



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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**75 Years of Caring  
St. Joseph's Hospital  
Saint John, NB  
1989**

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*"We, at St. Joseph's Hospital, are a community of people with Christian values, dedicated to the well-being of the public we serve, as well as to each other as co-workers."*  
Mission statement excerpt.

Benjamin Doris Bennett Wendy Bennett Laura Benoit Mary Bernier Hazel Beyea Marilyn Beyea David Bishop Kathleen  
Bishop Eleanor Black Rachel Blackette Anne Blanchard Lorene Blauveldt Jacqueline Blizzard Deborah Bodechon  
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Carr Nancy Carson Lorraine Carter Karen Carvell Nancy Cashwell Christine Cassidy Wanda Charlton Deborah Chase  
Lorraine Chevarie Margaret Chittick Karen Clark Katherine Clark Stephen Clarke Beth Cleghorn Alice Cochrane Dawn  
Cochrane Joyce Cogswell Juliette Coholan Angela Cole Suzanne Cole Anne Colpitts Delena Comeau Denise Comeau  
Gloria Comeau Marilyn Conley Helen Connell John Connell Anne Connolly Kelly Connolly Evelyn Connors Mary  
Conway Carol Cook Mildred Cook Susan Cooke Carole Cormier Nancy Cormier Elizabeth Cormier Carol Cornfield  
Stephen Cosman Shirley Couture Melodie Craft Anita Craig Mary Crain Lianne Crich Deborah Crilley Mary Jean  
Cromwell Noel Cromwell Althene Cropley Daniel Cropley Lorna Cropley Blair Crowell Mary Crowell Sally Crowther  
Bridget Cummings Georgina Curry Joyce Curtis Florence Cusack Meriza d'Alessio Carol Daigle Linda Daigle Mary  
Daigle Patricia A. Daigle Patricia D. Daigle Barbara Daley Christopher Daley Mary Lee Danahy Edith Daniels Joan  
Dargavel Elizabeth Darling Patty Davies Dorothy Dawson Kim Dawson-Clark Nelda Dean Louise Delahaye Joan Delay  
Sheila Demerchant Margaret Demerchant Sherrill Desjardins Ann Desmond Elaine Dever Cynthia Devos Debra  
Dickinson Emilienne Dignard Margaret Dixon Donna Dobbin Cheryl Doiron Elaine Doiron Lynda Doiron Tammy Doiron  
Helen Dolan Colleen Donahue Darren Donovan Susan Donovan Tanya Donovan Alice Doucette Catherine Doucette  
Harold Doyle James Doyle Kenneth Doyle William Doyle Michael Dragone Mylene Drapeau Norma Drew Mary Ellen  
Driscoll Judy Drummond Linda Duncan Sandra Duncan Steven Duncan Mildred Dunklee Valarie Dykeman Maureen  
Eddy Sharon-Anne Eldridge Cindy Elliot Francine Ervin Natalie Ervin Dale Estey Crystal Evans Susan Eveleigh Evelyn  
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Deborah Fuller Linda Fuller Mary Fulton Mary Furze Fernanda Gabirro Nelson Gagnon Barbara Galbraith Lynn  
Galbraith Constance Gallant Debbie Gallant Geraldine Gallant Jeanne Gallant Mary Gallant Marilyn Gallant Phyllis  
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Gogan Gayle Goguen Walter Goguen Idalina Gomes Catherine Goodin Gloria Goodwin Deborah Gordon Margaret  
Gorman Tina Gough Bonnie Graves Deborah Graves Mary Ellen Gray Noella Gray Cheryl Green Elizabeth Green  
Jane Green Janet Greene Teresa Greer Lorraine Griffin Theresa Guitar Marilyn Guptill Jeannette Hachey Beverly  
Haddad Ann Hadfield Betty Hall Janet Hall Catherine Hallett Kimberly Hampton Gail Handrahan Joy Hanlon Mary  
Hanlon Patricia Hanlon Sharron Hanlon Jeffrey Hanson Laura Harquail Marilyn Hart Timothy Harvey Leah Harvey  
Leah Harvey Heather Hatt Lois Hawkins Katherine Hayes Sylvia Hayes Deborah Heans Alice Hebert Roland Hebert  
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Higgins David Higgins Patricia Higgins Tammie Higgins Margaret Hoar Wanda Hobbs Mary Elaine Holmes Mary  
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Hurley Doris Ingraham Patricia Ingram Carl Jackson Janet Janes Jo-Anne Jefferson Randy Jefferson Carolyn Jenkins  
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Kathleen Kirkpatrick Nancy Kirkpatrick Sharon Kirkpatrick Cathy Lacelle Sean Lacelle Mary Lacroix Beth Lalonde  
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Ivy Lawson Judy Lawson Evelyn Layden Rachel LeBlanc Anne LeBlanc Annette LeBlanc Brian LeBlanc Elouise  
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Anne Martin Shirley Martin Carol Mason Margaret Mason Cheryl Matthews Kerry Mavor Donald Mawhinney Corinne  
Maxwell Deborah Maxwell Wendy Maxwell Melody Mavberry Paula Mavnard Linda Mazerolle Monique Mazerolle



*His Holiness John Paul II  
paternally imparts  
this Apostolic Blessing to  
The Board of Directors, the Sisters  
of Charity, Medical and other Staff,  
Volunteers and Patients of  
St. Joseph's Hospital, Saint John, N.B.  
on the occasion of the 75th Anniversary  
of its founding, February, 1989.*



*Seventy-Five years ago, a dream became a reality*

*Today, the Sisters of Charity give thanks for each and every person who has given or received compassionate, caring health ministry at St. Joseph's Hospital.*

*We give thanks for all who have supported St. Joseph's in any way.*

*The healing ministry of Jesus continues through those who believe in the dignity and worth of each human life.*

*May the mission of St. Joseph's Hospital continue,*

- changing in response to the needs of the times*
- unchanging in its fidelity to its founding spirit.*

*Congratulations!*

***Marion Garneau SCJC***

*General Superior*

# THE BEGINNING

It was an age of sailing vessels. The shipyards and dockyards of Saint John, New Brunswick were renowned the world over.

Many in the business community were profiting from lucrative trade in lumber and seafood. On the other hand, the city itself left much to be desired. It did not have adequate water or sewage systems and sidewalks were still something of the future.

A great influx of immigrants in 1847 had brought to Saint John more than 17,000 of the poorest, most illiterate and debilitated immigrants ever to reach North American shores. The Roman Catholic population was largely impoverished and uneducated. Such were the conditions when Thomas Louis Connolly became Bishop of Saint John in 1852.

Bishop Connolly immediately took up the challenge of providing for the poor and orphaned. Within a month of his appointment, he was off to New York to seek assistance from the Sisters of Charity. Sympathetic to his cause, Mother Jerome (Superior of the Sisters of Charity) wrote following a visit to Saint John, "I certainly did try to interest the Council by every statement I could think of to give Sisters to that mission, to have pity on the poor children there going to destruction, although candidly, I did not see who could be spared."

As negotiations continued, cholera broke out in Saint John, leaving a number of orphaned children. In 1854, Bishop Connolly appealed again on behalf of the homeless children. Although the Order was unable to provide professed Sisters, it did permit the Bishop to plead his case to the Novices. He was not disappointed.

A group of four volunteers arrived in the port city in September 1854. Honoria Conway (Mother M. Vincent) was recognized as Superior. Her companions were Mary Routanne (Sister M. Frances), Mary Madden (Sister M. Joseph) and Annie McCabe (Sister M. Stanislaus). So began the Sisters of Charity of Saint John.

Honoria and her followers did all in their power to respond to their divine calling. Her habitual response to all things (good and bad) "Praise be to God" (Laus Deo) became the motto of the Sisters of Charity of the Immaculate Conception.

It is from these roots that the spirit of St. Joseph's Hospital was born.

By the turn of the century, the Sisters had grown in number and had opened several missions in eastern Canada. In answer to an appeal to care for orphans, the Sisters ventured to the western territory of Saskatchewan. In 1906, the people there so admired their work, they presented a petition for a hospital to be entrusted to the Sisters. This led to the opening of Holy Family Hospital in Prince Albert in December 1910.

*"St. Joseph's is the embodiment of a vision of the Sisters of Charity of the Immaculate Conception, who responded in faith through their ministry to the poor and needy."* Mission statement excerpt.



RT. REV. T. L. CONNOLLY  
First Bishop of Saint John, N.B., whose love and compassion for the orphaned children of his Diocese led him to seek assistance from the Sisters of Charity in New York



REV. MOTHER VINCENT  
Founder, Sisters of Charity of the Immaculate Conception, Saint John, N.B.

*"Inspired by their example, we continue to minister to the total needs of all individuals -- whether those needs are physical, social, emotional or spiritual."*  
Mission statement excerpt



**SISTER MARY PATRICK (MAHONEY)**  
Sister Mary Patrick, a woman of rare qualities, which in after years, brought her into great prominence. In 1878, she was appointed Superior of St. Patrick's Industrial School, Silver Falls, where she remained for some 35 years. At the end of that time, Sister was transferred to the newly opened St. John Infirmary.

# THE TEEN YEARS

## 1914-1919

The Roman Catholic population of Saint John was aware of the Sisters' activity in the west and began pressing for a hospital of its own. In response to a request from Bishop Casey (Bishop of Saint John) and an urgent appeal from the people, the Sisters purchased the Furlong property on Coburg Street in 1911.

Soon after procuring the estate, they set about turning it into a combined residence and administrative building. The Sisters then purchased the adjoining property which was owned by Walter B. Holly. It was on this combined site that the St. John Infirmary took shape. The work on this new hospital was a boom to local tradespeople, craftsmen and laborers in those pre-World War I days.

The Sisters chose local architect F. Neil Brodie to design their new hospital. Their faith in him was well founded. An experienced and thoughtful man, Mr. Brodie put careful study into the plan, even visiting other centres such as Montreal and Boston to seek out the most modern ideas.

The Furlong house was remodeled and converted into an administrative building through which patients were admitted. The hospital was to be a three-story brick building more than 100 feet long. It would house 60 beds and cost about \$100,000. The two buildings would be connected by a glass corridor.

As work progressed, the local newspaper, *The Globe*, enthused that the Sisters would have an institution "second-to-none east of Montreal".

Mr. Brodie, understanding the basis of functional planning, placed the operating room on the top floor. This location was furthest away from the street dust and, more importantly, it allowed the surgeons to take advantage of the north light through large vertical windows and a skylight. It would be several decades before artificial lighting would take over in the operating rooms.

Another farsighted design feature was the enclosed stairway. This was unusual in an age where fire codes were almost nonexistent. Again, the *Globe* applauded the hospital for "this method of diminishing noise and providing protection in case of fire". The press also made note of the fact that the coal lockers were practically located outside the building so that coal dust was eliminated. Coal was carried through two doors to the furnace room.

Prior to the First World War, leading obstetricians insisted that maternity patients be in a totally separate building so that mothers and babies would not be subjected to the risk of infection from other patients. Fortunately, the Infirmary was able to accommodate these high standards.

