. Joseph's Hospital School of Nursing faced and had to overcome at this period in its history, in order to meet the nursing standards being set.



Sister Liguori Gift Shoppe



Sister Angelica Pharmacy



Sister Priscilla X-Ray

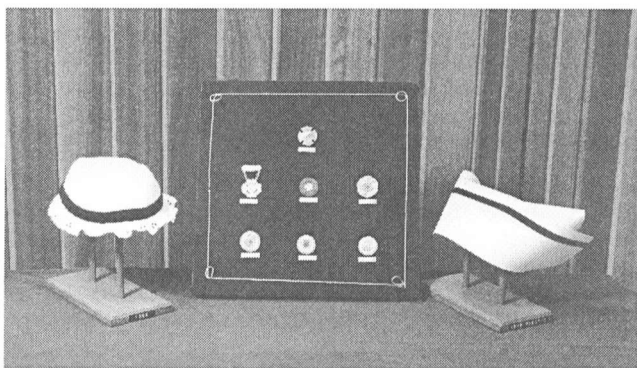


Sisters at St. Joseph's Hospital in 1950's

CHAPTER SEVENNursing in the Thirties and Forties

The report of the Weir Survey put an entirely new light on the training of nurses, as the system then existed. Directors of nursing across the country began pressing for changes within their own hospitals. It had been generally assumed that nurses learned while they nursed the patients and of course many nurses had developed a wonderful art of nursing in this way. However, many graduates, themselves having come through the experience of the trial and error method, were eager to see changes made.

Modification in the school's style of uniform and cap and in the design of pin and diploma were also, at first, difficult to bring about. However, the illustrations show the changes which have been made over the span of years.



Sister Gonzaga was appointed director of nursing in 1930 after completing the one year post-graduate course for nurses at the University of Toronto. Realizing the importance of obtaining approval of the school of nursing as soon as possible, she filed an application and necessary documents, with the office of Inspector of Training Schools of Ontario. A copy of this report and that of the inspector's visit, which resulted in the school's approval is filed in the archives.

The school of nursing, in those years, consisted of one lecture room a demonstration room and a small library, the space having become available when the operating rooms were transferred to the fourth floor of the 1922 wing. The recreation room was mostly a wide corridor with some furniture, including a piano. A radio was acquired later. This facility and the sleeping quarters on the top floor of the "C" wing, served the purpose until 1947 when the residence was opened.

The students were on the wards ten hours a day with one-half day off weekly commencing at 2:00 p.m. A whole day off weekly was not achieved until 1944 and a forty-four hour week was implemented in early 1940. Doctors' lectures and nursing classes were given in the afternoons and evenings.

New courses and additional hours of instruction were added very gradually as it required much determination and tenacity to make changes in those days. The director of nursing had often to turn a deaf ear when she would hear remarks such as, "too much time is spent in the classroom when the nurses should be doing practical work on the wards." It was little wonder that the nursing supervisors resented the students being taken off the wards for classes as there were no lay graduates, no nursing aides and little domestic help on the hospital staff until the '40's.

Medical science had not yet developed to any extent. The discovery of insulin (1921) and a preparation of liver extract for injection (1926) had dramatic impact on the nursing care of patients with diabetes and pernicious anemia. Previous to the discovery of insulin, the diabetic patient, on admission to the hospital, had a typically emaciated appearance, severe weight loss and great hunger and thirst. His diet was sugarless, his

acetone breath, then described as "the odor of new-mown hay" seemed to permeate the ward. When insulin became available and appropriate amounts of glucose and insulin were given, the patient, who had become comatose, suddenly regained consciousness and looked around in bewilderment. The use of liver injections for pernicious anemia was sheer delight not only for the patient but also for the nurse and dietician. Prior to this medical achievement the patient was served liver in some form, even in a sandwich, two or three times a day. The medical preparation of powdered liver dissolved in water had also to be taken orally two or three times daily and the odor seemed to persist on medicine glasses, spoons, etc.

During these years, the one bacteriologist/pathologist in the city collected the blood samples and laboratory specimens. Two or three mornings each week he was a familiar figure arriving on the wards and carrying his caddy, a six-quart fruit basket. His most frequent complaints, no doubt justifiable, were dull intravenous needles and poor elevator service.

Insight into some of the nursing problems can be gleaned from the following incidents, which have been related by early graduates of the school.

S.S.M. Class of 1922:

The plumbing in those days! Toilets were always overflowing especially at night, when we could get no help. This time it was P.R. #20 where a clergyman was a patient, the toilet overflowed and his shoes got wet. So I put them in the oven hoping they would be dried out by the time he would be looking for them, but I forgot about them and they burnt...

Losing Dr. C's radium needles was another near tragedy. These needles were ordinarily attached to the patient's dressings and in this case, the dressing was discarded, needles unnoticed. It required extensive search through garbage before they were retrieved. I recall their value was put at \$1,000. St. Anthony's intercession was usually effective in helping us keep track of things in scarce supply...

Dr. B. gave us meticulous instructions for nursing his cataract patients; on occasions he would even do the surgery in the patient's room for additional safeguards against jarring. One morning he met one of his patients, first day after surgery, with hat in hand, at the hospital entrance. Dr. B: "Where do you think you're going?" Patient: "Home, of course." The incident ended happily, without complications.

M.H. Class of 1926:

...recalls that a patient in her ward was admitted with a deep cut in his leg. As she removed the dressings, the wound was "crawling with maggots."

It was not unusual during the depression years for hospital bills to be paid in farm produce. Medical fees were separate. Dr. O'R., a popular, anaesthetist, usually obtained his patient's information from the hospital business officer, Sr. T. She was aware that his patient in question was on the city's welfare list and said, "Doctor, I guess you will have to take your fee in wheat or oats," and his prompt reply was, "Well, that will be alright if they're puffed or rolled."

A.H. Class of 1930:

...recalls that nurses were not to use the elevators after 9:00 p.m. and donned bedroom slippers then to promote a quiet atmosphere. If we heard the elevator we knew that it was needed for either maternity or operating room.

I did private duty nursing from 1930-1935. I nursed an asthmatic patient from 7:00 p.m. to 8:00 a.m. for three nights, all for \$15.00, which I appreciated receiving in those days.

F.H. Class of 1930:

My lasting memory was my experience nursing a patient who had abdominal surgery in his home. No electricity nor running water. The doctor brought his portable table and instruments and one electric light on a battery. The dressings and drapes were sterilized in the cook-stove oven and the instruments boiled on the stove's top. The patient made an uneventful recovery.

I.W. Class of 1931:

A lasting memory of my student days was a bathtub off second medical, always filled with soiled linen which had to be rinsed out before putting it in the laundry chute.

Also I recall, vividly, nursing an elderly lady in her little frame house in mid-winter and we were snowed in. She insisted on smoking a pipe for her asthma and she kept her matches under her feather-tick mattress. I had to whittle off her tobacco from a plug of "Old Chum." My cot and luggage were also in this pokey room.

L.H. Class of 1933:

A lasting memory for me was, isolated in a home, nursing a boy with scarlet fever. The boy was given two blood transfusions, by direct method, on the kitchen table and his father was the donor. We all recovered. Even the furnace went black out three times the first night I was there.

When the Victorian Order of Nurses first wanted to come to Peterborough, the local nurses objected because there was a serious shortage of work for us during the depression years. We offered to do hourly nursing in the home for \$1.00 an hour but the arrangement was very unsatisfactory for nurses. Eight hours for private duty was introduced around 1937 or 1938. At first, a nurse would take any eight hours of the twenty-four, but gradually regular shifts were adopted.

Recruitment for student nurses was not considered appropriate in those years. The classes were small and each year an average of only eight or ten students completed the three year course. The educational requirements of the province were gradually being stepped up. After July 1939 applicants were required to have middle school standing for an admission to an approved school. The first revision of the curriculum in 1936 increased the required number of hours of instruction and experience for the students. At no time did St. Joseph's School of Nursing experience any difficulty in keeping its program well above the provincial minimum requirements.

The school met the requirements for Pediatrics in 1938 through a twelve-week affiliation with the Children's Memorial Hospital, Montreal, where it continued until 1949, when arrangements were made with the Hospital for Sick Children, Toronto. This affiliation was phased out in 1967 when approval was given to the school to conduct its own course here.

Treatment of illness was revolutionized in the mid-thirties with the discovery of the curative effects of sulpha compounds. Sulphonamide in tablet form was first used in St. Joseph's hospital to treat a patient with streptococcal pneumonia. The Toronto Star (February 28<sup>th</sup>, 1938) reported the case, as it was the only drug then known to medical science to be effective on this germ. As this drug had only become available the previous year, it had not been sufficiently tested as yet to establish its value. Though this patient did not survive the hospital records show that a

maternity patient suffering from septicaemia was treated with the same drug about the same time and she recovered. Other experiences have been related by nurses who witnessed critically ill patients recovering dramatically from erysipelas, septicaemia, pneumonia, etc., through the use of these miracle drugs or their derivatives when such infections were previously nearly always fatal. Then in 1940 when Dr. Fleming and his associates were successful in discovering the clinical use of penicillin, this breakthrough stimulated further research into antibiotics.

Antibiotics and chemotherapy were introduced at St. Joseph's Hospital during World War II. These drugs, at first, were toxic, scarce and expensive and little was known about possible adverse reactions. In the early 1940's, a local surgeon mixed and administered the first penicillin injections given in Peterborough. He would be at the C.P.R. station for the arrival of the 2:00 a.m. train to pick up his daily quota of 37,000 units of penicillin for his patient with septicaemia. The drug was then in powder form, and dissolved in distilled water for intramuscular injection. His patient was isolated in an eight bed medical ward. The few gatch frames which the hospital had, were all in use, so trying to maintain a Fowler's position with pillows, added to the nursing problems. The diagnosis of septicaemia was further confirmed on the autopsy report, a few days later.

The central supply service had been set up for a few years but it was limited in supplies, utensils, equipment and methods of sterilization. Hypodermic needles were still being sterilized by boiling in a spoon over the flame from an alcohol lamp. Intravenous tubing was of rubber, and sets were resterilized and used as often as possible. Of course, disposable sets, syringes, needles and ready-made dressings were unheard of. Intravenous solutions were gradually becoming available from commercial laboratories.

An intravenous was always started by the doctor and if it stopped, or if the solution went into the interstitial tissue, the doctor would come from his office or his home to restart it. Gradually one or two registered nurses were permitted to do this procedure.

M.T. Class of 1945:

Nursing in the 'forties was really an endurance test. The work seemed incredibly hard and there was little



leisure. Classes and lectures were held in the evenings when one could scarcely stay awake.

M.O. Class of 1928:

...describes nursing supervision of obstetrics in the 'thirties and 'forties.

