



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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**On Call In The Heart Of The City  
100 Years of Resident and Intern Life at St. Michael's Hospital**

Source: Archives of the  
Sisters of St. Joseph of Toronto

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# On Call In The Heart Of The City

*100 Years  
of  
Resident  
and  
Intern Life  
at  
St. Michael's Hospital*



*Compiled and Edited by Dr. P.A. Kopplin*

## A BOY NAMED CHARLIE

Very early in the hospital's history, the following account of the plight of little Charlie Glover appeared in the Toronto Star.

### IS HORRIBLE!

**The Story that is Told by  
Little Charlie Glover.**

### ENTICED FROM HIS HOME.

**Brought all the Way From Campbelltown, N.B. to  
Toronto -- Taken to St. Michael's Hospital.**

"I hope you will catch him and hang him," were the last words of little Charlie Glover, a fourteen-year-old boy from Campbellton, N.B., Friday at St. Michael's Hospital.

These words were spoken to a News reporter and he had told a tale so thrilling, so terrible, so ghastly as almost to stagger the intelligence. Poor Oliver Twist's career amid thieves, robbers and murderers all over again in real life, or death which is hourly expected to come and relieve the poor little sufferer.

### **Too Horrible for Belief**

The story is so morbid that were it not a fact that absolute proof of all the child says is now in the hands of the detectives, but few would be found who would

credit the story.

Two days after Christmas last Charles Glover, alias McDermid, alias McCormick, alias Harris, was admitted to St. Michael's Hospital upon the order of Dr. Gregg.

### **The Lad Paralyzed with Fear**

Shortly after the lad was admitted, Dr. Dwyer, the house surgeon diagnosed the case and became suspicious. He found several bruises upon the boy and began to ask questions. The lad seemed paralyzed with fear and referred the medical man to a young man who accompanied him, stating that he was his elder brother. Dr Dwyer got answers from this person that were not satisfactory and proceeded to give a great deal of attention to the case. The boy continued to fail day after day and at last his right leg, where the bruises were noticed, began to actually decompose.

### **The Hip Bone Rotting Away**

The boy had been so badly abused, kicked and clubbed that the hip bone was rotting. The so called brother continued his visits until almost two weeks ago, since which time he has not been seen. Dr Dwyer having by this time gained the confidence and respect of the lad began to question him again. The result was that he sent for the detectives, and communicated with Mr. Wm. Glover, wholesale grocer, Campbellton, N.B. A reporter of the News saw the boy to-day and took down what may prove his ante-mortem statement as follows:

### **The Boy's Story of His Abduction**

"I was born at St. John, N.B., fourteen years ago. My



*Dr. Robert Dwyer and the First Interns — 1899*



father was Capt. Russell, who died when I was a baby. My mother moved to Moncton and afterwards to Campbellton, where she married Wm. Glover. Five years ago my mother and Mr. Glover, who then adopted me, gave me a good home. He has sent me to school ever since and in every way treated me as a good father. On April 6th last I was playing on the street with a lot of other boys when a man came along and talked for a while with us. He seemed to like me, and after a while he took me aside and asked me how I would like to go to a great city like Montreal or Toronto and go to the theatre, circuses and other places of amusement. I said I would like it very much. He seemed like a nice man and I went down to the station with him. We sat about there for a long time. He told me what beautiful things I would see if I went with him.

#### **Started from Home in a Box Car**

"At last a train going west came in about ten o'clock that night. He told me to jump into one of the box cars. He came after me. Then I got afraid and wanted to get out and go home but he would not let me. He kicked me back into the corner. At last the train started and we travelled along until morning when we got off at a small town, I don't remember the name. He made me beg for money in the town and threatened to kill me if I cried or told anybody that he was not my brother. After weeks at this kind of life, begging every day, sometimes jumping a train and sometimes walking on the track we arrived at

Montreal. Here he met some other man called 'The Rambler' and they began to make life a burden for me. They started to beat me so that I would look sick and expelled me to beg money from gentlemen on the streets. When I would get forty or fifty cents they would take it to the nearest saloon to drink... They never offered me anything... Then when I got ... home they would keep me up ... We used to sleep at the Salvation Army hostels, I did not get much rest, I always felt sick and tired. We came up to Toronto about Dec. 20 last, and I got that I could not stand. They put me in here. They were talking of battering my arms so as to make me look sore and sending me out to the streets to beg. They also intended putting my legs in braces to make them out of shape so kind gentlemen would pity me and give me money. Thank God I am safe from them at last. All I want to do now is to get well enough to go home to my father and mother. I hope you catch him and hang him.

#### **At the Point of Death**

The boy who related the above horrifying tale is lying at the point of death at St. Michael's Hospital. His hip is actually decomposing, the result of the horrible treatment he received.

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The elements of this story will have an eerie familiarity to every intern who has worked at St. Michael's. First there is the urgent admission to hospital. As the history and the physical examination are analyzed they do not corroborate one another. Then a painful account unravels of such chilling social abuse that one's entire value system suddenly feels inadequate.

Yet it is around such unique experiences woven into the daily hospital routine that clinical skills sharpen, close friendships develop and professional graces mature.

The diagnostician in this story is Dr. Robert J. Dwyer whose role, at the time of Charlie's admission, was somewhere between a British registrar, a modern day resident and an attending staff. He played an enormous role in the early development of the hospital as a teaching and caring institution, both as a clinician and administrator.

The newspaper article alludes to his ably cutting through the historical smokescreen surrounding Charlie. From all accounts, he was a masterful diagnostician.

An example of his skills is revealed in the hospital's records, which contain an apocryphal story told in several variations. The variation least offensive to former interns has the principal actor, an orderly by the name of Brady. (The tale has been told with the *dramatis persona* being an intern).

It seems that there was a patient well known to the hospital staff by the name of "Black Joe". The patient's nickname came about not because of his skin pigment but rather his skin colour which resulted from his work in a coal yard. Frequent admissions to the hospital led to his being seen as something of a fixture. Given his job, present day pundits would attribute his repetitive admissions to chronic lung disease.

One day while Dr. Dwyer was making his rounds, he found Black Joe dead. Dutifully he understood the legal pronouncement of Joe's demise.

A short time later, having left the floor, Dr. Dwyer ran into Brady and asked him to remove the body to the morgue. Brady, already "two sheets to the wind", was a little tardy in fulfilling his

obligation.

In the meantime, with an alacrity which would stun modern hospital personnel, the staff transported Black Joe to the morgue, changed the bed and tucked in a new patient.

Now Brady arrived with his trolley and began his attempts to move the "dead" patient. When vociferous objections were raised by the tenant in the bed, Brady told him to lie down, that "he was dead". Further loud debate ensued and Brady finally was forced to play his trump card "if Dr. Dwyer says you're dead, you're dead!"

Such was Dr. Dwyer's reputation as a diagnostician.

#### **DR. ROBERT JOSEPH DWYER**

Dr. Robert Joseph Dwyer was born in Brampton, Ontario in 1870, where he received his pre-university education. Very early in his schooling, his vocational goals must have pointed towards medicine. A classmate described him as liking "to have one or two human bones in his pockets" and to relate stories of securing "stiffs" by robbing graves or by other "indirect means".

In 1891 he graduated from the Toronto Medical School and a year later became the medical superintendent of the hospital. While a student, he had not been particularly challenged by the medical texts of the day but he had become fascinated by the work of one of Toronto's first pathologists, John Caven. Following Caven's lead, he spent many hours in post-mortem dissection learning his medicine from the mortuary.

In the early Park brothers' photographs, he is a lean man with a prominent shock of hair and a drooping mustache. He sits ensconced in the centre of nurses and interns, debonair in stove pipe pants, long jacket and elegant shoes. This central position symbol-



ized his influence on St. Michael's in its early years.

On July 18, 1900, he left for an extended trip to Europe that was to last for a year. He returned to Toronto in 1902 after winning degrees in Germany and an MRCP in London. His MRCP was unique as it was said there were only five in Canada and 13 in North America at the time.

He was fond of World War I history, biography, poetry and literature as well as being widely read in medicine. His hobbies were natural history, geology and Egyptology.

Once when Alderman Orr in the City Council challenged the integrity of the hospital, he rose crisply to its defence. At Council, the alderman argued that no city funds should be given to sectarian hospitals. Furthermore, he suggested that St. Michael's had no regular qualified medical attendant, that patients were not properly nursed, that no students were taught, that patients were kept after their recovery and given work to do, and finally, that the patients were not properly attended.

Like a great bedside teacher, he laid out his response in a succinct reply to the Globe:

First, I am a graduate of Toronto University, and a licensed practitioner, and I am and have been the resident medical superintendent of St. Michael's Hospital, dating from its inception. Second, we have a competent staff of nurses, while of their faithfulness and efficiency the staff and I are the best judges; and they are fully up to the standard. Third, the students of the Women's Medical College have had clinics all winter, and the same liberty has been

given to the Toronto University, a privilege which has been taken advantage of, as will be seen by the curriculum. Fourth, patients are not given work to do after being cured, any more than at the General hospital, where one of the printed rules is that convalescent patients must assist the nurses. The fifth charge may be characterized as entirely untrue. It is also insinuated that St. Michael's is a sectarian institution. Since the opening, 169 Protestant patients have been treated, and no distinction has ever been made between denominations. This does not savor of sectarianism. Dr. Orr further states that Dr. Sheard substantiated the above statements. From my knowledge of Dr. Sheard I will take the liberty of doubting this.

Dr. Dwyer died prematurely at the age of 50 on January 26, 1920. His illness had started with a dental infection and subsequently afflicted his heart. A year before his death, he had an episode of heart failure. In retrospect he appears to have succumbed to chronic bacterial endocarditis.

At the time of his death, the tributes were rich in their language. He was loved by the nursing staff and the Sisters as he had been very helpful in getting the nursing school established and devoted many hours to teaching the curriculum. He was held in extremely high regard by his peers as a diagnostician, both because of unusually extensive post-graduate studies and his innate acumen. Because he had a clear vision of the hospital as a partner with the university in medical teaching, he helped create the foundation for the hospital's future academic growth.

#### **HOUSE OFFICER LIFE - THE BEGINNING**

The intern and residency years are happy memories for most physicians. The long hours, shared meals, unusual patient encounters, communal fears and uncertainties forge lifelong friendships and create a rich mental

scrapbook. For almost the full hundred years of its existence, St. Michael's Hospital has trained interns and residents. These physicians have gone on to practice in all parts of Canada and the United States as well as Africa, India and South America. Collectively, they represent an interesting cross-section of Canadian medicine. Among them are some remarkable people.

The first group photograph of the house staff shows a distinguished and stylish group of men formally posed around a bear rug with the resident physician of the hospital, Dr. Robert Dwyer. The housestaff are graduates both of the University of Toronto Medical School and Trinity Medical School, an early Toronto medical school later folded into the University of Toronto in 1903.

### 1900-1910

The small house staff numbers remained stable through the first 10 years of the 20th century. According to Dr. Willinsky, a pioneer urologist in Toronto, internships were scarce in the city at that time, with graduates of the University of Toronto and Trinity competing for the few posts. Graduates from the Women's Medical College of Ontario found it more difficult because they were women.

While all the early intern photographs show only men, one of St. Michael's most famous housestaff was a woman. Carlotta Hacker, in her book, "The Indomitable Lady Doctors", describes Pearl Smith as the first woman intern in Canada. Canadian hospitals shunned lady doctors auspiciously because they were suspect as doctors and because they had no accommodation for women. The Sister's of St. Joseph, recognizing the foolishness of this position, used their influence to get Pearl Smith into their Toronto hospital. Their action may be viewed with even greater magnanimity because Dr. Smith was a Baptist. She later married Rev. Jessie Chute and spent 40 years in India at Akidu as a medical

missionary where she and her husband helped build the Star of Hope Baptist Hospital.

The Chutes raised five children, one of whom will be known to many Toronto graduates. Dr. Laurie Chute was a distinguished paediatric consultant, paediatrician-in-chief at the Hospital for Sick Children and from 1966 to 1973, Dean of the Faculty of Medicine.

As a result of her description in Carlotta Hacker's book, Pearl Smith Chute has become acknowledged as Canada's first woman intern. However, the hospital records show that there was a contemporary of Pearl Smith, recorded as Mary Callaghan McCarthy. No record of her subsequent career is available.