To the left of the new brick hospital, set back at the end of a gravelled driveway, was a three-story, wooden house that was included in the sale of the Furlong property. This was converted into a first-class maternity department and linked to the third floor of the Infirmary by a ramp or fire escape. It continued in use for more than 10 years until a

second wing was added to the Infirmary.

As the *Globe* reported, "Every contingency and need in such an institution is provided for". Even the doctors' parking needs were considered. The barn beside the Furlong home was moved to the lower end of the lot and converted into a stable for horses, carriages and automobiles, with a laundry on the second-floor loft.

Planning for the future was not a hallmark of hospitals in those pre-war days. It is a credit to Mr. Brodie and the Sisters that the interior was laid out to accommodate additional wings. The exterior site was also regarded as being one of the best in the city with "good exposure to sunlight and fresh air" in a "quiet, residential section of Saint John, surrounded by estates marked with dignity and beauty". All of Saint John was justly proud of the new Infirmary.

In November 1914, the new building was blessed by Bishop A. E. LeBlanc, Bishop of Saint John. There was little publicity or fanfare surrounding the opening -- no special ceremonies, no speeches and no public tours. However, the Sisters did arrange for a group of city dignitaries to inspect the new 60-bed institution.

The first patient at the St. John Infirmary was Miss Eileen Walsh. She was admitted on November 18, 1914 and four days later had surgery.

In 1915, Sister Veronica established the School of Nursing. This was indeed a milestone event because it provided the Infirmary with a constant supply of nursing students who formed the backbone of the hospital staff.

THE FURLONG HOUSE  
St. John Infirmary as opened in 1914





# THE ROARING

As the world moved into the roaring twenties, the St. John Infirmary, though young in years, showed a steady and healthy growth. A program of accrediting hospitals had been launched and the Infirmary entered the external review process early, gaining the highest award of approval. This meant high standards in pre-operative care, more complete records, regular meetings of the medical staff and a review of hospital deaths.

The hospital was gaining an outstanding reputation for high-quality care, delivered with loving compassion in a homelike atmosphere. Public demand required more beds. An addition built in 1924 cost about \$200,000 and brought the bed capacity to 120. A central admitting area was added at that time and obstetrics was moved into the main hospital. In 1927, sun porches were added to the southern end of the building, allowing patients to be wheeled out into the sunshine and fresh air. Revenue was rarely sufficient to pay even the interest on the capital invested in these expansions.

The foresight of the founding Sisters had begun a trend of keeping the hospital progressive and better able to serve by using appropriate, state-of-the-art equipment. During the 1920s, the Sisters incurred substantial expenses to equip the laboratory, operating room, radiology and new electro-therapeutic departments. Diagnostic and treatment areas were as complete as those found in many larger facilities. That trend is still evident.

The formation of the Ladies Hospital Aid (Auxiliary) in 1929 was warmly welcomed. As their advisor, Father F. M. Lockery said at the time, "This promises very material assistance to the Sisters in their work." His prediction has multiplied a hundred fold.

Public acceptance of hospitals was by no means complete by 1920, but the rise of scientific medicine and the Nightingale system of nursing was improving their credibility. Most of the medical advances of this



Addition of Second Wing - 1924



The New Nursery



*"As an acute treatment hospital, St. Joseph's is committed to providing leadership in its service to the community."* Mission statement excerpt

# G TWENTIES



Nurses Cecile Campbell and Vivian Mattelle with a patient on the new sundeck

period resulted from the activities of the First World War. New techniques, such as debridement, were developed and new procedures, such as blood transfusions, became possible, though not widely or easily carried out. Fellow Canadians were enthusiastically impressed when Banting and Best discovered insulin in 1921. Lung surgery and early segregation were having more impact on tuberculosis than open terraces in winter. But there was little that could be done for some diseases, such as poliomyelitis, rheumatic fever and others. During this period meningitis killed 98 percent of its victims and pneumonia was often fatal.

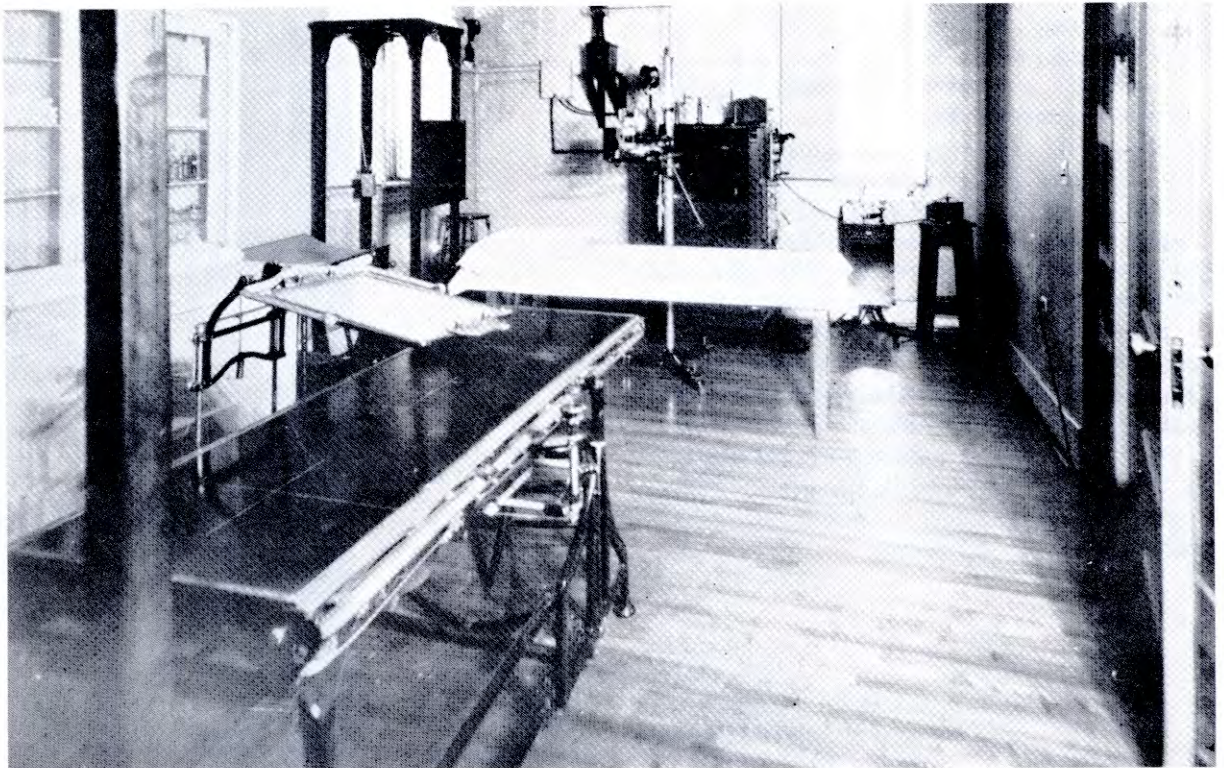
Doctors, nurses and technicians returning from the war brought back new techniques and concepts which advanced the quality of care. However, during this decade, nurses were not permitted to carry out procedures we readily associate with them today. Physicians themselves took blood pressure readings, gave intramuscular injections with needles, which the nurses sharpened, and the removal of stitches was a dramatic event, usually carried out by the operating room surgeon himself.

The post-war public was becoming more prosperous and willing to pay for benefits of the advanced care provided in hospitals.



School of Nursing  
Graduating Class of 1929

X-Ray Room - 1929



# THE THIRTIES

As 1930 dawned, the world was reeling from the shock of the stock-market crash in the fall of 1929. Saint John, like the rest of North America, was entering the depths of the great depression. Jobs were at a premium, wages were low, money was scarce and few people had the necessary liquid assets to pay their medical bills. Patients, who could, used the barter system, giving eggs, potatoes, an afghan or other goods in exchange for care from a doctor and, sometimes, the hospital.

The 1930s gave rise to a movement for better and more standardized qualifications among paramedicals. This led to the formation of professional associations for laboratory technologists, radiological technicians and medical record Librarians. Licensing bodies had control over registration standards, curriculum content and examinations. This was a great step in assisting hospitals to judge the qualifications of personnel.

Despite problems elsewhere, the Infirmary continued to grow and prosper. On June 21, 1930, the Evening Times-Globe said, "The St. John Infirmary keeps pace with the forward movement of the city." The article commented on advances in X-Ray and physiotherapy and said the renovated operating rooms had "the last word in modern operating room equipment". It also noted that a nurses' home was planned and reported "The excellence of the nursing staff is a source of gratified comment on the part of every patient."

Patients did not seem to mind the noisy clatter of portable bed screens which sometimes got knocked over (bed curtains on rods or tracks had not yet been invented) or the smell of burning rubber, as nurses occasionally forgot about the baby bottle nipples or catheters they were boiling!

The hospital got its first intern in 1930. In 1938, it was a matter for the local newspaper when Dr. Lawrence McGee joined Dr. John Sullivan, making 24-hour intern coverage available. In the same year, the Ladies Auxiliary initiated a travelling library and the Infirmary School of Nursing was accredited.

In 1932, the Infirmary changed its name to St. Joseph's Hospital. The public perceived an "infirmary" as a place to die, while "hospitals" were regarded as places to get well.

The biggest story of the decade was the arrival of Dr. E. A. Petrie, who joined the hospital in December 1930. He was the first qualified radiologist to take charge of the X-ray department.



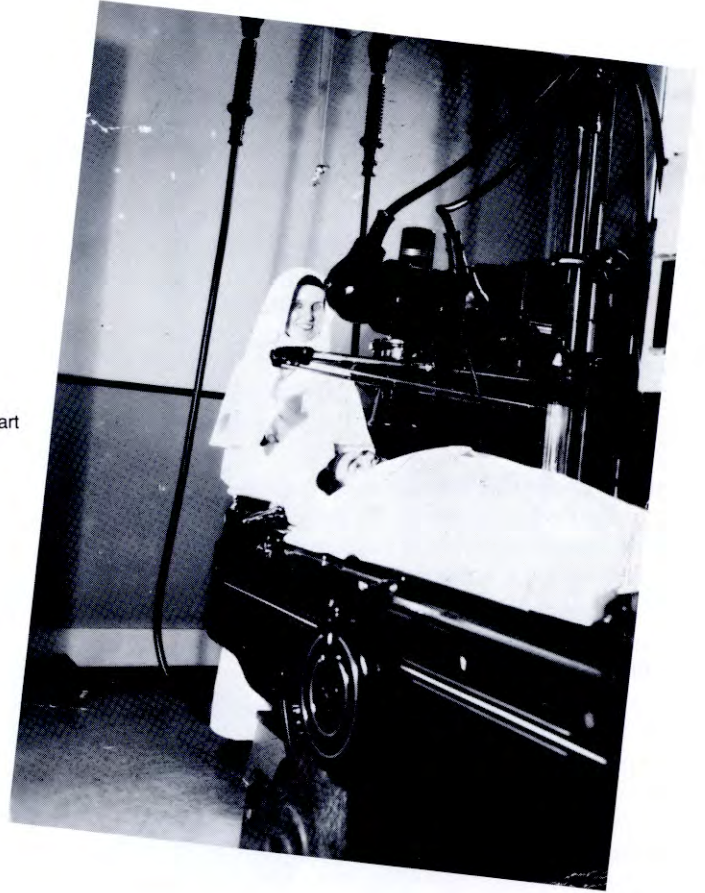
Nurse Hogan, Father Gilbert (later Bishop of Saint John) and intern Dr. Wineburg with a patient



The operating room of the 1930s where the main source of light was still "natural," through a large window to the rear of the room and a skylight (not shown in picture)

*"A range of diagnostic and treatment services are provided for all medical and surgical patients requiring emergency and acute care."* Mission statement excerpt

Sister de Lellis and her state-of-the-art X-Ray unit.