This position included housekeeping and housecleaning, serving trays and often washing tray dishes, making dressings, etc. Mothers were given complete bed care, being allowed out of bed only by the ninth day after delivery. I delivered many babies; a major concern was that the attending physician would arrive just on time, which did not always happen. In a case which required elevation of the foot of the bed, a chair was used as there were no removable castors with nails, nor bed lifts. A patient with an elevated temperature over 48 hours was moved off the floor.

During this era each hospital saved placentas in special receptacles which were shipped to the Toronto Laboratories to be used for making ergot.

There was a rapid increase in the number of patients being admitted to the hospital, but there was a serious shortage of help in any category, the war effort having claimed the able-bodied. The number of nurses joining up for overseas service threatened to create a dangerous shortage not only in hospitals but also in public health and private duty as well. There was little domestic help available and what could be had was of poor quality. Unhygienic conditions both in the hospital and in the community created additional problems. Such conditions as impetigo, pediculosis, ringworm, scabies, etc., rarely seen formerly, had now frequently to be dealt with, in conjunction with serious illness. It was almost impossible at times to give even basic nursing care. Volunteer helpers were an unforgettable asset during these years. These were local, dedicated persons who could be called in and would willingly help at whatever jobs they could do.

The following excerpts have been taken from a tape cassette in the archives, made by Dr. Y., in which he recalls his early medical practice.

I began practice in Peterborough in the lean '30's...the economic situation was serious. There were about thirty doctors here and methods of treatment antiquated. There was no I.C.U. for heart attacks; medical treatment was mostly oxygen and morphine... Patients remained in hospital three weeks after herniae. Traction for fractured hips was made with adhesive tape, and to immobilize, a board sometimes as long as the bed, was used. These

patients had to remain on their backs, so nursing was very strenuous in trying to prevent and/or treat pressure sores. Mortality was high, usually caused by pneumonia. Phlebitis was a common complication especially in obstetrics. No coagulants were yet available. One nurse recalls using seventeen pillows to keep the patient and the affected part quiet. There was no problem with alcohol and drug overdose because few people could afford to buy alcohol and drugs were not available. Accidents were mostly industrial and farm-type as there were few cars...

New anaesthetic agents and new surgical procedures learned in the treatment of soldiers during the war years, gradually became available. The first full-time anaesthetists, in the 1940's, in Peterborough have recorded some of their recollections which are on tape in the archives.

Up to this time, most anaesthetics were given by general practitioners and nurses gave the anaesthetic for obstetrics. Pentothal sodium was introduced but little was known of its hazards. There was, as yet, no recovery room in the hospital so patients would be returned to the ward, unconscious. It was not infrequent that the nurse would have to give artificial respiration to a patient in his bed, but would successfully revive him, "sans Code 4 any doctor." The monitoring equipment was blood pressure cuff and stethoscope. No wall suction nor oxygen except in the operating room ... but there was a keen sense of clinical observations. The first recovery room here was the renovated case room. It accommodated three or four patients on stretchers. It had a suction machine and oxygen cylinders. Gradually better equipment, e.g., gas machines, etc., were obtained and safety devices introduced. Up to this time the risk from an anaesthetic was often greater than from the surgery...

CHAPTER EIGHTA New School of Nursing and Residence

The director and assistant of both nursing service and the school of nursing saw only too clearly the dilemma between the nursing needs of patients and the learning needs of the students, and the almost complete dependence on students for the nursing care throughout the hospital. There were few graduate nurses other than the nursing supervisors. The revenue from paying patients seemed to be essential to cover the hospital's overall operating expenses and this situation was the major concern of those responsible for this aspect of administration. In order to begin to try to solve the impasse, an Administrative Board for the school of nursing was set up in 1944. The members were the Superior General and her assistant, of the Sisters of St. Joseph, the hospital administrator, a nursing supervisor, the secretary-treasurer of the hospital, and two sisters responsible for the administration of the school of nursing and nursing service. The purpose of the Board was to be mainly a means of communication on the needs of the school if it was to continue being an official work of the Congregation, that of preparing young ladies for the nursing profession. Though the Board was advisory only and met only occasionally, yet it proved its value over the next twenty years.

The predominant problem until the late forties was the lack of suitable facilities for students. However, shortly after the death of Senator Frank O'Connor, the good news was received that he had bequeathed the sisters \$100,000 for building purposes. But hopes were soon dampened when Most Reverend Denis O'Connor, Bishop of Peterborough (1930-1942), decided that the building should be delayed. It was his successor, Bishop R.J. MacDonald (1943-1945), who saw the urgent need for action after he read a number of the annual reports of the provincial inspector, threatening to withhold approval of the school of nursing until suitable facilities were provided.

Shortly after taking over the diocese, Bishop MacDonald had the deed of ownership of St. Joseph's Hospital transferred from the episcopal corporation of Peterborough, to the Sisters of St. Joseph. In 1945 he approved the plans for a modern building and Sister Priscilla who was



1906-1974

A  
Heritage  
of  
Caring



ARCHIVES COMMITTEE

Standing: L to R - T. Madill, E. McDonald, C. Shaughnessy, M. Pearse, V. O'Leary  
Seated: L to R - M. Bean, M. Masters, Sister M. McDonald, L. O'Toole  
Absent when photo taken - K. Walsh

superintendent of nurses at the time, gave the necessary leadership for the building program to get underway. Thus on May 3<sup>rd</sup>, 1946, Bishop G. Berry (1945-1953), turned the sod for a nurses' residence and school of nursing on the property which had been purchased about forty years earlier from a Mrs. Wall.

The cornerstone for the structure was laid October 27<sup>th</sup>, 1946, and the building was completed in the fall of 1947 at a cost of \$240,000.

The residence and school of nursing, rated by the nursing inspector as the finest in the province at the time, had accommodation for sixty-four students, there being then forty-three nurses-in-training. This fireproof building was designed by architect E.J. Turcotte of Montreal and the general contract was handled by the Piggott Construction Company of Hamilton. The entrance was of Indiana limestone and opened into a spacious main lobby. The library, reception room and lounge were floored with parquet oak blocks, The school unit was on the main floor and consisted of laboratories for sciences, and classrooms for demonstrations and lectures.



Turning of Sod Ceremony for the New Nurses' Residence  
May 3<sup>rd</sup>, 1946



SCHOOL OF NURSING AND NURSES' RESIDENCE  
Opened December 8<sup>th</sup>, 1947



Common Room, Nurses' Residence  
L to R - J. Johnson '48; E. Potter '49; E. McDonald '48



Dietetic Laboratory

L to R - G. Crough '50; Sr. St. Maurice '22, I. Howard '50

Bedroom areas were on the second and third floors. On the ground floor was an auditorium with seating capacity for 300, a stage, a kitchen and storage space. An above-ground passage connected the residence with the main hospital. Also provision was made for additional bedrooms and an elevator shaft, completed in 1953.

December 8<sup>th</sup>, 1947, was a day long to be remembered in the history of St. Joseph's Hospital as it marked the occasion of dedication and formal opening of the new residence and school of nursing.

The ceremonies of the day began with the celebration of Mass by Bishop Berry in the beautiful auditorium with sisters, nurses and friends present. The sisters' choir from nearby Mount St. Joseph provided music and singing. His Excellency, in his address to the assembly, first paid tribute to those pioneer sisters who fifty years earlier had established the first hospital on this hill; their courage and patience in the face of great difficulties having helped to make possible the beautiful school with its fine facilities and the residence with its homelike atmosphere. But, he added, it is at the sick bed that the nurse will experience the meaning of comfort of the body, mind and spirit, that she brings to those in her care.

Cardinal James McGuigan of Toronto presided at the public gathering for the ceremonies held at 4:00 p.m. The platform guests, representing church officials and government, addressed a capacity audience. The Ladies Hospital Auxiliary hosted the reception and tea, which followed.

A list of donors of contributions to furnishings for the building is filed in the archives. The nurses' alumni furnished the Nursing Arts teaching unit.

Following are a couple of recorded memories of student years.

S.H. Class of 1950:

We were the first class to live in the new residence. We had moved in before the hot water was turned on. I love to recall the companionship and help we had from the sisters and one another.



F.D. Class of 1950:

My lasting impression is the friendship we shared. Few of us were financially solvent so we all shared whatever we had. I feel graduates of our school were subjected to high standards of nursing care and we were able to develop leadership skills and accept responsibility.

The 1948 Class was the first to have its graduation exercises in the residence auditorium. The newspaper account of this event noted the number of awards and prizes presented to members of the class: the medical staff bursary for study at a university; the benefaciendo medals by Monsignor O'Sullivan; the gold medal for bedside nursing by Dr. R. Young; Alumni awards; gifts from the Ladies Auxiliary and from the Sisters, all of which were indicative of the increasing support and interest in the school's activities and needs.

With the residence facilities available, many social activities were arranged for and by the students. A social convenor on the executive of the Ladies Auxiliary took charge of a number of functions, including formals, teas, etc.

Capping ceremony was another important event of these years for it marked a milestone for the pre-clinical student. Formal presentation of the nurse's cap gave a thrust to the student striving to achieve her goal of becoming a nurse.

The records show that the students received 430 hours of formal classroom instruction and supervised nursing practice during the pre-clinical period; following this was the junior year when theory and practice were correlated in the medical and surgical areas.

An observation period in Public Health and Victorian Order nursing was arranged for students. This experience provided some insight into community nursing; it was begun in 1947 and was available for a few years.

A snippet from a scrap-book of the period shows two students from the school receiving first prize in a poster contest sponsored by the Canadian Nurses Association; the winners attended the biennial C.N.A. convention in New Brunswick where their poster was displayed.

Sister Gonzaga was appointed director of nursing in 1947. The first calendar, printed in 1948, described the school's philosophy of nursing and education, and the courses of instruction and clinical experience for students. Copies were sent to the principals and guidance counsellors in the local high schools and surrounding areas. This was an excellent recruitment tool and resulted in a marked increase in the number of inquiries and applications. Recruitment programs were also introduced at this time. Prospective students and all interested in nursing as a career, were invited to visit the school and residence and were given a tour of the hospital's clinical facilities.

Psychiatric nursing experience for students was obtained through affiliation with the Kingston Psychiatric Hospital beginning in 1952 and in addition, by 1955 at the Ottawa General Hospital. By 1970, both affiliations were phased out and the students then received this experience at the Peterborough Civic Hospital under the direction and supervision of a member of the school's own teaching staff. Student experience in Tuberculosis nursing was obtained at the Kingston Sanatorium, beginning in 1954 and was phased out after a few years when the morbidity rate of Tuberculosis was declining.

Another adjunct to nursing in the area was a community nursing registry opened in October 1948 and provided an efficient deployment of all registered nurses for private duty. This system replaced that of each hospital operating its own registry.