In this decade the organization of the hospital staff firmed up. There were two surgical services, the first headed up by Dr. I.H. Cameron (assisted by Dr. Frederick Uren) and the second by Dr. Walter McKeown. There were also two medical services, one headed by Dr. Dwyer, assisted by Dr. W.J. McCollom and the other by Dr. H.B. Anderson, Professor of Medicine at the Trinity Medical School, before its merger with Toronto in 1903.

The wards of the era, rather than being numbers or letters were quaintly named after saints. A stat call to the CCU in those days would be an urgent call to St. Aloysius, St. John, St. Anne or St. Rita. Why these particular saints were chosen remains a mystery.

### 1910-1920 - THE EARLY TECHNOLOGY ARRIVES

Many of the yearly housestaff photographs are missing in the decade from 1910 to 1920. One can speculate that the young graduates of the time were sent overseas during the Great War



and the intern group of 1920-21 look clearly older. Presumably they were men who had resumed medical careers after service in the Great War. Dr. Howard Lowrie entered the University of Toronto in 1914. An account of his life reveals how he worked at Eaton's delivering goods prior to entering medical school in the fall of 1916. Nudged into earlier responsibility because of the shortage of interns resulting from overseas service, he became a student doctor at St. Michael's later that year.

He had two years in the hospital rotating through the services described as diseases of women, maternity, surgery and medicine. His most vivid memories were serving as an house officer to Dr. D'Arcy Frawley whom he assisted at many operations. D'Arcy Frawley was a 1906 Toronto graduate who after interning at St. Michael's went to New York where he did post-graduate work in obstetrics. Afterwards he returned to Toronto and in 1916 he became the first head of obstetrics and gynaecology, remaining as the chief until 1947 when he retired.

As an intern, Dr. Lowrie spent six months in the Emergency. This had none of the trappings or melodrama of today's modern C-wing structure with all its high-tech equipment. It was just another room in the hospital with an extra drawer of dressings.

The emergency room was close to the entrance of the old Ryan wing. One of the hospital's earliest amateur historians, Dr. Malcolm Cameron, described it this way:

"Inside, this main entrance opened on a side hallway with a broad stairway at the southern end and opening into the old



*Dr. Pearl Smith Chute*



*Dr. Julian Loudon, a pioneer electrocardiographer and head physician from 1921 to 1945*

building at the north. Directly in front of it was the emergency room at the end of a wide passage about 15 feet long which passed the south end and the office on the north. Two wall telephones on the iron posts of the staff room served all purposes. Reverend Sister Julia ordered the groceries in the morning, John Atkinson, the janitor, answered inquiries and doctors received calls standing in the hallway with the bustle of the front door and the confusion of the staff room continuing to make telephone conversations a trial."

Interns of all eras will recognize this as the historic first description of "Locating."

Years later Dr. Lowrie recounted for his autobiographer an adventure shared by many generations of interns. Called by the nurses in the middle of the night, he arrived on the ward to find a man flailing wildly about in the throes of delirium tremens. His dramatic description of wrestling and finally sedating the man would characterize the experience of many interns, with only the sedative drug changing depending on the current pharmacologic fashion.

Another intern who worked for the hospital in this period was Louis Joseph Sebert. Dr. Sebert was born in Whitby, Ontario and his early formative schooling was in that area. He graduated from medical school in 1911.

As a student, he was a superb athlete and represented Canada in track at the 1908 Olympics in London, England. He went on to train in eye surgery in Europe and New York, and became the pioneer eye surgeon at St. Michael's, heading the department until his death in 1942.

In 1913, Dr. J.L. Mahoney, the father of Dr. Leo Mahoney, a general surgeon at St. Michael's for many years



and grandfather of Dr. Jim Mahoney, current head of the plastic surgery division, was an intern.

Dr. Esther Harrison and Dr. Florence Meader were two women who interned in this decade. Dr. Harrison later became the wife of Julian Loudon. As a woman she must have cut quite a swath in the city as she used to periodically smoke a cigar.

This decade saw a significant advance in technology at the hospital with the arrival of Canada's first electrocardiogram. Dr. Julian Loudon, returned from post-graduate training abroad in 1913. While in England, he had been exposed to the early work in electrocardiography. With the support of Dr. Dwyer, he lobbied the hospital board to purchase one of the early Cambridge Company instruments. In hindsight, the board's agreement seems extraordinarily visionary for such a small hospital. Unlike the compact design of today's machines, this startling apparatus occupied a whole room. It must have been a robust piece of equipment because Dr. H.G. Hall, a medical intern in 1929-30, remembers it behaving like a modern computer with a lot of "downtime".

The Obstetrics service, which had been growing, was relocated to three houses at the end of Bond Street on the site of the current A wing. The houses, perhaps anticipating the birthing centre idea of the eighties, were connected to the Ryan Wing by a passageway, in effect making them part of the hospital.

In 1912 St. Michael's installed its first X-ray machine in the basement. Interns were able to employ this modern technique. In the same year the presbytery part of the old church was pulled down and the first part of the famous D-Wing was built, raising the bed complement to 350.

### 1920-1930

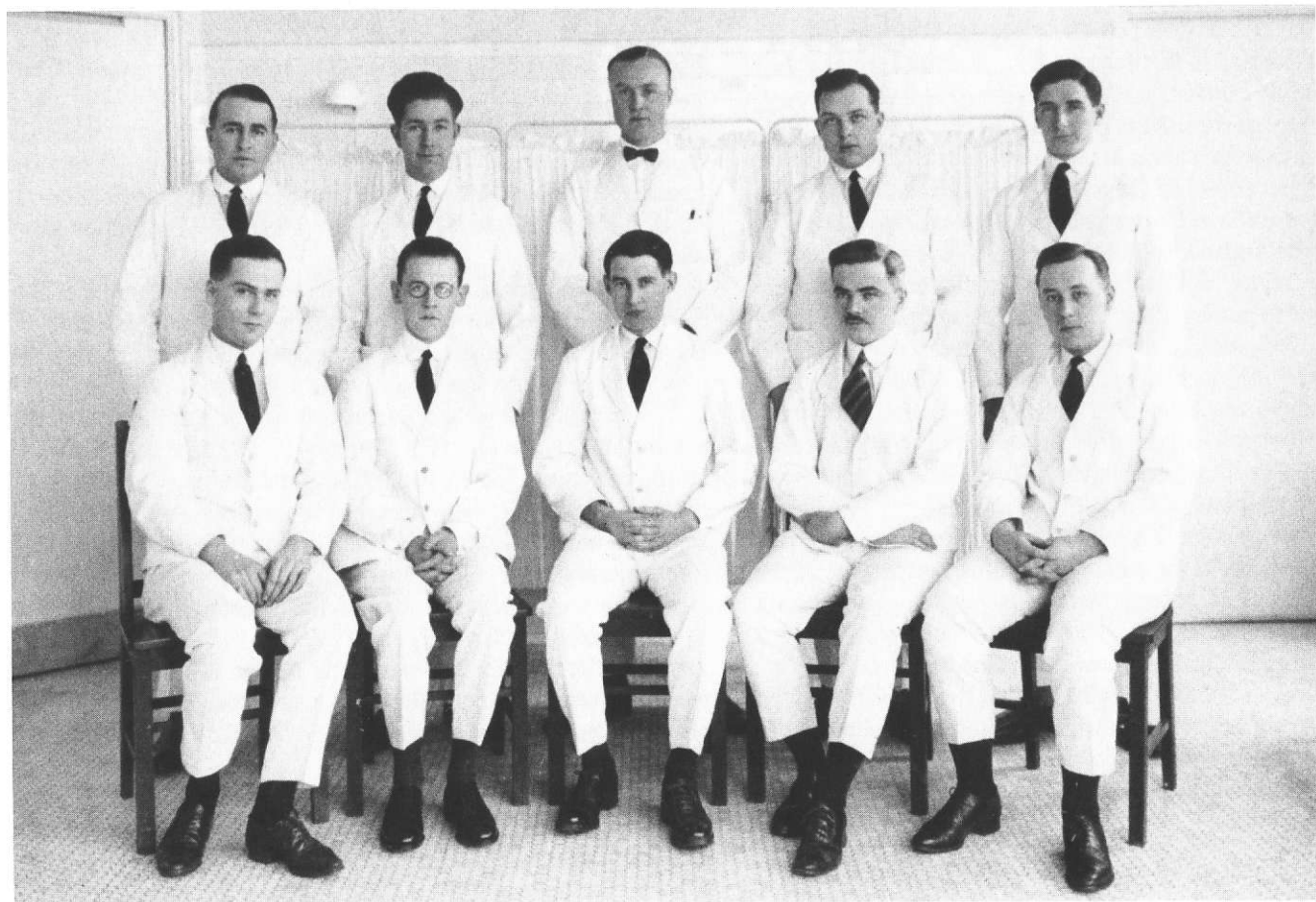
In the years following the Great War, the intern staff doubled in numbers and by 1930 there were 16 on the list. They lived in a house on Shuter Street where their meals were served to them. The interns wore white cotton uniforms, shirts and ties. Dr. Leslie Bier, who spent many distinguished years in Angola as a medical missionary, interned in 1927. He recalls coming to St. Mike's because his friend Heffering, a Catholic man with obvious Irish roots, had decided on the hospital. Their friendship drew him along.

He remembers that the interns were not paid but received free meals and free laundry. The principal rotations were through surgery, medicine, obstetrics, eye, ear, nose and throat, and emergency. He even had some opportunities for hands-on surgery.

In this decade, the intellectual life of the medical staff assumed more structure. On February 11, 1922 the St. Michael's Hospital Medical Society had its inaugural meeting. Members of the staff from all departments presented at these meetings which were held on Fridays at noon. These meetings were obviously the forerunners of today's Grand Rounds. Some of the topics presented made their way in written form into the Bulletin.

"The St. Michael's Hospital Medical Bulletin" was a small journal initiated by Dr. Julian Loudon and Dr. William Magner, a newly arrived pathologist from Ireland. It was published intermittently, beginning in August, 1922. The last edition was published in November, 1932.

The intern staff was encouraged to contribute and some did. Dr. Gordon Ross, an intern in 1924, wrote an article on the indications for insulin therapy, just one year after the landmark paper by Banting and Best in 1923. Despite this early foray into



*Intern group from the Twenties. Dr. Gordon Ross top right.*

the field of metabolism Dr. Ross later became an obstetrician and gynaecologist, and later practiced in California. On his death, he left the hospital a significant sum of money for a scholarship fund, acknowledging the influence of Sister Vincentia on the direction of his medical career.

Dr. Clay Bryan, who later became the head of Anesthesia and gave many years of service to the hospital, interned in 1924. He later recalled a unique way that interns had of adding to their income. Once graduated with an MD an intern had the privilege of writing prescriptions for medicinal alcohol. In the days of prohibition the term medicinal was of course broadly interpreted and prescriptions could be sold for two dollars. To the bereft intern this was a sum of some magnitude. While the privilege did not extend to an unlimited number, the newly-graduated interns quickly exercised their prescription writing privilege.

Physically, the hospital added five operating rooms on top of the D-Wing in 1921 and between 1926 and 1928 doubled its capacity with the addition of A, B and C wings. The new structures produced an expanded out-patient department as well as emergency, X-ray, laboratory and obstetrical facilities.

In the latter part of the decade, the residency hierarchy began to appear when the hospital hired senior residents in obstetrics, surgery, and medicine. The first resident in obstetrics was H.J. Shoniker in 1923-4. In 1926-7 the resident surgeon was Dr. J. McConville. The first chief resident in medicine was Dr. P.J. Murray in 1928-29.