By the end of the decade, the X-ray department occupied the entire ground floor of the southern wing of the hospital. A new facility for deep X-ray therapy to be used in the treatment of cancer had been installed. St. Joseph's also boasted a mobile X-ray unit and the first rotating anode tube in Canada.

The nursing profession also continued to progress during this decade. The Canadian Nursing and Medical Associations sponsored the Weir Report, which was published in 1932. This document called for improved training schools, with government funding, shorter work days, compulsory registration and more.

But many policies of the day were delayed by the Second World War. Some 4,000 Canadian registered nurses, including a number of graduates of the St. John Infirmary, were in active service

# THE FORTIES

Although the early 1940s were somewhat uneventful at St. Joseph's, the Sisters continued to prepare themselves and others with impressive qualifications. Sister Veronica, the Hospital Superintendent, was a Registered Nurse, a member of the American College of Hospital Administration and a charter member of the Association of Record Librarians.

By 1945, two Sisters on staff were Registered Laboratory Technicians, three were Registered X-ray Technologists and two were Registered Pharmacists. Sister Maria (McCarthy) held a Bachelor of Science Degree from St. Francis Xavier University, the Nursing Director had a certificate from the University of Toronto and another Sister qualified as a Record Librarian.

At the conclusion of the War, many registered nurses did not return to hospital nursing. In 1946, the Canadian Nurses Association estimated the shortage of hospital nurses at about 7,000.

Hospitals got some relief by employing the many refugee and immigrant doctors who were available for intern service following the War.

A major setback for the hospital occurred on a cold, January day in 1947 when the old laundry building burned to the ground. Sister Hilda and 17 staff escaped without injury -- and also without coats! The Sisters decided to rebuild the laundry and, at the same time, construct a power house with capacity to heat the hospital, other existing buildings and to allow for future additions. The new facilities, opened in 1948, had a power-house chimney that rose 152 feet into the air. Hospital power still heats all the church buildings in the existing city block.

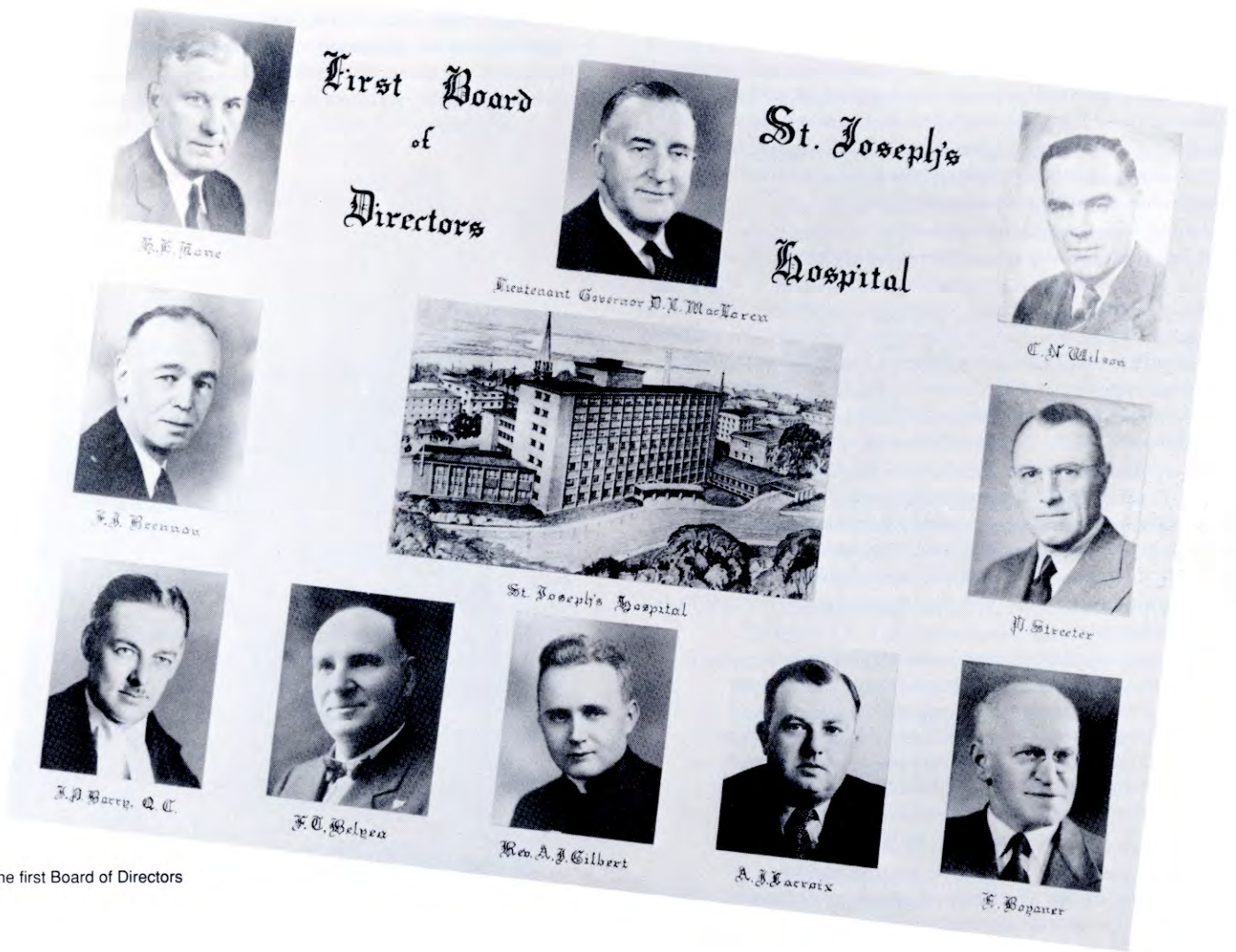


Sister Maria (McCarthy) in "her" kitchen



Sisters M. Catherine (Mutter), Marie de Lourdes (Kelly) and M. Veronica (Murphy) inspecting the new operating instruments

*"Appropriate referral services are maintained with other specialized health-care agencies and institutions."*  
Mission statement excerpt



The first Board of Directors

In 1949, an Advisory Board comprised of lay people was organized. The Sisters saw the wisdom of drawing on the expertise of the Saint John business community in making decisions in the increasingly complex field of hospital administration. Equally important was their desire to meet the criteria of having a Board of Directors in order to seek government grants. The federal and provincial governments were now providing \$1,000 each for every active-treatment bed constructed. This led to the addition of 46,000 acute-care beds in Canada over a five-year period.

The Hospital was once again strained to capacity. Every available space was occupied, yet, doctors were asking for beds. It was decided to close the sun porches. With the assistance of a \$30,000 grant from the federal and provincial governments, the open porches on the three floors were bricked in. The iron stairs were removed and reconstructed on the outside as fire escapes. This resulted in 15 additional beds which were ready by June 1949, bringing the total bed count to 133.

Hospital ward showing new curtain dividers



# THE FIFTIES

Following the Second World War, hospital referrals increased considerably. As medical progress advanced, more and more studies required for an exact diagnosis could only be done in hospitals. The volume of laboratory and radiological tests increased as physicians supplemented their examinations and diagnostic skills with scientific findings.

Few doctors had the luxury of having an office nurse. The shortage of nurses was to be alleviated only gradually during this decade. Without their assistance, physicians found it simpler and safer to do minor procedures, previously carried out in the office or at home, in the hospital's emergency department. Procedures, such as removal of cysts and setting of fractures, were done by scheduled appointment. This practice led to a growing role for hospital out-patient departments. The fifties saw the beginnings of what is now referred to as ambulatory care.

The population of Saint John had doubled during the 20 years preceding 1950. The demands on St. Joseph's continued so strongly that patients were being treated in the corridors and the hospital was handicapped by the lack of an emergency department. Although the St. John Infirmary had ranked with the best in its day, the present facility needed to be modernized.

The first public inkling that a new hospital building was in the works came at the 1950 graduation exercises of the Schools of Nursing and Radiological Technology. New Brunswick's Lieutenant-Governor D. L. MacLaren, who was also Chairman of St. Joseph's newly formed Board, announced that the Directors and Sisters of Charity were thinking of building a larger hospital.

The Department of Health gave St. Joseph's the go ahead. But, the project was not without its problems. From the time of Mr. MacLaren's announcement until the hospital opened eight years later, construction costs escalated, plans were changed and financial problems were encountered.

In the meantime, the hospital searched for ways to provide additional room. A pair of old army huts, which had been used as emergency shelters in East Saint John since the end of World War II, were purchased in December 1950. St. Joseph's installed the huts behind the hospital and, following renovations, used one as a staff cafeteria and the other as a classroom for the nursing school. They were removed in 1954 to make way for the new hospital.

Despite space limitations, the hospital continued to modernize its equipment and to add services.

In 1951, the first Medical Photographic Department in New Brunswick was opened at St. Joseph's. The Telegraph Journal reported, "Photographic studies before and after treatment will supply valuable progress records in such fields as plastic and orthopedic surgery and dermatology".

The New Brunswick Division of the Canadian Arthritis and Rheumatism Society was looking for a facility to house a clinic which would serve the entire province. St. Joseph's was chosen as a suitable site and the clinic, opened

in late 1951, boasted state-of-the-art equipment, including a Blinkman Tank for deep-tub therapy.

Planning for the new building was somewhat hampered by land restrictions, but the acquisition of part of the Hazen property in 1954 eliminated that problem. In August 1955, the contract was awarded to Anglin-Norcross Maritime Ltd. Included in the



*"Committed to education and research, St. Joseph's endeavors to create an environment that promotes learning and research in the health-care field."* Mission statement excerpt

expansion program was the conversion of the power plant from coal to oil. The total cost was estimated at \$3.2 million.

Clearing of the ground got under way in September. The Evening Times-Globe reported that hundreds of motorists and pedestrians were stopping along Hazen Street to watch the progress. The hospital found a unique and novel means of informing visitors and staff about the latest developments.



New hospital under construction. Hazen home shown in background.

Bulletins were placed at various points around and outside the hospital so that interested spectators could look over the scene with some inkling of what was taking place.

By the middle of the summer of 1957, the Board of Directors was facing a financial crisis. The project was \$500,000 over budget. A public appeal was mounted, requiring the recruitment and coordination of hundreds of volunteers.