The building program begun in 1945 was one of extensive modernization and expansion. A new power plant and laundry had been completed at the same time as the residence. Sister Priscilla was appointed administrator of the hospital in 1947 and proceeded with the plans laid for the fourth phase of Providing 75 additional beds and expanded services for the hospital at a cost of \$500,000. The "B" wing cornerstone was laid by Bishop Berry on May 11th, 1949. It was formally opened May 3<sup>rd</sup>, 1950, by Leslie Frost, then Premier of Ontario. The school of nursing choir provided the music for the occasion.

In his remarks, Premier Frost congratulated the sisters on their achievements on the sixtieth anniversary of the hospital, since its simple beginnings with twenty-five beds in 1890. "You have been faithful to a vision calculated to bring great good to the local community and to the province," he said. He reminded the assembly that it was in 1947 that the province initiated a system of grants to hospitals for construction and maintenance, and in addition announced that St. Joseph's Hospital would qualify for the special grants which were being made in 1950, to each public hospital in the province. This fact was re-iterated by the Mayor of Peterborough and city council to overcome contention voiced by a delegation which was objecting to financial assistance to St. Joseph's Hospital, on the grounds that it was not a public hospital. Subsequently, the municipal budget for 1950 included a grant of \$10,650 to the hospital.

The new wing contained three floors for patients, bringing now to 175, the total number of hospital beds. The ground floor provided accommodation for the admitting and discharge area, administration offices, switchboard, medical library, gift shop, and kitchen services.

The new centralized facilities for meal trays and special diets was a sheer joy for nursing as it marked the demise of the kitchens on each floor for serving food and washing dishes. Gone also were the linen napkins and tray covers and fancy dishes for patients' trays. These were replaced by paper goods, and sturdy porcelain dishes which could withstand the dish washing machine. Trays were now set up on a conveyer belt, the first of its kind in Peterborough, and delivered on carts from a dumb waiter in the kitchen. The service began on the obstetrical floor, and within a couple of weeks, meal trays and nourishment from the central kitchen were being distributed to all patients throughout the hospital.

Before the wing was completed, there was frequently a need for additional patient accommodation, so some of the unfurnished rooms were pressed into use. This created many frustrating situations for nursing. One morning, the complete bed unit and several pieces of equipment were missing from the demonstration room at the school of nursing, and it was only after several weeks that all of these items were retrieved from the "B" wing.

Nursing was very much involved in the transfer of patients and resettling of departments and services as soon as the new wing was ready. The additional facilities provided more and improved clinical experience for students.

One nurse recalls working with children, first in two rooms on women's medical, then in an area built over the business office in the 1938 renovations. The next move was to the classroom area on the first floor, after its transfer to the new school of nursing. In 1950 she was nursing in a new twenty-five bed pediatric department on 3B.

New facilities were also provided for the obstetrical department. Rooms for the mothers were now on the fourth floor; the nurseries were moved to the vacated bedrooms now renovated, and a second delivery room, service rooms and labor rooms came into being. This was a marked improvement from the previous care of mother's pre- and post-delivery, especially in the ten-bed ward with portable screens.

Other notable changes in obstetrical care came about in the early 1950's when there was an epidemic of dysentery amongst the newborn in several hospitals throughout the province.

The Ontario Government, having been made aware that the care had to be updated, provided funds to enable nurses to take a four-week extension course in Maternal and Infant care. Hospitals were also reimbursed for new equipment. St. Joseph's Hospital acquired its first incubator, formula sterilizer and refrigerator and an oxygen analyzer with this grant.

Sister Lorette, Class of 1943, now the obstetrical supervisor, attended this course and she introduced new procedures which were break-throughs in traditional hospital policies. Soiled linen from delivery rooms and nurseries were now handled by a separate laundry. Babies' formulas were now prepared in individual bottles for each feeding, sterilized in the formula sterilizer and then stored in a separate refrigerator. One nurse recalls an experience she had with the new method of formula feeding when there were three sets of twins, all on three-hour feedings, in addition to a record high number of babies on four-hour feedings. Breast feeding was not being emphasized.

The hospital now began charging a daily nursery fee of \$2.00 for the care of each baby. It discontinued the long established practice of collecting a package of safety pins and a tin of baby powder from the mother.

With revenue received from the patients' accounts, the hospital gradually purchased better beds and individual bedside utensils. There was little money left over for buying new equipment as there was no hospital insurance then to cover such costs. However, the nurses learned to appreciate and value such improvements and to take personal interest in their care and use.

A new accounting machine had been installed in the business office which operated with punch cards, for charges such as medications, intravenous solutions, special equipment etc., used in patient treatment. This recording procedure fell to the lot of nursing and it was accepted without questioning; the introduction of ward secretaries had not yet been considered. Apropos to the "charge card system," one patient refused to pay the charge for his intravenous solution because his doctor, in persuading him to accept this procedure, had explained that the solution was not medicine but nourishment and that it was "just sugar and water with a little salt added."

The Central Supply Service also experiences shifts in location, with its growing pains - from its humble beginnings in P.R. #36 in the 1930's, to rooms vacated by the children's ward, and then in rooms in Women's Medical. Then, in the 1950's, the space which was formerly an eight-bed women's ward was acquired; this was indeed luxurious as B. Snider, head nurse at the time, recalls. A steam autoclave and cupboards which had been in use in another hospital, were purchased, and now an excellent and essential central supply service for patient care was in operation. Disposable tubings, syringes, needles and ready-made dressings had yet to come on the market.

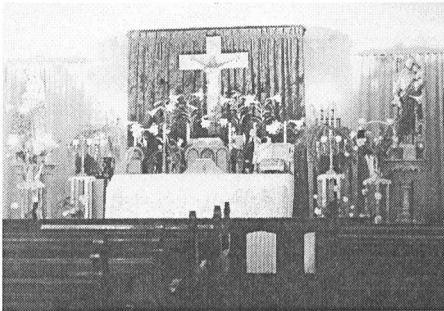
There were few R.N.'s on general duty anywhere in the hospital as noted by Sister St. Agnes, Class of 1946, now the O.R. Supervisor. She recalls a new employee, Charlie Cook, being hired mainly for cleaning in the O.R., but was willing to help anywhere, anytime, day or night, weekends or holidays, and always in good humor.

The recovery room came into being when the laboratory and X-ray services were transferred to the first floor. Five patients on stretchers

could be accommodated in this room but the arrangement required ingenuity on the part of the nurse. At first, only a water suction and an oxygen tank were available; however, there was a registered nurse in constant attendance. This rudimentary service was a remarkable improvement over the returning of the anaesthetized patient directly to his ward bed. It was essential to implement this early post-operative care, because of newer anaesthetics and drugs, and more complex surgical procedures being introduced by new surgeons and anaesthetists setting up practice in Peterborough.

A separate room for cystoscopic procedures was also made available about this time. One nurse recalls with humour, the formaldehyde cupboard, installed on trial. It had been built by the hospital's carpenter, but it soon had to be removed as the fumes escaped even through its locked doors.

The hospital's cafeteria was built in 1952 below the kitchen and dietary department. Meanwhile, the Chapel was transferred to the nurses' residence and it remained there for a few years until it was re-located in the hospital. With renovations to the medical and surgical floors apparently completed, there was a lull in construction and reconstruction.



Chapel - in Residence

Cafeteria





1956 - Golden Anniversary of the School of Nursing.  
 Grandfather Clock presented by the Nurses' Alumni.  
 L to R - Sister Constance, Class of 1956; Sister Angelica,  
 Class of 1909



Class of Students at St. Joseph's School of Nursing.  
 Golden Jubilee, 1956

CHAPTER NINEThe Fiftieth Year of the School

The nursing school calendars of the early 1950's indicate trends of change in the traditional three-year program. At this time the school required a secondary school graduation diploma with science option for admission; the program of studies showed the emphasis was on total nursing care, patient-centred approach, and planned learning experiences in the student's clinical rotation. Noteworthy also was remuneration given students in their senior year, a recognition of the service aspect of the experience in the three-year program. By now, students were on a forty-four hour week, and receiving eight statutory holidays and three weeks vacation annually.

The Nurses' Alumni, which was organized in 1920, held its first formal reunion in February 1950. After this event, the members began planning activities to mark the fiftieth year of the school's existence six years later.

The golden anniversary of the school of nursing was duly celebrated May 30th, 1956, and was indeed a memorable occasion. Many graduates came considerable distances to participate in the events. Three of the seven members of the original class who started in 1906; Sisters Antoinette, St. Joseph, and Perpetua, all still active and able to be present, shared special recollections with the 1956 class of twenty-four.

Laura O'Brien, Class of 1917, who was nursing in Edmonton at the time, also attended the celebrations and was given the honor of making the formal presentation of the Alumni gift to the school, that of a handsome grandfather clock. Sister Benedicta, Class of 1931, in accepting it on behalf of the sisters and the school, thanked the alumni and other benefactors over the years, for their varying gifts, great and small, known and unknown, and asked "Divine Providence, the source of every good and perfect gift and the author of the time to bless all abundantly."



Laura Hogan, Class of 1933, reviewed in retrospect many highlights in the evolution of the hospital and school, excerpts of which are included here; the original address is filed and recorded on a cassette in the archives.

Madam Chairman, Reverend clergy, sisters, guests, graduates and students:

A golden anniversary is always an occasion for reminiscing, rejoicing and congratulations. So it is with the fiftieth anniversary of our school of nursing. We, the members of the Alumni have assembled with friends of the nursing profession to congratulate the sisters... This school has always been recognized as one of high standard. Such a standard over the changing times has required a great deal of determination, planning and tireless efforts. To-day, it is a source of satisfaction and pride to us all. Some of us have observed its development from its infancy to the present day and we owe much to those who have taken part in its growth....

Of the doctors who lectured to the nurses in these early years, we have present with us to-night, Dr. G.S. Cameron and Dr. F.P. McNulty. To them and their successors we are deeply indebted for their contributions to our course of studies. Our superintendents, Miss Winterhalt, Sister Anysia, Sister Melanie, Sister Felicitas, Sister Priscilla, and Sister Gonzaga, by their tireless efforts have not only taught the principles of nursing, but have given us a practical demonstration of high ideals....

To date, the school has sent out over 400 graduates. Of those in active nursing, seven have entered religious life, two are in foreign missions and fifty have taken post graduate, certificate and university courses in nursing. Correspondence from our graduates often bears the post-mark of India, Africa, Germany and Iceland as well as various distances in United States and Canada....

Nursing owes much to the inspiration, initiative and leadership of many outstanding nurses imbued with the spirit which Jeanne Mance brought to Canada. The years to come offer inspiring challenges to the young nurses of to-day and to-morrow....