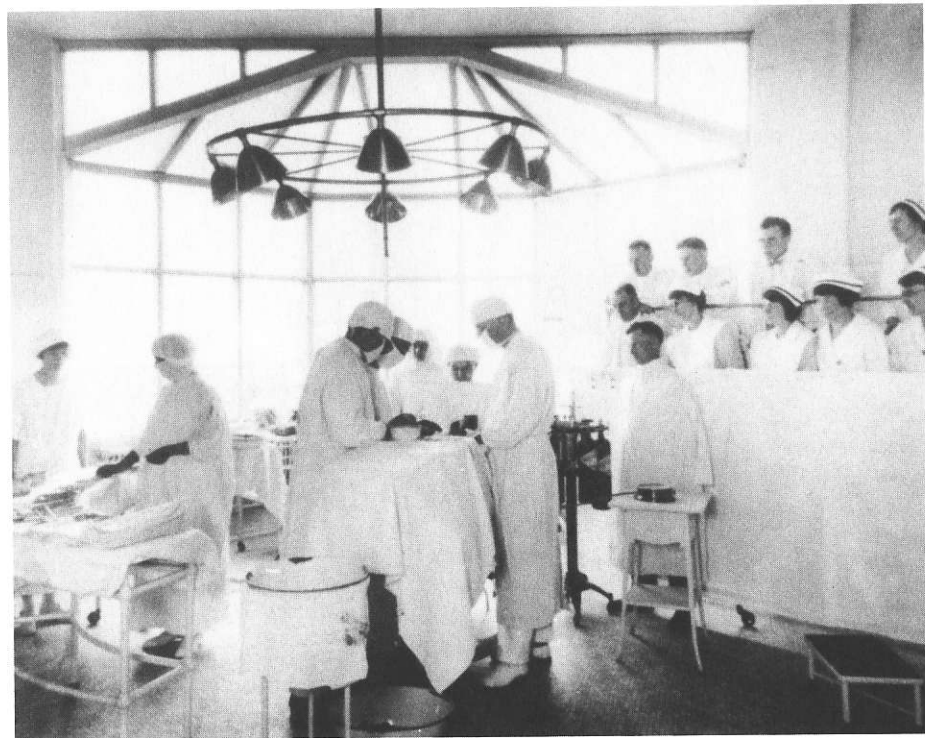
While in obstetrics medical names like Frawley, Noonan, and O'Leary were prominent for four decades, the supervisor of obstetrics and gynaecology, Sister Vincentia



*The Ambulance entrance in the Twenties*



had more direct influence on the nursing students and interns. She had a reputation for being thorough, perfectionistic, and tough. In her own words, it was all "a matter of good technique and cleanliness." The nurses and interns referred to her as "Beads" because of her rattling rosary, as she strode down the hall. While her high standards made some fear her, she was highly respected, particularly after one had been through her training programme.



*An operating room in the twenties with lots of onlookers.*

During her lifetime it was estimated that she supervised the birth of over 60,000 babies, and the training of many student nurses, not to mention innumerable interns.

She was also quite creative, designing a stainless steel crib, which during her era was regularly used. Its design was such that it was self-sufficient for each child, with storage space for bathing materials, clothing, and feeding equipment. It allowed the crib to be taken to the mother's room where a nurse could both give and teach infant care.

She was born in Toronto in 1888, but was raised in small-town Ontario. As a young woman she returned to Toronto to work in business but eventually switched into nursing, graduating from the St. Michael's Hospital School of Nursing in 1922. Following graduation she worked as a public health nurse in Cobalt and Timmins in northern Ontario. Eventually she returned to Toronto and entered the order of the Sisters of St. Joseph. In 1928 she joined the staff of St. Michael's Hospital, where her influence pervaded until 1956. The last 15 years of her life were apparently quite painful because of an illness, but she worked up until the last two years of her life. Dr. Ross dedicated his scholarship to this legendary woman.

### 1930-1940

The thirties saw the intern staff grow to twenty. The resident housestaff hierarchy was now well established and a senior resident in both medicine and surgery was employed every year. By 1937 there was a consistent senior intern in obstetrics as well. Dr. F.H. Steele, who later joined the staff as an otolaryngologist, appears to have been the first ENT resident in 1931-32.

Dr. Clare Day and Dr. Wilfred Smith, both of whom later became staff surgeons, were surgical residents in the late thirties.

In 1931, the medical service was reorganized into 3 units under the physician-in- chief, Julian Loudon. Unit 1 was headed up by Dr. Jabez Elliott, a nationally known expert in tuberculosis. This service had a distinct respirology flavour as two of the assistant physicians, E.A. Broughton and R.T. Smylie, were interested in chest diseases.

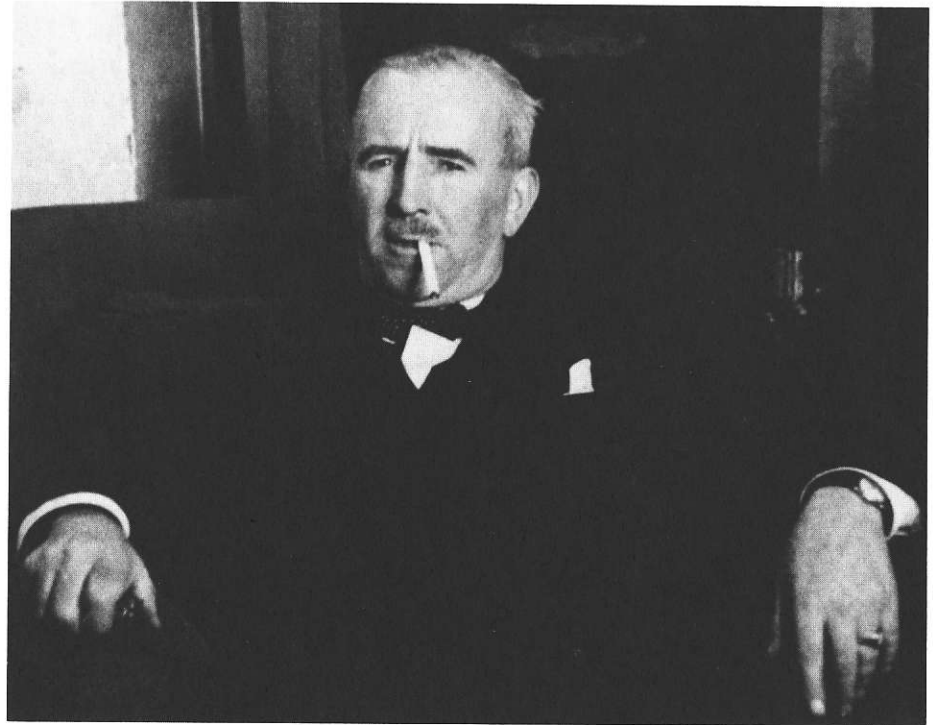
Dr. Elliott conducted a very popular Sunday morning teaching round which was well attended. He was expert in the physical diagnosis of the chest as well as conversant with the history of medicine.

Unit 2 was headed by A.J. MacKenzie and Unit 3 had Harris McPhedran as the physician in charge. This

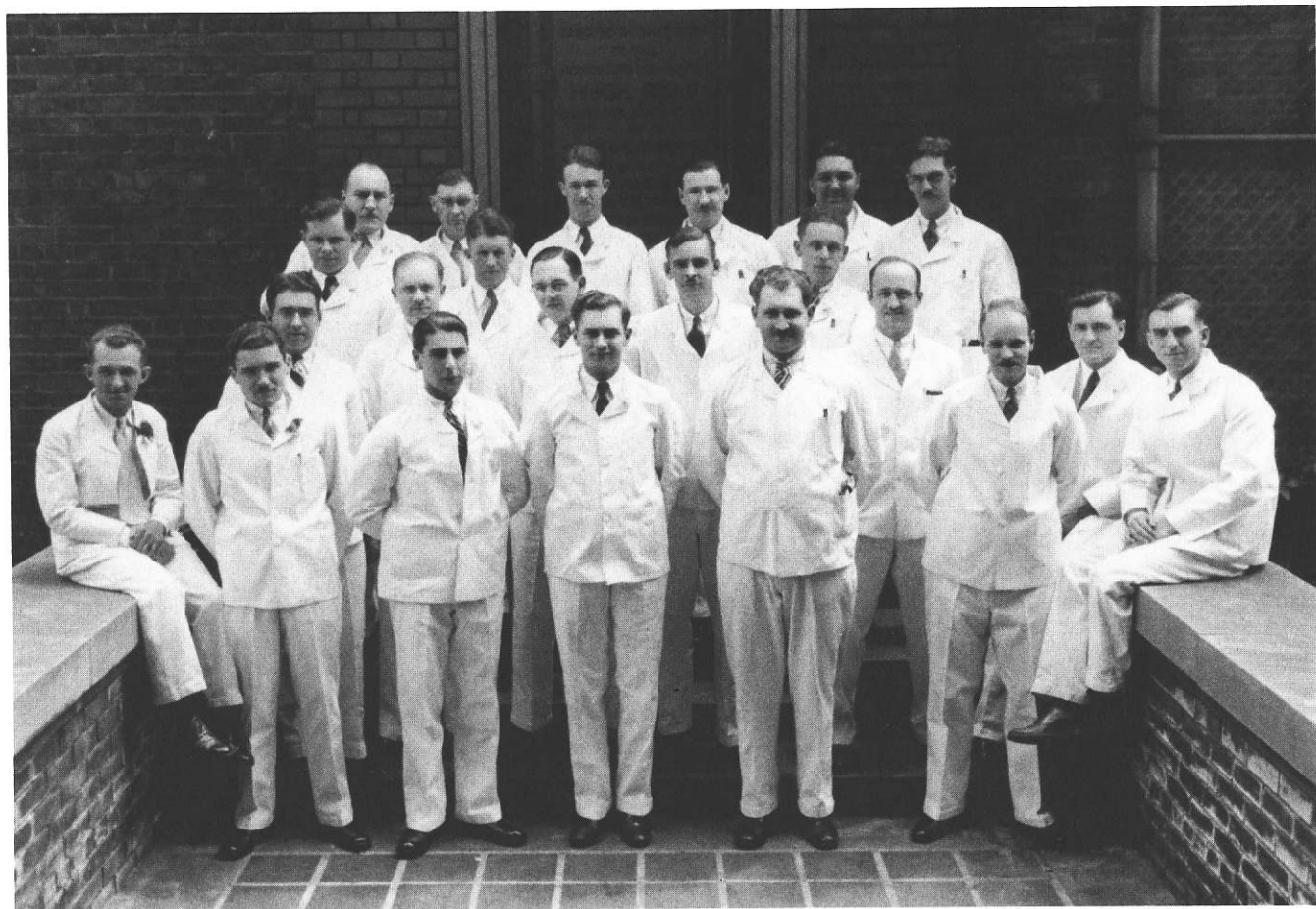
latter service was the forerunner of the modern cardiology service as Alfred Hagerman and D'arcy Prendergast, the assistant physicians, were both interested in heart disease.

Each unit looked after an equal number of public ward beds and were responsible for two days a week in the Medical Out-Patient Department (Saturday was a working day). Rounds were made once a week on each unit by Dr. Loudon, the chief physician.

A.J. MacKenzie, as described by Clay Bryan, was "big physically and mentally. He



*Dr. William Magner, a pathologist who was a strong intellectual force in the hospital in the twenties & thirties.*



*This intern group from the thirties are crisply turned out in their whites.*



was a good teacher and his clinics were well attended and popular". Because of a short brush cut, he was known by the housestaff as "von Hindenberg".

The dominant figure in surgery in the thirties was Dr. George Wilson. He succeeded Dr. Gideon Silverthorn in 1927, coming back to St. Michael's from the Toronto General where he was chief of emergency surgery.

He assigned different staff surgeons to operate in a specialized manner on the ward patients. Dr. Thomas Robinson, for example, was the acknowledged bowel surgeon.