Through community generosity, the dream of a new St. Joseph's would be fulfilled. A chapel for the new hospital was assured through a \$9,000 bequest made to St. Joseph's by the late Bishop P. Bray, CJM. It has proven to be a fitting memorial to a kind and humble man.

The cornerstone of the rising hospital was laid by the Bishop of Saint John (A. B. Leverman) on October 21, 1957 and the hospital was officially opened on June 14, 1958. The changeover from the old to the new building was actually accomplished on October 14, 1958. Approximately 200 patients were moved in 1 1/4 hours to the new hospital, which had room for 181 adults, 25 children and 50 bassinets. Within minutes of the move's completion, Giselle Ouellette became the first baby born in the new facility.

At the hospital's opening, New Brunswick Health Minister Dr. J. F. McNerney said, "We all know, even in this day of wonder drugs and almost magical equipment -- in this day of steadily improving technical skills and professional knowledge -- that the place of religion and the need for Christian charity has by no means been displaced by new techniques and new machines. The demand for these fundamental human needs is still with us and is still met by the devoted women of this wonderful order."

Toward the end of the fifties, St. Joseph's was to be affected by universal hospital insurance, a subject which had been debated throughout the decade. The coverage which is prized so highly today, by almost all Canadians, was looked upon with some suspicion. There was fear that it would signal the end of personal contact between the doctor and the patient and restrict free choice of physician or hospital. Some felt that the freedom of self-responsibility was giving way to a welfare state where taxes would be unreasonable. There was talk of deterioration in the quality of medical and hospital care.

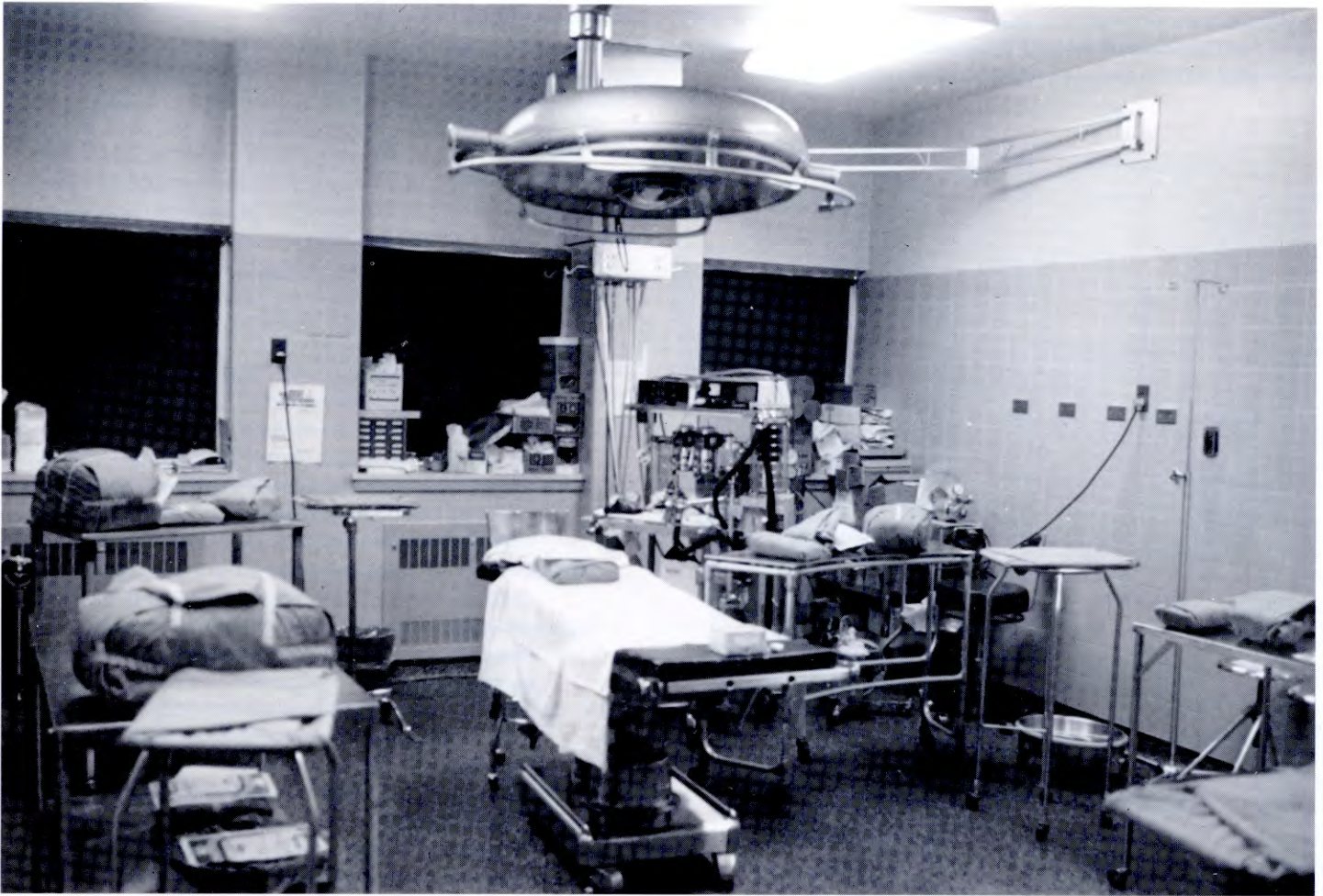
Although 6.8 million Canadians had private insurance coverage, there were many in the nation who had already had their life's savings wiped out by single illnesses. By 1959, the will of the people was reflected in the federal Hospital Insurance and Diagnostic Services Act.

In order for the province to collect about 50 cents on each dollar from the federal government, hospitals, including St. Joseph's, had to provide in-patients with ward accommodations, meals, drugs, blood transfusions, nursing services, diagnostic and laboratory services, the use of operating and case rooms, anesthetic facilities, physiotherapy and radiotherapy -- all at no cost to the patient.

It was a good time! St. Joseph's ended the decade with a fine new facility and an assured method of remuneration for patient care.



# AND NOW



The operating room of the sixties

The growth of the hospital industry in Canada continued throughout the sixties. In an effort to relieve pressure on beds, out-patient services were enlarged. Patients increasingly turned to the hospital for both emergency and non-emergency consultation. Doctors were not as readily accessible. They rarely had offices in their homes anymore and answering services made it more difficult to reach them by telephone. As the practice of heading for the hospital became more common, many began to physically separate their out-patient and emergency areas.

Medical insurance was the big news of the decade. The federal Medical Care Act of 1966 covered all physician services, along with oral surgery performed in a hospital. All provinces had Medicare programs in effect by the time New Brunswick joined in early 1971.

The first triplets born at St. Joseph's Hospital arrived on November 5, 1960. Maureen, Kevin and Colleen (in order of birth) came as a surprise to their parents. Their mother, Kathleen Allen Kirkpatrick, a Registered Nursing Assistant, has been employed at St. Joseph's since 1973. She is well qualified for her position in pediatrics, having four children in addition to the triplets.

An Act to Incorporate St. Joseph's Hospital was passed in the New Brunswick Legislature on March 25, 1961. The hospital's solicitor, J. Paul Barry, Q.C., said, "Since the inception of the

national hospital plan, it was felt that the hospital should be a separate entity from the religious community." The continued mission and philosophy of the Sisters of Charity were protected by naming the Superior General and members of her council as president and directors of the corporation on an ex-officio basis. The bill also provided for the appointment of an advisory board of up to 15 members.

During the early 1960s, hospital statistics showed increasing utilization of the facility. Arthritic, glaucoma and audiology clinics were active. Over the period of a few years, surgical cases tripled and, from 1960 to 1965, out-patient visits had increased from 5,213 to 26,000. The occupancy of the new, enlarged hospital was reported as high as 90 per cent, with almost 100 percent utilization of medical/surgical beds. In a report presented to the Board of Directors on April 28, 1966, the medical staff called for a 60-bed addition to meet increasing demands.

While dialogue continued over the future of hospital beds in Saint John, St. Joseph's proceeded to update services. The first Coronary Care Unit in the Maritimes, a pet project of administrator Sister Ruth, was opened in 1968. During the same year, advanced equipment was added to the X-ray department and a data-processing machine was installed in payroll.

Meanwhile, the Sisters of Charity were searching for a way to address the increasing needs of the chronically ill and aged.

# THE SIXTIES



First triplets born at St. Joseph's (left to right) - Colleen, Kevin and Maureen Allen

When it was announced that The Saint John General Hospital would build a new 16-story complex on Waterloo Street, the Sisters thought the answer had been found. With the General more than 2½ times its original size, all acute-care beds required for Saint John could be located in the new complex.

On August 15, 1968, Mother Jean Keenan announced, that St. Joseph's would be converted into a home for the aged. She promised that no action would be taken until after the new General complex became a reality. Although some parties welcomed the decision, there was strong public opposition. Plans for the new General came to an abrupt halt in March 1969, when Health Minister Norbert Theriault imposed a freeze on construction. It was learned that St. Joseph's building would not be suitable for conversion to a nursing home. The Sisters resolved their concern for care of the elderly by constructing Rocmaura Nursing Home. The public expressed relief that the Sisters of Charity would continue to operate St. Joseph's as an acute care hospital.

*"We will continue our caring and supportive service, while remaining attuned to the changing needs of the population served."* Mission statement excerpt



Coronary Care Unit - 1968 head nurse, Theresa (Martin) Killen, seated with nurse Margaret Bernard

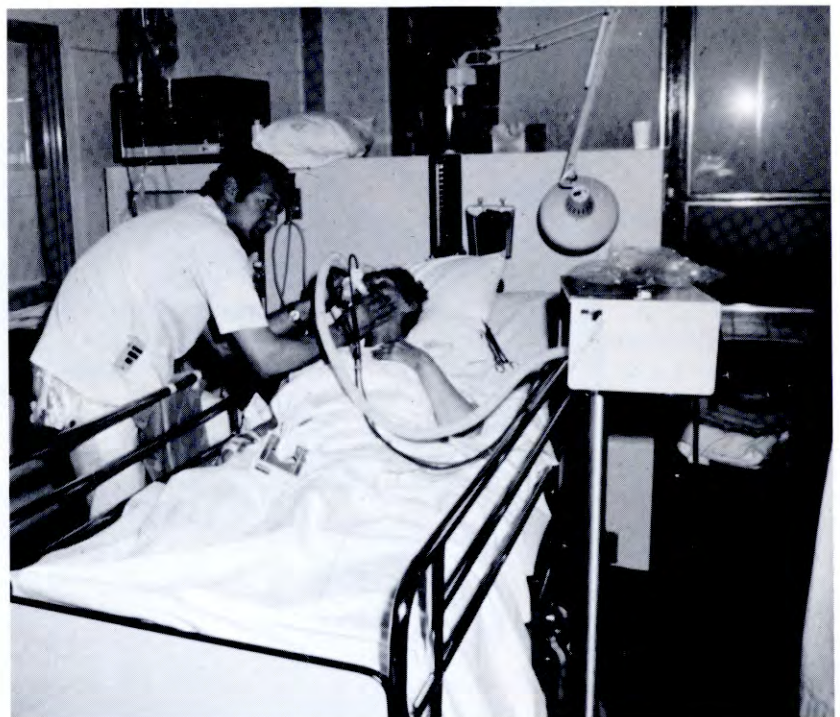


The New Intensive Care Unit

The Sisters of Charity had a clear vision for St. Joseph's as they moved into the 1970's. However, the provincial government would not take a position on the hospital's future role until it received a comprehensive study of hospital services in New Brunswick. The long-awaited report talked of merging the two Saint John hospitals, but after discussion, Health Minister Paul Creaghan decided St. Joseph's would remain as an independent, active treatment facility, with an emphasis on community care. The General would be developed as a provincial referral centre.