We look to the Class of 1956 to hold high the torch and to blaze new trails while carrying out the ideals of our school of nursing of St. Joseph's Hospital....

Many were the memories recalled by the graduates and a number of anecdotes were gleaned and have been inserted here.

A.F. Class of 1924: (selected from her recorded recollections in the archives).

Our day started at 6:30 a.m. for chapel and Mass... on the floor at 7:30 until 7:00 p.m. - one hour off and one half-day a week starting at 2:00 p.m. Curfew 9:30 p.m. - one late leave monthly until midnight.... We had classes and lectures by the doctors each day at 4:00 p.m. We started floor duty as soon as we began our training. This was before wonder drugs, transfusions, oxygen, etc.

Patients were hospitalized for much longer periods of time. Maternity and major surgery patients were not allowed out of bed before ten days. There were the constant bells, bedpans, enemas and more bedpans ... so much inactivity of the patients. There was the ever present worry of embolism and phlebitis, a reality more times than one likes to remember. We had neverending mustard and linseed poultices and turpentine stupes and hot packs... Three years seemed a long time to look ahead in 1921.... Many of you might find it just as difficult to cope or apply yourselves in our era....

P.A. Class of 1929:

Any record should pay tribute to Dr.F. who was a great encouragement to the staff on Womens' Medical. He frequently complimented us on our good care of patients. Often the 3C elevator was not available and in desperation this day, he threatened to buy his own "lift." When he learned a new elevator cost \$28,000 he exclaimed "I can't afford it, damn it." Bats plagued the night staff on 3C and a frightened student panicked when one swooped down; she jumped into bed with a patient.

V. O'L. Class of 1933:

One night, employee (C.C.) stumbled into the darkness of the fruit cellar, knocked down shelves laden with jam. He staggered to first floor, pleading for surgery before he would bleed to death. When first aid was given he had only a few scratches from the broken jars; the big disaster was the kitchen's fresh supply of raspberry jam.

S.L. Class of 1943:

I recall being on night duty when a patient in the 10-bed ward became very disoriented and had severe hallucinations. He ran into the hall, grabbed the fire hose, (which was fastened to the wall near the chapel location at the time) turned on the water valve, and challenged us to catch him. We didn't see the humorous side of the incident until we had him under control, nor were we aware that the new organ was permanently damaged from the water deluge during the event.

S.L. Class of 1943:

An obstetrical supervisor, years later, has vivid memory of a patient in premature labor with her tenth child. She was hemorrhaging profusely and there was no fetal heart beat. A three-pound baby was delivered by section and showed no signs of life. I placed the baby, wrapped in its blanket on a shelf near the autoclave (a nice warm spot). When I returned the baby was breathing and was a healthy pink color. The doctors couldn't believe that this tiny babe revived; the only resuscitation was the warm environment. I realized that my guardian angel was looking after me and this tiny babe. Today she is a beautiful lady.

E. McD. Class of 1948:

There were years when one enjoyed staying on duty a little longer to do a few extras for patients.... We had no I.C.U. for critically ill so we had to depend on our own observational skills and nursing priorities.

A.D. Class of 1949:

My memory is of night duty as a student on first floor when we had to listen for switchboard phones if the night supervisor would be called elsewhere. Dr. H.Y. phoned to inquire on the progress of his obstetrical patient. My knowledge of operating a switchboard was minimal and in my frustration I called upon Blessed Martin de Porres to help me. Dr. H.Y. heard my prayer while I tried frantically to take his call; he gave up and rushed over to the hospital just in time for the delivery. He asked the supervisor "Who is running your switchboard and who the hell is blessed Martin?"

J.A. Class of 1951:

I shall never forget the first C.section I scrubbed for; Dr. C. was surgeon. When I saw the baby alive and safe, I was all choked up and I couldn't keep back the tears. The O.R. supervisor asked what was wrong and I guessed I had seen a miracle. She promptly replied, Well, it isn't the first one, and she urged me to watch what I was doing so I could be of some help to the surgeon.

M.T. Class of 1952:

We nursed the same patients over an extended period. I recall being upset when I was scheduled for my day off. I wondered who was going to care for my patients, when I was off. We served nourishment, counted medicine glasses, drinking glasses and thermometers; washed beds and prepared the units for new patients. We had a housekeeper who did floors and bathrooms...Mens eleven-bed ward was a nightmare; one orderly on call for 24-hour shift, he was so cross .... In 1952 work was plenty, there were many students, they did most of the night duty.

M.R. Class of 1955:

I believe we all benefited from the very human and personal association we had with our teachers and classmates, the classes were small so there was time for us all.

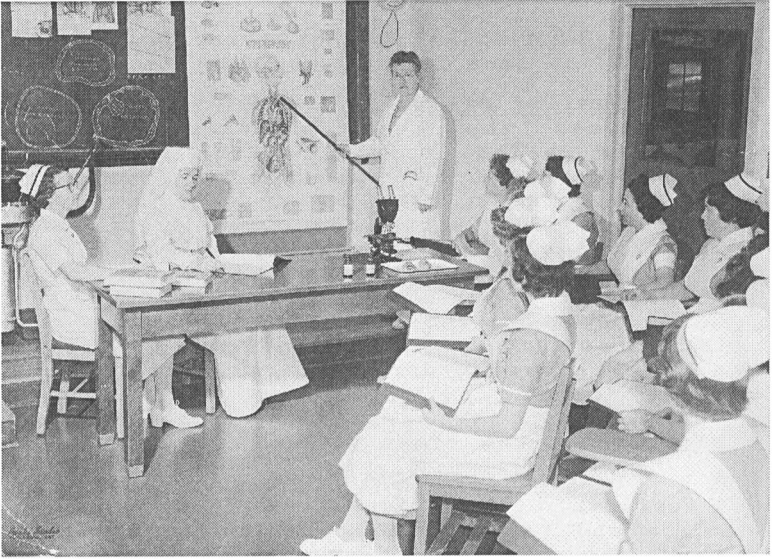
J.W. Class of 1955:

I think our graduates have great empathy and understanding of patients' personal feelings and are concerned about the whole person not just the physical.

C.S. Class of 1956:

The feeling of belonging to an institution and a group of professionals who had attained a status of respect and credibility within the community was reassuring to a neophyte in nursing. Teachers were present in many disguises, aides, orderlies, laundry and office staffs, M.D.'s, R.N.'s and patients, sharing the embarrassing moments as well as the achievements of the inexperienced. Team spirit, prevalent among the staff, permeated relationships at all levels and resulted in everyone giving of themselves for the good of the patients.

There are also two case studies on file in the archives:  
(a) Surgical Nursing Care by A. Feeley, Class of 1924; and  
(b) Obstetrical Nursing Care by Sister Loretta, Class of 1943.



Student Class, St. Joseph's School of Nursing  
Clinical Conference

In Memoriam

After an illness of six months' duration, Sister M. Gonzaga died at St. Joseph's Hospital, Saturday, October 13<sup>th</sup>, 1956.

Sister Gonzaga was the elder daughter of the late Richard and Emma Bunyan of North Bay. She received her early education at St. Mary's School in her native city and St. Joseph's College School, Toronto. In September 1922, she entered the community of the Sisters of St. Joseph of Peterborough Diocese. After graduating from St. Joseph's School of Nursing, she took postgraduate studies at the University of Toronto and the University of St. Louis and obtained from the latter institution the degree of Bachelor of Science in Nursing Education.

Most of the 34 years of her religious life were spent at St. Joseph's Hospital, and, as the director of nursing. In the discharge of her daily duties, her motto was "to improve nursing education in order to give better patient care." At all times she showed a broad interest in the various activities of the nursing profession.

For many years she served on the executive of the Ontario Conference of the Catholic Hospital Association and held the office of president of this organization. She was also president of District 6, R.N.A.O. and a member of the advisory board of the local Community Nursing Registry.

The body of the late Sister Gonzaga was in the Reception room of the Nurses' Residence from Sunday morning until Monday afternoon. Throughout this time, graduates in uniform were in constant attendance, which bore silent testimony to the many years of devoted service which the deceased had given to nursing and nurses.

At 3:00 p.m. on Monday, graduates and student nurses in uniform formed a guard of honor at the Residence and then followed the hearse to Mount St. Joseph.

The funeral took place on Tuesday morning at 9:30 a.m.

About one-hundred nurses attended in uniform. The solemn Requiem Mass was celebrated by Sister Gonzaga's brother, Father Emmett Bunyan, Fort William. Reverend W.C. McCarney was sub-deacon, and Reverend J. O'Dette, deacon.

The honorary pall-bearers were: Sister Beatrice Marie, Sister Cecile, Sister St. Ivan, Sister St. David, Sister St. Ida and Sister Benedicta.

The active pall-bearers were: Doctors F.A. O'Reilly, C.F. Cahill, R.J. Young, J.R. Epping, W. Blastorah and J. Neville

In the death of Sister Gonzaga, the Sisters of St. Joseph have lost a valuable self-sacrificing member of their community and the nursing profession, an ardent promoter of its welfare.

Sister Gonzaga, Class of 1929:

Director of Nursing 1930-1937; 1939-1944; 1947-1956.

Sister Benedicta was appointed Director of Nursing in 1956.

Some statistical evidence of change in hospital census and nursing personnel in a ten-year period has been obtained from annual reports to the provincial inspector.

<u>St. Joseph's Hospital - Peterborough</u>	<u>1942</u>	<u>1952</u>
Bed capacity	117	186
Daily average of patients	77	152
Supervisors and head nurses	5	20
General duty nurses	3	31
Nursing assistants	0	7
Ward aides	0	13
Orderlies	1	5
School of Nursing administration and teaching ..	2	4
Students	28	64

During this period, floor supervisors and/or head nurses were responsible for the clinical supervision and evaluation of the students assigned to their unit and in some cases taught their specialties, e.g., obstetrics, operation room technique, etc. Medical lectures were given by doctors, gratis. The 1954 report states that "for the most part there is sufficient staff for nursing service, the need is for better qualified nurses interested in ward administration and teaching."

A new curriculum was issued in 1953 for the province, with emphasis on integration of subject matter. It is noted that St. Joseph's school of nursing had already met these new requirements.

The following excerpts have been taken from the annual report for 1956, as presented to the Administrative Board of the school of nursing.



St. Joseph's School of Nursing  
Cost of Administering the School  
For the Year Ended December 31st, 1956.

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Salaries and Wages	\$20,630.00
School of Nursing Expenses	2,636.00
Residence Expenses	425.00
Meals for Student Nurses	23,970.00
Laundry	1,560.00
Bedding	705.00
Housekeeping	1,462.00
Maintenance	12,848.00
Bond Interest	3,180.00
Depreciation of Building	5,182.00
Depreciation of Furnishings	800.00
Indirect Expense	<u>3,210.00</u>
	\$ 76,608.00

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In the closing paragraph of the report, the following statement has been noted:

...With fifty years now passed since the school was established we begin the second era with trepidation. Great changes are taking place in nursing education and there lies before us a tremendous challenge to have our school of nursing recognized as a truly educational institution.