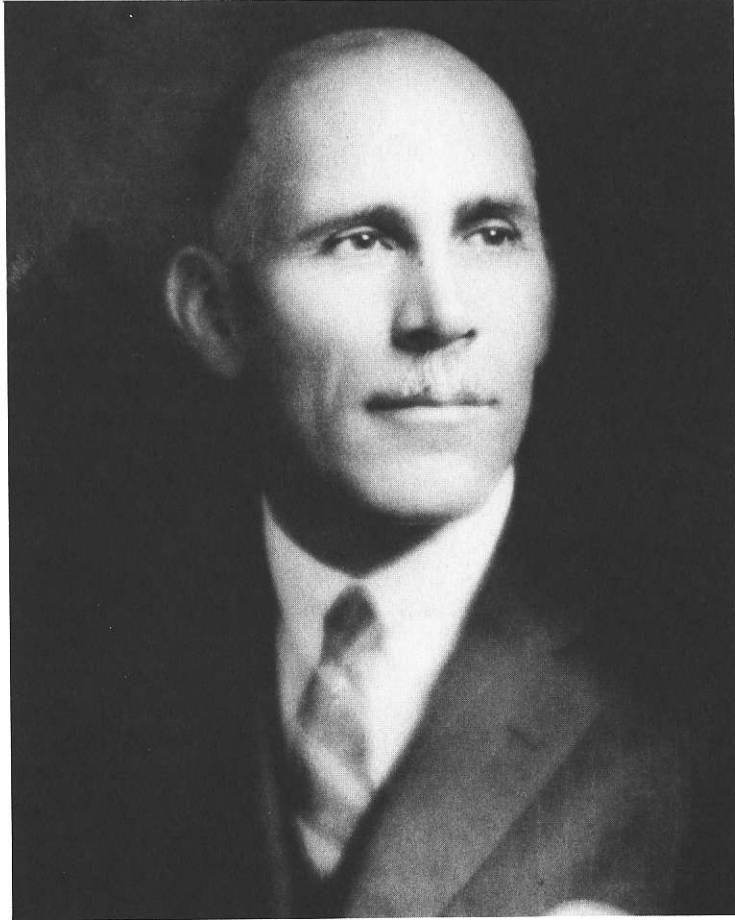
His own interests were in gastric surgery and fractures. He wrote a book on fractures which unhappily was not a success. The reason for its poor reception was unfortunate. Although the description of the fractures was accurate, his advice and treatment hinged on the use of fluoroscopy. The recognition of the dangers of fluoroscopy followed publication and the book became quickly outdated. Ironically, as a result of his own use of the fluoroscope, he developed serious scarring of his hands, requiring skin grafting.

### THE WAR YEARS AND AFTER

The decade from 1940-1950 brought many changes in the hospital at the same time as the country fought and recovered from the Second World War. The intern years in 1942 and 1943 were shortened to eight months as educational institutions sought to get more physicians overseas. The young graduates crammed their internship into eight months and left for service at the end. Many picked up their training afterwards but the war theatre itself



*Sister Vincentia with the bassinet she designed.*



*Dr. George Wilson, surgeon-in-chief during the thirties and forties*

was a unique training ground.

Jack Leddy, who had come from Saskatchewan to train with George Wilson in surgery, saw it as his duty to join the armed forces after a year of training. His daughter, Mary Jo Leddy in her book, Memories of War, Promises of Peace, describes how he wrestled and agonized over his decision as he worked on the wards. At the end of his training year in 1941 he signed up.

For the modern intern forced to intellectually plough through a staggering array of cephalosporin generations and aminoglycosides, an era without antibiotics is difficult to imagine. To this forties generation of interns, the introduction of antibiotics was obviously an exhilarating experience.

Dr. Gordon Bell, who had a distinguished Canadian career in addictions and later established the Bellwoods Hospital, interned at St. Michael's Hospital in 1943. In his memoirs he recalls working in the Emergency Department, sewing up the scratches and lacerations, and plastering the fractures of the downtown population who had too much to drink.

His autobiography still conveys the sense of excitement he had in being part of the care of a young woman with pneumococcal meningitis. Working together with Dr. Edward Brooks, who was later to become Chief of the Department of Medicine, he treated the young woman with a new sulphur drug. After being in a coma she went on to full recovery. This was the first case of successful treatment of pneumococcal meningitis at St. Michael's. Grace Murphy, who served the hospital for many years and whom many former interns and residents will remember, was the nursing supervisor on the floor.

Dr. R.H. Welch recalls a similar experience that he had while working at St. Michael's as an intern. A young man with



*Five future hospital staff are in this war time group of interns: E.S. Macdonald, A.L. Hudson, W.E. Hall, D.B. Moran, and K. McAskile.*



staphylococcal sepsis was deathly ill. Penicillin was then available only by a special arrangement.

Dr. Chester Keefe, a distinguished Boston physician was in charge of North American supplies. Each large teaching centre had a coordinator. In Toronto it was Nelles Silverthorne, an infectious disease expert at The Hospital For Sick Children. Faced with a desperately septic young man Bob Welch prevailed upon Dr. Silverthorne to come to the hospital. On seeing the patient he placed an immediate call to Boston from the hospital room. The well-known Toronto paediatrician was immediately transferred to Dr. Keefe. The penicillin was promptly dispatched and Bob Welch recalls padding down the hall in the small hours of the night to administer the brown sticky concoction. Unhappily, the young man did not survive, but more than forty years later Dr. Welch met the patient's sister in the A Wing. They both recalled those tense hours attempting to save her brother's life.

While the contemporary intern and resident are struck by the beauty in the accuracy of the modern diagnostic equipment, it must have been a thrill for the men and women of that era to be part of the introduction of therapeutic agents which now are so widely available, but then must have seemed miraculous as they turned back diseases which until that time left the treating physician at their mercy.

Although the interns of this era were given room and board, they still were not officially paid. Life was simple and parties were never extravagant, but the camaraderie was rich and the work stimulating. Towards the end of this decade the interns received a Christmas bonus.

The sisters had a unique way of distributing the Christmas bonus. Each intern was handed what in those days was called a "flat fifty". This was a thin metal case, decorated with the different

cigarette companies' motifs, and filled with cigarettes. While it is difficult now to visualize a package of cigarettes as a gift to a physician, in this decade it was a gift with considerable cachet.

The lean and lanky Arthur Dunn, later head of Anesthesia, was a committed non-smoker. Shortly after receiving his gift he was heading up to the out-patient department on the second floor of the old C Wing. In a gesture typifying the spirit of the season, he offered his "flat fifty" to one of the nearby Shuter Street residents so well known to St. Michael's interns. Unknown to Art, each "flat fifty" contained a real fifty dollar bill. Art's grizzled Shuter Street friend thereafter often sought him out asking if he had any more of those cigarettes to give away. While Art missed out on his, the intern's salary had finally begun.

The relationship of the interns with the Sisters who ran the hospital can be described as ambivalent (although ambivalent does not capture all the nuances). In many ways the Sisters viewed the young interns (mostly men) as their responsibility. The orderly work of the hospital depended on them but at the same time, they often must have seemed like "loose cannons."

Sister Zephyrinus had a sharp eye for any escapades, and the interns were guarded in their actions when she was on duty. They referred to her as "the Mighty Atom". On one particular evening a small party was planned by the off-duty staff. The liquid refreshment would have to be brought in past Sister Zephyrinus' office which was on the main floor near the Emergency entrance.

Bob Welch was elected to courier the ill-fated bottles of beer past the eagle-eyed Sister. Sensing trouble, the wily Dr. Welch loaded the several dozen bottles onto a stretcher and neatly covered them with sheets. Exactly what this apparition was intended to represent was not clear, but as he innocently rolled his "patient"

down the hall, the "Mighty Atom" emerged from her office. Her inquiries were met with blank indifference until she rolled back the sheets and discovered the contraband beer.

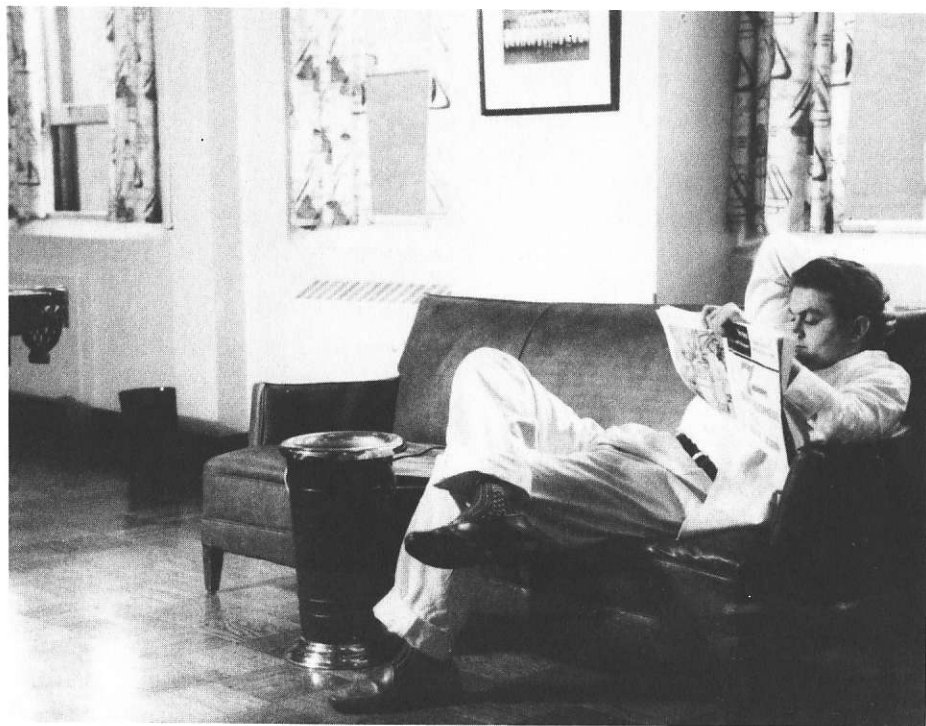
Assuming the role of quartermaster she confiscated most of her pillage and sent the astonished Bob Welch back to the interns' quarters with twelve bottles. The latter allowed for each reveller to have half a bottle and was felt by the Sister to be quite sufficient. The record does not say whether a good time was had by all.

On the other hand, the Sisters' quiet concern for the junior physicians can be seen in the "tapioca escapade." It seems that at one noontime meal a group of interns were eating in their special dining room. For reasons unknown, a bun was tossed innocently across the room. An increasing volley of buns began to be hurled. As the remaining ingredients of the lunch quickly evaporated into the air there remained only the dessert of the day as ammunition. Soon the creamy tapioca was on the walls, the floors and the ceiling. The meal finished, the interns returned to their work.

The following day Bob Welch, now the chief resident, was summoned to the office of Sister Zephyrinus. Fearing the

worst, the intrepid Dr. Welch eased himself politely into the "mighty atom's" office. Looking the dashing young resident straight in the eye she asked, "Was there something wrong with the taste of the tapioca?"

Every generation of interns and residents seem to develop a favourite spot nearby but outside the confines of the hospital. For the housestaff of the forties it was the Elliott House.



*The old interns' lounge in the A-South Wing. Note the corner of the old pool table.*

From 1942 to 1947 Roy and Gladys Watson owned and ran the hotel. They were very kind to the housestaff of St. Michael's.

This relationship began on a very cold night filled with freezing rain and snow. Two interns and a hospital caretaker stood outside the Elliott House, hoping to be let in for a drink. In those days, because of rationing, the sale of beer had to be cut off late in the evening, in order that the hotel could open the following day. It was Mr. Watson's custom



*Old D-Wing ward rooms.*

to go out and speak to customers who were not let in. On meeting this motley trio, he felt so sorry for them that he invited them into his office for a drink.

As a result of this encounter, the Watsons set aside a special room for the St. Mike's housestaff. They furnished it with easy chairs and a large refrigerator, which they kept well stocked. The interns, most of whom lived in the hospital and had little time off, saw this as an oasis in their busy lives - a place to unwind, relax and talk through the tensions of intern life. The parties were strictly bachelor ones as young women were not allowed into the drinking section of the hotel.

Liquor was rationed during World War II and the house staff were not immune to the regulations. The happy war-time camaraderie among the interns found the lighter drinkers among the group leaving their allotment for their thirstier colleagues.

Quite a close relationship developed between the hospital and the hotel in the forties. The sisters would often telephone the hotel staff to reserve accommodation for patients coming to Toronto for surgery or other types of treatment. The hotel was secure and reasonably priced for patients and their accompanying families.



Mrs. Watson also recalls her husband being called upon to deliver "soda beer". Apparently soda beer enjoyed a reputation as an antiemetic and on occasion, a sister would telephone a request for soda beer in order to treat a patient with protracted vomiting. Mr. Watson was always willing to oblige and delivered the soda beer himself.

Mrs. Watson, now living in East York, still remembers interns like Cy Hughes, Jack Sullivan, Bill Metzler and Gordon Chambers. Dr. Chamber's wife, Margaret, trained as an anesthetist at St. Michael's and also lived at the hotel.

Even Paddy Beirne — later to become Head of the Obstetrics and Gynecology Department — when he first arrived in Toronto in 1948, got off the train at the Union Station, walked up to the hospital and not long afterwards was taken to the Elliott House for his introduction to the big city life of the St. Mike's housestaff.