Sister Margaret T. Vickers was appointed Executive Director in 1972, at a time when there was a growing emphasis on professionally qualified administrators. Her background in nursing and hospital management, along with her Master Degree in Hospital Administration made her well qualified to move St. Joseph's into the modern era of acute care. She would benefit from the expertise and wisdom of Dr. J. P. McNerney, who became Chairman of the Board of Directors in 1973. Board members, whose mandate had been changed from advisory to management in the 1971 revised Act of Incorporation, also played a supportive role.

Claude Breau, one of the first Inhalation Therapists



# THE SEVENTIES



Shirley O'Leary, head nurse of Intravenous Therapy. This department was established in 1971.

In 1973, St. Joseph's installed the first closed-circuit television system in New Brunswick to carry programs to the patients' bedsides. The service showed educational programs but was initiated primarily to allow patients to view Mass or other services as they were celebrated in the hospital chapel.

The Diagnostic Hostel Unit was opened in 1973. This self-care unit was the first of its kind in eastern Canada. The unit was successful in alleviating pressure on acute-care beds, while costing about one eighth of the normal active-treatment rates. Patients loved the home-like atmosphere where they were able to wear street clothes and have much more freedom than was usually provided in a hospital routine.

A joint celebration was held in 1974 to honor the 120th anniversary of the founding of the Sisters of Charity and St. Joseph's 60th anniversary.

This anniversary year was also filled with progress. In April 1974, a six-bed Intensive Care Unit was opened for patients who required continuous observation and care. During that summer, all obstetrical services were transferred to the Saint John General Hospital and, later that year, the nursery and delivery-room suite were re-opened as a self-contained Day Surgery Centre. This was one of the first day-surgery programs in the country and allowed St. Joseph's to treat an increased number of surgical cases on an out-patient basis.

It is not surprising that by 1975, cries for more space were once again heard at St. Joseph's. Amidst climbing statistics and increased public demand, the Board of Directors pressed for expansion, especially for the ambulatory and out-patient areas.

Although it was acknowledged that St. Joseph's was providing a high quality of patient care and was also the most cost-efficient hospital in the province, expansion was delayed as the hospital's future was placed in question. By the end of the decade, Health Minister Brenda Robertson asked the New Brunswick Legislature, "Is it reasonable to have two hospitals in Saint John heavily oriented to providing acute-care services?"

The question was not well received by the public or the hospital. From 1970 to 1979, St. Joseph's experienced five major role studies, all of which indicated a future role for St. Joseph's as an active-treatment community hospital.

In an editorial, the Evening Times-Globe stated". . . it must be pointed out that besides passing all the previous formal tests, besides measuring up to all the technical studies, St. Joseph's Hospital has undergone one of the most telling tests of all. This is the test of 65 years of continuous operation as a community hospital providing a high level of competent, caring service. And the community verdict over 65 years, as to whether this type of service should be continued in Saint John is a resounding 'yes'."

Waiting room of new Day Surgery Centre, which was opened in 1974



*"We are open to new approaches and will discern the effect of various influences, as they impact directly on the health care field."* Mission statement excerpt

# THE EIGHTIES

St. Joseph's acute-care role was confirmed by Health Minister Brenda Robertson on March 7, 1980. The minister stated that St. Joseph's would be treated the same as other major hospitals regarding the proportion of beds to be set aside for extended care. She also confirmed that facilities for short-term treatment of children would be retained. Although the Board of Directors, medical staff and administration of the hospital expressed satisfaction with the assurances they received, there were lingering questions and feelings of uneasiness.

It would be almost two years before these concerns would be put to rest. On the afternoon of December 17, 1981, the loudspeakers throughout St. Joseph's Hospital were opened wide and Sister Margaret Vickers announced to staff and patients that the Department of Health had finally approved the expansion of the emergency wing.

There was a loud cheer throughout the building from employees who had remained faithful through a long period of uncertainty regarding the hospital's future. Many had thought of leaving in order to ensure their employment in an acute care setting. Almost all had stayed because of their belief in St. Joseph's philosophy of care and caring. The announcement of an expansion seemed to dispel any fear of a major role change. The hospital threw a party for its faithful staff the following day.

The decision to proceed with the \$2.2-million expansion was influenced by the hospital's donation of \$1.3-million towards the cost of the project. This approach toward capital funding in the hospital sector was unprecedented in New Brunswick.

Meanwhile, demands on the emergency department continued to increase. Between 1971 and 1981, there was a 100-per-cent increase in the number of patient visits and a 400-per-cent increase in the number of out-patient emergency treatments performed by staff. In 1982, medical staff formed the Department of Out-Patient Emergency Medicine and began 24-hour on site physician coverage.

The expansion which opened in 1984 alleviated space problems in some areas, but did nothing to address long-standing space deficiencies in departments which were not located in the Out-Patient Emergency wing. Services, such as diagnostic imaging, operating rooms, purchasing, stores and food services continue to operate in space allocated when the building opened in 1958. Changes in activity levels and technology have placed them well below current planning standards.

Space needs are compounded by a crying demand for more room in the Intensive Care and Coronary Care areas. These units, which were opened 15 and 21 years ago respectively, continue to offer services in the original space. In the interim, there has been an



St. Joseph's expands again

Technologist Cheryl Strathearn in the re-established Department of Laboratory Medicine



increasing demand on beds for critically ill patients who require respirators and high-tech equipment, which takes additional space. St. Joseph's has again outgrown itself and on the occasion of the 75th anniversary, the hospital has put forward a formal proposal for a major upgrading of the facility.

A new discipline of accountability has developed for hospitals. Computerized management and patient-information systems are becoming necessary to monitor effective care in relation to budget and resource allocation. St. Joseph's must be able to supply evidence that it is providing quality as well as quantity.

A new era of cooperation is evolving between the hospital's managers, physicians, nurses and other professionals. Multidisciplinary committees evaluate both patient care and resources under headings such as Quality Assurance, Risk Management, Utilization Review and Strategic Planning.

St. Joseph's, along with all New Brunswick hospitals, will no doubt be impacted by the report of the Commission on Selected Health Care Programs, recently released by the provincial

government. In these progressive and challenging times, if there is anything of which we can be sure, it is change.

In our sophisticated system of health care, it is well to remember the roots from which St. Joseph's has sprung. In the words of the hospital's motto, they are roots rich in "Faith and Service". The employees of St. Joseph's, through all its years, have looked upon their work as a mission, an extension of the work of their founders, the Sisters of Charity. This mission, which has been understood and lived for 75 years, was formalized into a written statement and publicly proclaimed in June 1987.

It is important to maintain competencies, to meet or exceed standards of care, to keep in tune with changing theories, practices and technologies. It is wise to carry into the future that which is best and still applicable from the past. The employees of St. Joseph's view themselves as a community of people with Christian values. They strive to create a caring environment for their patients and for one another and believe that St. Joseph's is the hospital with a heart. This is the promise we extend to the public as St. Joseph's begins another 75 years of caring.



*"At the same time, we at St. Joseph's affirm that human life, in all its aspects, is essentially and absolutely sacred."* Mission statement excerpt

Extended-care patients and their families enjoy Christmas dinner and party.

# OUR MEDICAL STAFF



Dr. R. B. Higgins  
CHAIRMAN  
Medical Advisory Committee  
Chief of Staff

Little is written about the doctors who practised at St. Joseph's. It seems that physicians, like the Sisters, were more concerned with giving service than recording their activities. However, many names are still remembered by patients and staff.

There was Dr. Clement Kelly, a surgeon, a short, rotund, white-haired man who wore a white, rubber apron when making rounds. He had a keen interest in teaching and often invited student nurses to learn anatomy as he conducted an autopsy. Dr. George Skinner, a Rhodes Scholar, studied in Oxford, Montreal, New York, London and Edinburgh. He began practice in Saint John in 1929. He was regarded as the best surgeon in New Brunswick. He had a long and brilliant career. Another noted surgeon and general practitioner was Dr. John A. Nugent. He is affectionately remembered for his low boiling point and great interest in medical education.

St. Joseph's commenced association with Dalhousie University for medical training in general surgery and gynaecology in 1972. Dr. R. B. Higgins was a major player in bringing about this teaching role. In 1986, Dalhousie University honored him with the surgical resident's "Professor of the Year" award. The program continues to flourish with the assistance of a number of physicians, including Dr. L. M. Higgins who is the Assistant Dean for Dalhousie's Faculty of Medicine on the Saint John campus.

Dr. A. L. Donovan was a favorite among the staff. He is remembered for his kindness and sense of humor. He specialized in internal medicine and was one of the first doctors at St. Joseph's with a particular interest in cardiology. Like many physicians of his day, his practice extended beyond his major specialty, in this case, into the field of obstetrics.

One of Saint John's most prominent obstetricians and gynaecologists was Dr. George M. White. Although he had a very active practice in the city, he was also an associate professor of Dalhousie University. Physicians will remember him for his demanding oral examinations during their medical-school finals.

Dr. Joseph Tanzman, a true gentleman, was a respected obstetrician/gynaecologist. None in this field will be remembered with as much warmth and esteem as Dr. T. Leroy Creamer. In later years, he was dedicated to the aged, one of the first physicians in New Brunswick to work full-time in the field of gerontology.

Dr. R. Leverett de Vicker Chipman came to Saint John in 1916.

A slim, quiet man, he was an expert in ophthalmology and ear diseases. He worked closely with Dr. Robert Hayes, who assumed his practice when he retired in 1945. Dr. Gordon Gaulton was also a specialist in this field. He was widely known and respected for his expertise, winning personality and pipe.

Although it is not unusual to find female doctors in the halls of St. Joseph's today, that was not the case when Dr. Ruth Brown began practice in the 1930s. She was a well-known anaesthetist as was Dr. F. R. Connell.

Dr. D. R. W. Porter is remembered by many of St. Joseph's staff as their Pediatrician. His daughter, Alice, held several nursing positions at the hospital. Dr. A. D. Gibbon, an intelligent, quiet man, was the first Chief of Pediatrics.

Dr. A. S. Chesley started to practice Urology in the late 1920s. He was followed, in the 1930s, by Dr. J. K. Sullivan. Both of these men took an interest in teaching and donated time to nursing education. Dr. Chesley's son and Dr. Sullivan's nephew carry on the tradition.