Respectfully submitted  
Sister Benedicta  
Director of Nursing

January 17, 1957.

CHAPTER TENA New System of Health Care

In order to cast more light on the impact which the number of rapid and far-reaching changes in the 1960's and 1970's had on the existing system of health care in the province, a word picture of activities at St. Joseph's Hospital is included at this time.

Sister Marie Paul, administrator at the hospital (1959-1970) has recorded recollections of some of her experiences in the hospital management during that period. Some excerpts follow:

The rapid advances in medical science and technology, and the introduction in 1959 of the prepaid hospital insurance plan, had an explosive effect on the health care system in the province. I held a certificate of the Canadian Hospital Association in Hospital Administration. When I came in September 1959 a union was being organized for our non-professional employees....

The sod-turning ceremony for the "D" wing took place on April 5<sup>th</sup>, 1961, signalling the start of a \$2,788,000 construction project, and there were also many changes to be made in the hospital's operation, and in the location of a number of departments.

When the wing was completed, patient accommodation was increased to 268 beds. The addition also provided new areas for administration, medical library, X-Ray, laboratory, morgue and autopsy room, emergency rooms, operating rooms, recovery room, business office, medical records, central supply, physiotherapy and pharmacy. The official opening took place May 12<sup>th</sup>, 1964....

Once the new wing was in operation, new departments had to be organized. Physiotherapy had been initially in a small room in the basement of "C" wing. Purchasing, up to this time, had been done by individual department heads, so when our first purchasing agent was hired, it took a great deal of persuasion for supervisors to relinquish their buying power.... Central laundry for Peterborough area was becoming an issue, as our laundry facility and equipment was in excellent condition and we were not anxious to lose control....

A board of trustees, replacing an advisory board was appointed in 1965 and the By-laws approved. The members were a great help with so many pressing problems....

The first cancer clinic in Peterborough was opened in 1961 and it was located on the ground floor of the nurses residence. Doctors Beal and Ryder from Princess Margaret Hospital, Toronto, conducted this clinic twice monthly. The clinic was transferred to Civic Hospital when construction was begun on our wing, and it was transferred back to our hospital on May 11<sup>th</sup>, 1977....

Our dietary department began supplying meals for the Meals on Wheels service in October 1964 to the elderly and housebound people. We began with ten meals each Thursday and the following year this was increased to fifteen meals each Tuesday and Thursday....

The hospital celebrated 75 years of service to the community on December 8<sup>th</sup>, 1965. Mass of thanksgiving was offered in the newly renovated chapel, now beautifully carpeted in dark blue, and the windows had gold drapes. The chapel had been transferred from the nurses residence where it had been located until construction and re-construction was completed. Its present location had been formerly a men's ward in the original building.

The Ladies' Auxiliary convened the public reception to mark the occasion of the diamond anniversary. The guests signed in the same book used at the first opening in 1890. Scrapbooks, snapshot albums, photos and press clippings of the early years were displayed. Also in view was the bone-handled silver trowel used in laying the first cornerstone in 1888 and the trophy won for a float on the theme of the good Samaritan which the sisters, nurses' Alumni and Hospital auxiliary had entered in the city's Santa Claus parade of the year. A special anniversary bulletin was issued by the staff....

Speaking of Accreditation, our hospital was on the first list published by the joint commission of United States and Canada and it also had an "A" rating with the American College of Surgeons ... we have always maintained full accreditation ...I updated my own qualifications in 1966 when I was successful on examination for membership in the American College of Hospital Administrators. This membership was a very important qualification to hold from an administrator's and hospital's standpoint. It was a criterion used in accreditation because it reflected continuing improvement in hospital administration....

The registered nurses were now beginning their activities for unionizing and this involved numerous meetings. Finally on May 12<sup>th</sup>, 1967, the first collective agreement was signed and ours was the first general hospital in Ontario to have such an agreement with its nurses....

The staff wanted to do something special to commemorate centennial year so they decided on an illuminated fountain at the front of the hospital. Each department raised money by raffles, bake sales, entertainments, contests, etc. to finance the project and on National Hospital Day the public was invited to attend the ceremony. I had the honor of turning on the fountain and putting it into operation. It was really thrilling. The gift was formerly accepted on behalf of the hospital by Norman Crook, chairman of the board of directors....

The necessity of an intensive care unit was now becoming evident. A four-bed ward on 3B was renovated and equipped for this purpose but it was soon found to be too small so we began plans for a new unit by adding a small extension to the "B" wing. The additional space also provided ten extra active treatment beds and enlargement of the business office, dietary department, etc. The new structure was officially opened August 25<sup>th</sup>, 1970, and provided a self-contained intensive care unit of seven beds equipped with central monitoring systems.... Renovations to the 1922 wing were also made at this time. Notable changes were on the fifth floor providing offices for administration, personnel, etc....

By 1969 the services had been all transferred from the "C" wing to their new locations and the original and the 1908 extension were demolished except for the chapel and office space at the Armour Road entrance.... The wrecker promised to take extreme care in removing the upper structures of the wing but a hidden coil on the third floor fell through causing a large hole in the chapel ceiling. It then rained for three days and in spite of plastic protection the carpet was ruined. Of course this meant more renovations to the chapel and replacement of the drapery and carpet....

By 1970 I had to retire due to illness and our first lay administrator, Mr. L. B. Doiron was appointed to replace me. I was presented with the Award of Merit from the city of Peterborough for my contribution to its community....

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After the Weir report was published in 1932, national and provincial nurses' associations were actively involved in studies on nursing and nursing education and were bringing forth recommendations for curriculum content, length of program, placement within general education, etc. Now, with the introduction of the pre-paid hospital insurance plan in 1959, this meant a complete change in the method of financing hospitals and schools of nursing. Stemming from this new legislation, sweeping changes were made in regulations and policies affecting nursing in general.

An annotated listing of a number of such relevant statements and official documents is included here which may help to explain some of the rationale behind changes made at St. Joseph's school of nursing.

A.R. Lord, Report of the Evaluation of the Metropolitan School of Nursing, Windsor, Ontario (Ottawa: Canadian Nurses' Association, 1952).

The report was an objective evaluation of their nursing program (1948-1952). The school was established to determine if a skilled, clinical nurse could be prepared in a period less than three years when the school had control of the student's time. The report indicated that their graduates compared favorably with those from traditional schools.

#### The Nightingale School of Nursing, Toronto:

This school was opened in 1960, sponsored by the Ontario Hospital Services Commission and owned by the provincial government. It was designed to have its own governing body, to operate on a separate budget, and to control the students' time and educational experiences, both in the classroom and in the clinical field.

#### The Ontario Hospital Services Commission:

This legislative body was committed to the principle that nurses should be prepared as quickly and as economically as possible, and that the preparation should be regarded as an educational experience and should not augment the nursing service of the hospital.

The College of Nurses of Ontario:

This statutory body became effective January 1st, 1963, and now had control of schools of nursing in the province; their admission standards, curriculum, registration, and all legal aspects of nursing.

Moyra Allan and Mary Reidy, Learning to Nurse: The First Five Years of the Ryerson Nursing Program (Toronto, Registered Nurses' Association of Ontario, 1971).

This report was an evaluation of the Nursing program, established at Ryerson Polytechnical Institute, Toronto, in 1964 and was the first diploma in nursing in Canada, conducted within the system of general education. It determined the feasibility of placing Diploma Nursing within the framework of general education.

Colleges of Applied Arts and Technology:

This system of post-secondary education was introduced in Ontario in the mid-sixties and the nursing profession pressed to have a nursing division included. This would eventually mean that diploma programs would be transferred from the jurisdiction and funding by the Ministry of Health to this newly established system.

Ontario Council of Health: Action Program.

In 1965 the Minister of Health declared that the number of students enrolled in schools of nursing would be doubled in order to meet current perceived and projected demands for registered nurses.

Two Year Program - with or without a Third Year Internship:

The Council of the College of Nurses approved basic programs in nursing, two years in length, when these programs met the criteria and regulations. The third year of experience in hospital nursing service was required by fiscal policy of the provincial government as a means to offset the cost of the nursing students' education provided free during the first and second year.

Internship Year discontinued:

In 1970 official notice was sent to selected schools to phase out the internship year. It also advised that students enrolled in September 1971, in these schools, would be on a straight two year program.

Transfer of Diploma Programs in Nursing:

On January 12<sup>th</sup>, 1973, the Ministry of Health and the Ministry of Colleges and Universities announced that all diploma schools of nursing would be transferred into C.A.A.T., effective September 1<sup>st</sup>, 1973.

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The sudden changes in provincial legislation and official policy, with the inherent problems in coping with so much of this influx, made unprecedented demands on personnel in the individual institutions.

The records of St. Joseph's Hospital school of nursing place in perspective many of the actions, reactions and interactions experienced during this period in its history.

The first nursing education grant from the provincial Department of Health was received in 1957. This funding was to help cover some of the cost of conducting a school of nursing; e.g., salaries, student health services, educational equipment, library, affiliation expenses, etc.

Though the annual report to the inspector for the previous three or four years had included an estimated cost of administering the school, it was in 1959 that the first budget was required to be submitted. The provincial health plan introduced that year had included in the hospital budget the cost of nursing education as part of the cost of patient care. Also noted in the 1959 report to the Administrative Board was that

...the educational program in the clinical field continued being the weakest area. The demands of nursing service and the lack of a sufficient number of qualified supervisors and instructors resulted in much of the students' time on duty not being utilized for her education. As the two-year program was becoming a reality, this fact would present additional difficulties

In the fall of 1961, the school was faced with a new problem. The Hospital for Sick Children, Toronto, held a conference for representatives from its affiliating schools of nursing to consider if the home schools could offer their own programs in Pediatric Nursing since it was having difficulty accommodating the increasing student enrolments.

There were 97 students enrolled in the school at this time. A good deal of long range planning was required before alternative arrangements could be made. The physical facilities and nursing service staff were adequate in the Pediatric Department and there were sufficient qualified pediatricians who supported this undertaking. The chief problems lay in ensuring that there would be an ample and consistent patient census for student experiences, and in obtaining a nurse instructor qualified to teach the nursing of children.

In the overall curriculum plan, the nursing of children was seen in relation to Maternal, Infant and Child care so as to present a more unified picture of the family as the basic unit of society. Administration was anxious to continue the contract with the Hospital for Sick Children, gradually reducing the number of students in each rotation until it could be established that the school's objectives could be met. This affiliation was phased out in 1967. A number of students received additional experiences, which were arranged by two pediatricians in their office practice. This made a valuable contribution to these students' learning needs.