The Watson's sold the hotel in 1947 and moved temporarily from Toronto. The lovely Victorian structure has long been torn down, leaving only a legacy of memories for the interns of the forties.

## THE FIFTIES

The fifties was an interesting decade. The internship at the hospital enjoyed a pedestrian reputation. Among the interns were a number of names who later became the core of the academic staff: Physicians Ken Butler, Ed Prokipchuk and Hal Fields, and surgeons John MacDonald, Bill Kerr and John Evans all cut their medical teeth at the hospital. Others from this era who left teaching hospital life made significant contributions to medical care in



*The Elliott House, a refuge for the interns of the forties. It stood on the south west corner of Church and Shuter streets.*

Ontario and Canada, such as Jim Anderson, one of the founding professors of the McMaster Medical School.

The interns lived on the second floor in the A-Wing and the residents on the third floor. The hours were long and the call schedule was every second night and every second weekend. The dress was the traditional white ducks with a shirt and tie. The snappy dressers added a matching pair of white shoes but, as seen in the 1955 picture, this was not universal.

The curiously double-edged relationship of the Sisters with the housestaff has already been mentioned. Anecdotes from the fifties confirm the ongoing emotional dance. Even the no-nonsense reputation of the famous Sister Vincentia softened one day in the early fifties.

It was a sweltering humid Toronto July afternoon in 1954. Rik Nishikawa and Bill Ainslie were tucked in the call room on the 7th floor obstetrical unit in the old C- Wing. Without air-conditioning the heat was insufferable. The cold water faucet of the nearby sink was dripping languidly over half a dozen bottles of slowly cooling beer, surrounded by four cubes of ice.

As visions of temporary distraction from the heat danced in their minds, Sister Vincentia burst through the call room door searching for something. Her glance chanced upon the still tepid beer. Without a word, she stalked out.

Before the two interns could bemoan their impending fate, she returned with a huge container of ice and poured it over the bottles in the sink. Her only comment was that it would not get cool any other way. After all it was a matter of "good technique".

In 1954 two macho interns, John Evans and Allen "Smitty" Smith, were called from their beds by the night sister. In the days when the Sisters wore habits the night sister in her white habit and

veil was a physical presence of some significance, as she drifted silently through the darkened halls. She also had absolute power at night and, after midnight, all nursing station calls to the housestaff were channeled through her. On this particular evening, the two young men were a bit testy with her after being summoned from their room to handle some pressing medical needs.

On their return from their medical mission they were unwinding in their quarters when a white arm reached silently around the door. No words were exchanged — only a snifter of brandy.

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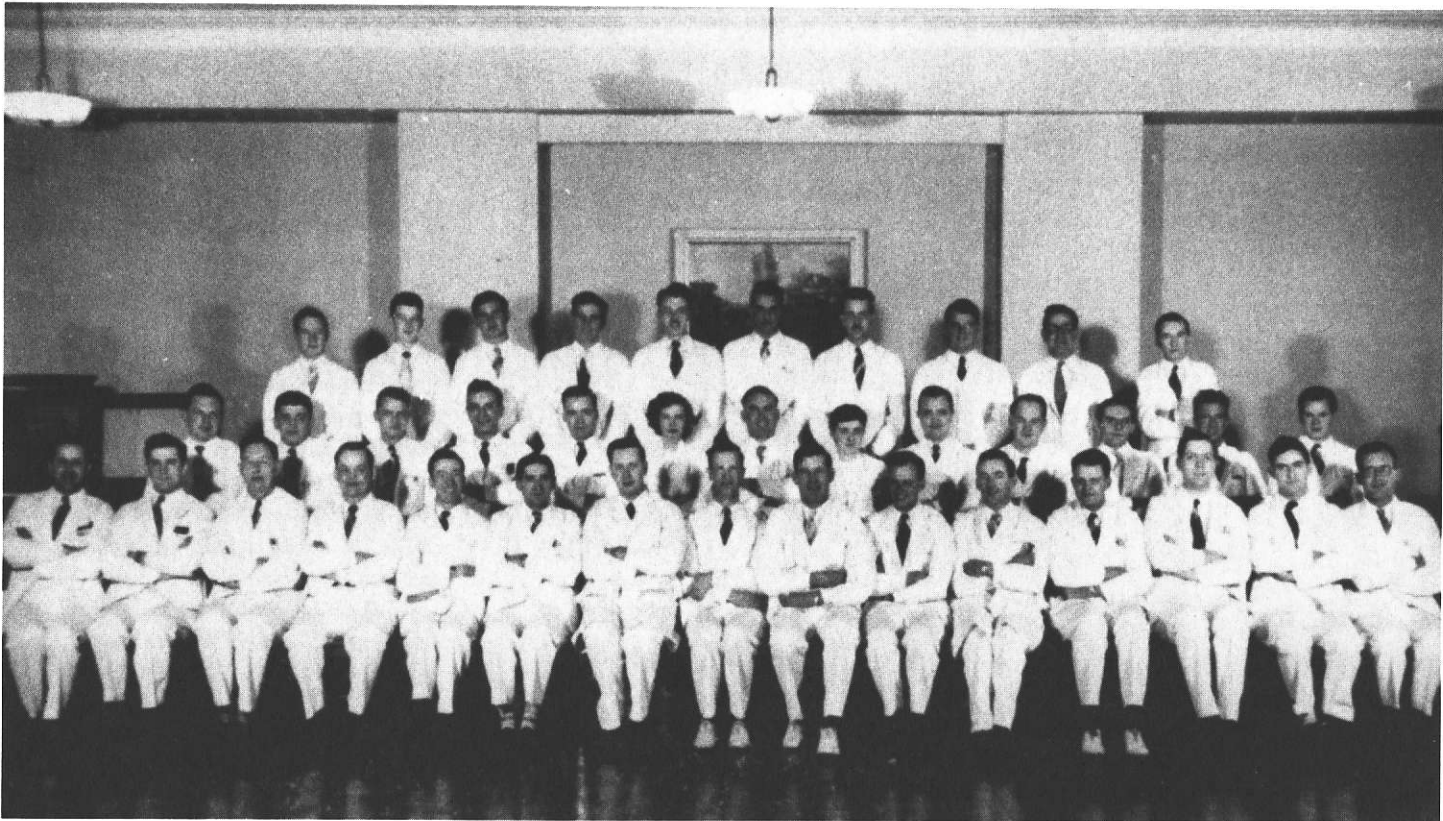
*Dr. Zdenek Sidney Prucha is a family physician, who graduated in 1952 from the University of Toronto and then interned in St. Michael's Hospital. The following article is a modified chapter from his unpublished book, **The Sport of Living**.*

## **MY INTERNSHIP FORTY YEARS AGO IN SMH**

Internship used to be an old-fashioned apprenticeship in medicine. Hospitals hired the new doctors to do all the work and be taught the practical aspects of the profession, in exchange for room and board. Each of us eagerly signed a contract with one of the teaching hospitals.

With the unionization, social welfare and conscience of today, things have changed considerably, and the green interns nowadays are receiving substantial salaries.

When I entered St. Michael's Hospital after obtaining an M.D. degree from the University of Toronto in June of 1952, I expected to stay penniless for another year and escalate my debt to my brother Carl even higher, by asking him for pocket money. To avoid that, and with great interest, I accepted the additional



*The second row of these interns of the fifties has two future department heads: Joe marotta and Paddy Beirne*

duty, of staffing the blood bank at night, for \$50 a year.

Our training was well organized. We, the junior interns were rotated every two or three months into the services of different specialities, such as surgery, internal medicine, obstetrics and gynecology, and anesthesia.

Interested and learning fast, we were taught to handle stress and became workaholics. We worked day and night, grabbing short periods of deep, exhausted sleep in between,



*Friday night in the old Emerg*

with a very occasional half-day or day off. It didn't bother me. I had nothing better to do, and had no other interests that year. I felt sorry for friends who did. My room-mate, a war veteran and classmate, had daily phone conversations with his beloved wife and children, begging them for another year of hardship, absence and patience. When his wife unloaded on him some problems of her own or when his child was sick with a cold, the poor man couldn't sleep and was reassuring his wife in a whispered voice (I was sleeping) on the phone.

Every day was packed for us and with only a few possible shortcuts we could barely finish it. Working in internal medicine, you had to give all that day's admitted patients a thorough, complete physical examination, write a ten-page, minutely detailed history, offer a differential diagnosis, order laboratory tests and X-rays and prescribe the medication. And there might have been ten new admissions that day!

Then a senior intern would come after you, trying to find what you had done wrong, or missed, and adding his bits to the chart. You also had to follow the progress of patients admitted on previous days.

The work was supervised by the resident intern of each individual staff doctor, and when these were making their daily



rounds and dispensing their wisdom and experience to the ascending echelon of junior, senior and resident interns, you had to answer every question or suggestion.

Your goal was to do such complete and brilliant work on each and every patient, that none of the doctors above you would be able to add one iota to your treatment. But that was hardly possible, because of your lack of time, knowledge and experience. The question was how much you had missed, or what mistake you had made, and how serious it was. That was how the speed of learning and quality of interns was judged and how much trust we gained. You also would find out which of the specialties you liked and would prefer in your future.

The nobility and complexity of internal medicine, the solution of problems and the diagnosis, attracted me the most. Doctors W.E. Hall, Eddie Brooks, J.K. Wilson, Adrian Anglin, Don Moran, Paul O'Sullivan, and Alick Little became my idols and masters. I was obsessed with all aspects of healing and was thrilled when I found the admission diagnosis wrong or discovered an additional disorder.

Called by the nurses whenever the patient had a complaint or got worse, junior interns were busy on the wards day and

night. We were the lowest but most accessible healers on the totem pole and had to earn our spurs. We could learn from the experienced, mostly sweet and dedicated nurses, from the hospital library and from discussions with all other doctors.

It had always amazed me how most staff doctors enjoyed their profession, how they loved the medical talk and would share their knowledge and experience, without arrogance or condescension. How gratified they felt with each successful step of their own or of those



*A surgical ward in D-Wing*



*Dr. Keith Welsh, Chief Surgeon 1948 - 1968.*

whom they taught. I was proud of quickly becoming a member of that fraternity.

I enjoyed the glory and fearless interventions of surgery and life in the operating room. The surgeons were an admirable bunch, each with a different personality, a self-confident and friendly, though rather pompous breed with fast, flip, witty tongues. Doctors Paul McGoey, Keith Welsh, W.D. Smith, Leo Mahoney were my heroes, along with Bill Horsey and Tommy Russell.

I felt at ease in the hustling, packed Emergency and Outpatients department, where, besides the true emergency cases, the old, indigent, derelicts and and alcoholics were seeking help - mostly free. Downtown St. Mike's was best known for its work with the street people and the down-trodden.

Besides the happy clientele of private obstetricians, SMH was providing excellent care to the large number of indigent and single pregnant women. Assisting the staff obstetricians, Drs. Jerry Solmes, Paddy Beirne, Stu MacDonald and Larry Swales, I gained confidence and learned the ropes about delivering babies. It was a thrill of my life to be able to bring a new life into this imperfect world.

The hospital was run by the Sisters of St. Joseph and they were all sweet and compassionate to everyone. In that spirit, they also ran their Nursing School. Their nurses had been drilled in Christian virtues, though their young femininity kept charming the interns in every room. Being tempted every day, I was too financially broke and too involved in medicine to start any dating or deeper involvement at that time, though a friendly camaraderie, social play

and flirting with the young nurses was the spice of life on hold.

When the nuns discovered that I was a Catholic, though not an eager church-goer, and that I had come from the same city as their adored Infant Jesus of Prague, they tried to match me with some of their nurses (I succumbed later) and started to treat me as one of their own. Yet I did not want to become some great pious pretender, and somehow resented the religious division of society, even though friendly and advantageous. I was an egalitarian and did not want to become a "Catholic Doctor" anymore than I would favour for my haircut a "Catholic barber."

While enjoying all specialties and the variety of my junior rotating internship, I wanted to embrace the total field of medicine, decided on general practice for my future and was itching to be on my own.