Doctors T. E. Grant and Norbert Grant also have a family steeped rich in the medical tradition and service to St. Joseph's.

Dr. J. P. McInerney held the positions of Chief of Staff, Chairman of the Medical Advisory Committee and Chairman of the Board of Directors at St. Joseph's. This distinguished and talented physician has received numerous honors.

A few of the general practitioners who left a special imprint on St. Joseph's include Dr. John M. Barry, Dr. Fred C. Jennings -- who also gave anaesthetics and was known for his sense of humor, and Dr. D. J. Higgins, who was the physician of choice for the student nurses and many of St. Joseph's staff.

In the hospital's early days, pathology and laboratory services were capably handled by Dr. H. L. Abramson. He was succeeded by Dr. W. J. Baxter and Dr. Arthur Baird.

Other physicians who have contributed to the tradition of excellence that is St. Joseph's include Dr. G. A. B. Addy, Dr. S. M. McDonald, Dr. Donald Malcolm, Dr. T. E. Lunney, Doctors A. A. and G. G. Corbett, Dr. Wm. J. Baxter, Dr. H. Tanning, Dr. George W. A. Keddy, Dr. V. M. Zed, Dr. Stephen Clark, Dr. A. T. Leatherbarrow, Dr. V. A. Snow, Dr. Kevin Bonner and Dr. J. G. MacLean.

There are many others whose contributions, skills and

# MEDICAL ADVISORY COMMITTEE 1989



Dr. A. E. Chesley



Dr. B. N. Craig



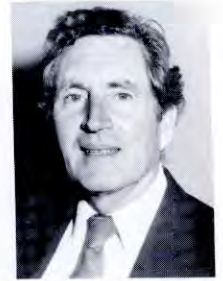
Dr. H. E. Dysart



Dr. P. Emenau



Dr. G. Farouqui



Dr. H. J. Flood



Dr. A. F. Goodfellow



Dr. L. M. Higgins



Dr. S. A. Keyes



Dr. A. Kristoffersen



Dr. R. W. Lee



Dr. M. J. Lowney



Dr. A. H. Mitton



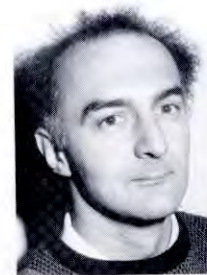
Dr. D. Mitton



Dr. R. L. Smith



Dr. G. Venkatarangan



Dr. C. Wagg



Dr. L. G. Zed

compassion are not listed here -- to them we pay our deepest respect.

A short time after the opening of St. Joseph's, the American College of Surgeons launched a program of standardization for care in hospitals. This effort to improve the facilities, staff organization and clinical controls won the support of physicians in Canada and the United States. St. Joseph's began participating in this voluntary accreditation process in 1922.

It was this standardization program that led to the formal organization of medical staff. For many years all physicians on the hospital's staff were required to attend monthly meetings of the Medical Standardization Board where attendance records and minutes were kept. By the mid-fifties the number of physicians and medical specialties had increased to the point where accreditation recommended the formation of medical departments. As a result St. Joseph's formed a Department of Medicine with Dr. Henry Watts as Chief, a Department of Surgery headed by Dr. J. R. Nugent and Dr. J. Tanzman became

the first Chief of Obstetrics and Gynaecology.

An Executive Committee of the Medical Staff was formed in May 1958 with Dr. J. R. Nugent as Chairman. This gave way to the Medical Advisory Committee in 1965. Dr. J. P. McInerney was Chairman of this newly structured medical organization. He was followed as Chairman by Dr. R. B. Higgins in 1972.

The Medical Advisory Committee meets on a monthly basis and hears reports from numerous medical and multidisciplinary committees. This Committee plays a major role in defining and maintaining clinical standards. It reports directly on to the Board of Directors and continues to be the backbone of an expanded accreditation process.



# THE AUXILIARY

St. Joseph's Hospital Auxiliary was founded October 6, 1929 by Bishop A. E. LeBlanc and Rev. Francis M. Lockery, pastor of the Assumption Church. It was originally known as the Infirmary Aid Society, but became St. Joseph's Hospital Aid in July of 1932 to remain consistent with the hospital's name change. The present name was adopted October 19, 1936.

The first executives were Mrs. John E. Owens, Mrs. J. M. Logan, Mrs. Thomas Morrissey, Mrs. J. W. V. Lawlor, Miss Genevieve Dever and Mrs. William T. Thompson. Each founder was asked to recruit at least 10 additional members. This was accomplished by drawing membership from each of the Roman Catholic parishes in the Greater Saint. John area. A parish Convener was appointed and in addition to recruiting members, she was responsible for maintaining a high level of interest in her parish work. This method paid off, with membership reaching a high of almost 800 at one point in time.

The Auxiliary has always worked closely with the hospital administration. Sister Veronica (Murphy) and Sister Camilleus (Duke) were both present at the founding meeting which took place at the Sisters' home on Hazen Street. Sister Veronica, the Administrator, told the executive of the hospital's dire need for linens. This became the first order of business for the newly formed group. Mrs. T. N. Vincent was appointed to find ways and means to supply these linens. It was soon evident that additional funds would be needed to meet this obligation.

Parish representatives were asked to establish card parties in the homes of individual members. These proved to be very successful, both socially and financially. In the spring of the following year, a lottery was arranged, along with a "Tulip Tea". This was the beginning of the "Annual May Time Tea", which was a successful event for more than 50 years.

"Jelly Day" was another of the first endeavours of the Ladies Aid. Staged around pickling time, this became a popular activity in the homes of the members, who were asked to solicit jams, jellies and pickles for the infirmary larder. This project also continued for many years.

Although many of the activities sponsored by the Auxiliary were enjoyable, their primary purpose was always to obtain goods or funds which could be used to contribute to the care and comfort of hospital patients. Some of the items they have purchased include the organ for the Chapel, as a memorial to deceased Auxiliary members; the Stations of the Cross; the Cross on top of St. Joseph's; rugs and furniture for various rooms, including Day Surgery and the hospital lobby; wheel chairs; typewriters; operating room tables; cardiac and ultrasound equipment and electric beds. The list could go on and on. Gifts were given to children away from home and, later on, to adults from out-of-town and to patients without families at Christmas.

Today, Auxiliary members still participate in a variety of volunteer and fund-raising activities. They may be found portering patients from admitting to the nursing units; manning the gift shop, which they opened in 1986; taking a portable cart from floor to floor so bed patients have an opportunity to obtain candy, fruit, books, gifts or small necessities; doing library work and providing information services.

Along with the gift shop and floral boutique, which can supply anything from a single rose to a lovely bouquet, the Auxiliary organizes bazaars, craft and bake sales, lotteries and yard sales.

Many of the Auxiliary's members have been honored at the

provincial and national levels. Photographs representing their activities have also received New Brunswick and Canadian recognition.

At the time of its founding in 1929, Father Lockery promised that the Auxiliary would provide "very material assistance to the Sisters in their work".

On the occasion of St. Joseph's 75th anniversary, the Auxiliary celebrates 60 years of service. Members have touched the lives of thousands of patients and have made work a little easier for staff throughout the years. From supplying linens and jams, to providing state-of-the-art equipment, the Auxiliary's greatest gift has been its faithful presence to others in countless hours of volunteer service. Members have more than fulfilled the promise of their founders.

## AUXILIARY

Left to right: Mrs. Margaret O'Neil, Miss Kay Kennedy, Mrs. Denna Garnett and Mrs. Phyllis Hansen prepare for a Christmas sale in the lobby of the hospital to raise funds.





Auxiliary Member Sally Cusack in the Hospital Gift Shop.

#### Presidents of St. Joseph's Hospital Auxiliary

Mrs. J. M. Logan	1929-1931
Mrs. John Owens	1931-1924
Mrs. Walter Bardsley	1934-1937
Mrs. Margaret Cullinan	1937-1940
Mrs. Carl V. Belyea	1940-1943
Miss Margaret McMenniman	1943-1947
Mrs. J. B. Doucet	1947-1948
Mrs. Julian Doherty	1948-1953
Mrs. James Doherty	1953-1956
Mrs. Genevieve O'Brien	1956-1959
Mrs. Percy Ennis	1959-1962
Mrs. A. W. Whelly	1962-1964
Miss Genevieve Killen	1964-1965
Mrs. D. J. Higgins	1965-1967
Mrs. Margaret Branscombe	1967-1970
Mrs. Ann Mullaly	1970-1973
Mrs. Dena Garnett	1973-1975
Mrs. Kay Dugay	1975-1977
Mrs. Margaret Farren	1977-1979
Mrs. Ann Mullaly	1979-1980
Mrs. George Garnett	1980-1981
Mrs. Kay Dugay	1981-1983
Mrs. Bernice Evans	1983-1985
Mrs. Margaret Fulton	1985-1987
Mrs. Frances Leger	1987-1989
Mrs. Ann Mullaly	1989-



# ST. JOSEPH'S HOSPITAL FOUNDATION



Diane Novaczek adjusts the new state-of-the-art Mammography Unit.

equipment need. Play Ball for St. Joseph's has been the Foundation's most popular and successful event to date.

These efforts by the Foundation and the generosity of the public have given patients access to equipment which would otherwise be unavailable. A mammography unit for the early detection and diagnosis of breast cancer and the recent upgrading of emergency equipment are good examples.

The ongoing demands for equipment, facilities, education and other patient-care needs almost always exceed the funding capabilities of government. The Foundation, with support from individuals and community groups, tries to provide enhancements which will allow staff to continue efficient, personalized patient care.

As Canada entered the eighties, expenditures on hospitals had dropped in every province. Governments were concerned with diverting funds to other forms of health care, especially non-institutional programs for the growing elderly population. At the same time, hospital costs continued to rise due to increased use of the system and rapidly expanding technology. Government funding was insufficient to supply all the costly equipment needed to ensure patients received the desired levels of diagnosis and treatment.

In response to this dilemma, St. Joseph's Hospital Foundation was formed in 1982. The impetus for this move came mainly from Roland J. Lutes, C.A., who served as its first Chairman. He was followed by Franklin O. Leger, Q.C. in 1985 and Peter S. Glennie in 1989.

This separately incorporated body acts as the fund-raising arm of the hospital. It is registered as a charitable organization and may therefore issue tax receipts for donations. Its mandate is to benefit the hospital by enhancing services, providing assistance for education and research and supporting the objectives established by the hospital board, consistent with the mission statement. In addition, the Foundation places emphasis on positive public relations.

The Foundation has established programs for memorial donations and bequests. A bursary program assists students in preparing for health professions needed by the hospital. Each year, an appeal is launched through a general mail-out for a defined

The Good Sports Draw, held in 1988, was won by Mr. Leon Hayward. Nancy Creamer Ervin, Project Coordinator, and Board Chairman Franklin O. Leger present him with the keys to a Bronco, Travel Trailer, Boat and Motor.





Play Ball for St Joseph's  
In 1989 one hundred and one teams raised \$150,000 dollars for emergency equipment.