An administrative change was made in the nursing department in 1963 where, prior to this time, the director of nursing had a dual responsibility for nursing service and the school of nursing. Consequently, Sister Francesca was then appointed to provide the nursing care of patients; Sister Mary Agnes, acting Director of Nursing (1961-1964), while Sister Benedicta was obtaining a Master's degree in Nursing, was appointed Director of the school of nursing.

The school's program now included planned extra-curricular activities; qualified persons were engaged to conduct a school choir and glee club; and a full-time person was employed as librarian. Gym and swim classes



were arranged by the school. A basketball team had been organized for some time, winning the Intermediate trophy in 1966 and 1969. The Student Council issued its first Year Book in 1962.

The first male student graduated in 1964. The school was the first in a wide area to give nurse-training to a male. Supplementary training had been given in 1963 to a male nurse who graduated and practised in Germany but he required additional preparation to qualify for nurse registration in Ontario.

As some two year programs were appearing on the horizon, the school's curriculum objectives were modified and designed to meet the requirements of beginning practitioners in a two year period, and to have the third year for additional skills and experiences. Students were being assigned to clinical areas primarily for their learning experiences and not for the needs of nursing service.

Nursing was now seeing the rapid expansion of its everyday practice. Not only was more known about the physical, biological and pathological influences on health but also the impact of the environmental, social and psychological factors as well. It was becoming increasingly evident to nurse educators that nurses needed a broader educational base. A statement made to the board at that time was

...that nurses need the best possible and available education. The school may have to look beyond nurse-teachers to teach general sciences; physical, biological and social.

Because of continuing shortage of well qualified teaching staff, the pressures to increase student enrolment and have nursing education within the framework of general education, it was considered timely to explore the feasibility of having non-nurse teachers for the biological and behavioral sciences. The outcome was the purchase, beginning in 1968, of these courses from Sir-Sandford Fleming College. The application of the scientific principles and concepts to nursing remained the responsibility of the nurse-teachers.

Though the school had had its own administrative board for the past fifteen years, it was becoming evident by the accelerated change of pace in nursing education that a separate board of directors was essential. Thus, in February 1966, the Sisters of St. Joseph authorized its formation and appointed members who would be solely responsible for the school. The board was comprised of representative(s) from; general education, both secondary and university; the medical staff, and a lawyer as well as representatives from the Sisters and St. Joseph's Hospital. The main purpose as expressed in its by-law, was to promote and approve the aims, policies and educational programs established in cooperation with the faculty and to delegate the executive functions and authority to the director who would be directly responsible to this board and not to the hospital's board.

The board was advised at this time that the faculty believed students could be prepared for beginning nursing practice at diploma level and for nurse registration in a two year period when there was no service requirement.

Forty-two students had been enrolled in September 1965, having been selected from 325 written applications. The criteria was based on the school's educational requirements, personal interviews, results of pre-nursing tests, and the official reports requested from their school principal and/or guidance counsellor, family physician, etc. Enrolment had to be limited to ensure there would be at least a 1-10 ratio Of qualified full time instructors and sufficient clinical experience available to meet the curriculum objectives. This was found to be an important standard to have established and printed in the school's calendar when there was additional pressures to increase student enrolment.

In April 1966, a formal request was made to the College of Nurses to change the traditional three year program, to a two year program with - or without - a third year of experience in hospital nursing service. The letter of approval of this educational program was received on June 29<sup>th</sup>, 1966. A copy of the press release to the Peterborough Examiner (July 4<sup>th</sup>, 1966) is printed here.

Approval has been granted to St. Joseph's School of Nursing to admit students in September 1966 to their new program which is designed to offer a full two years of nursing education free of obligation to provide nursing service. This will be followed by a third year of experience in hospital nursing service during which time the student receives a salary established by the Ontario Hospital Services Commission. This arrangement has come to be commonly known as "a two plus one program" or a two year program followed by an internship year.

During the two years, the school of nursing is responsible for planning learning experiences in the classroom, clinical area and outside agency from which the student can acquire knowledge, understanding, skills and abilities, appreciations and attitudes needed for beginning practice of nursing. The government will support the two years, providing it is followed by a third paid year of clinical experience. This is necessary because of the provincial government's fiscal policy involving all post-secondary school education.

The Council of the College of Nurses has developed criteria for the evaluation of such educational programs, and upon this basis, it determines the readiness of a school of nursing to establish a two year program with or without a third year of experience in hospital nursing service. If the Council considers the program meets the criteria, the guidelines and the regulations under the Nurses' Act, approval is given to the school to admit students.

The following excerpt from the annual report to the Board for the year ending August 31<sup>st</sup>, 1967, gives insight into some of the difficulties of administering the school during this transition period:

-carrying through the traditional program for second and third year students and implementation of the new program for first year students; -ensuring there was qualified staff in at least 1-10 ratio to meet a requirement of the two year program; -trying to provide some degree of satisfaction for unqualified teachers on the staff who were confined to second and third year students; -budgetary limits set by the O.H.S.C. which interfered with obtaining qualified staff when they were available;

-tensions inherent in initiating the collective bargaining agreement which included nurse teachers....

Betty McDonald, Class of 1948 and assistant director (1961-1970), was responsible for implementing the curriculum. She recalls in some of her memoirs, changing the educational program from the traditional three years to the two plus one, then to the two year program with and without an internship year.

By 1965 the teaching staff were finding that the content of their courses was becoming global with considerable over-teaching and re-teaching, and that the clinical rotation was not being made primarily for students' learning needs. At a workshop on curriculum development all agreed we could prepare students in two years when we identified and selected essential learning experiences and if there was no service requirement. We believed that the focus throughout the curriculum should be on the understanding of the human person and respecting his human dignity in all the relationships both in health and sickness.... We also introduced the problem-solving approach to the nursing needs of patients.... In our rotation scheduling we eliminated what we believed were not truly educational experiences.... Replacing the traditional methods with these new concepts required many meetings and interpretative sessions, as well as long range planning and gradual implementation....

Once our two plus one program was approved, we had to face a new set of problems to plan the internship year. Though the nurse interns were responsible to the head nurses on their units, the teaching staff were available for assistance and the school was responsible for recommending the student's readiness for nurse registration examinations and, eventually, for practice as a registered nurse.... A comprehensive set of examinations was devised for pre-registration assessment. This exercise was time-consuming, difficult, upsetting and discouraging to both students and teaching staff....

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The school of nursing choir, under the direction of Beatrice Watson and the pianist Gwen Crow, made many contributions over the years to social events and won a number of competitions in the annual Kiwanis Music festival, etc. Noteworthy was its participation in the city's centennial celebrations when "Christmas 1867" was televised on Christmas morning. In recognition of their presentation - "An Old Fashioned Christmas," - the students received a cheque from CHEX-TV, which they turned over to

the Sisters Mission Hospital in Brazil. Also, at the request of the program director of the local station, the choir sang during other centennial events.

The class of 1968 was the last class to graduate from the traditional three year program. The class which enrolled in 1966 had now completed the two years of nursing education and were starting their internship year in hospital nursing services. Throughout this third year they received \$325 monthly and paid their own board and lodging.

The teaching staff endeavoured to motivate the interns to continue their education. Five enrolled for part-time study at Trent University, their first semester tuition being paid from the Medical Staff bursary fund. Others signed up for night classes being offered at the local high schools and college.

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Plans were now underway to demolish the "C" wing and the sisters occupying its top floor transferred to the third floor of the residence. This resulted in rooms on the second floor only, being available for nursing students, who then chose to live in or out of residence. These arrangements gradually settled to everyone's satisfaction.

The Kingston Psychiatric Hospital advised at this time that the school's affiliation there had soon to be discontinued. Then arrangements were made at the Peterborough Civic Hospital for psychiatric affiliation which began in 1970. A member from the school's own teaching staff was in charge of the students' experiences in psychiatric nursing.

Of significance to the school, also, was the announcement:

Miss Judy Sharpe, nurse intern  
St. Joseph's school of nursing  
chosen  
Miss Hope of Ontario, 1970  
of  
The Canadian Cancer Society



The contestants were thirteen young nursing students from across the province and the competition was sponsored by the Ontario Division of the Canadian Cancer Society. In addition to a cash prize of \$200 Judy represented the Cancer Society around and out of the province on special occasions, at public meetings, on radio and on television appearances, etc., the travel expenses being underwritten by the Cancer Society.

Official notice was received in a letter dated October 15<sup>th</sup>, 1970, that the internship year in the school would no longer be required and that it was on the first list of schools eligible to graduate students in two years. The teaching staff was confident that its two year graduates were competent in giving a good quality of nursing care but expressed concern over their limited clinical experience in basic nursing. Also, they had no experience in the specialties; e.g., operating room, intensive care, emergency, etc. Without their planned internship year in the familiar hospital setting, the teaching staff was faced with the necessity of searching out more complex nursing experiences for second year students as well as of integrating Christian aspects of nursing, and of deepening the student's self-awareness as a therapeutic person.

The grey areas of difficulty which new graduates often experienced, regardless of the length of the program, seemed to be mostly in the

various routines and policies which might vary a great deal from hospital to hospital. This would effect the efficiency of the service but it would not necessarily be a criterion of the quality of patient care.

The school's administration was well aware of the expectations of nursing service and the problems it faced; e.g., two-year registered nurses, replacing those with experience, and who would require the additional orientation and need more in-service education for which no provincial funds were provided.

For several ensuing weeks, there was more heat than light generated. The second year students were feeling very insecure about their readiness within a year for beginning their practice as graduates, and the nurseinterns were resentful of their seeming loss of status. There was also deep concern expressed by nursing service personnel and members of the medical staff about the abilities of the students to practice nursing as graduates at the end of two years now that the internship year was being endorsed wholeheartedly.

At this point the director made a small study: Areas of Strength and Weakness in the Preparation of Beginning Nurse Practitioners. The report (available in the archives) of the findings, was discussed at meetings of the nursing service personnel and of the medical staff, mainly to elicit support and help in the difficult transition. The response from all was most gratifying and extremely helpful.

When the temperature and the climate seemed within somewhat normal limits, new fire was kindled from the static created between the interns and the second year students over preparations and decisions regarding the double 1971 graduation. It can now be recorded that the melding in, the phasing out, and the graduation of two classes in the one ceremony, took place with grace, mature understanding and acceptance by all those involved.

With the two year course approved and in place, it seemed reasonable to assume that with time it would mature and have roots. Though it was known that the government's ultimate goal was to have diploma nursing

programs within the newly established college system, it was not thought to be imminent.

The number of applications continued to increase. Records show that 469 letters had been mailed in response to inquiries, however the enrolment for September 1971 was kept to a minimum of 45 students.