I even started to acquire a few of my own private patients, which was unusual for a junior intern. It started in the O.P.D., where an old Chinese alcoholic with cirrhosis of the liver came regularly to have his ascitic fluid trepanned from his swollen abdomen. In spite of frequent admissions he had increasing difficulty in walking, and one day gave me the menu of a nearby Chinese restaurant where he lived and

worked. I agreed to come every few weeks and treat him, and gave him on a hospital prescription pad my name as doctor and junior intern, so he would be able to reach me on the phone, through locating.

I remember, like today, the two of us in the back room of a posh Chinese restaurant, sitting in chairs, facing each other with an imitation Chinese Ming vase between us on the floor. I inserted a sharp trocar (borrowed from the hospital) through the wall of his



*Laboratory staff in the 1950's*

ballooning belly and through rubber tubing drained several pints of yellow fluid into the vase. With relief and many thanks he gave me a five dollar bill and a bag of fruit. I went there many times and he introduced me to his gentlemanly brother, the owner of the establishment, who treated me with great respect and gratitude. Often I examined and treated other employees for minor illnesses, and through word of mouth became a visiting physician to a few other businesses downtown. I was always generously paid without asking.

In some other ways, I gathered a small group of faithful, private patients, which not only gave me modest pocket money, but allowed me to buy a new suit. That's another peculiar story - my memory seems to be full of those. A number of pleased patients I had treated with interest as a junior intern in St. Michael's Hospital sought and found me later in my own brand new office and formed the seed of my growing clientele.

University of Toronto, the staff clinicians and my voracious reading of medical books and journals taught me the science of medicine. In St. Mike's I learned the art of medicine, the love of it, the compassion for suffering people and experienced the rewarding sense of being able to help. This, by far, gave me more satisfaction than all the financial security my chosen profession gave me in years to come.

## THE SIXTIES

The substance of the hospital began to change in this decade. Money became more available for geographic full-time staff especially in medicine. Ed Prokipchuk returned from Johns Hopkins in Baltimore and joined Paul O'Sullivan in gastroenterology. Henry Berry returned from England to take up a full-time position in Neurology.

Surgery was well differentiated into general surgery, orthopaedics, neurosurgery, urology and plastics. Clare Baker was beginning

to limit himself to cardiac surgery as cardiac valve surgery became possible.

The Sullivan, McKaskile, Smith team were operating on hard of hearing ears from across Canada and interns of this era will remember admitting dozens of patients with otosclerosis during their ENT rotation.

Michael Shea arrived from Boston in 1958 with skills in retinal surgery previously not available at St. Michael's Hospital. He joined R.J.C. Kelly, Bill Callahan and Bill Hunter to form a strong nucleus in ophthalmology.

Obstetrics, after many years in the old C-Wing, moved to modern facilities in the new F-Wing. The newer OB men were Tony Cecutti, Jimmy Sorbara and Paddy Beirne.

Arthur Doyle was the head of psychiatry and among his staff was David Lewis, perhaps one of the most interesting if not eccentric psychiatrists in the hospital's history. Bubbling over with ideas, he was always someone to whom it was interesting to listen.

For the interns, the food, the white outfits and the laundry were still free. The adventuresome could throw in their own underwear if they were willing to chance its recovery. The famous barber style collars were in. The salaries were in the range of 2-3000 dollars per annum. The intern quarters were still on 2AS until 1967 when they moved to the newly opened F-Wing. A common room housed a television, a pool table and a coke machine.

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*Dr. Florian Matsalla, now an otolaryngologist in Barrie, remembers 1960-61 as a fabulous year. The hospital was a "great place with great people".*



## MEMOIRS OF A ROTATING JUNIOR INTERN AT ST. MICHAEL'S HOSPITAL - 1960-61

by Dr. Florian Matsalla

The hours were long and the work hard, but strong memories were forged.

Among the memorable people of that era were Miss Buck, the iron woman of the Emerg, and Miss Berger, who was obstetrics at St. Michael's. The Junior Interns knew it, the student nurses knew it and so did the obstetricians.

Dr. Paul McGoey was the "great white father" of orthopedics with a trail of followers including Dr. John Evans. The chief of surgery was the unflappable Dr. Keith Welsh. The loud Senator Joe Sullivan, a world renowned otologist and former Olympic goalie, was head of ear, nose, and throat. He remembers the suave Dr. Tom Russell, the nice Dr. Anglin and the pipe-smoking Dr. Horsey. These people were only some of many that gave St. Michael's pride in their tradition.

So where was the fun? The carpets were rolled up every weekend, parties were always available in hospital and out of hospital. Laundry cart races down the hall were occasionally evening entertainment. I remember one particular evening with Paul Pannabaker in one of them, and Bill Harvey in another. The carts came down the hallway reaching for the finish line. Obstructions in the way were loosened and soon the fire hoses were out, and the hallway was two inches in water. Everything was wet, including the night Sister. Sister Dorothy could be heard muttering, "Will they ever grow up? And they are going to be out in practice next year!!"

At 7 a.m. the next morning, everything was still wet. The



A Tom Munro cartoon of Ralph Scandiffio working in the Emerg in '66-67



*Dr. Edward Brooks, physician-in-chief through the fifties and sixties.*

hoses were hanging out the second storey windows and Aspirin was being downed for headaches. However, everyone was off to the OR to hang on to a dever, dozing periodically until such time that Dr. Clare Day rapped you on the knuckles. Why do we have to do this, and never do it again, and be paid a \$100.00 a month?

Among my reminiscences of this era are the night Dr. McGoey tore the wall down for a new fracture clinic room because the Sisters would not give him the room he needed; or the morning he walked out in his shorts in the OR because the Sisters ran out of uniforms; or the night he played hockey with the interns, and threw a punch at an unusually pesky intern. To all, he was a great guy and a great surgeon with unusual teaching skills and a 30-second examination of the upper extremities that no one forgets.

Then there was the morning that a rectal glove appeared on St. Michael's outstretched finger in the lobby, that was done purely in fun. He was our patron and we loved St. Michael.

The day after Halloween, a hooded gunman walked into St. Michael's? Unfortunately this fellow was for real. He was looking for Dr. MacKenzie in the VD clinic, but shot Dr. George O'Callahan who fortunately recovered.

There was also the night a drunk in Emergency (and there were a few at St. Michael's) who woke up to the vision of Sister De Sales in her white habit. He blurted, "Jesus Christ, I must be in heaven, there's the Blessed Virgin Mary."

Duty was foremost in our mind and a priority. On-call 24 hours every second day, every second weekend, and 52 weeks of the year. So that you wouldn't be bored, a three

month rotation in Emergency; first day on 8 hours, second day on 16 hours, third day on 24 hours, and then 24 hours off. Try that for three months at \$100.00 per month. It was the best experience of our rotation and the best practical preparation for the practice of medicine.

As a rotating Junior, an appendectomy was the ultimate in surgery. Arnie Arai, your assistant senior resident in surgery, believes in adequate exposure and guides you to a liberal incision. Dr. Clare Baker saunters in and says "did your knife slip?" You have been built up to the pinnacle of surgical achievement and immediately sliced off by a verbal blow. That's the way it was.

Dr. Joe Marotta, Dr. Tony Cecutti, Dr. Bill Hall, and others - teachers supreme.

It is with great pride and a warm smile that jogs my memory to have that privilege to be associated with those people in that place.

## THE GREAT BEER MACHINE CAPER

By Jim Paupst

Actually what got us into trouble was just a game. The "us" a cohort of 1962 St. Michael's Hospital interns.

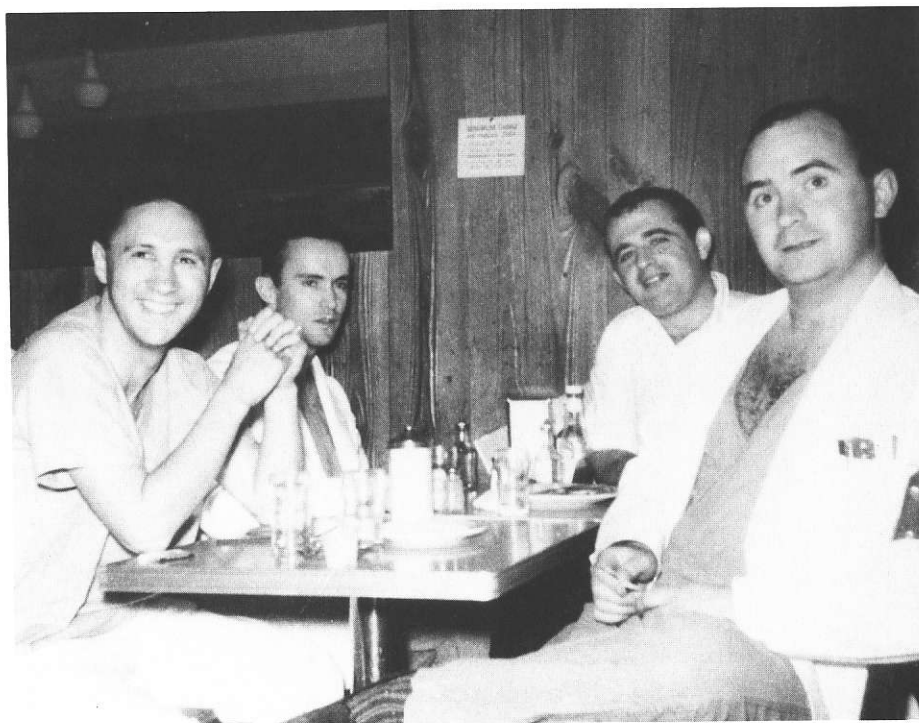
This "trouble" happened, of course, many heartburns ago. By a pure, leaping arc of



*The front desk of the Emergency Department in the early sixties.*

memory, the details of this incident have been recalled with chilling clarity.

Interning in the early sixties meant operating in an emotional forcefield of dynamic tension. This tension was generated by suddenly having to make decisions that would affect others. Yet, we were still young, still pursued bliss, often in the form of antic behaviour. Our lives seemed to be caught up in a series of contradictions. To be on call in Emergency for 12 hours, and then to escape into a mode best expressed as relaxing,



*Lunch at the Spur with a group of sixties interns.*

releasing and rejoicing, was a significant contradiction.

It was this spirit of play that led us towards a fateful game which could only be played at midnight.

Anton Chekhov wrote, "When a man is born, he can choose one of three roads. There are no others. If he takes the road to the right, the wolves will eat him up. If he takes the road to the left, he will eat up the wolves. And if he takes the road straight ahead of him, he will eat himself up."

We were on the brink of taking the road straight ahead, and having our lives fall around us like so many dropped trays.

It was just a game, gloriously pointless in itself, but it was the consequences of this game that had such impact.

In The Culture of Narcissism, Christopher Lasch observed, "Among the activities through which men seek release from everyday life, games offer in many ways the purest form of escape. Like sex, drugs and drinking, they obliterate awareness of everyday reality. They do this, not by dimming awareness, but by raising it to a new intensity of concentration."

Games, then, simultaneously satisfy the need for free fantasy and the search for gratuitous difficulty; they combine child-



like exuberance with deliberately created complications.

We interns had childlike exuberance which indeed created complications.

In 1962, the interns quarters were on the second floor of the Bond Street section of the hospital. A thick plate glass door separated our rooms from those inhabited by the patients. The game began at midnight, and consisted of lining up ten empty beer bottles in a ten-pin bowling configuration. The glass door was the backstop, and bowler was obliged to glide an empty beer bottle the length of our quarters in an attempt to break as many bottles as he could.

And what a sound it produced!

Shattering glass reverberated throughout the entire wing of the hospital. It was as if the inner dome of heaven had fallen in. Bells went off, the night nursing supervisor was summoned, the good sisters were roused from their sleep, and the patients began staggering down the hall through the stupor of their night medication. And these were the doctors responsible for administering their care.

Gloriously pointless it was, and the reverberations were felt not just in time and space, but in Sister Janet's office. The office of the administrator of the hospital.

As a member of the intern's committee, my portfolio was custodian of the beer machine, I was summoned into Sister Janet's presence. On that day, her gentle smile wasn't there. Her face was like a clenched fist. My executive assistant, the incomparable James Buchan (whose responsibility was to keep the beer machine full), was riding shotgun with me. Not that that did much good.

We were castigated for our childlike behaviour, and told that the beer machine, the epicentre of our existence, had been

taken from us and locked up. We had forfeited our privileges.