**ST. JOSEPH'S HOSPITAL  
FOUNDATION  
OF SAINT JOHN, INC.**

**BOARD OF DIRECTORS  
1989-1990**

- Mr. P. Glennie, Chairman
- Mrs. N. Creamer Ervin
- Sister E. Hurley
- Mrs. M. Murphy
- Mr. P. Bourque
- Mr. C. Breneol
- Mr. M. R. Brown
- Dr. E. Doherty
- Mr. W. Grant
- Mr. J. Levesque
- Mr. W. McGinley
- Dr. M. Zed

Sister M. T. Vickers presents Doctor and Mrs. J. P. McNerney with an original Butler painting of their home. An appreciation night, in honor of Doctor McNerney, was the first public event sponsored by the Foundation.



# SCHOOL OF RADIOLOGICAL TECHNOLOGY



Dr. E. A. Petrie,  
Chief of Radiology  
1931-1964

The discovery of X-rays in 1895 by Wilhelm Conrad Roentgen, a German professor, enabled medical science to improve its knowledge in the diagnostic field and, at a later stage, to dispense therapy in the treatment of cancer.

When radiology was in its infancy, the equipment was very basic and the doctor trained as a radiologist a rarity. When the St. John Infirmary opened its doors in 1914, it had one X-ray machine, which was supervised by a general practitioner who was willing to take on the added responsibility.

Dr. E. A. Petrie, the first radiologist to be hired by St. Joseph's took over the X-ray department in December 1930. It was his intense interest in radiology and deep concern to better it that brought about the founding of St. Joseph's School of Radiological Technology in 1931.

Although well-qualified in his specialty, Dr. Petrie continued his own studies throughout his life and was a role model for continued learning for the students under his tutelage. His reputation was international and, among other achievements he was a winner of the national Mallett Award for his long-standing interest and assistance in the training of X-ray technologists. Dr. Harry Flood was appointed as chief of Diagnostic Imaging when Dr. Petrie retired in 1964. Under his direction, students continue to excel in an environment with state-of-the-art equipment and high program standards.

Dr. Petrie was capably assisted by Sister M. de Lellis (Crowley) in the management of the X-ray Department and School of Radiological Technology. A qualified member of the American

Registry of X-ray Technicians, Sister de Lellis was also a graduate of the Infirmary School of Nursing and led the province of New Brunswick in the 1929 Registered Nurses examinations.

Sister de Lellis was probably the first woman in Canada to earn a university degree in Radiographic Technology. She received her BSc. from St. Louis University in 1948. She was widely recognized as a teacher and technologist and considered a leading authority in her field. Sister was a charter member of the New Brunswick Society of X-ray Technicians and was made a life member of the Society in 1957, in recognition of her outstanding contribution to her profession. She was the first person to be so honored.

Students exposed to Sister de Lellis remember her enthusiasm as catching. She infected them with her own zeal and intense interest in the science of radiology. This gifted teacher was asked to give courses and refresher programs on a national and international level to hundreds of technologists. But, home at St. Joseph's, she said, "We like to keep our classes small so that we can give students specialized, individual instruction."

Initially, the school provided a one-year program, but following World War II, a two year curriculum was introduced by the newly formed Canadian Society of Radiological Technicians. Thelma Amos (Behr) and Estor Michaelsen were the first to graduate from the two-year program in 1949.

The School continued under Sister de Lellis until her unexpected death in 1971, when Thelma Behr took over as Chief Technologist and School Instructor. In 1981, the joint position



Sister M. deLellis (Crowley)



Elaine Dever,  
Director of School of Radiologic Technology



Dr. Michael England,  
Staff Radiologist  
1975 to present



Dr. Henry J. Flood,  
Chief of Diagnostic Imaging  
1975 to present



Thelma Behr,  
Technical Director,  
Department of Diagnostic  
Imaging



Dr. John Leger,  
Staff Radiologist  
1982 to present

was divided. Mrs. Behr remained Chief Technologist, while Elaine Dever became Director of the school. Both Dr. Petrie and Sister de Lellis would be proud to see today's graduates frequently leading Canada in the National Registration Exams.

The following items and their costs appear in a journal which contains the expenses incurred in setting up the first X-ray department in 1915. The column to the right shows the approximate cost of comparative items today.

ITEM	1915 COST	1989 COST
X-RAY TABLE AND TUBE STAND	\$300.00	\$150,000.00
X-RAY TUBE	\$35.00	\$12,000.00
X-RAY TRANSFORMER	\$1,000.00	\$115,000.00
DEVELOPING OUTFIT (Processor)	\$28.00	\$30,000.00
X-RAY PLATES	\$20.00	\$150.00
FLUOROSCOPIC SCREEN (Image Intensifier Tube)	\$60.00	\$25,000.00

Nobody found it surprising that the St. John Infirmary, which had opened its doors in November 1914, began a school of nursing within a year. It was a universally accepted principle that a school of nursing was indispensable in the successful operation of a hospital. Hospital nursing was done largely by students, while graduate nurses were mainly employed in private duty.

The three-year program, started by Sister Veronica, had a heavy emphasis on service through apprenticeship. It would be sometime before an emphasis would be placed on education with clinical experience. Students worked a 12-hour day with half a day off per week. It was not uncommon for hours to be extended beyond 12. Nurses did everything from caring for patients to mopping floors, dusting furniture and matching dresser scarfs and doilies. Disposable products were unheard of and nurses spent countless hours sterilizing and recycling equipment and supplies.

The first nurses were housed on the third floor of the Furlong home. When this became too crowded, a home on the corner of Cliff and Coburg streets was adapted to accommodate students and became St. Theresa's Residence. After the new hospital opened in 1958, all students were moved to the old hospital, which had been renovated for use as a school and residence.

Residence life was a wonderful and memorable experience for most student nurses. There were the usual complaints of not enough sleep, ten o'clock curfew, no-smoking rules and lost privileges, never having enough to eat and having to avoid the Director of Nursing, (who lived in residence), when sneaking late-night snacks. Despite these onerous burdens, students shared a sense of camaraderie, in good times and bad and forged friendships, which like family, lasted through the years.

There are many names which will be remembered for their contributions to the school and its graduates -- Sister Mary de Lourdes (Robinson), Sister Mona (Keohan), Sister Delphina



Sister Helen Marie (Darrah), the longest-serving Director of the School of Nursing, was known as "Mother" by many of her students.



Anne Desmond, with a group of student nurses, singing Christmas Carols in the old hospital, which later became the nurses' residence.

(Noonan), Sister Rosarie (Lundy), Sister Theresa Carmel (Kennedy), Sister Marie de Lourdes (Kelly), along with the many lay nurses who worked as full-time instructors or clinical supervisors and Sisters who filled positions as floor supervisors and department heads.

One of the persons most responsible for bringing St. Joseph's School of Nursing into the modern era was Sister Helen Marie (Darrah). When she arrived in 1948, student nurses were still doing 12-hour, broken shifts, with one afternoon off per week and a few hours on Sunday. She immediately lengthened afternoons off by several hours. By 1954, students received an entire day off each week. In 1956, the broken, 12-hour shift was discarded in favor of a straight eight-hour day. Starting in 1961, students got a day and a half off per week, moving to two days off the following year.

The student nurses stipend, which had been discontinued in 1941, was reinstated in 1956. Students received six, eight or ten dollars per month, depending on their program year.

During Sister Darrah's 19-year tenure, there were dramatic changes in curriculum development and educational standards. The number of instructors was increased and classroom and clinical teaching were integrated. Sister Darrah constantly encouraged continuing education for the teaching staff, stating, "In order to upgrade the school, we had to upgrade the instructors."

The aim of St. Joseph's School of Nursing was to educate the whole person. Maybe that is why its graduates still maintain a superior reputation for nursing the whole patient.

The Alumnae Association of the St. John Infirmary (St. Joseph's Hospital) was founded in 1922. The motto, *Semper Fidelis* (Always Faithful), adopted by the first executive, continues to be a fitting maxim for the Alumnae in modern times. The chosen colors of "blue and white" were used by the school throughout its life. They continue to be used as the colors of St. Joseph's Hospital.

The first members of the Alumnae Association formulated a Constitution and Bylaws which contained the following objectives:

- 1) To aid the spiritual life of the members and to promote a high ethical standard in the profession.
- 2) To deepen and broaden professional knowledge.

# F NURSING

Sister Theresa Carmel (Kennedy), a graduate of the School and Senior Nursing Instructor

## DIRECTORS OF ST. JOSEPH'S HOSPITAL SCHOOL OF NURSING

SISTER M. VERONICA (MURPHY)  
1915-1919

SISTER CARMELLUS (DUKE)  
1919-1934

SISTER FAUSTINA (GIBBON)  
1934-1937

SISTER MICHAEL (HUGHES)  
1937-1940

SISTER CHRISTINE (MULHERN)  
1940-1947

SISTER GERMIANE (KERGOAT)  
JAN. 1948- AUG. 1948

SISTER HELEN MARIE (DARRAH)  
1948-1967

SISTER CARMEN MORIN  
1967-1969

SISTER ANN MARIE MCGLOAN  
1969-1971



3) To unite in interest and affection the graduates of the school and to bind them to the Sisters and to their hospital.

4) To assist in the development of the hospital.

Throughout the years, Alumnae members remained faithful to these objectives and raised sufficient funds to carry on good works. Projects included support for annual student retreats, prizes for distinction in graduating classes and donations toward equipment for the operating room, delivery room, diet kitchen and other hospital areas where students received experience.

St. Joseph's Hospital School of Nursing graduated 841 nurses in 56 years of operation. A reunion was held when it closed its doors in 1971. The hospital's 75th anniversary sparked an interest in calling its graduates together again. The 1989 reunion has inspired warm nostalgia and a strong desire to keep the Alumnae Association alive and active.