Alternative resources were designed to cope with the problem of providing sufficient clinical experience, especially in obstetrics and pediatrics. The teaching staff was able to incorporate a variety of community settings to supplement the in-hospital patient care services that, at one time, were available in abundance.

Meetings of faculties from the school, from Civic, and from Sir Sandford Fleming College had continued to take place since 1968, with general discussions on policies of the College, their teaching schedules, class size, content of courses, etc., and the possible relationship to a nursing curriculum. The boards of both schools of nursing also met occasionally and were kept informed of trends to put nursing programs within the framework of general education.

In April, 1972, a letter from the Minister of Health gave notice of a change in the financing of nursing schools:

A tuition fee in the amount of \$250 will be charged to students in each of the two years in the nursing schools. The policy of providing free living allowance for students will be discontinued, effective for students enrolling in the fall of 1972....

Of approximately 550 applications received for September 1972 enrolment, 36 were students admitted to the program.

There was now a growing public interest and outright concern throughout the province over what was happening in nursing education. Studies and submissions were presented to official bodies in an attempt to offer alternatives and recommendations for the many unanswered questions. The school was directly involved with the fact-finding committee on nursing education sponsored by the Catholic Hospital Conference of Ontario; Published in March 1972. One of its key recommendations was the formation



of an affiliated relationship with the post-secondary education system of the province; the main purpose was to preserve the emphasis on the Christian dimension which had always been a commitment of the Catholic schools of nursing. This alternative would also offer a freedom of choice and diversity in a program. While these suggestions were graciously acknowledged by the Minister, there were no concessions offered nor options opened.

Along with the tumultuous activities in the 1972-1973 curriculum of the school, hospital administration requested that the teaching unit, the instructors' offices, etc., located on the ground floor of the residence, be transferred to the main floor so that the space could be renovated for Ashburnham Medical Services.

In addition to the discomfort and inconvenience of this relocation, the noise of reconstruction was impossible to cope with. The school administration was then given the opportunity to utilize some physical facilities at nearby Marycrest Home for the Aged. This hospitality was indeed appreciated.

On January 12<sup>th</sup>, 1973, the Ministry of Health and the Ministry of Colleges and Universities, in a surprise announcement, set the date of September 1<sup>st</sup>, 1973, for the transition of all diploma nursing programs into the Colleges of Applied Arts and Technology. Some guidelines were sent out for the transfer. These included the setting up of a task force composed of representatives from the local schools of nursing and college. Further evidence of the government's intent that the transition would be well structured was indicated by the stipulation that no administrative, faculty, or support personnel would be disadvantaged by the transfer. Also, where teaching and residential facilities had been an integral part of a hospital or on hospital property, these would continue to be owned, maintained, and operated by the hospital; the physical facilities available to the college as required on a cost-rental basis.

The guidelines also stated that equipment and library holdings purchased for nursing education programs should be turned over to the local college.

The College of Nurses requirements for approval to conduct a nursing program was appended to the Ministry's document. The students would apply to the school of nursing of their choice, as they had in the past, and the selection procedures would be administered by the school. The successful applicants, however, would be admitted as first year nursing students at the local college.

The members of the board of directors were in agreement, since it seemed that transfer was inevitable, that steps should be taken locally and early to plan for a smooth and effective transition. They assured the director and faculty of their full support. This was indeed a challenge for all persons involved.

In addition to the day-by-day administration of a school during such difficult periods, the director, as a member of the local task force, had a major role in arranging the transition. High among her concerns was how she might preserve the school's Christian philosophy of nursing, which had already made its unique contribution to the graduates themselves, the nursing profession, and patient care for so many years. She was also keenly aware of the vigilance needed to protect the rights of administration, faculty, students, and support staff as well as the Sisters of St. Joseph as owners of the hospital and school.

The faculty's problem areas were mainly in curriculum revision. The majority of the teachers had been involved from day one in preparing the two year program and they were confident in meeting its objectives. However, they were now confronted with designing a nursing program in conjunction with faculty from Civic Hospital school of nursing for the class enrolling in September, 1973, within a college setting. In addition, they realized that they, themselves, would soon have to function in that unfamiliar teaching facility; in a college system of class scheduling, all so foreign to hospital-oriented nurse teachers.

The nursing students felt victimized by the whole affair. They were in a state of confusion, not knowing how they would identify in a few months with the Nursing Division of Sir Sandford Fleming College. They sensed the faculty's strong loyalties to St. Joseph's school and this only added to their frustrations.

The class enrolling in September, 1973, had applied to St. Joseph's which they had selected as their first choice. Many had visited the school and hospital facilities, had met with the staff, and were in pleasant anticipation of being part of the milieu. They were shocked when they received their letters of acceptance, not from St. Joseph's but from the College. The students were also advised to register at Brealey Campus - even though they might be in residence on the St. Joseph's campus. Graduate nurses for the most part historically related to hospital schools of nursing, and the public in general voiced their skepticism of this seemingly sudden break with a long tradition.

It is reasonable to assume also, that the college had no easy task to implement the transfer. It had not been designed to accommodate a nursing program so facilities were extremely limited. In the first year of operation, the college rented the school's teaching facilities; the nurse teachers had their offices at the hospital school and the first year students were bussed to Brealey Campus for a few courses. Other courses were given on St. Joseph's campus, as was also the program for the second year students.

The 1974 graduation ceremonies were arranged jointly with the college and the 1974 Class received double diplomas, the first in nursing from the College and the last from St. Joseph's school. The following has been excerpted from a cassette recording of the event.

St. Joseph's Hospital school of nursing held its final graduation exercises, May 31<sup>st</sup>, 1974. The Master of Ceremonies, H.J. Stanford, Ph.D., of Trent University and chairman of the board of directors of St. Joseph's school of nursing, expressed deep regret for the passing into history of an institution which had

served its purpose so well. In his words,

... it was in response to the need of persons to care for the sick that led the Sisters of St. Joseph to establish a school of nursing, and we can be sure that wherever there is need, the sisters will be there to fill it. I have listened to politicians make promises and at the same time, I see sisters quietly, personally, and without publicity, going about the business of doing what needs to be done to relieve individual misery....

Sister Margaret McDonald, a former director, in presenting the diplomas and pins of the school to the final graduation class, remarked that,

...the spirit of the school will live on in the nurses who continue to be humanists, and to communicate the Christian spirit, which has characterized nursing throughout the years....

Her parting message to the graduates was;

...ensure your continuing competence in nursing while maintaining deep respect for human life at every stage and in every condition.

Thus, a Heritage of Caring will live on in nursing and the erstwhile school song, The Bells of St. Joseph's with its lyrics will continue to ring true.

The Bells of St. Joseph's  
 Oh, Hear they are calling,  
 To kindness, to goodness, to all we hold dear,  
 And dear Alma Mater, we'll never forget thee,  
 While school bells shall ring out, ring out  
 for you and me.

The Bells of St. Joseph's  
 Oh, hear they are calling,  
 Thru sickness, thru hardships, how grateful they'll be,  
 And as we walk onward, Oh God may you help us,  
 To serve the sick, and ease their pain,  
 until we die.

*St. Joseph's School of Nursing*  
 Peterborough, Ontario  
**DIPLOMA**

*has met the requirements constituted for approved schools of nursing in Ontario and has successfully completed the program offered in St. Joseph's School of Nursing.*

*In testimony whereof the undersigned have affixed their signatures and seal this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_*

*director*

*countersigned*

*chairman, board of directors*



MISERIS SUCCURRERE DECUS  
 To comfort the sick is our honour

Epilogue

St. Joseph's Hospital school of nursing was officially closed in July 1974. Records of all of its graduates were then transferred to Sir Sandford Fleming College.

Upon completion of its responsibilities for the school of nursing, the board of directors was formally dissolved in February 1975.

MOTION OF DISSOLUTION  
BOARD OF DIRECTORS - ST. JOSEPH'S SCHOOL OF NURSING

WHEREAS the Board of Directors was constituted under the authority of the General Council of the Sisters of St. Joseph to approve the nursing education program, policies, standards, budget and staff of St. Joseph's School of Nursing, and

WHEREAS the program of nursing education carried on by St. Joseph's School of Nursing was transferred to Sir Sandford Fleming College in September, 1973 under terms approved by this Board of Directors at a meeting held June 26, 1973

THEREFORE BE IT RESOLVED

That the by-laws of the Board of Directors enacted and passed on the twentieth day of March, 1967 be rescinded, that the General Council of the Sisters of St. Joseph assume direction of the Alumni Association, that the balance of funds remaining in the name of the Board of Directors be distributed as decided at the meeting of February 11, 1975 and that the Board of Directors be dissolved.

Date February 11th, 1975

Director Margaret D. Lundy

Director J. James Smith

Director Mrs. J. J. Smith

Director Sister Mary Agnes

Chairman John Stupel

Vice Chairman Sister Helen Hagan

Secretary Lawrence Blain

Director William J. Smith

Director W. J. Smith

Director John J. Smith

Sources

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"Diploma Nursing Programs: An Orderly Evolution" by Laura W. Barr, R.N.A.O. News, January/February 1978.

The School of Nursing Archives, St. Joseph's Hospital, Peterborough. Historical Papers File, Minutes of Meetings, documents, records and reports, Scrap-books and Albums, Tape recordings, etc.

Postscripts

(Additional snippets from questionnaire responses)

L.McC. Class of 1938:

Nursing in Ghana, Africa.

This 100-bed hospital, one of the best equipped in Ghana, had no hot water, nor did it provide meals for patients. Their relatives were responsible for their food... In the dry season, we often lacked sufficient water for hand washing, yet we had no cross-infection ... At a church bazaar, glasses of water were auctioned off...

L.R. Class of 1944:

Writes from India...

I spent 11 years in Mandar and loved the tribal people. They were always joyful and simple though they had so very little material possessions. In the famine area in 1967, when the people realized we missionaries had come to help them, they responded with wonder, ... "no one had ever shown concern or love for us..." I have witnessed many miraculous cases of healing take place... I learned, unless I make the effort and really show this Christian love in action, my work is to no avail...

L.S. Class of 1945:

While I was nursing in Liberia, Africa, whooping cough had broken out. The natives remembered, that during the last outbreak, all babies under two years of age had died. This time, Pfizer Company sent us a supply of terramycin. After much persuasion, the mothers brought their babies for treatment. Three weeks later, we received a message that this was the first time, known to the villagers, that no babies died from whooping cough...

S.M.A. Class of 1950:

One cannot fully appreciate or understand the health needs in the Amazonia, Brazil, until one has seen the sick, the undernourished, and the tuberculous patients lying on the damp floors of mud huts with only the broad leaves of the banana trees for a bed. It is hard to believe that this is the 20<sup>th</sup> Century with its powerful drugs, highly trained medical specialists, heart machines and resuscitators, when you attend the sick and injured, and remove from their open sores and wounds, such things as leaves, strands of hair, coffee and even animal excrement...