As we left her office, Buchan said to me: "Cheer up, things could be worse. They could have sent us to the Centre for Aberrant Behaviour." I did cheer up, and things got worse.

Our infamy spread. Staff men seemed to be scowling at us. The interns not involved in this escapade were crying out for their beer, and a resolution of the problem.

We drew upon the inscrutable wisdom of George Takahashi. Through the process of syllogistic reasoning, we arrived at the irrefutable conclusion that a machine as large as the beer machine and which could only be moved on it's tiny black rubber wheels, could be found by examining the terrazzo floor on each level of the hospital. After all, we were trained to observe.

The investigating team went into action at 2:00 a.m. on the following day. That wonderful apparatus, the focal point of our existence, was discovered in a sub-basement locker which was actually a walk-in freezer. Dangling above the machine were two cooked turkeys which were appropriated as a reward for our act of genius.

We were now confronted with a significant problem. Where to hide a thousand pounds of metal and still have access to it? My beer committee, operating on the basis that genius is immediate but talent takes time, placed the machine in a room that was rarely slept in, that of the surgical resident, Arnie Arai. His desk was taken, and the machine was covered with a gingham tablecloth - red and white - which covered it's yellow splendour.

Weeks went by, the beer truck came in, empties went out, and no one broke the trust. We were bonded by a beer machine.

The inevitable ultimatum came from Sister Janet. Her gentle smile had returned, and in an attempt to further placate her,

I started off by referring to The Confessions of St. Augustine. This attempt was futile, and marked by her observation, "You are probably the worst interns that we have had at St. Michael's, but the best doctors."

Since we are the only profession paid to tell the truth, we had to reveal the location of the beer machine. Sister Janet generously allowed us to return it to its original site, with the caveat, "No more midnight bowling, gentlemen."

And what did I, as an intern, learn from the beer machine caper? I learned what success is. Success occurs when you don't know whether you're working or playing. This is the ultimate contradiction.

## THE SEVENTIES

Popular culture saw the early part of this decade as the dawning of the Age of Aquarius. Long hair, student sit-ins, drugs, liberation of various kinds all carried over from the Sixties. As the surrounding society changed, two medical figures at the hospital initiated and sustained a metamorphosis in intern and residency life which had a lasting impact.

Distinctly different in style, character and temperament, they both shared an interest in medical education and a desire to push the hospital into the mainstream of undergraduate and post-graduate university life.

Joe Marotta was born in Niagara Falls, New York but spent most of his formative years in Sudbury, Ontario. When the American space programme sent astronauts to the Sudbury area because its surrounding bleak terrain resembled the moon, southern Ontarians only nodded. This description fit the Sudbury stereotype. But this tough northern mining city has been the cradle for a number of

physicians who have passed through St. Mike's. Ernie Lapchinski, Ric Sloan, the Farrell's and the Cecutti's. Joe was a proud member of this group and the north always remained part of his consciousness. Many generations of interns will remember his prototypical Ontario town was always Wawa, a tiny town which hugs the shores of Lake Superior. Whenever Grand Rounds seemed to loose their way and become mired in esoterica he would ask with a certain flair which acknowledged his Italian roots what all this meant for "the general practitioner in Wawa?"

After finishing medical school at the University of Toronto, he trained in internal medicine, becoming the chief resident at St. Michael's in 1951-52. He then went on to train in neurology, both in New York with Houston Merritt and in London at the Postgraduate School of Medicine and Queen's Square. Returning to Toronto in 1956 he began his practice in neurology at 217 Victoria Street.

Following the retirement of Dr. E.F. Brooks in 1969, Joe Marotta was appointed physician-in-chief on July 1st, 1970. He wasted no time in establishing changes in the teaching programme. Ken Butler and Pat Higgins were dispatched on a tour of medical schools in Canada and the United States. They returned with a concept that Joe embraced, which assigned the public ward medical beds to four teams. Each team would have two attending staff whose rotation corresponded to the eight week rotation of the 4th-year medical students, newly named clinical clerks.

Each member of the Department of Medicine was expected to undertake service for an eight-week period during the year. In addition to the two staff physicians, each team was staffed by a second-year resident, or R2, two interns and two clinical clerks. Each team took a turn caring for emergency general medical admissions every fourth night.

The system worked. Days on call were busy and housestaff will remember their eclectic mixture of medical cases, including pneumonia, strokes, gastro-intestinal hemorrhage, respiratory failure and alcoholic withdrawal, all cared for in the famous D-Wing.

In addition, he inaugurated two other teaching sessions. Collaborating with Rod Ross, the pathologist-in-chief, a weekly clinico-pathological conference was held each Friday morning. Interns of this era will recall that this event actually took place in the autopsy room at the south end of the sixth floor in the old C-Wing.

Joe would initiate the discussion with a review of the history as the housestaff arranged themselves awkwardly on high stools scattered around the rusting metal tables. The acrid fumes of formalin would hang in the air as the cut and parry of questions and answers evolved. The final resolution to the hour occurred when Rod Ross would take his chipped white enamel tray covered with a damp cloth, carefully fold back the cloth and point out the pathology in formalin-drenched real tissues.

On Monday afternoons Joe would teach neurology. The pattern which evolved in these sessions was that a housestaff team

would present the case of a patient with a neurological problem. They also always arranged for the mystery patient, unknown to their mentor, to be wheeled into the seminar room for "the chief" to both examine and question. Then, clinging to some and rejecting other bits of data, he would synthesize the clinical evidence and arrive at a diagnosis. With this simple format he brought bedside medicine to life and inspired the young physicians of the seventies.



*The Intern bench at Staff—Housestaff ball game in the early seventies.*

In contrast to the Latin charm and vitality of Joe Marotta was the more patrician W.J. Horsey. He had been raised in Toronto in the pre-War years and studied at the University of Toronto School.

Finishing as the silver medalist in the class of 1944, he proceeded on after his internship at St. Michael's to study general surgery, after which he trained in neurosurgery.

He joined the staff in 1956 and with the retirement of Keith Welsh, assumed the



*Joc Marotta teaching the love of neurology to a group of medical students.*

mantle of surgeon-in-chief in 1968. Always available, he roamed the halls of the hospital either sucking or smoking his pipe. He loved the Emergency Department and frequently would appear unannounced. A couple of suggestions and a little humour and he would be on his way. His rapier wit was subtle and funny but occasionally made the recipient feel more than a little foolish.

He enjoyed a good party and no annual Christmas party would have been complete without his leading the entire assembly in a Gay Gordon.

Beginning in the late sixties the Obstetrics and Gynaecology service changed its leadership several times. Al Woolever was a very creative leader, and, after his appointment in 1967, he began to reorganize the department. He also helped the Sisters organize their first store-front medical endeavour at Broadview and Gerrard, known as the Broadview Clinic, which opened in 1971. He developed a very elaborate research arm to the department and imported the Swiss-born basic scientist Rudi Borth.

When Al Woolever stepped down in 1977 he was replaced by Paddy Beirne, a very popular OB man who had arrived from Ireland to intern in 1948.



The seventies were wonderful years for Christmas rounds. This annual event would play to a packed audience in the F Lecture Theatre. Christmas rounds are an hour of music, song and drama aimed at the foibles and pretensions of the attending staff. The seventies were probably the zenith of Christmas rounds. This decade had the brilliant portrayal of psychiatrist Donna Stewart by Paula Chalmers wearing as a wig a mop dyed a brilliant orange. Steve Miller and Andrew Menkes hummed their way through a brilliant skit about a well-known neurologist. Steve re-appeared several years running as Gino Casella, the popular teacher and cardiologist. The take-off was so much fun and done so well that Steve was brought back to perform even after he had left the hospital. Like Judy Garland singing Somewhere Over the Rainbow, it took only the opening bars of a few mimicked Lub-Dub heart sounds to bring a round of applause from the assembled crowd as they recognized Steve's familiar take-off.

The seventies saw the organization and gradual growth of the Professional Association of Interns and Residents of Ontario, or PAIRO. No better example of the growing political strength of the housestaff can be found than in the "Peanut Butter Rebellion."

On 2F and 3F, which housed the interns and residents in the Seventies, were two small kitchens. It was the custom of the hospital administration to keep in the refrigerators of the two kitchens a liberal supply of milk, bread, jam and peanut butter. The electric kettle and a small toaster completed the culinary accessories of the area. This food tided many weary and hungry interns and residents through



*Dr. W. J. (Bill) Horsey, surgeon-in-chief, 1968 - 1982.*

the night especially if work had caused them to miss the cafeteria hours.

In 1973 the negotiated contract with the interns and residents included a food allowance. An alert administrator sensing a saved dollar removed the customary free "comfort food" from the refrigerators. Members of the housestaff were incensed and stormed the Medical Director's office. After some heavy negotiations, the peanut butter was restored -- at least for the remainder of the year.



*Lunch at the Spur in the seventies.*

## THE EIGHTIES

Intern and resident life in Ontario was changed dramatically in the eighties by the first housestaff strike in Ontario in the fall of 1980. With its roots probably extending back to the late sixties, the Professional Association of Interns and Residents of Ontario (PAIRO) was by the end of the seventies a well-organized, focused organization.

After World War II, the technical pace of hospital growth had made interns and residents a necessary part of the institutional structure. No longer could hospitals say they were kindly parents to growing doctors. The growth of subspecialty training programmes paralleled the growth of complex tertiary care, which depended on housestaff for assistance and 24-hour support.

Contractual arrangements had not evolved with these new circumstances. It was not clear whether housestaff were employees of the hospital or not. Working arrangements were very loose and salary and benefit agreements nonexistent. By the end of the strike, which lasted 7 days, PAIRO had hammered out a deal which made them hospital employees and allowed for binding arbitration, when negotiations with hospital

administrators broke down. In effect it was a victory for careful planning and good organization which gave the house officers of Ontario hospitals a new maturity and confidence, and a sound political base.

With the resignation of Joe Marotta after ten years as physician-in chief, the hospital board appointed H. Patrick Higgins to succeed him. Pat Higgins had left St. Michael's in 1975 to become head of the Department of Medicine at St. Joseph's Hospital in Toronto's west-end. Most of his professional life had been spent at St. Michael's where as an endocrinologist he had a particular interest in thyroid disease. He had also established the Nuclear Medicine section of the hospital in 1956. Prior to the training of nuclear medicine specialists, nuclear medicine labs were often established by endocrinologists because of their interest in thyroid scans and radioactive iodine uptakes.

With the education at the hospital enjoying a growing reputation, Pat set about to refine the teaching programme in the department and enlarge the research programme. To enhance the latter he recruited Paul Armstrong from Queen's to beef up the Division of Cardiology. Under John Wilson, known to everyone as "J.K.", the division already had a fine reputation for bedside teaching. Other clinician-researchers were hired, such as Cliff Ottaway in gastroenterology, Victor Hoffstein in respirology, and John Freedman in haematology.

The interns and residents of this era were superb. Strong interns and residents attracted further strong candidates in ensuing years and the department was electric with the infusion of bright men and women from medical schools right across Canada. Team Medicine moved from the D-wing to the seventh floor and finally settled happily into the A-south wing on the second and third

floors.

During Carol Sawka's period as chief resident, morning report commenced and this ongoing ritual, with coffee and buns, has continued to thrive with the chief residents playing a key teaching role.

In the Department of Surgery, W.J. Horsey stepped down in 1982 and was replaced by Jim Waddell, an orthopaedic surgeon. Jim was a 1967 graduate of the University of Alberta, who had come to Toronto to intern and stayed on for residency training in orthopaedic surgery. An excellent hip and knee surgeon, he was also very innovative. In 1983, concerned with some of the limitations of the cementless prosthetic hips being used in Canada, he approached a French firm Howmedica with some design suggestions. The end result of this collaboration was the St. Michael's Hip Prosthesis, a valladium structure with a number of technical advantages.

In addition to advances in hip surgery, interns and residents were being exposed to the latest in back surgery techniques and upper extremity repair. In neurosurgery Alan Hudson, Bill Tucker and Paul Muller were operating on peripheral nerves, carotid vessels and brain tumours, using the latest advances.

In ophthalmology a very strong group was developing in macular surgery. Joining Michael Shea were Michael Howcroft, a former resident, and Louis Giavedoni, a former resident and clinical clerk. Mike Shea, affectionately known to some as the "Silver Fox", had introduced Laser technology into treatment methods to Toronto and was accorded this honour at the Laser Show at the Science Centre in Don Mills.