A group of graduates who gathered for the 1971 reunion when the school closed





# TODAY'S DEPARTMENTS



Admitting



Occupational Therapy



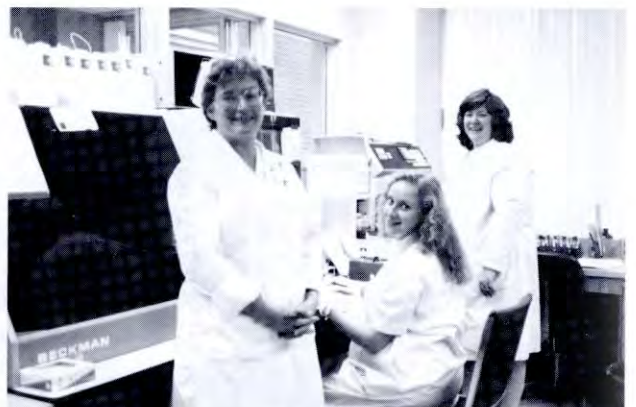
Physical Medicine



Infection Control



Diagnostic Imaging



Laboratory



Electrocardiology



Health Science Library



Staff Health



Central Supply



Housekeeping

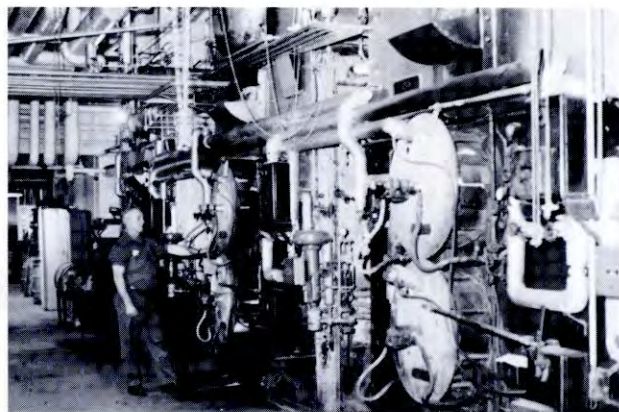


Food Services

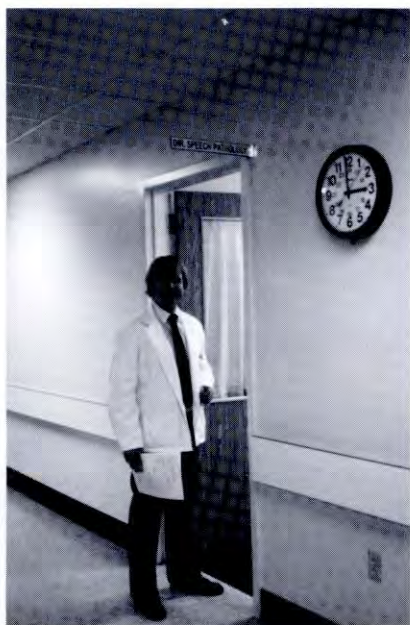
# DEPARTMENTS CONTINUED



Pharmacy



Plant and Maintenance



Speech Therapy



Health Records



Education



Purchasing and Stores



Social Work and Discharge Planning



Executive Services



Volunteers



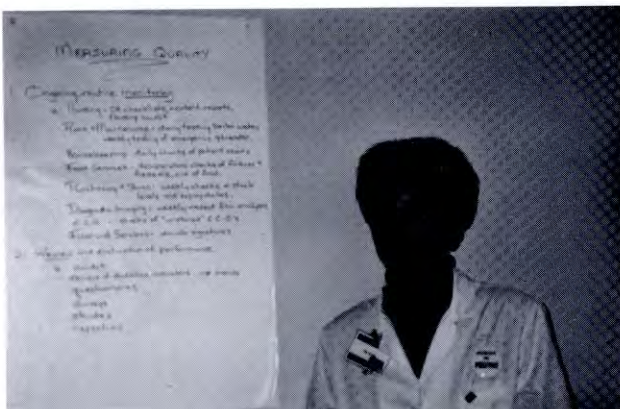
Personnel



Respiratory Therapy



Financial Services



Quality Assurance and Risk Management



Pastoral Care

# NURSING SERVICES



I.V. Therapy and Phlebotomy



Hostel



Outpatient Emergency Medicine



5th - Surgical



6th - Extended and Palliative Care



Operating Room



7th - Surgical



8th - Medical



9th - Coronary Step Down



9th - Pediatrics



Coronary Care



Nursing Administration



Intensive Care



Day Surgery



Recovery Room

**ST. JOSEPH'S HOSPITAL  
FIRST BOARD OF DIRECTORS  
ESTABLISHED IN 1949**

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Mr. F. J. Brennan  
J. P. Barry, Q.C.  
Mr. F. C. Belyea  
Rev. A. J. Gilbert  
Mr. A. J. Lacroix  
Mr. F. Boyaner  
Mr. P. Streeter  
Mr. C. N. Wilson

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PRESENT BOARD OF DIRECTORS  
1989-1990**

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Dr. E. Doherty  
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Mr. A. Gould  
Dr. R. B. Higgins  
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Mr. J. Murphy  
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Sister M. Garneau  
Sister M. MacDonald  
Sister M. Toner  
Sister E. Hurley  
Sister D. McGuire

**ST. JOSEPH'S HOSPITAL  
EXECUTIVE DIRECTORS**

Sister Ellen Mahoney	(Sr. Patrick)	1914-1921
Sister Mary Ellen Saunders	(Sr. Gertrude)	1921-1925
Sister Mary Henrietta Mutter	(Sr. Catherine)	1925-1928
Sister Marguerite Murphy	(Sr. Veronica)	1928-1934
Sister Mary Duke	(Sr. Camillus)	1934-1939
Sister Angela Power	(Sr. Mary Carmel)	1939-1942
Sister Marguerite Murphy	(Sr. Veronica)	1942-1957
Sister Helena Ross	(Sr. Ruth)	1957-1968
Sister Jean Magee	(Sr. Margaret Marie)	1968-1972
Sister Margaret Vickers	(Sr. Margaret Theresa)	1972-

Heather McBriarty Catherine McCaig Nellie McCashion Rebecca McCollum Carolyn McCormack Harold McCormick  
 Antoinette McCue Mary McDade Colleen McDonough Blanche McDonough Lynn McDonough Sharon McDonough Tonya  
 McDonough Sally McDowell Susan McFadden Kendra McGarrigle Trudy McGinley Caroline McGinnis Chris McGrath  
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 Brenda Ness Sarolta Nivelos Susan Nivelos Constance Newcombe Phyllis Newell Catherine Newson-Bowness Frances  
 Nichols Bertha Nisbet Claire Northrup Kathleen Northrup Diane Novaczek Jacqueline O'Brien John O'Brien Margaret  
 O'Connor Mary O'Connor Harriet O'Dell Therese O'Keefe Karen O'Leary Shirley O'Leary Sr. Dorothy O'Neil Kathy  
 O'Neill Michael O'Neill Kristine O'Reilly Linda O'Shaughnessy Darla O'Neill Mary Palmater Chrystal Lee Palmer Lisa  
 Palmer Yolande Paquet Mary Ruth Parker Anne Parks Priscilla Parlee Elizabeth Parsons Pamela Parsons Patricia  
 Patten Charlene Patterson Rae Patterson Lynn Patterson Margaret Patterson Shirley Pattman Lori Peacock Mark  
 Pearce Michele Perkins Agnes Perry Ann Peters Angela Phillippo Lois Phillips Gisele Pike Linda Pineo Jill Poirier  
 Cathy Porter Gina Porter Ruth Porter Tina Porter Mary Price Mary Profit Carolanne Pye Therese Quinlan Mary Quinn  
 Brenda Rackley Wendy Reardon Susan Reid Suzanne  
 Reid Mary Lou Reiman Constance Richard Elva  
 Richard Geraldina Richard Patricia Richard Rosario  
 Richard Shirley Richard Wendy Riley Murielle Roberts  
 Bessie Robichaud Lori Robichaud Kyla Robichaud  
 Maureen Robichaud Mavis Robicheau Tina Robicheau  
 Irene Robinson Linda Robinson Constance Rogers  
 Suzanne Roma Wendy Rooney Olivia Ross Susan  
 Ross-Maillet Nancy Rosvall Lindy Lou Roy Reina  
 Ruston Ruth Russell Angela Ryan Barbara Ryan  
 Deborah Sabean Joyce Salkey Catherine Sanojca Lisa  
 Savoie Marlene Savoie Arnold Schrader Gail  
 Scichilone Mona Scichilone Alta Scott Eleanor Scovil  
 Louise Secord Marie Shannon Kelly Sharp Brenda  
 Sharpe Linda Sharpe Robert Sharpe Sylvia Shattuck  
 Jean Shaw Alan Shea Leslee Shea Linda Shea  
 Wendy Sheldrick Katherine Shepherd Carolyn Shields  
 Terry Shipanock Patricia Sibbald Andrea Signoretti  
 Sylvia Simmons Joyce Sisk Angela Skeldon Doris  
 Sleep Susan Slipp Deborah Smith Laurie Smith Mary  
 Lou Smith Theresa Smith Eileen Synder Cindy  
 Spellman Betty St. Onge Donald St. Onge Margaret  
 Stackhouse Rita Stackhouse Terry Stackhouse Joyce  
 Stafford Alberta Stanton Elizabeth Starkey Madeleine  
 Steeves Mary Steeves Barbara Stewart Cindy Stewart  
 Mary Stewart Brenda Stirling Carol Stone Cheryl  
 Strathearn Ray Strongman Alice Stuart Laura Lee  
 Stubbart Andrea Sullivan Ann Sullivan Mary Sullivan  
 Rita Surette Karen Swain Visitacion Tabong Arlene Tait  
 Josie Taylor Beth Thomas Jean Thompson Judy  
 Thompson Debra Thomson Catherine Thorne Cherry  
 Thorne Deborah Thorne Sherry Thorne Malcolm  
 Thurlow Alan Tibbetts Cynthia Tingley Lori Tobin  
 Patricia Tobin Martina Toner Wendy Toole Keith  
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 Sue Vallis Nancy Vallis Stella Vautour Gracey  
 Venkatarangam Karen Venno Carol Veysey Caroline  
 Vickers Sr. Charlotte Vickers Kathleen Vickers Sr.  
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 Dianna Wade Lynn Wade Dorothy Walker Pauline  
 Walker Susan Walker Judith Wallace Lori Waller Alice  
 Walsh Erlene Walsh Joyce Walsh Kim Warren Kathy  
 Waugh Penny Webster Sandra West Daphne Wetmore  
 Richard Wettstein Dawn Wheaton Christine Whitaker  
 Colleen White Jeanne White Linda White Lois Whitney  
 Alexis Whittaker Sandra Whittaker Margaret Whittaker Joyce Wilkes Kathleen Wilkinson Wendy Williams Irene Williams  
 Brenda Wilson Michele Wilson Ronald Wilson Elizabeth Winchester Susan Winter Thomas Withers Patrick Witzell  
 Joseph Woods Wendy Woodworth Nancy Wormell Claire Wright Carl Wright Janice Yeomans Ella-May Yorke Thomas

## MISSION STATEMENT

We, at St. Joseph's Hospital,  
are a community of people with Christian values  
dedicated to the well-being of the public we serve,  
as well as to each other as co-workers.

St. Joseph's is the embodiment of a vision  
of the Sisters of Charity of the Immaculate Conception,  
who responded in faith  
through their ministry to the poor and needy.

Inspired by their example,  
we continue to minister to the total needs  
of all individuals—  
whether those needs are physical, social, emotional  
or spiritual.

As an Acute Treatment Hospital,  
St. Joseph's is committed to providing leadership  
in its service to the community.

A range of diagnostic and treatment services are provided  
for all medical and surgical patients  
requiring emergency and acute care.

Appropriate referral services are maintained  
with other specialized health care  
agencies and institutions.

Committed to education and research,  
St. Joseph's endeavors to create an environment  
that promotes learning and research  
in the health care field.

We will continue our caring and supportive service,  
while remaining attuned to the changing needs  
of the population served.

We are open to new approaches,  
and will discern the effect of various influences,  
as they impact directly  
on the health care field.

At the same time, we at St. Joseph's  
affirm that human life, in all its aspects,  
is essentially and absolutely sacred.