S.S.T. Class of 1961:

When I first went to Brazil, we had to send patients with signs of leprosy to a leprosarium in Manaus. Then, sulfa drugs became available for treatment, the disease then stopped spreading and it was no longer considered contagious and the lepers were allowed to return to their families. But they would say "no way could we go back to our villages." They would again be rejected because of their disfigurement; so they continue to suffer deeply from isolation and loneliness...



S.S.M. Class of 1963:

I had an unforgettable experience when I delivered a mother in a little, dark, shack deep in the jungle of Brazil. The baby was not breathing but responded to my artificial respirations. It was a most exciting moment - here in this poverty, the parents praising and thanking God that this day was borne to them a living child, and to me, a re-enactment of the birth of the Christ-child in Bethlehem...

S.C. Class of 1971:

As a nurse on a pastoral team in Brazil, I was called to a Health Post in a little village in the jungle to help a lady who had been hit on the head. Her companion asked me to stitch the cut as no one there had any medical training. She handed me a needle and thread...the needle was so dull, probably used for dress-making. After much pushing and pulling, I finally finished with eight neat stitches. The lady went off to her village with an antibiotic and my prayers for a good recovery...

M.C. Class of 1971:

A word from rural Nigeria...

Because of our few qualified staff and the overwhelming numbers to serve, we try to incorporate various nursing roles; midwifery, primary care practitioner, teaching and counselling on nutrition, hygiene, immunization, but all rewarded by the thankful, gentle love of the people. I dare you nurses to dream about your roles, then reach out and make that dream reality. It is possible; even in our very highly organized, very developed, very beautiful Canada...

L. McC. '38 - Gjama 1969



S.S.T. '61 - Teaching Midwifery  
In Brazil

Superintendents/Directors - School of Nursling 1906-1974

<i>Miss Verna Winterhalt</i>	.....	1906-1910
<i>Sister St. Joseph</i>	.....	1910-1917
<i>Sister Angelica</i>	.....	1917-1919
<i>Sister Anysia</i>	.....	1919-1921
<i>Sister Felicitas</i>	.....	1921-1928
		1929-1930
<i>Sister Melanie</i>	.....	1928-1929
<i>Sister Gonzaga</i>	.....	1930-1937
		1938-1944
		1947-1956
<i>Sister Priscilla</i>	.....	1937-1938
		1944-1947
<i>Sister Benedicta McDonald</i>	.....	1956-1961
		1964-1971
<i>Sister Mary Agnes</i>	.....	1961-1964
<i>Sister Rita Ryan</i>	.....	1971-1972
<i>Miss Margaret Paton</i>	.....	1972-1973



Instructors/Nurse Teachers<sup>f</sup> = School of Nursing 1930's - 1970's

*Barnett, Evelyn (Class of '42)	*O'Leary, Marie (Class of '55)
Bucket, Willa	*O' Toole, Ann Marie (Class of '54)
Bunao, Rea	Paton, Margaret
*Burns, Mary (Class of '57)	Porter, Valerie
*Cowling, Anne (Class of '63)	*Shaughnessy, Colleen (Class of '56)
*Crilly, Mary (Class of '58)	*Sister Benedicta (Class of '31)
Davidson, Mae	*Sister Francesca (Class of '46)
Dietrich, Joan	Sister Frances Sikora
*Duggan, Josephine (Class of '49)	*Sister Gonzaga (Class of '29)
Faulkner, Patricia	*Sister Loretto (Class of '43)
Greer, Carolyn	*Sister Mary Agnes (Class of '50)
Hauraney, Sandra	*Sister Mary Cabrini (Class of '51)
Hodgson, Edith	Sister Priscilla
Holloway, Christine	*Sister Sheila (Class of '49)
*Jackson, Patricia (Class of '52)	*Sister St. Maurice (Class of '22)
Killoran, Jewell	*Stevens, Noreen (Class of '54)
Kingdon, Barbara	Stewart, Patricia
*Kittle, Jane (Class of '64)	*Sullivan, Margaret (Class of '59)
*Lenart, Yvette (Class of '55)	Turner, Mary Jane
Leung, Albert	Wilkins, Joan
McCarthy, Margaret	*Zawadski, Hope (Class of '49)
*McDonald, Elizabeth (Class of '48)	

<sup>t</sup> Refers to qualified persons involved in formal teaching.

\* Graduates of St. Joseph's School of Nursing.



M.J.W. Class of 1969:

I still vividly recall a terrifying incident in which I was involved in psychiatric nursing. It was a suicidal attempt by a young girl. I acted quickly, feeling God was right with me. The patient regained consciousness several hours later. She has since thanked me for saving her life and I thanked God for His help during this near tragedy...

J.F. Class of 1969:

This incident happened to me when I was a nurse intern on a busy day in the emergency department. I was asked to take the soiled linen to the laundry room. I was very aware that I must minimize the spread of micro-organisms so I cautiously opened the laundry chute door. Wow! I was literally buried beneath five floors of dirty linen. One of the laundry staff came to my rescue with a room-sized cart, and his words to me were "Thank God, you didn't open the other door, you would have had five floors of garbage..."

S.M.T. Class of 1964:

I still remember my first experience in public speaking during the Christopher Leadership Course when I was a first-year student. I began a two-minute talk on cancer. After the introduction, my mind went blank but the instructor made me continue. In my nervousness, I tried to list signs of cancer and eventually I slurred the one about lumps and I called it lumpening. That was as far as I could go, and with the class in stitches from laughing, I finally sat down, blushing from ear to ear. However, when the course was finished, I was awarded the prize for having shown the greatest improvement in public speaking.

M.O'L. Class of 1955:

Our nursing curriculum integrated the idea of human dignity with emphasis on the patient as an individual, a member of a family, and of a community. Concern for the whole person was evident, observing it in action on the wards. This helped the nurse to grow sensitive and kind in all her human relationships...

M.T. Class of 1952:

I have seen dramatic changes in hospital nursing over the past twenty years... Intensive care unit replacing "special duty" nursing; the nursing team approach involving numerous people, in lieu of individual patient assignment... What we sorely lack now, is time to talk to patients, none of the equipment can replace this relationship... nurses do not get the same satisfaction of meeting patients' needs...

I. MacD. Class of 1951

...recalls nursing a two-year old who had fallen head first into a scuttle of hot coals. One morning I was horrified when I saw some maggots crawling from underneath his head dressing. Dr. H.Y. very casually remarked on their therapeutic use in a septic wound to slough away infected tissue. To my great surprise and delight, the child's scalp eventually healed.

M.C. Class of 1950:

All of my experiences as a nursing student have had profound influence on my life. I recall with respect and affection, the firm discipline and lively innocent fun we students shared.... My first assignment to patient care was the ultimate high point of my student experiences and confirmed my connection that nursing and service to others was my *raison d'être*....

The warm rapport and sensitive compassion between staff, students and patients made its greatest impression on the medical wards. It was there that not only nursing skills were truly tested before the days of miracle drugs, but it was also there that attitudes of compassion and dedication blossomed....

Psychiatry and mental health were not distinct components of the curriculum when I was a student, but cultivating attitudes of patience, acceptance and respect for human dignity has made my success in this field most rewarding....

I have been involved in the development of a regional adolescent and child care centre... Our program encompassed not only medical and psychological services, but social, educational and vocational training as well. We launched this care service when drug abuse was beginning to be rampant... when these youngsters were labelled social outcasts... Our rewards have come in seeing these youngsters find themselves and settle into a society with its conflicting social and moral values....

It is gratifying and, at the same time, humbling to see a youngster return and begin to enjoy the security of a family unit,...to see a young man, who a few years ago was a ward of the courts involved in knifing incidents and a threat to many, now graduated from a university and working with us in the health care field....

I am indebted to my basic education which developed in me attributes of caring for others. It motivated me to participate in this special field of health care....

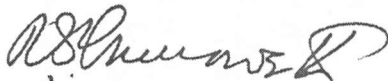
## T R I B U T E

Having practiced in Peterborough on the Medical Staff of St. Joseph's General Hospital for more than forty years, it is a privilege to be able to reflect on some of the changes that have occurred over that period. One of the most obvious is in the method of training of nurses and in the nursing care in our hospital, since the closing of our school of nursing in 1974.

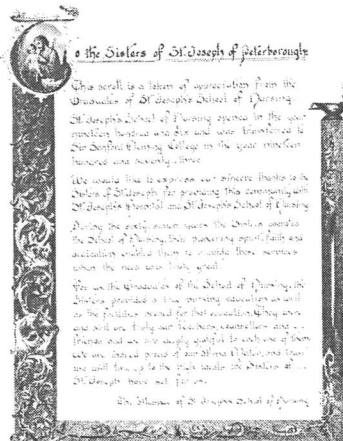
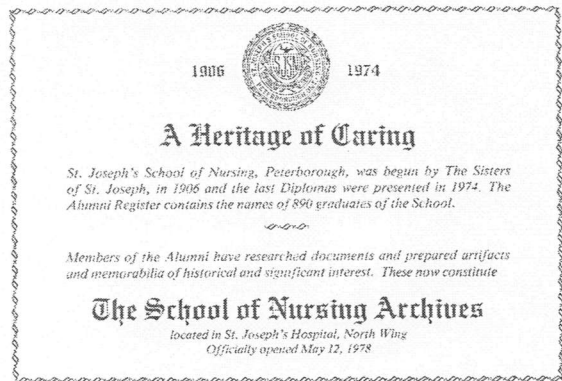
Since this occurred, the emphasis in the nurses' training shifted to the academic side. This has been sharply separated also from the practical experience acquired, which now has limited and defined periods of exposure to sick people in the hospital.

This change may have improved the academic training but the bonuses of the hospital school of nursing program are badly missed. It had provided the opportunity needed for continuity in nursing care, and a closer relationship between nurse and patient. The resultant empathy between the two, created, for the patients, an atmosphere of confidence and relaxation, with a corresponding improvement in their general condition. As an extra bonus, the nurses of St. Joseph's School of Nursing had invaluable experiences and responsibilities, looking after sick people in ways which do not exist outside a hospital school and therefore, will not be easy to obtain in any other way. In my opinion, the hospital school of nursing will be difficult to replace in supplying very knowledgeable and capable nurses.

July, 1981







**ANNUAL AWARDS TO GRADUATES IN DIPLOMA NURSING**  
**SIR SANDFORD FLEMING COLLEGE, PETERBOROUGH**

*The Sisters of St. Joseph's General Hospital Award*  
*The Sister Margaret McDonald Award*  
*The St. Joseph's General Hospital Medical Staff Award*