Residents and interns in otolaryngology were exposed to the advanced cancer surgery of David Briant and the refined clinical skills of Ron Fenton. Although hidden to many in the hospital,



*Pat Higgins and the medical residents in 1988-89.*



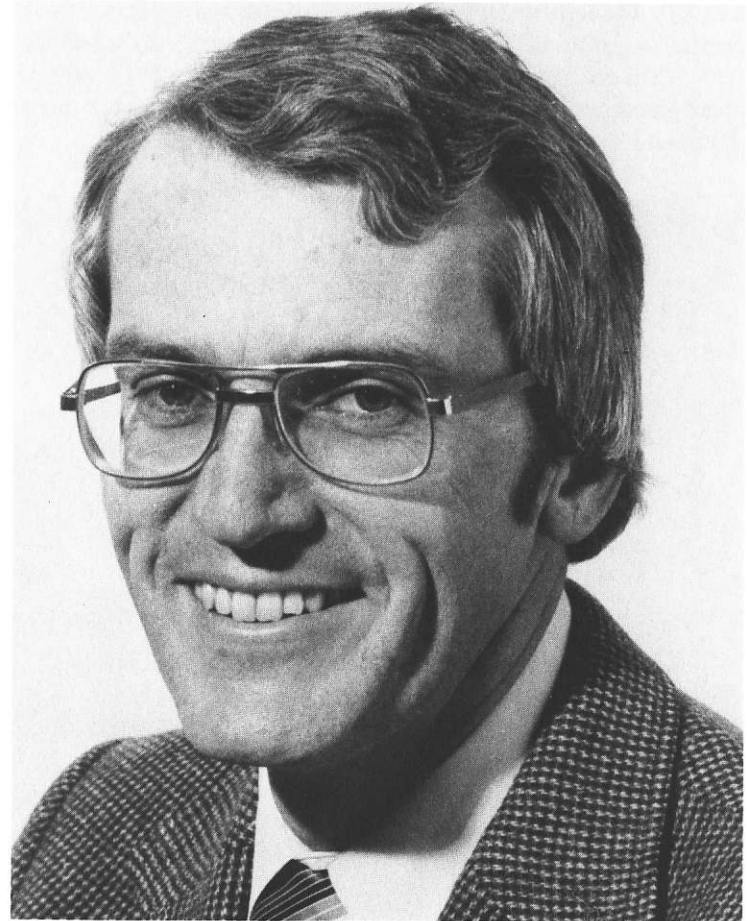
Walter Johnson and Ken Money, world authorities on vestibular disease, were quietly assessing the astronauts for the United States space programme, using their famous chair, designed by Dr. Johnson.

After leading the Psychiatry Department for 15 years, Bill Stauble was replaced by Isaac Sakinofsky. Bill Stauble had completely reorganized the department in the early seventies. Part of the reorganization had been the development of a popular Psychiatric Liaison service, staffed by Donna Stewart. In the eighties she was joined by Jed Lippert, a former St. Michael's intern.

Connie Nucci arrived from Montreal in 1983 to replace Paddy Beirne in Obstetrics and Gynaecology and brought a grace and thoughtfulness to this office.

When Nucci returned to Montreal to head up St. Mary's Hospital in 1987, he was replaced by Tony Cecutti. Tony had interned at St. Michael's and subsequently done most of his obstetrics and gynaecology training at the hospital. In keeping with a trend in North America a Women's Health Centre was conceived in the mid-eighties and eventually found its physical expression at 61 Queen Street East, a building purchased by the hospital in the boom times of the eighties. Interns and residents were now introduced to ambulatory women's care in a very modern setting.

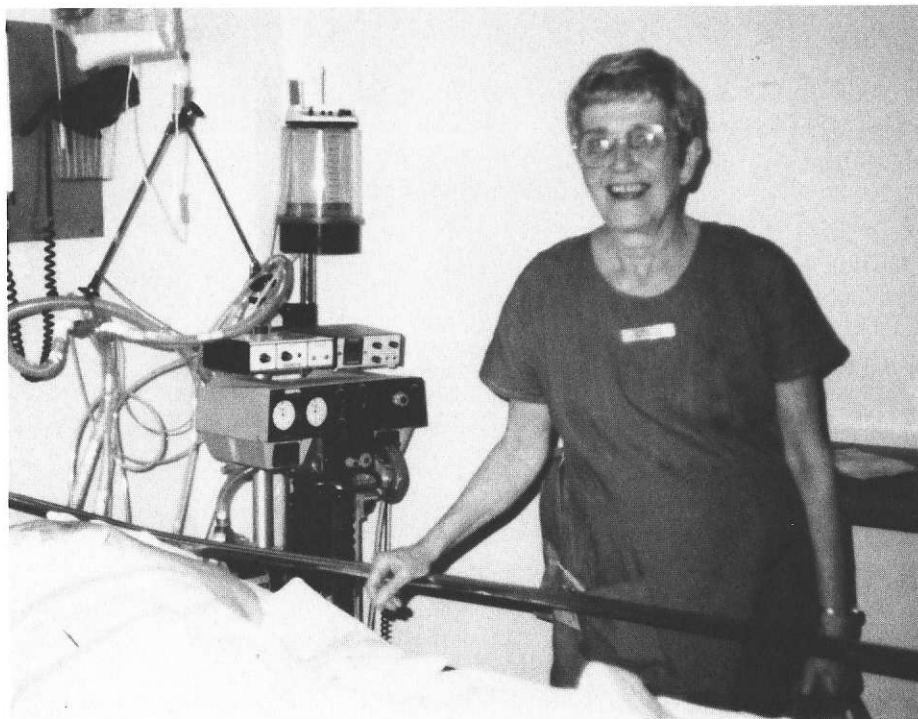
The Department of Family and Community Medicine also moved their organization into the third floor of 61 Queen. The Sister had encouraged this organization in the late sixties in response to a government call for more family physician training sites.



*James P. Waddell, surgeon-in-chief, 1982 - 1992.*

L. Murray Cathcart, a British Columbia expatriate, became the first full-time chief in 1970. The department matured over the years and developed two satellite operations as well as the traditional Blue, Yellow, and Green teams at the hospital.

The original Broadview Clinic initiated by Alan Woolever eventually became more family medicine oriented and moved to Queen Street East at a quaint little site known as Baseball Place.



*Everybody's favorite ICU nurse, Mrs. O'Meara.*

With the movement of the family and community medicine to 61 Queen, Sudi Devanesen took over from Murray Cathcart, to lead the group into the nineties.

Another department that exploded into prominence in the mid-seventies and eighties was Anesthesia. Under Art Dunn, Bill Noble and Bob Byrick, all home-grown talent, the department attracted a superb group of clinicians. High level anesthesia for cardiovascular and neurosurgery was matched by safe, every-day anesthetics. The intensive care area ranked as one of the finest in Canada, and surgical, medical, and anesthesia trainees rotated through the programme.

Housestaff will remember not only the MacLean, Buczko, Noble and Byrick names, but also the kind, intuitive care of Noreen O'Meara, or "Mrs. O". Nor will many forget the unit manager in the ACU, who brooded over her area with old-fashioned surgical and medical know-how, the famous Mary Cassidy.

When the City of Toronto Public Health Department wanted to develop a collaborative effort in the uniquely planned St. Lawrence Town at the foot of Jarvis Street, the Sisters moved quickly to cooperate with them. The Medical Officer of Health at the time was George Moss, a

former St. Michael's intern. St. Lawrence Health Services was the eventual outcome. In effect it contained space for a fifth family practice team. Residents in family practice now had the option of rotating through two community operations.

With the explosion of changes in the hospital in the seventies and eighties, the intern and resident life changed dramatically as well. Interns no longer lived in the hospital with the hospital maintaining only call rooms. As a result the spontaneous parties of earlier years no longer occurred. Camaraderie of a different kind developed around teams of residents and interns caring for different types of patients.

Downtown Toronto changed in this period with many of the old rooming houses becoming fashionable townhomes. The single alienated men moved westwards into Parkdale and the huge problems of alcoholism became less prominent in every day care.

Teaching rounds and seminars evolved as part of every day life for the intern and resident. The university began to encourage research as part of training life. Tom Salerno in cardiovascular surgery had numerous fellows examining vascular surgery problems. The orthopaedic service attracted fellows to undertake research in

their division. Mitch Halperin, the maestro of acid-base teaching and research, continually encouraged students, interns, residents, and fellows to explore problems in his laboratory

At the close of the Higgins era the annual Higgins Research Day was organized. The first meeting was held on the 68th floor of First Canadian Place in the Bank of Montreal's head office dining room. With a magnificent view of Toronto harbour in the background, the papers were delivered with a style which has set the tone for subsequent meetings.



*ACU Head Nurse, Mary Cassidy.*

**THE SPUR RESTAURANT**

On September 16, 1988, the Spur Restaurant on lower Victoria Street closed. For more than 25 years, Manny and Mary Stoiou provided a little home away from home for the residents and interns of St. Michael's. While they happily raised two of their own children, their extended family included many nurses, pharmacists, technicians, orderlies, doctors, and librarians from the hospital. In addition, the staff from the old Eaton's, the Underwood



*The Spur restaurant, an extension of the hospital in the sixties, seventies and eighties.*

Typewriter Company, the original owner of Thrifty's, and the cast of *Cats*, all thrived under the nurturing wings of Manny and Mary.

Their own story is intriguing. Manny's father Nick, a Macedonian immigrant, arrived in Toronto in the early '30s. Jobs were scarce, and he was finally forced to work for the railway. After four months of this form of labour he left the railway to work as a dishwasher in Toronto. He worked 12 hours a day, seven days a week, for four dollars per week and his meals. If business was bad he received only three dollars.

By 1948, Nick and Manny were finally able to buy their own restaurant business, known as Christie's Grill, at 32 Queen Street East, roughly the site of the current F-Wing Queen Street entrance. Along this stretch of Queen Street there were a number of other stores, including McBride's Bicycle, Art's Credit Jewellers, and a well-known wine store.

When plans for development of the F-Wing finalized, necessitating their move, Manny and Mary bought The Restaurant on Victoria Street. The building had originally been an electrical appliance outlet, with a thriving book-making operation on the second floor. The previous owner, looking to



legitimize the operation and ward off the local law enforcement officers, had opened the restaurant. He named it the Spur because of the connection to horse racing in the happy little business on the second floor.

Manny and Mary kept the name but turned the horseshoe in the sign around. The sign originally pointed down but they felt that if it pointed upward it would carry the meaning of filling up rather than emptying.

The restaurant itself was a long, narrow building, with tables along the north wall and a soda fountain along the south wall, behind which Manny did the short-order cooking. Mary would run the cash register along with the coffee and donut area. With her prodigious memory and maternal warmth, and Manny's cooking, leavened with a shy kindness, the Spur became more than another downtown restaurant.

Many interns will also remember a tiny little waitress who never seemed to have any other mood but kind. Max was about four feet five inches, and was known to dig into her own pockets if a hungry intern was shy of an order of French fries. Maxine Richardson retired in 1975, but not

long afterward suffered a stroke. She finally died in 1988. Because she lived close by in Moss Park, when she took ill she was brought to the hospital. The staff were only too willing to care for her in her time of illness, because she had cared for so many of the staff.



Manny and Mary Stoiou, owners of the Spur with two "CATS" cast members.



Team Medicine Morning Report, with Steve Glazer, Glen Stetzi, Sean MacDonald, Sue Quaggin, Dr. Connon, Angela Lee, Karl Iglar, Sara Burrow, Sheldon Levy, and Benny Chang.

## THE RUN UP TO 2000

As the hospital enters its centennial year, it has been confronted by serious financial problems. The changing structure of the hospital, which had commenced before the crisis, has been accelerated. The leading administrator is no longer a sister. Beds are far fewer than they have been for seventy years. The work is often very technical.

But despite the difficulties, there is a common mission to preserve the institution. It is part of the history of the City of Toronto. The tradition derived from its nursing school has a spiritual power which is difficult to describe but wonderful to experience. The interns and residents, now scattered all over the world, are proud to have been here. This knowledge nurtures those who remain.



*The Trauma room in the new C-Wing Emergency.*

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